

# UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK



**Malawi**  
**2000-2006**

# **UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK**

## **MALAWI**



UNITED NATIONS SYSTEM IN MALAWI  
P.O. BOX 30135  
LILONGWE 3

Printed: July 2001

Cover photo: Adam Rogers, UNCDF  
Water tap in Malizani Village

## **TABLE OF CONTENTS**

LIST OF ACRONYMS .....	iii
BACKGROUND .....	vi
1. EXECUTIVE SUMMARY .....	xi
2. RATIONALE AND KEY DEVELOPMENT CHALLENGES .....	1
2.1 RATIONALE .....	1
2.2 KEY DEVELOPMENT CHALLENGES .....	3
2.2.1 GOVERNANCE .....	3
2.2.1.1 Institutional Structures .....	4
i. The Executive .....	4
ii. The Legislature: Parliament .....	5
iii. The Judiciary .....	5
iv. The Monitors of Democratic Governance and Human Rights .....	6
v. Media .....	6
v. NGOs and Civic Groups .....	7
2.2.1.2 Human Rights .....	7
i. Children's Rights .....	8
ii. Women's Rights .....	9
iii. Workers' Rights .....	10
iv. Rights of Refugees .....	10
v. Rights of Prisoners and Detainees .....	11
vi. Rights of Minorities .....	12
vii. Rights of People Living with HIV/AIDS .....	12
2.2.1.3 Low Political Participation .....	12
2.2.1.4 Inequitable Distribution of Resources .....	13
2.2.2 POVERTY .....	14
2.2.2.1 Food Security .....	15
i. Limited physical access to food .....	17
ii. Limited Economic Access .....	20
iii. Implications of Food Insecurity .....	21
2.2.2.2 Low Incomes and Households below the Poverty Line .....	22
2.2.2.3 Lack of Access to Basic Social Services .....	23
i. Education .....	23
ii. Health .....	24
iii. Water and Sanitation .....	25
2.2.3 HIV/AIDS .....	26
2.2.3.1 Continuous High HIV Prevalence .....	27
2.2.3.2 Mother to Child Transmission (MTCT) .....	27
2.2.3.3 High Morbidity and Mortality Rates .....	27
2.2.3.4 Orphans, Child-Headed Households and Other Vulnerable Children .....	27
2.2.3.5 Weak Institutional and Human Capacity-Building .....	28
2.2.3.6 Inadequate Financial Investment .....	28
2.2.4 CROSS-CUTTING THEMES .....	29
2.2.4.1 Gender .....	29
2.2.4.2 Human Rights .....	30
2.2.4.3 Environment .....	30
2.2.4.4 Population .....	31
2.3 NATIONAL STRATEGIES AND FRAMEWORKS UNDERPINNING UNDAF .....	32
2.3.1 Malawi Vision 2020 .....	32
2.3.2 Poverty Reduction Strategy Paper (PRSP) .....	32
2.3.3 Sector Investment Programmes (SIPs) and Sector Wide Approach (SWAPs) .....	34
2.3.4 The Malawi National HIV/AIDS Strategic Framework (2000-2004) .....	34

2.3.5 Medium Term Expenditure Framework (MTEF).....	34
2.3.6 Public Expenditure Reform (PER).....	35
2.4 COMPARATIVE ADVANTAGE.....	35
3. GOALS AND OBJECTIVES OF ASSISTANCE .....	36
3.1 OVERALL OBJECTIVES.....	36
3.1.1 Democratic Governance.....	36
3.1.2 Poverty .....	38
3.1.3 HIV/AIDS .....	41
4. CO-OPERATION STRATEGIES .....	45
5. FOLLOW UP AND REVIEW .....	48
6. PROGRAM RESOURCES FRAMEWORK .....	50
ANNEXES.....	53
Annex 1: The UNDAF process in Malawi	
Annex 2: Baseline Indicators	
Annex 3: Lessons learned from the first UNDAF in Malawi	
Annex 4: United Nations Agency programmes in Malawi	
Annex 5: Contingency planning and emergency preparedness	
Annex 6: Programme framework	
Annex 7: Summary of resource framework	
REFERENCES	

## **LIST OF ACRONYMS**

### **UNITED NATIONS AGENCY ACRONYMS**

FAO	Food and Agriculture Organization of the United Nations
ILO	International Labour Organization
IMF	International Monetary Fund
OCHA	Office of the Commissioner for Humanitarian Affairs
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCDF	United Nations Capital Development Fund
UNDGO	United Nations Development Group Office
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific, and Cultural Organization
UNFIP	United Nations Fund for International Partnership
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNHCHR	United Nations High Commissioner for Human Rights
UNIDO	United Nations Industrial Organization
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
UNV	United Nations Volunteers
WFP	World Food Programme
WHO	World Health Organization

### **ABBREVIATIONS**

ACB	Anti-Corruption Bureau
AIDS	Acquired Immuno-Deficiency Syndrome
APIP	Agricultural Productivity Investment Program
APDM	Action Programme for the Development of Malawi
ARVs	Anti Retro-Virals
CCA	Common Country Assessment
CIF	Cost Insurance and Freight
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CG	Consultative Group Meeting
COMESA	Common Market for Eastern and Southern Africa
CRC	Convention on the Rights of the Child
CSR	Centre for Social Research
DANIDA	Danish International Development Agency
DDPRR	Department of Disaster Preparedness, Relief and Rehabilitation
DEVPOL	Development Policies
DRC	Democratic Republic of Congo
ER	Economic Report
EPA	Extension Planning Area
GDP	Gross Domestic Product
GDR	Gender-related Development Index
GEM	Gender Empowerment Measure
GABLE	Girls Attainment of Basic Literacy and Education
GTZ	Gesellschaft für Technische Zusammenarbeit
HDI	Human Development Index
HDR	Human Development Report
HESSIA	Household Expenditure and Small Scale Economic Survey

HIV	Human Immuno-Deficiency Virus
HIPC	Highly Indebted Poor Countries
HRC	Human Rights Commission
HPI	Human Poverty Index
HRD	Human Resource Development
HQ	Headquarters
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IECSCR	International Covenant on Social, Economic and Cultural Rights
IFIs	International Financial Institutions
IHS	Integrated Household Survey
IMR	Infant Mortality Rate
LDC	Least Developed Country
MACOHA	Malawi Council for the Handicapped
MDHS	Malawi Demographic Health Survey
MEDI	Malawi Enterprise Development Institute
MFEP	Ministry of Finance and Economic Planning
MK	Malawi Kwacha
MMR	Maternal Mortality Rate
MP	Member of Parliament
MSME	Micro Small and Medium Enterprise
MTCT	Mother To Child Transmission
MTEF	Medium Term Expenditure Framework
NACP	National AIDS Control Programme
NEC	National Economic Council
NGOs	Non-Governmental Organizations
NORAD	Norwegian Agency for Development
NSO	National Statistical Office
NSSA	National Sample Survey of Agriculture
OAU	Organization for African Unity
ODA	Official Development Assistance
OPC	Office of the President and Cabinet
PAP	Poverty Alleviation Programme
PEM	Protein Energy Malnutrition
PER	Public Expenditure Review
PHC	Primary Health Care
PIF	Public Investment Framework
PLUS	Public Land Utilization Study
PLWAs	People Living with AIDS
PMERW	Promotion of Micro Enterprises for Rural Women
PRFP	Programme Resource Framework
PRSP	Poverty Reduction Strategy Paper
RCS	Resident Coordinator System
SACA	Smallholder Agricultural Credit Scheme
SADC	Southern African Development Community
SIPs	Sector Investment Programmes
SMEs	Small and Medium-Scale Enterprises
STDs	Sexually Transmitted Diseases
SWAPs	Sector-wide Approaches
TEVET	Technical Entrepreneurial and Vocational Education and Training
TOR	Terms of Reference

TV	Television
U5M	Under Five (Years of Age) Mortality Rate
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
USAID	United States Agency for International Development
VAM	Vulnerability Assessment Mapping
VCT	Voluntary Counselling and Testing



## BACKGROUND

This is a second time the United Nations Development Assistance Framework (UNDAF) is being prepared in Malawi in response to the UN system's development planning reforms which began in 1997, with the aim of enhancing goal oriented collaboration, coherence and mutual reinforcement among the various UN agencies, in addressing national development priorities and needs based on human rights development approach. The 1997-2000 UNDAF had poverty eradication as its focus. While the 2002-2006 UNDAF also focuses on poverty reduction, democratic governance and prevention and mitigation of the impact of HIV/AIDS are other major development challenges being addressed. Development of this document was preceded by the preparation of the Common Country Assessment (CCA), an exercise which included identifying pertinent goals and review of progress made in each of the major sector by government towards implementing agreements endorsed at various global conferences (see Box 1).

### **Box 1. Human Rights Conventions of which Malawi is a Signatory.**

Development of the UNDAF is rooted in international human rights conventions of which Malawi is a signatory. These include:

- The International Convention on Economic, Social and Cultural Rights (1966);
- The International Convention on Civil and Political Rights (1966);
- The Convention on the Rights of the Child (1989);
- The Convention on the Elimination of Discrimination Against Women (CEDAW, 1979);
- The Convention on Political Rights of Women (1952);
- The Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984);
- The Slavery Convention of 1926 (as amended) and the Supplementary Convention on the Abolition of Slavery and Slave Trade;
- The Convention for the Suppression of Traffic in Persons and of the Exploitation of Prostitution of Others (1949); and
- The Convention relating to the Status of Refugees (the "Geneva Convention") and its associated Protocol (1951)
- Some of the International Labour Conventions (e.g., Convention on Freedom of Association and the Right of 1948)
- Universal declaration on Eradication of Hunger and Malnutrition of 1975;
- Declaration of the Right of the Disabled persons of 1975;
- Declaration on the Right to Development of 1986.

Malawi is also a member of Africa's regional association for the protection of human rights as well as a signatory to the Africa Charter on Human and Peoples Rights (1981).

The Human rights development approach employed in the development of the UNDAF was re-affirmed at the UN Millennium Summit of 6<sup>th</sup> to 8<sup>th</sup> September, 2000, in which individual's freedoms of being able to meet basic requirements including ability to avoid starvation and undernourishment and to escape preventable morbidity or premature mortality (*capabilities*) was emphasized. The approach takes into account observations made in several studies that past development initiatives have had limited impact on human development partly due to lack of participation and ownership of the development planning process by beneficiaries.

The Universal Declaration of Human Rights 1948 guarantees civil and political rights and also provides for various economic, social and cultural rights. Since 1994, Malawi embraced democratic system of governance in which respect for and observance of human rights as articulated Box 1, are the building blocks of her new constitution. The process of democratization which embraces popular participation, gender equality, empowerment and the respect of the rule of law is expected to lead to an improvement in the people's living standards as measured by the country's socio-economic profile and human development indices. Although the speed by which the country acceded to major international instruments is remarkable, the standard of living for the majority of the population (see Box 2) remains below international standards.

### **Box 2. Malawi's Socio-economic Profile and Human Development Indicators**

• Population (million)	9.8
• Per capita GNP	US \$ 167
• Population below poverty line (%)	65
• Population who run out of food 4-6months before harvest (%)	50
• Rural population suffering chronic food insecurity (%)	55
• Population unable to satisfy their basic calorific needs (%)	40
• Life Expectancy (years)	39.5
• Adult Literacy Rate (% of age 15 and above)	
	Male 73.2
	Female 44.1
• Combined primary, secondary and tertiary gross enrolment ratio (%)	75
	Male 79
	Female 70.
• Human Development Index (HDI)	0.39
• Population (%) without access to:	
	Safe water 65
	Health services 20
	Sanitation 97
• Proportion of Under Five Children stunted (%)	49
• Infant Mortality Rate (number per 1000)	104
• Under Five Mortality Rate (number per 1000)	189
• Maternal Mortality (number per 100,000)	620
• HIV/AIDS Prevalence among 14-49 Age Groups (%)	16.4

Source: National Statistical Office (2001). Demographic and Health Survey, 2000. Zomba. UNDP (2000). Human Development Report, 2000. Integrated Household Survey (IHS 1998). United Nations Program on HIV/AIDS (UNAIDS) (2000). Epidemic in Malawi: The Situation and Response. Lilongwe.

Malawi is one of the poorest countries in the world with more than 65 per cent of the population living below the poverty line which is estimated at MK10.47 per capita per day (Integrated Household Survey (IHS) 1998). The country is ranked 151 out of 162 countries on the Human Development Index (HDI), 74 out of 90 countries on Human Poverty Index (HPI) and 137 out of 146 on Gender-related Development Index (GDI) (UNDP 2001).<sup>1</sup>

<sup>1</sup> HPI takes into account "longevity, knowledge and standard of living)

Approximately 40 per cent of the population of 9.8 million people are unable to satisfy their basic calorific needs and 55 per cent of the rural population suffer chronic food insecurity (UNDP 2001). It is also estimated that nearly half of the children with less than five years of age and 9 per cent of mothers suffer chronic protein energy malnutrition mainly due to inadequate quantity and quality of food consumed coupled with high prevalence of disease and inadequate maternal and child healthcare. Among those most affected are households with small land holdings, estate tenants, female-headed households and low income families in urban areas.

Children living in rural areas experience twice the risk of severe stunting as children living in urban areas. The percentages of stunting, wasting and under-weight in rural areas are 51.2, 5.6 and 27.3 respectively. Chronic under nutrition is a widespread problem in Malawi. It is estimated that 30 per cent of under-5 children are underweight and almost 49 per cent stunted. There is evidence that the incidence of wasting (acute malnutrition) is on the increase: it rose from 5.4 per cent in 1992 to 7 per cent in 1995 and stood at 9 per cent in 1998, with a marginal increase of about 0.8 per cent in 2000, based on registered hospital admissions. Infant and maternal mortality rates are estimated at 104 per 1000 and 620 per 100,000 respectively.

The extent of poverty in Malawi is also manifested in poor access to basic social services by a majority of households. The percentages of males and females age 15 and above who are literate are estimated at 73 per cent and 44 per cent, respectively. Although the government embarked on universal access to education by all school age children in 1994, a significant number of primary school-going age children have remained out of school with a high proportion among girls.

The 1998 Integrated Household Survey (IHS) indicates that 65 per cent of the population lack access to adequate basic health services. While 44 per cent of the population have access to essential drugs, 57 per cent and 77 per cent use improved water sources adequate sanitation, respectively (Human Development Report 2001).

**Box 3. National HIV Estimates for 2001**

<b>Indicator</b>	<b>Value</b>
• National Adult (15-49) Prevalence	15 %
• Number of Infected Adults (15-49)	739,000
• Urban Adult Prevalence	25 %
• Number of Infected Urban Adults	224,000
• Rural Adult Prevalence	13 %
• Number of Infected Rural Adults	516,000
• Number of Infected Children	65,000
• Number of Infected Adults Over the Age of 50	41,000
• Total HIV+ Population	845,000

Source: National AIDS Secretariat (2001).

Estimating National HIV Prevalence in Malawi from Sentinel Surveillance Data, Lilongwe.

The poverty problem in the country has been further aggravated by a high HIV prevalence rate which is one of the highest in the Sub-Saharan Africa. The adult HIV prevalence is estimated at 15 per cent at national level, 25 per cent in urban areas and 13 per cent in rural areas (see Box 3). This translates to a total of 850,000 people infected with HIV (including children and adults over the age of 50).

The ability for the state to respond to basic human development needs is influenced by growth of the economy. Growth in per capita income determines the extent to which an individual's capabilities can be attained. Based on World Bank projections for the period 1997 to 2006, Malawi's national income would have to grow by a minimum of 6 per cent in order to reduce poverty without degrading the environment. An examination of rates of growth since 1979 indicates that the country's economic growth has not reached an all time high of 6 per cent registered soon after independence (1964-1979). Since Structural Adjustment Program (SAP) was introduced in 1981, Malawi's real GNP registered the highest growth rate of 4.6 per cent between 1993 and 1998 (see Box 4). The improvement in the performance of the economy in this period is attributed to growth in the distribution sector, estimated at 12.4 per cent and the increase in private trader participation and vending due to market liberalization. The real growth rates for 1999 and 2000 are estimated at 4.2 per cent and 3.4 per cent, respectively.

**Box 4. Selected Macroeconomic Indicators**

<b>Indicator</b>	<b>1981-86</b>	<b>1987-92</b>	<b>1993-98</b>
Rate of Growth Real GDP (% per annum)	1.9	2.4	4.6
Gross Domestic Saving/GDP (%)	13.3	8.2	4.1
Gross Domestic Investment/GDP (%)	17.6	19.0	13.7
Commercial Bank Lending Rate (%)	14.3	18.7	35.2
Rate of Inflation (%)	12.9	20.1	36.2
Current Account Deficit of the Balance of Payments/GDP (%)	8.6	10.2	12.0
Budget Deficit Excluding Grants /GDP (%)	9.3	7.8	13.5
Budget Deficit including Grants /GDP (%)	8.8	4.2	6.2

Source: Malawi Government, Economic Report (Various Issues); Reserve bank of Malawi, Financial and Economic Review (various Issues) and World Bank (Various Issues).

The agricultural sector which accounts for approximately 40 per cent of national income and employs more than 80 per cent of the total labour force, slowed down to a growth of 3.9 per cent in 1997 compared to a growth of 35 per cent in 1996. This growth was primarily driven by a good performance in the large scale (estate) sector, estimated at 11.3 per cent. The smallscale sector grew by a moderate 1.6 per cent in 1997 compared to a record 45.4 per cent in 1996. The slowdown in 1997 reflects the impact of drought, particularly in Karonga Agricultural Development Division and floods, mainly in the lower shire Valley. The adverse weather conditions resulted in reduced crop output in the smallscale agricultural subsector during the 1996/97 growing season. In particular, the volume of maize production, accounting for a bulk of the smallscale output, declined by about 31.6 per cent.

For Malawi, poor growth in the agricultural sector translates into a decline in export earnings. For example in the first three quarters of 1998, export earnings fell significantly particularly because the leading foreign currency earner, tobacco, generated about \$80million less than expected owing to low international prices. Tobacco still remains the major foreign exchange earner accounting for approximately 60 per cent of the total export earnings, despite efforts of diversifying into non-traditional exports.

Although the dismal economic performance in the past two decades can be attributed to various factors including drought and external shocks, a recent study by Bhalla, Chipeta, Taye and Mkandawire (2000) attributes it to inappropriate sequencing of World Bank and IMF-supported policy reforms. In particular, the authors observe that optimal reforms of the real sectors or the goods markets should have followed

financial and factor market liberalization and not the other way round as a precondition for Structural Adjustment Loans (SALs). In addition, Structural Adjustment Programmes (SAPs) have tended to address price constraints, but not non-price constraints such as infrastructure and risk. Some of the problems that have been inadequately addressed in SAPs and yet they have an important bearing on economic performance include producer incentives, unfavourable internal terms of trade and inadequate access to credit and extension services. The unsatisfactory rate of growth in the manufacturing industry is due to foreign competition, unreliable utilities, high cost of imported inputs induced by devaluation, foreign exchange shortages, inadequate internal road networks, unstable economic environment, decreasing rates of investment and inadequate delivery of credit to small and medium scale enterprises (Bhalla, et. al).

Government indebtedness as a share of GDP which increased from 2.5 per cent in 1970/71 to 13.5 per cent in 1997/98, is also a major contributing factor to poor economic performance mostly due to rising inflation rate and cost of borrowing. Inflation rate increased from an average of 9.5 per cent between 1971 and 1975 to 36.2 per cent between 1993 to 1998. Over the same period, the Commercial Bank overdraft minimum rate jumped from 8.5 per cent to 31 per cent. While deficit financing through the Reserve Bank has been the major cause of inflation in the 1980s onwards, borrowing from domestic financial institutions has tended to crowd out private investment, thus adversely affecting production activities and national income.

# 1. EXECUTIVE SUMMARY

The major goal of the 2002-2006 UNDAF is to contribute towards, improvement in democratic governance, reduction of poverty and prevention, control and mitigation of the HIV/AIDS epidemic, based on human rights approach to development. Democratic governance, poverty reduction, prevention and mitigation of HIV/AIDS are the major development challenges identified through the Malawi Common Country Assessment (CCA).

Specifically, the UNDAF is designed to increase the impact of the UN system's development programs and activities in Malawi, especially among women and children, the poor, people living with HIV/AIDS, people with disabilities and the disadvantaged through:

- improved focus and results orientation, identifying where the UN system can make the most difference using its unique strengths as a development partner;
- stronger unity of purpose and team spirit with the UN system;
- increased collaboration through a mix of agency, parallel and collaborative programming;
- better integration of the normative and operational aspects of development co-operation;
- increased dialogue and stronger partnership and alliances with other members of the development community such as the national and global civil society, the private sector, bilateral donors, the World Bank and other international financial institutions (IFIs) and the European Commission; and
- more efficient use of limited resources, based on improved division of labour, rationalisation of resource allocation and streamlining of procedures; and improved opportunities for securing increased resources in support of national needs and priorities.

## Democratic Governance

In line with the Malawi Vision 2020 and the provisions of the Vienna Declaration on Development 1993 and the Malawi constitution, the UNDAF aims at increasing the level of meaningful popular participation in national affairs and economically empowering of local communities, especially vulnerable groups such as women, children, the poor, people living with HIV/AIDS and persons with disabilities.

“the Government of Malawi will operate in an environment of transparency, accountability and the rule of law, guaranteeing effective participation of all citizens in governing the country, coupled with clear separation of powers between the three branches of government”  
Malawi Vision 2020.

One of the major problems in Malawi is that the substance of most of the well sounding objectives in international conventions and treaties as well as the constitution have remained un-translated in practice beyond their statements (Human Rights Needs Assessment Survey in Malawi, 1999). Weak institutional capacity and inadequate resources have been cited as the major constraints limiting the implementation of these conventions. The UNDAF provides for strengthening of capacity of governance and human rights institutions and the same time promoting an efficient, transparent and accountable public service.

## Poverty

Poverty reduction has been identified as Government's overarching objective. However, the situation of poverty in Malawi is worsening in spite of a number of policy pronouncements and numerous public and private poverty reduction initiatives. Lack of active participation by intended beneficiaries in the conceptualization and implementation of poverty reduction strategies and poor coordination of agencies involved in poverty reduction programmes help to explain the ineffectiveness of both public and private initiatives in this area.

In order to contribute towards the global goal of reducing the proportion of people living in poverty by 50 per cent by 2010, the UN system in Malawi will support participatory programmes designed to:

"Poverty constitutes a denial of fundamental human rights. To promote social progress and raise the standard of living within the wider concept of freedom, international human rights law...recognizes economic and social rights, with the aim of attacking poverty and its consequences. Among these rights are an adequate standard of living, food, housing, education, health, work, social security and a share in the benefits of social progress"

- Human Development Report 1997.

- enhance skills acquisition to improve the income earning capacity of vulnerable groups;
- increasing universal access to basic social services to vulnerable groups;
- contribute to the reduction in chronic food insecurity and recurrent malnutrition among vulnerable groups; and
- ensure fair and equitable distribution of resources

## HIV/AIDS

The prevalence of HIV/AIDS in Malawi is among the highest in the Sub-Saharan Africa. Unprotected sex with multiple partners (often due to the limited access to condoms and poor management and distribution systems for condoms) coupled with high incidence of sexually transmitted diseases (STDs) is one of the major factors contributing to the spread of HIV/AIDS. The spread of HIV/AIDS is also attributed resistance to societal acceptance of multiple sex partners as an expression of male sexuality and masculinity.

"the HIV/AIDS prevalence in the population 15-49 years, rose from 13.8 % in 1996 to 15 % in 1997, 16.2 % in 1998 and 16.4 % in 1999. HIV infections are occurring among the youth aged 15-24 years, with the infection rate among young girls being six times more than that of boys in the same age group"

United Nations Joint Program on HIV/AIDS (UNAIDS) (2000)

The proposed collaborative programmes in this document aim at strengthening the effectiveness of HIV prevention, care and impact mitigation to bring about a significant reduction of HIV incidence among Malawians and an improved quality of life for people living with HIV/AIDS. The development assistance programmes will be designed to:

- reduce the incidence of HIV by 25% among young people of 15-24 years by 2006;
- scale up voluntary counselling and testing (VCT) and reproductive education programmes for women and introduce treatment programmes for HIV positive pregnant women to reduce mother-to-child transmission of HIV;
- improve the care and support of orphans, and other vulnerable children nation-wide;

- increase access to an essential package of care for people living with (PLWAs) HIV/AIDS, including children with HIV; and
- strengthen the capacity of national implementing and co-ordinating institutions to effectively carry out their roles and functions in the national response to HIV/AIDS.

For each of the three development challenges a number of strategies have been identified. The strategies elaborate the specific mechanisms through which collaborative activities of various UN agencies are going to achieve the intended objectives. In recognition of the number and diversity of stakeholders in terms of their missions, policies, framework of engagement as well as resource constraints, a co-operative strategy framework has been developed to facilitate and co-ordinate the planning, design, implementation, monitoring and evaluation of collaborative programmes. The framework also identifies specific co-operate strategies with the three development challenges and cross-cutting issues, harmonizes collaborative programmes and rationalizes the utilization of resources among the UN agencies and cooperating partners. Finally, a programme framework and indicative budgetary allocation associated with respective strategies have been developed.



The United Nations System through projects and programmes of individual agencies as well as through collaborative programming, monitoring and evaluation, hereby pledges to assist the Government and the people of Malawi in the realization of their aspirations for a better future, especially through poverty eradication as articulated in the Vision 2020 and the PRSP.

---

FAO Representative  
Susan E. Mills

---

IMF Representative  
Thomas Gibson

---

UNAIDS Country Programme Advisor  
Angela Trenton-Mbonde

---

UNFPA Representative  
Dr. Charlotte Gardner

---

UNHCR Representative  
Michael Owor

---

UNICEF Representative  
Catherine Mbengue

---

WFP Representative  
Adama Diop-Faye

---

World Bank Representative  
Robert Liebenthal

---

WHO Representative  
Dr. Nerayo Tekle-Michael

---

United Nations Resident Coordinator of the  
United Nations System's Operational Activities in Malawi  
and UNDP Resident Representative  
Zahra M. Nuru

## 2. RATIONALE AND KEY DEVELOPMENT CHALLENGES

### 2.1 RATIONALE

The United Nations Development Assistance Framework (UNDAF) for the period 2002 – 2006 addresses three major development challenges that Malawi faces: achieving democratic governance, reducing poverty and preventing the further spread of HIV/AIDS and mitigating its impact. These reflect concerns of the human rights approach to development which seeks to promote the central values of:

- Human dignity;
- Equality and non discrimination;
- Freedom; and
- democracy

These values are enshrined in the international covenants and the Malawi Constitution, and form a basis for partnership between the Government and all development partners.

#### **The Right to Development**

All persons and people have a right to development and therefore enjoyment of economic, social, cultural and political development and women, children and the disabled in particular shall be given special consideration

Article 30.—(1). Malawi Constitution

Consensus was reached not only on these three major development challenges, but also on the priority areas for action, after a process of in-depth assessment and analysis conducted by the United Nations Agencies and its development partners through the UN Common Country Assessment (CCA). These three areas of focus are also national priorities as evidenced by the national strategies and frameworks that the Government of Malawi has put in place to address them.

Further, the UN believes that it can play a significant role in contributing to resolving these challenges based on its comparative advantage relative to other partners and the lessons learned from providing development assistance to Malawi over the past three and half decades that the country has been independent. Specifically, the UN system has contributed to the development of human, technical and institutional capacity to promote popular participation in decision making, the rule of law and human rights and equitable distribution of income and resources. In addition, the UN system has demonstrated technical capacity for supporting the improvement of households' access to basic social services which are education, health, water and sanitation, and adequate food and nutrition, especially among women, children and vulnerable segments of the society. The specialised focus of some of the UN agencies on population issues and HIV/AIDS, provides the UN system a challenging role with respect to support for prevention and mitigation of HIV/AIDS impact on vulnerable groups.

Malawi opted for a multi-party democracy in 1993. The UN system has played an important role in ensuring a smooth transition from the one party system of governance to the multi-party democracy through advocacy, and human and institutional capacity building. Based on the 1945 Charter of the United Nations and the Universal Declaration of Human Rights of 1948, international commitment to human freedom, emphasizes among other issues, the establishment of the state's accountability for its human rights obligations and commitments under international law. Identification of democratic governance as one of the major development challenges reflect the UN mandate and commitment to ensure that the newly acquired democratic principles are upheld. The UN development programmes and activities also embrace human rights concerns, including the rule of law, popular participation in decision making and accountability by duty-bearers and poverty reduction.

“Eradicating poverty is an ethical, social, political and economic imperative of mankind.”

-Copenhagen Declaration,  
World Summit for Social  
Development, 1995

Poverty is Malawi's number one problem and has been well articulated in the Vision 2020 and various Government policy documents. Poverty limits human freedoms and deprives a person of dignity (Human Development Report 2000).

Ensuring a decent standard of living, adequate nutrition, health care and other social and economic achievements are not just development goals, but are also inherent in human freedom and dignity. Malawi has one of the highest rates of chronic malnutrition in the world, currently estimated at 49 per cent (Demographic and Health Survey (DHS), 2000). Estimates from the DHS 2000, child malnutrition has deteriorated from below 2 per cent in 1981 to 6 per cent in 2000. Based on nutritional survey in selected districts, vitamin A deficiency of up to 7 per cent (night blindness) and 22 per cent sub-clinical vitamin A deficiency have been observed (DHS, 2000). In addition, localised indicate total goitre rate of 21 per cent in school children. Over half of under-5 children and one third of women of childbearing age suffer from moderate to severe levels of iron deficiency anaemia and vitamin A deficiency (UNICEF 2001).

The UN Covenant on Social, Economic and Cultural Rights provides for "the right to enjoyment of the highest attainable standard of physical and mental health". In Malawi, the health situation especially among women and children is alarming and far below from expected standards, even among countries at the same level of social and economic development (UNICEF 2001). The 1998 Integrated Household Survey (IHS) indicates that 65 per cent of the population lack access to adequate basic health services. While 20 per cent of the population have no access to health and sanitation, 97 per cent have no access to sanitation (UNDP 2000). Poor access to health services is a contributing factor to high infant and under five mortality estimated at 104 per 1000 and 189 per 1000, respectively (UNICEF 2001). Both of these estimates are three times as high as global targets. Basic statistics show that malaria and diarrhoea continue to be the leading causes of out-patients attendance and hospital admissions among children under the age of five.

The poor health status has been further exacerbated by the HIV/AIDS pandemic which is among the highest in Sub-Saharan Africa. The increasing proportion of people living below the poverty line and the high HIV/AIDS prevalence rate among 15-49 age groups, estimated at 65 per cent (Integrated Household Survey (IHS) 1998) and 15 per cent (National AIDS Secretariat, 2001), respectively, indicate not only the joint gravity of the problems identified in the UNDAF, but also the urgency with which the Government and Malawi's development partners should treat them.

The importance and urgency of addressing the three development challenges, Governance, Poverty and HIV/AIDS are reflected in the Poverty Reduction Strategy Paper (PRSP) which is currently being developed and will provide policy guidelines and the framework for addressing poverty issues at national level.

"On average, 267 people are infected every day and 139 people die daily from AIDS-related diseases."

UNICEF (2001). Malawi Programme Plan of Operation for Health: 2002-2006

In addition, the development of the National Strategic Framework on HIV/AIDS (2000-2004), further demonstrates Government's urgency and commitment to prevent the spread of the HIV/AIDS epidemic and mitigate its impact. Thus, the areas selected for support in the UNDAF, reflect areas in which the UN systems has comparative advantage and are also consistent with the Government's assessment of key development challenges.

The UNDAF provides a common and integrated approach to addressing the three development challenges by all UN agencies and will also facilitate collaborative programming, monitoring and evaluation and information sharing. The UNDAF will enhance the UN system's capacity to attract resources. In addition,

leadership in following up to international conferences and conventions will reinforce the UN system's comparative advantage in addressing development challenges in governance, poverty, HIV/AIDS and cross-cutting issues such as human rights, gender, environment and population.

## **2.2 KEY DEVELOPMENT CHALLENGES**

### **2.2.1 GOVERNANCE**

Based on the Vision 2020, Malawians aspire to be united, secure and democratically mature with social-economic development spread to all parts of the country. The new constitution promulgated in 1994 also clearly elaborates this vision through the Bill of Rights which incorporates provisions of international conventions.<sup>2</sup>



Source: UNDP, Choices Magazine, popular participation

The current UN agenda for reform aims at integrating the original purpose of the UN Charter of promoting peace, development, human rights and international law into a holistic approach to development. In promoting and safeguarding these human rights and freedoms, developing and strengthening the institutional arrangements, management procedures and capacities of government and the civil society, is of paramount importance.

Democratic governance assures and guarantees the rights and freedoms of the individual. All branches of government are bound by the Malawi constitution to safeguard the rights of all individuals. One of the components of the Vision 2020 envisages that the Government of Malawi will operate in an environment of transparency, accountability and the rule of law, guaranteeing effective participation of all citizens in governing the country, coupled with clear separation of powers between the three branches of government.

---

<sup>2</sup> The Bill of Rights guarantees the right to life; freedom and security of the person (including no detention without trial, or detention on account of political opinion). The Bill of Rights also protects property from arbitrary seizure, bans torture and guarantees personal privacy. Freedom of opinion, speech and association are also protected, while discrimination on grounds of race, colour, sex, language, political or other opinion, nationality, ethnic or social origin, disability, property, birth or other status is prohibited by law. Gender equality is guaranteed.

Since the introduction of constitutional democracy in 1994, the country has made attempts to improve human rights records, rule of law, tolerance to public criticism and media scrutiny, and emerging transparency and accountability to the electorate. However, there is need to improve in all areas of governance. The Human Rights Needs Assessment Survey in Malawi, 1999 observes that the substance of most of the well sounding objectives in international conventions and treaties as well as the constitution have remained un-translated in practice beyond their statements. Factors contributing to poor governance fall in four categories: institutional capacity, human rights, low political participation and inequitable distribution of resources.

### **2.2.1.1 Institutional Structures**

The Malawi Constitution provides a framework of Government and specifies the roles of the executive, legislature and the judiciary. In terms of capacity, many of the institutions and structures of governance established to manage the democratic transition process are weak. Although legal frameworks for people to participate in national affairs and for the promotion, enforcement and protection of the rule of law and human rights are there, the operational frameworks to guide implementation of activities are weak. This is evidenced by lack of capacity of existing political structures to promote greater involvement of civil society in the democratic processes and for the government to take full responsibility of civic education for transformation.

Another major weakness is that the transition from single party to a multi-party system of government was not accompanied by the development of a visionary transformation agenda for the transition process. Specifically, there was no common understanding of the goal and objective of the political change ushered in 1993 and sealed through the 1994 elections. Although a shared vision was developed later, lack of capacity within the government and institutions of civil society, has limited coherence in governance and management of development programmes. The lack of capacity has translated into decreased ability within government and institutions of civil society to assess the impact of regional integration and globalization on country specific governance programmes.

Because of weak institutional structures and monitoring mechanisms for governance, little attempt has been made to build capacity for reviewing current and proposed programmes on governance in terms of the need for adequate resources required to support governance institutions as well as the level of political commitment to ushering in the change process from centralized to pluralistic and decentralised system of government.

A closer examination of the three arms of government, the executive, judiciary and legislature, reveals the extent to which their weakness affect popular participation in decision making, the rule of law and human rights and equitable distribution of income and resources

#### **i. The Executive**

With the legacy of the three decades of autocratic rule, the strength of the executive which is headed by the President, continues to be perceived a threat to democratic principles and freedom. This perceived fear is based on the premise that the President has a prerogative of appointing the cabinet and can draw ministers from among members of parliament (MPs) who wear two hats, as members of the executive and the legislature. Obviously, doubling of responsibilities compromises the independence of the two arms of government and can be construed as conflict of interest. This has some implications on decision making and distribution of resources, especially considering that the executive is the strongest arm of government mainly because of its control on financial resources.

From the Common Country Assessment (CCA), the following issues regarding the executive and constitutional watchdogs stand out:

- Poorly staffed and relatively low paid civil service subject to frequent political pressure
- A civil service largely unaccountable to the public
- Efficiency of the civil service severely affected by serious capacity gaps as well as high rates of absenteeism and attrition due to HIV/AIDS-related morbidity and mortality
- Cabinet committees at times issuing conflicting directives
- Low proportion of civil servants having a university degree
- Poor deployment of available skills and competencies

## **ii. The Legislature: Parliament**

The new constitution provides for a National Assembly or Parliament comprising 193 members elected every five years. The parliament which has three main political parties, the ruling United Democratic Front (UDF) and two opposition parties, the Malawi Congress Party (MCP) and the Alliance for Democracy (AFORD), is the hallmark of representative government and the supreme law-making body. Its responsibilities include approving the annual government budget and any budgetary excesses by the executive. Ministers are accountable to the parliament whether they are MPs or not.

- Although members of parliament have been trained in parliamentary procedures and practice, there is lack of seriousness, maturity and proficiency among most MPs as evidenced by the parliamentary record of proceedings, the Hansard. The parliament is dominated by male representatives in spite of female constituting a larger proportion of the electorate. This is of concern especially on issues addressing gender equality. The Malawi constitution provides for one to be appointed minister without being an elected member of parliament. Since ministers are not obliged to attend meeting of the National Assembly their accountability to the electorate is reduced.

The following shortfalls have been observed as key areas that need to be addressed to improve the performance of the legislature:

- The official language in parliament is English and thus all proceedings are conducted in this foreign language and yet a large number of members are not fluent in that language. Even when the proceedings are transmitted live on radio, an overwhelming majority of the population is unable to comprehend.
- MPs are not well versed and trained in Parliamentary practices and do not have adequate legislative support
- MPs accessibility for interaction with their constituents on regular basis is minimal

## **iii. The Judiciary**

The constitution safeguards the independence of the judiciary by providing secure tenure for judges until they reach mandatory retirement age. The Judiciary has experienced a latitude of independence, at least with respect to some major cases in which judgement has been against the government. However, judicial independence has not been secured due to financial dependence on the executive and the legislature. A report by the Malawi Inspectorate of Prisons (1996) indicates that trial of hundreds of prisoners has been delayed as long as four years due to shortage of funds. Lack of legal aid among those who can not afford to engage lawyers, is another obstacle to dispense justice. The following are key areas of dispensation of justice by the courts and other organs of the state that require attention.

- Increasing financial allocations to allow the setting up of more courts and appointment of more magistrates and judges to reduce waiting periods before trial
- Improving access to and the quality of legal aid for those who can not afford to hire lawyers
- Efficiency of the courts system should be enhanced. Judges should firmly direct affairs in court especially in cases of long adjournments of matters and miscarriage of justice
- Improving human resource capacity of the police, prosecution and correctional administration

#### **iv. The Monitors of Democratic Governance and Human Rights**

The monitors for democratic governance and observance of human rights include the Office of the Ombudsman, the Anti-Corruption Bureau, the Human Rights Commission and the Law Commission. The Office of the Ombudsman was established under the Constitution to entertain complaints from individuals against injustices, discrimination and victimization that borders on maladministration, while the Anti-Corruption Bureau was created in 1995 to prevent and control corruption at all levels with a view to facilitating a corruption-free society and to contribute towards democratic governance. Although both agencies have demonstrated their potential to perform their prescribed “watchdog” functions, their independence has been compromised by inadequate financial resources and dependence on the Executive for disbursement of funds. With regard to the Anti-Corruption Bureau, it has investigative powers but no powers to arrest and for the Bureau to initiate prosecution, it needs the approval of the Director of Public Prosecution who is a government appointee.

The Human Rights Commission was established in 1998 following the approval of the National Plan of Action in the field of human rights in 1995 and creation of a legal framework for the promotion and protection of human rights. The Commission is mandated not only to monitor human rights situation in the country, but also to enhance the capacity of other institutions to monitor human rights.

All the governance problems discussed above have resulted in the low level of political participation by civil society, public and private sectors in the management of governance and development programmes. It is also a manifestation of the low level of affirmative action to promote the rule of law, the right to development and enforcement of constitutional human rights provisions enshrined in the constitution.

#### **v. Media**

The rights to freedom of opinion, conscience, religion and expression are recognized in the International Covenant on Civil and Political Rights. Section 36 of the Malawi constitution also guarantees freedom of conscience, religion and opinion. Through freedom of the Press, the media has a role empowering citizens to exercise their right by facilitating access to information held by the state or any of its organs, to exercise their rights.

Since 1994 freedom of expression and the press is being exercised as evidenced by a number of newspapers both from the Government and opposition groups and also a number of radio stations. There are currently eight party newspapers and five non-partisan newspapers. However, with the high adult illiteracy rate, the radio has greater capacity than newspapers to reach the majority of the population and hence has been the main channel of communication. As observed in the Malawi Human Rights and Needs Assessment report of 1998, access to radio information especially among women is limited by poverty. Control of the main radio broadcasting station, the Malawi Broadcasting Corporation (MBC) by the government limits its independence and coverage of information on human rights. Sometimes opposition groups are denied access to this important communication channel. Furthermore, the fairness in granting licenses for private radio operators by the Malawi Communication Regulatory Authority (MACRA) established in 1999 has been questioned by various stakeholders.

The major weakness of the press in Malawi is that it is polarised between the pro- and anti-government papers to the extent that at one time the Government gave an order restricting patronage of services to the newspapers that were considered “government-friendly”. This limits the spirit of independent journalism and the quality of information. In addition to the polarisation problem, the news media, especially “the private media” faces a high cost of duty arbitrarily imposed by Government on newsprint and other products from outside the country (Human Rights Needs Assessment, 1999), making the papers very expensive and less accessible to poor segments of the population.

## **v. NGOs and Civic Groups**

Social, economic and political changes that have taken place since 1994 have been accompanied by the emergence of a number of NGOs working in various areas including human rights, education, health and agriculture. Currently, there are approximately 120 registered NGOs of which 50 are affiliated with their international headquarters (Human Rights Needs Assessment Survey in Malawi 1999). Although NGOs operate in diverse fields including democracy, human rights and governance, the vast majority concentrate on development activities in the rural areas.

Civic groups have also been slowly increasing in number over the past seven years. Efforts by such groups to lobby parliament and influence pending legislation are an indication that the civil society is playing an active role in consolidating democracy. However, based on the findings of the 1999 Human Rights Needs Assessment Survey, the capacity of both NGO and civil groups in service delivery is hampered by lack of funding, experience and effective communication. In general, democracy and human rights NGOs are weaker than development NGOs due to various reasons including weak human capacity and limited interaction with rural communities<sup>3</sup>.

In the area of freedom of the media and the role of NGOs and civil organizations the main issues are:

- To guarantee protection from intimidation and victimization;
- To ensure the equality of opportunity so that every individual or organization is judged on merit in granting of required licenses and quotas; and
- Access to media by opposition/dissenting views.

### **2.2.1.2 Human Rights**

Human rights as a framework for development are embodied in a number of international conventions, declarations, plans of action and other agreements of which Malawi is a signatory. Malawi has ratified major international human rights instruments as well as key human rights related International Labour Conventions. As a signatory to these instruments, the country has accepted to take necessary steps, to the extent that its resources allow, to progressively implement the provisions.

In addition, the Constitution of Malawi binds all executive, legislative and judicial organs of the state at all levels of Government to safeguard the rights of all the peoples of Malawi as guaranteed by the Constitution and laws made under it. It also recognizes the obligation of Malawi to abide by international commitments. In this regard, the Government has adopted various plans such as the National Plan of Action for the Survival, Protection and Development of Children; the National Plan of Action in the Field of Human Rights; the Malawi Platform for Action for Women; Poverty Alleviation Framework; and the Vision 2020.

---

<sup>3</sup> All democracy and human rights NGOs and Civic Groups and urban-based with little outreach activities to the rural areas.



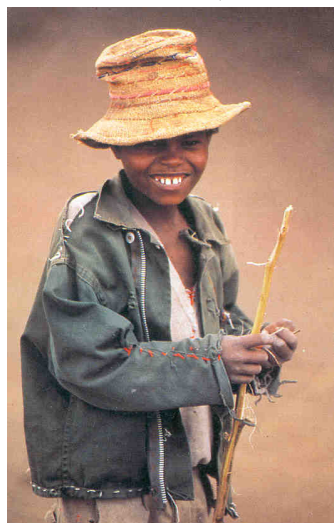
The National Plan of Action in the Field of Human Rights which was approved in 1995, provides for an effective legal framework for the promotion and protection of human rights including the support for institutions such as the Human Rights Commission (HRC). Although the National Plan of Action addresses human rights in general, specific attention has focussed on rights of vulnerable groups such as children, women, workers, prisoners and detainees, refugees and minorities.

Although observance of human rights has improved, cases of abuse still exist. Low level of knowledge of rights and responsibilities at civil society and government levels are among the major causes of abuse of human rights. One of the contributing factors to this state of affairs is the prevailing culture that does not promote accountability and transparency of the institutions that have been assigned the responsibility of ensuring that civic education is made available. This is further compromised by the low number of professional skills in human rights institutions.

Low observance and enforcement of human rights can be attributed to the weak institutional capacity of the national human rights institutions including limited number of judges and magistrates. This problem is further exacerbated by insufficient flow of resources to support enforcement of the right to development and poverty eradication. While Government commitment to entrench a human rights culture exists, access to economic opportunities and basic social services including legal aid are limited. The weak capacity of the human rights institutions is also aggravated by weaknesses in the justice delivery system, low recognition of the constructive role that duty bearers can play in safeguarding human rights, and the weak framework to deploy and retain skills. These capacity weaknesses make it difficult to monitor and correct human rights infringements and violations.

#### **i. Children's Rights**

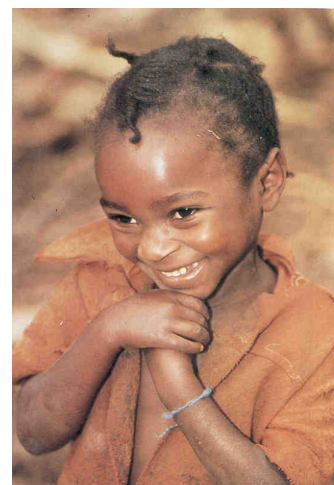
The constitution (Section 23) which defines children as persons under sixteen years of age, specifically guarantees the fundamental rights of the children. Malawi is also a signatory to the Convention on the Rights of the Child (CRC) and submitted her initial report on the convention in 1991. However, Child Rights are still not well understood by the majority of the population. Many children, particularly girls, are deprived of their rights due to poverty as well as many harmful traditions and customs which portray the girl child as inferior to the boy child. Despite significant legal reforms in areas children's rights, cases of child abuse, particularly the girl child both at and out of school, are increasingly being reported by various NGOs and the media.



The issues concerning the rights of the child encompass:

- Care of HIV/AIDS orphans
- Child abuse, particularly of the girl child
- Juvenile justice
- Enforcement of right to education, and
- Child labour

The increasing number of orphans resulting from HIV/AIDS-related deaths is exerting pressure on traditional social security system. Rampant



poverty among most rural households further weakens the capacity of relatives to provide the orphans adequate food and nutrition, education, shelter, clothing and other basic needs. The orphans, especially girls are often vulnerable to exploitation and abuse including rape which increases their risk to contracting HIV/AIDS.

## **ii. Women's Rights**

Malawi acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), in 1987. Furthermore, the new constitution guarantees equality to women. As a follow-up to the global Platform for Action adopted at the Beijing Conference, the Government formulated a National Plan of Action (NFPA) in 1997, out of which the following priority areas were identified:

- Poverty alleviation;
- Empowerment women;
- The girl child;
- Violence against women; and
- Peace.

Progress has also been made in formulating and implementing a gender policy.

In spite of all these efforts, the problem of gender inequality in the country, as evidenced by the Gender-related Development<sup>4</sup> Index (GDI) of 38 per cent, is quite severe compared to international standards. Most women continue to face serious constraints in achieving equality with men including discriminatory laws and practices such as heavy workload, restrictive societal attitude, domestic violence, lack of access to education, weak decision-making position and few economic opportunities.

Adult literacy for women is far below that of men. Although efforts have been made to reduce gender disparity in primary school through the introduction of free primary school, the enrolment rate for girls in secondary education is 40 % below that of boys. Poverty in Malawi has a gender dimension, with the incidence being higher among women than men. In part, this is due to cultural norms and practices that discriminate against women in terms of access to resources including land and credit. Poverty among women is exacerbated by inequality in paid employment opportunities. On farms, and in a number of rural and urban enterprises, a vast majority of women are lowly paid.

Women are also denied their reproductive rights and have no control over their own fertility. Coupled with increased incidence of forced sex and rape, the lack of control by women on their fertility, increases their risk to contracting HIV infections and maternal mortality.

Reported cases of violence against women between 1990 and 1999 increased from 800 to 8,000 in spite of an increase in the proportion of police assigned to deal with gender-related issues from 30 per cent to 40 per cent between 1995 and 1999. One of the factors contributing to the observed violation of women's rights is the overall subordinate status of women and failure of the system to respond to gender-related problems. A case in point is the conflict between Malawian customary practices and the Bill of Rights, coupled with low enforcement and the slow pace of legal reforms, adversely affect women. The law of evidence and penal code also make it difficult to convict those accused of violence against women or impose heavy sentence on the convicted. In addition, there are only 25 crisis centres in the country that deal with female victims, 10 in police stations and 15 under NGOs. The capacity of both the police and NGO centres to curb gender-related violence is inadequate.

---

<sup>4</sup> A composite index using the same variables as the human development index (HDI). The difference is that the GDI adjusts the average achievement of each country in life expectancy, education attainment and income in accordance with the disparity in achievement between men and women.

Key issues to ensure social empowerment of women include:

- Increasing women's access to education and health facilities;
- Raising awareness of women's reproductive rights and promoting male participation in sexual and reproductive health;
- Strengthening infrastructure for curbing gender-related violence including enforcement of stricter penalties against offenders; and
- Curbing sexual harassment at school and the work place.

### **iii. Workers' Rights**

Although Malawi is a signatory to some of the International Labour Organization (ILO) Conventions, it has not yet ratified key conventions guaranteeing worker's rights. While the Freedom of Association and the Right to Organize Convention of 1948 was ratified in 1999, the Workers Representatives Convention of 1971 which guarantees protection of worker's representatives against prejudice, remains to be ratified. In addition, the Minimum Wage Fixing Convention of 1970 and the Minimum Age Convention of 1973 have not been ratified.

Delays in ratifying these conventions, has implications for workers to organize themselves in quest for appropriate remuneration packages. However, legal provisions governing minimum wages exist and steps have been taken through the Labour Relations Act (1998) to protect and promote workers' rights. Major challenges affecting workers rights concern ratification of the remaining ILO conventions including the Minimum Wage Fixing Convention of 1970 and the Minimum Age Convention of 1973 and building capacity of trade unions.

### **iv. Rights of Refugees**

Malawi is a signatory to both UN and OAU Conventions. The 1951 United Nations Convention Relating to the Status of Refugees, provides a definition of "a refugee" and sets the minimum standards of treatment of refugees, including protection from expulsion or forcible repatriation of persons having refugee status. The failure of this convention to protect post-1951 refugees, particularly in Africa, led to the signing of the 1967 Protocol Relating to the Status of Refugees. This Protocol extended the application of the Convention to all refugees without date restrictions. In view of the increasing refugee problems in Africa in the 1960s, the Organization for African Unity (OAU) adopted the Convention Governing the Specific Aspects of Refugee Problems in Africa in 1969.

The country hosted about 1.5 million Mozambican refugees between 1986 and 1994. In close co-operation with the UNHCR, the Government mobilised adequate material assistance and provided protection for the refugees. In order to streamline assistance and protection, a National Refugee Legislation was promulgated in 1989. The legislation makes reservations on local integration. This reservation was understandably due to the large number of refugees and also considering that a large percentage of rural Malawi population live below the poverty line. After the Mozambican programme, Malawi has continued to accept asylum seekers and host refugees. These are predominantly from the Great Lakes region, Somalia and the Democratic Republic of Congo (DRC). The characteristics of the refugees are quite different from those of Mozambique, with the majority being semiliterate and of urban background.



Source: UNDP Choices Magazine. Refugee Camp

Because of continued political unrest in their countries of origin, prospects for repatriation still remain quite remote. The UNHCR in collaboration with the Department of Disaster Preparedness, Relief and Rehabilitation (DDPRR) have made a review of the Refugee Act to address the issue of Local Integration. This continues to be one of the feasible options for refugees in Malawi. The amended Refugee Act addresses the key areas of refugee access to public schools, employment opportunities for a limited number, freedom of movement and opportunities to engage in self reliance activities such as petty trading and cropping activities.

#### **v. Rights of Prisoners and Detainees**

Respect of the rights of prisoners and detainees is an important element of democratic governance. Often, law enforcement officers in Malawi treat detainees as if they were convicts. Their attitudes towards both detainees and prisoners fall short of expected standards. A case in point is the recent bludgeoning to death of prisoner serving sentence for forging a passport by prison wardens. The main issues concerning the rights of prisoners include:

- The use of torture in obtaining information from suspects. A study conducted by the Centre for Youth and Children Affairs reported that 63 % of juveniles were subjected to beating
- Welfare of prison staff to be improved to avoid chances of transferring aggression
- Prison conditions are sub-human: overcrowding, bad sanitation and the absence of basic amenities including medical care. During 1999, 260 prisoners died in police cells and prisons.
- Sexual abuse among prisoners is common and further spreads HIV/AIDS. A recent survey reported that out of 8,403 prisoners treated for various diseases, 2,138 tested HIV-positive
- Lengthy pre-trial detentions and long drawn out trials

## **vi. Rights of Minorities**

Although progress on racial tolerance and harmony has been made globally, for example with defeat of apartheid in South Africa, the dream of a world free of racial hatred, discrimination of minorities, xenophobia and related intolerance, exist in so many countries and Malawi is not an exception. Various xenophobic remarks have been made about foreigners hijacking vehicles, dominating certain markets and involved in drug trafficking, faking passports and corruption., but there appears to be no evidence of systematic discrimination against minorities by dominant groups (Human Rights and Needs Assessment Survey, 1998).

The Asian community in Malawi can be singled out as a significant minority which is increasingly playing a big role in the country's economy. Although there is no evident discrimination killings and robberies of affluent members of this minority group is creating a sense of insecurity among them. Many Asians have not opted to return to the rural areas after the ban from trading in the rural areas was lifted in 1994. However as the economy diversifies in a liberalised environment, demand for land by minorities including Asians is likely to increase. Increased land pressure, as observed by the Land Commission, may become a source of conflict and discrimination against minorities.

The major issues requiring attention include:

- Identification of sources, causes, forms and contemporary manifestations of racism, racial discrimination and related intolerance
- Identification and supporting of victims of racism, racial discrimination and related intolerance
- Supporting measures to prevent, educate and protect individual from racism, racial discrimination and related intolerance
- Support measures to eradicate racism, racial discrimination and related intolerance
- Provisions for effective remedies, recourses, redress (compensation) racism, racial discrimination and related intolerance
- Strategies to achieve full and effective equality

## **vii. Rights of People Living with HIV/AIDS**

People living with HIV/AIDS (PLWAs) constitute a vulnerable group (both nationally and internationally). Among the rights affected by HIV/AIDS are the right to work, social security, education, full realization of human dignity and personality, improved health status for the individual and families, provision of optimum care for individuals and the right to development. One of the classic examples of violation of the rights of PLWAs in Malawi and probably elsewhere is the Pension System which requires an individual to declare the serostatus to be considered for full pension scheme.

Children, adolescents and women are powerless in protecting themselves against sexually transmitted infections by virtue of their subordination. Their plight is worsened by their economic insecurity and limited choice of self protection mechanisms in the event of a risky situation. In the absence of a legal framework protecting PLWAs, there is no mechanism to check and control violations of their rights. Thus, violation of the right of the weaker sections of the society, especially with respect to Children, adolescents and women amounts to denial of their right to live.

### **2.2.1.3 Low Political Participation**

The country's level of popular participation has improved following the promulgation of 1995 Malawi Constitution. In fact, the country's voter turn out for the 1999 general election of about 92 per cent bears

witness to this process. However, while adequate provisions are in place for popular participation and the electoral process has gained a good foundation, inadequate civic education, poor access to information and high illiteracy rates have affected progress towards meaningful popular participation in national affairs. The slow pace of progress of compliance and promotion of the rule of law, the right to development and constitutional human rights and more evidently, the poor turnout during the year 2000 local government elections of approximately 14%, are a reflection of the above problems. In turn, these constraints give rise to discrimination as well as political, racial, regional and ethnic intolerance and lack of faith in the elected leaders who have failed to demonstrate their accountability to the electorate.

The causes of inadequate civic education include lack of a public forum for popular participation in national affairs due to weak political support for participatory and decentralised decision-making as well as the weak institutional capacities, including structures and processes of civil society and government for political participation. This weakness is also attributed to low recognition given to the important role that civil society can play in development, and inadequate knowledge within the population on basic rights. Other causes of low political participation include lack of access to basic social services, weak collective bargaining structures, and under-utilised opportunities for the freedom of association for self-help as well as social and economic action.

#### **2.2.1.4 Inequitable Distribution of Resources**

The major factors contributing to inequitable distribution of resources include aid dependency syndrome, inequitable gender-based distribution, a weak capacity for domestic resource generation and sustainability, poor resource control and management due to institutional weaknesses, corruption, fraud, transparency and accountability. The centralised decision-making, weak democratic institutions and the heavy reliance on foreign aid to close budget deficits have effectively weakened the economic link between the government and the public in general, including taxpayers.

While the public is unable to effectively monitor and influence how resources are apportioned and used because of weak institutional capacities at all levels of society to enforce accountability and transparency, the Government itself does not have sufficient basic analytical information for decision-making to address the gender and geographical disparities in the distribution of resources as well as systems and mechanisms to monitor inflows and outflows of resources. One characteristic feature of the Malawian society is the lack of public ownership of the foreign aid entrusted to the government. This creates indifference on how aid is managed and distributed and in turn, creates an environment where the government can take decisions that affect the population without their participation or consultation.

Inadequate pro-poor policies and inefficient mechanisms that address regional and gender disparities in resource endowment and allocation also contribute to these distribution problems, resulting in the unequal distribution of the factors of production, inefficient and ineffective policies, and the socio-economic exclusion of vulnerable groups including women and children. Inequitable distribution of resources is also linked to the narrow tax base, limited fee-based social services and low revenue collection. While an institution for improving tax collection and widening the tax base has been established, it will take some time before its goals are achieved. Due to resource limitations, efforts required to manage the political transition are dissipated. The consequences of weak and poorly funded public institutions are corruption and the lack of transparency and accountability, which have become endemic in Malawi, as reported frequently by the media. Although checks and balances exist to hold public servants accountable for their actions, the institutional weaknesses mentioned earlier, and centralised decision-making, limit the effectiveness of the watchdogs.

Unequal distribution of resource is one of the major factors contributing to the worsening poverty levels in the country. Malawi ratified the Convention on the Elimination of All Forms of Discrimination Against

Women (CEDAW) and submitted its initial report in 1991. The constitution also has specific provisions (Section 24) relating to the protection of women rights. Despite these improvements, women continue to face serious constraints in achieving equality with men including discriminating customs and practices; lack of equal access to education; a weak decision-making position; and few, if any economic opportunities. Discriminatory customs, traditions and laws regarding acquisition, transfer and inheritance of land and other resources are among the major causes of unequal distribution of resources. Policies of most financial institutions, especially with regard to women's access to credit work to reinforce women's subordination to men and exacerbates the inequality problem.

Anecdotal evidence suggests that persons with disabilities have been discriminated against in several ways at home, at work, in public places and amenities as well as in school. The Government has undertaken several programmes aimed at rehabilitating and also enhancing participation of persons with disabilities in political, social and economic endeavours and is in the process of developing a disabilities policy. In spite of this effort, the majority of the disabled persons depend on charities and begging for their survival and the proportion of those in paid employment is disproportionately small to their population.

Government's plans for decentralization are aimed at increasing local popular participation in the governance and development of the country. Hence decentralization can be looked upon as a key step on the path to consolidation of democracy at the district and local levels. Decentralization provides for devolution of many aspects of development programming. In 1998 the Government of Malawi developed a Decentralisation Policy on the basis of which a Local Government Act (1998) was enacted. However, challenges to empowerment through the decentralization process exist and these include lack of awareness of the local communities about their duties and responsibilities; lack of institutional, physical and human, capacity at grassroots level; lack of systems and mechanisms ensuring transparency and effective participatory development; gender bias and inadequate resources.

The major development challenges in governance are weaknesses in institutional structures, observance and protection of human rights, low political participation and inequitable distribution of resources.

## **2.2.2 POVERTY**

Estimates from Malawi's social economic profile in the 1990s revealed that more than 62 per cent of Malawi's population lived under poverty line estimated at approximately US \$40 per capita per annum. With an estimated gini coefficient of around 0.60, income distribution was most unequal among the LDCs (World Bank 1997).

Recent estimates, based on the Integrated Household Survey (IHS) of 1998, shows that the poverty status has worsened with more than 65 per cent of the population living below the poverty line.<sup>5</sup> Other causes of low income include, productivity due to inadequate access to technology, limited skill levels, high HIV/AIDS-related morbidity rates within the workforce and the lack of a conducive working environment.

Poverty in Malawi is characterised by food insecurity and poor nutrition, lack of access to basic social services especially among the poorest of the poor, women and vulnerable households and low per capita incomes; and is also exacerbated by a high and fast growing population.

---

<sup>5</sup> Despite differences in methodologies for estimating poverty between the World Bank and IHS surveys.





Source: UNICEF, Women and children: a case of basic needs

### 2.2.2.1 Food Security

Malawi has for the past decade been categorised as a food deficit country with an estimated 40 per cent of the country's 9.8 million people unable to satisfy their basic calorific needs of 2,200 Kilocalories per day and 55 per cent of rural population suffering from chronic food insecurity (UNDP 2000).

The national food balance has generally been in deficit except in 1998/99 and 1999/2000 when maize production improved by 40 per cent due to increased use of fertilizer and seed through the Starter Pack<sup>6</sup> and the Agricultural Productivity Investment Program (APIP). Despite this improvement scheme in maize production, the Vulnerability Assessment Mapping (VAM) indicates that 36 out of 154 Extension Planning Areas (EPAs) located in 13 out of 27 districts in the country, consume below the minimum daily energy requirement (World Food Programme 2001). The proportion of EPAs producing below their requirements in terms of dietary availability has varied from a high of 91 per cent in 1992 to a low of 18 per cent in 1999. Household food deficits have been supplemented by targeted food aid remittances through Drought Recovery Programmes/Safety Net Programmes which has been implemented since 1992.

---

<sup>6</sup> Starter Pack Programme was a Government intervention designed to improve food production among smallholder farmers through the distribution of free small quantities of improved seed and fertilizer.



Factors contributing to household food insecurity are many, but in this UNDAF, those in which the UN agencies have a comparative advantage in providing technical and financial support are cited. These include limited physical availability of food, limited economic access and structure and institutional constraints.



Source: Vision 2020, Grain storage

### **i. Limited physical access to food**

A study by the Centre for Social Research (CSR) (1988) on food security in Malawi, indicated that over 50 per cent of rural households run out of food between 4 and 6 months after harvest and have to seek opportunities of earning supplementary income to purchase food on the market. Physical access to food is limited by low production levels which in turn are a function of land size and productivity. Over dependency on rain-fed agriculture and the predominance of maize as the source of food, also contribute to limited access.



Source: UNDP Choices Magazine, Land use practice in Mchinji

### **a. Access to land**

More than 75 per cent of Malawi's customary land is allocated to maize production, the country's staple food, whose productivity among smallholder farmers ranges between 800kg to 1000kg per hectare (Malawi Government 1993). While 72 per cent of smallholder farmers cultivate less than 1 ha, 41 per cent cultivate less than 0.5 ha (1992/93 Malawi National Sample Survey of Agriculture). Based on an average household size of five and per capita consumption of 200 kg, one household requires one to three hectares of land to meet its food requirements at the current yield levels. Access to land is limited by unfavourable customs and laws governing ownership, control and administration of land and underdeveloped land markets. All of these factors relate to governance. In the matrilineal system of marriage practiced mostly in the central and southern parts of Malawi, inheritance of land discriminates men, while in the patrilineal system practiced in the northern region, inheritance of land discriminates against women. In addition, the customary law governing land use by smallholder farmers does not

guarantee ownership of land and security of tenure, to the extent that right of use by male and female counterparts ceases upon death of a spouse in the matrilineal and patrilineal systems of marriages, respectively. While the proposed land policy addresses these concerns, there is no guarantee that they would be corrected unless there is political will and a strong advocacy to ensure the full implementation of the policy.

Although sale of customary land takes place, it is prohibited by law, thus making underutilised land inaccessible to the landless and potential investors. Recent studies on estate land use (Steele 1997) have demonstrated underutilization of this resource. In the absence of a well organized market, the excess estate land is not readily accessible to the landless for use in food production. However, improvement in land markets would not be a solution for poor households for they would not have sufficient income to either rent or buy land. Thus, land reform needs to be accompanied by non-agricultural employment and income generation interventions.

The problem of land size in relationship to household food requirements has been aggravated by rising population which has also led to fragmentation of cultivated areas into uneconomical sizes. Moreover, widespread deforestation, cultivation on steeply sloped and erosion prone hill sides, have resulted in natural resources and environmental degradation. Degradation of natural resources which is exacerbated by limited awareness and adoption of agro-forestry technology as well as lack of knowledge and skills in watershed, soil and water management, causes soil fertility to decline and significantly contributes to production shortfalls.

## **b. Productivity**

Agricultural productivity is influenced by a number of factors including access to credit, information and technology transfer as well as changes in the climate.

- ***Access to credit***

Lack of capital in the form of credit has been cited in several studies as one of the major factors limiting adoption of technology and agricultural productivity among smallholder farmers (Nankumba 1980, Evans 1989, Msukwa et. al.,1994, Chipeta and Mkandawire 1992). However, findings of a recent study by Diagne, Zeller and Mataya (1995), indicate that access to both formal and informal credit by male-headed households, exceeds that of female-headed households implying that the later are more vulnerable to food insecurity than the former.

Between 1990 and 1993, input credit for smallholder farmers was administered through the Smallholder Agricultural Credit Scheme (SACA) which had a special package for women called Malawi Mudzi Fund. The SACA collapsed 1993 due to high default rates and was replaced by the Malawi Rural Finance Company (MRFC). Although commercial sources of credit exist, they provide less than effective support to agriculture and their conservative banking policies discourage smallholder farmers and more especially women, to seek credit from them. High interest rates charged by both MRFC and commercial banks which in the year 2000 exceeded 50 per cent per annum have dampened smallholder farmers' prospects of increasing productivity through increased use of technology, especially fertilizer and improved seed.

- ***Information and Technology Transfer***

Extension services play a critical role in improving agricultural productivity by providing a mechanism for communication between farmers and researchers and the transfer of knowledge and technology from the former to the latter. Until recently, the process of agricultural technology development and transfer has not been participatory and demand driven to the extent that a number of technologies developed still

remain on the shelf. Apart from not being gender sensitive, the technologies developed have also not been location specific in spite of the stark agro-ecological differences of the country.

- ***Climatic Factors***

Recurrent cycles of droughts, floods, pests and diseases have contributed to the low agricultural productivity and food supply over the past decade. In particular, the major droughts of 1992 and 1994 reduced food crop production by 60 per cent and 40 per cent, respectively, while the El Nino of 1997 reduced food crop production to 1.9 million metric tonnes against the national requirements of 2.3 million. The Lower Shire, Phalombe, Nkhata-Bay and Karonga flood plains are particularly prone to regular cycles of floods. Poverty, deforestation of catchment areas and cultivation on riverbanks and steeply sloped hill areas, have increased the susceptibility of some of the highly productive agricultural lands to flooding. Recent floods in all the three regions of Malawi bear testimony to this.

**c. Dependence on rain-fed agriculture**

Malawi's rainfall is unimodal and variable. As such, rain-fed agriculture is a highly risky undertaking. The rising population-land ratio makes subsistence agriculture a less dependable source of food and livelihood. Malawi has an irrigation potential of at least 200,000 hectares, yet only 26,100 hectares have been exploited (Moll 2000). Capital, technology constraints, a poor marketing system and poor road and transport infrastructure limit the extent to which irrigation can be integrated into the smallholder farming system. However, the advent of small and inexpensive equipment (treadle pumps and small motorised pumps), some headway can be made to increase production particularly during the dry season in the overlands and dambos

**d. Diversification**

Although smallholder farmers are well aware of the diversity of food crops as evidenced by the types of crops cultivated, either in pure or mixed stands, efforts to improve household food security and nutrition are compromised by a high dependence on a maize-based diet by most of the poor households. Taste and preference of the majority of the households, as well as the influence of maize-based technology, extension and credit programmes, have contributed to this bias against other alternative food crops. Apart from being highly vulnerable to natural disasters such as floods and droughts, the nutrient requirement, in terms of cost, to bring maize yield to optimum level is beyond the scope of most poor households.

Failure to identify a close substitute to tobacco, in terms of contribution to household income and export earnings, has also limited the scope of other potential cash crops such as spices, cotton, coffee, rice, groundnuts, tree-nuts, fruits and vegetables. A policy bias in favour of crops, has contributed to the underdevelopment of the livestock sector, especially small ruminants which are not only easy to manage, but unlike cattle, also do not compete with man for land.

According to the 1997/98 livestock census, cattle population was estimated at 618,747, while sheep, pigs and goats were estimated at 102,671; 481,108; and 1,597,500, respectively (Department of Animal Health and Industry 1998). Although market liberalization was implemented in 1994, the livestock act has not been reviewed in the light of new economic challenges and the national agenda of poverty eradication. Some rules and regulations currently governing livestock movement and trade constitute a stumbling block to development and productivity of the livestock industry in the country.



#### **e. Post-harvest losses and limited storage and processing technologies**

Loss of produce immediately after harvest and throughout the product chain, coupled with limited processing and storage technologies among smallholder farmers also contribute to limited physical access to food. Most agricultural products are seasonal and highly perishable requiring processing and storage to add value and ensure continuous supply throughout the year. Apart from promoting multiple uses of the product and increasing the proportion of food that is available for consumption, processing can contribute towards improvement of environment by reducing the quantity of refuse. Technology development efforts in agriculture and food production have to a great extent ignored the handling, processing and marketing components of the agribusiness and yet these determine the quantity and quality of food actually available for consumption.

#### **ii. Limited Economic Access**

Economic access relates to household ability to acquire food through the market which is largely a function of purchasing power and market access. Inadequate purchasing power amongst the poor, especially female-headed households limit both the quantity and quality of food available to the family.

The contributory factors to low purchasing power include low farm returns and limited off-farm employment and income generating opportunities, partly due to low economic growth and low domestic revenues (including export receipts and tax revenues) and low minimum wage. In the rural areas, income is depressed because of low productivity factors and inadequate market infrastructure and underdeveloped marketing system. Low farm incomes are also associated with lack of diversification to high value cash crops other than tobacco. Delayed involvement of the private sector in the buying and selling of agricultural inputs and produce, due to suppressive legislation, is one of the major factors that have contributed to the underdevelopment of the rural economy as manifested in low income and lack of purchasing power of the majority of the rural population.

Limited economic opportunities which impinge on food security, also reflect the absence of mechanisms to ensure equality in both resource and income. Inequality to economic opportunities in Malawi has its origins in culture and tradition which tends to make women, who are main providers of food, subordinate to men. Unequal access to education and resources further reinforces male dominance in employment, political participation and decision making in both the public and private sectors. For example, women represent 45 per cent of all Micro Small Medium Enterprise (MSME) proprietors (Mandambwe 1998). This percentage is extremely low compared to surrounding countries. For example in Botswana, Zimbabwe, Swaziland and Lesotho, women represent 75 per cent, 67 per cent, 78 per cent and 76 per cent of all MSME proprietors, respectively (Daniel and Fisseha 1992).

The Government in collaboration with development partners, have implemented several interventions to economically empower women, among other things, through the Girls Attainment of Basic Literacy and Education (GABLE) project and specialised credit programmes such as Promotion of Micro-enterprises for Rural Women (PMERW). While these and other interventions have begun paying dividends, the gap between men and women in terms of economic opportunities is still very wide, considering that affirmative action is a recent phenomenon in Malawi and also that the proportion of women benefiting from such initiatives is quite small.

In Malawi, the marketing system and infrastructure are underdeveloped to the extent that food security at national level does not necessarily translate to food security at household and individual levels. The situation is made worse by the poor condition of the rural road network servicing more than 85 per cent of the population. During the rainy season, some remote areas are completely inaccessible, making trading of inputs and produce as well as food, almost impossible.

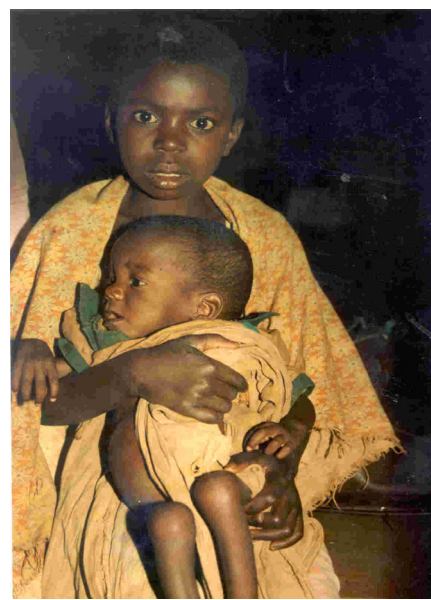
The government's move to liberalize the marketing of smallholder farm inputs and produce was perceived as a solution to the poor marketing system and infrastructure. On the contrary, these expectations have not been realised. The dominance of a few major private and parastatal organizations in the marketing system still prevails and cost of inputs and produce are not affordable to poor households, thus undermining the national food security objective. In addition, a weak public market information system and poor dissemination of information, have also been some of the limiting factors to the development of rural markets.

### iii. Implications of Food Insecurity

The right to be free from hunger is a fundamental human right stated in the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1996 and has been reaffirmed in many pronouncements of the international community over the last 50 years.

The right flows from the Charter of the United Nations and has been reaffirmed at the World Food Summit of 1996 and in many pronouncements of the international community over the last 50 years. The right to adequate food was reaffirmed in the Universal Declaration on the Eradication of Hunger and Malnutrition of 1974, the Declaration of the Right of Disabled Persons of 1975, the Provisions of the Convention on the Elimination of all forms of Discrimination Against Women of 1979 and the Declaration on the Right to Development of 1986. Further, the Declaration of the Rights of the Child of 1959 and the Convention on the Rights of the Child of 1989 recognized the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

Therefore, ensuring food security of all people and especially, women, children and other vulnerable members of the society, is a development challenge facing institutions and agencies charged with the responsibility of upholding human rights. This includes all governance institutions, development partners and the civil society. The role of governance institutions is critical in ensuring that the prerequisites for market-oriented food security interventions exist. These include fairness in resource allocation and distribution of income, gender equality, respect of property rights, peaceful coexistence and internal security, fair trading practices, transparency and accountability of the public sector, among others.



Source: UNICEF, Malawi, undernourished child

Inadequate quantity and quality of food cause malnutrition which is further aggravated by high prevalence of disease and inadequate maternal and child healthcare. The effects of poor nutrition, include retarded human growth and development, low productivity, and increased vulnerability to infections and diseases. Chronic under nutrition is widespread in Malawi. Approximately 30 per cent of children under 5 are underweight and 48 per cent are stunted. The rate of wasting which is an acute form of malnutrition is estimated to have risen from 5.4 per cent to 9.8 per cent between 1992 and the year 2000. Micronutrient surveys show that although iodine deficiency is localised in some districts, especially in hilly areas, there is a continuing high incidence of iron-deficiency anaemia with 54-90 per cent of pregnant women affected. About 14 per cent of mothers have a short stature which is an obstetric risk and 9 per cent have protein energy malnutrition (PEM).

Under-nourishment predisposes the body to HIV infections and other communicable diseases. Heightened morbidity due to HIV/AIDS and other communicable diseases, contribute to low labour productivity. Labour productivity declines even further during agricultural peak seasons which coincide with periods when food stocks have been depleted and members of the households resort to low paying casual labour (ganyu) in neighbouring farmers' fields as a coping mechanism. Increasing population levels and the predominance of agriculture as a source of both food and income for the majority of the households, exert more pressure on the limited land and natural resources, leading to environmental degradation. Unless population growth is checked to a level commensurate with the means of livelihood, it is unlikely that food security interventions will achieve the intended objectives.

The key development challenges for food security in Malawi revolve around two issues (a) increasing availability of food at household and national levels through increased agricultural productivity of both smallholders and the estate sub-sectors; and (b) ensuring access to safe, sufficient and nutritious food to the poor throughout the year, as well as addressing the problem of household consumption/dietary intake.

#### **2.2.2.2 Low Incomes and Households below the Poverty Line**

Poor economic growth relative to growth in the population has translated an increased poverty, food insecurity, high dependency ratio and depravity, especially among women-headed and vulnerable households. High dependency ratio is caused by high fertility resulting from pronatalism, large family size due to lack of access to family planning services, and high adult HIV/AIDS-related mortality.

Incomes in Malawi both at the individual and household levels are depressed not only due to low economic growth and low domestic revenues, but also due to low export receipts, tax revenues, remittances and minimum wage, resulting from macroeconomic instability and an uncertain economic environment. The low per capita income and the high number of households below the poverty line are caused by limited employment opportunities, limited female labour force participation in the formal sector and a high dependency ratio.

The other causes of limited jobs are the weak and small private sector associated with poorly developed entrepreneurial culture and an unattractive investment climate characterised by high interest rates, insecurity and high inflation. Another reason underlying limited unemployment opportunities, is the low level of employable skills caused by inadequate adult education and training facilities.

Limited female labour force participation in the formal sector is due to unequal access by women to land, credit and other factors of production. The reasons for the limited access to these assets include high female illiteracy (67 per cent), social barriers and the failure of legislation to address issues of access and equity.

The limited number of employment opportunities is partly caused by poor management of natural resources due to limited business incentives, inappropriate conservation practices and weak enforcement of relevant legislation. Thus, the widespread incidence of poverty and lack of alternative income generating activities beyond subsistence agriculture, compels many people to continually depend on natural resources for their livelihood, thereby contributing to natural resources and environmental degradation. The government has identified nine key problems facing the natural resource base: soil erosion; deforestation; climate change; water resources depletion and degradation; high population growth; depletion of fish and wild life stocks; threats to bio-diversity; human habitat degradation and air pollution.

### 2.2.2.3 Lack of Access to Basic Social Services

The three major areas of concern in basic services include access to education, health services, water and sanitation. The importance of ensuring access to basic social services to all, is reflected in the recommendation of the World Summit for Social Development held in Copenhagen in 1995 that donors and governments allocated 20 per cent of ODA and national budgets to social programmes.

The lack of access to quality basic social services can be attributed to the limited availability and poor utilisation of these services. Limited availability is in turn attributed to inadequate trained personnel, equipment and facilities. Lack of access to services is further exacerbated by poor resource management, poor conditions of service, high staff attrition rates due to HIV/AIDS and regional disparities in resource allocation.

In general, under-utilisation of services is associated with negative cultural perceptions and high levels of illiteracy within the general population. In addition, lack of community participation, negative attitudes of service providers and poor delivery of services contribute to under-utilisation. This state of affairs can be attributed to the lack of strong technical and communication skills of the service providers and poor conditions of service as well as the high cost of services.

Inequality of resource allocation, lack of transparency and accountability provide a link between governance and inadequate access to basic services including water and sanitation. Public resources earmarked for provision of basic services have either been misappropriated or unaccounted for due to mismanagement or fraud. A case in point is the K187 million fraud in the Ministry of Education, Science and Technology uncovered by the Public Accounts Committee of the Parliament which is still unresolved up to now.

#### i. Education

Free basic education is a recognized human right under the Universal Declaration of Human Rights. Early childhood education in Malawi is underdeveloped. Apart from lack of pre-school facilities especially among poor segment of the society, there is lack of realization on the part of parents of the significance of early childhood education.

Free primary education was introduced in 1994. Despite the introduction of free primary education, a significant number of primary school-going age children have remained out of school with a high proportion among girls. Enrolment rate rose from 1.9 million to 3.2 million as a result of the change in policy, but later stabilised at 2.9 million. Non-attendance of school is attributed to lack of awareness of parents to the importance of education, the



Source: Adam Rogers, UNCDF, Class under a tree due to inadequate facilities



observed failure of education improving employment prospects, long distance from place of dwelling to school<sup>7</sup> and poverty which compel children to seek work instead of attending school.

School enrolment especially among girls during the 1990s improved as a result of affirmative action through the GABLE project and a change of policy to re-admit girls who had dropped out due to pregnancy. In fact the GABLE project was instrumental in reducing gender disparity in enrolment. In spite of this affirmative action and change of policy, girls continue to drop out of school because of sexual abuse and economic exploitation by teachers, male students and sugar daddies.

Adult literacy in Malawi is estimated to have declined from 50 per cent in 1990 to 42 per cent in 1999. While in males literacy increased marginally from 66 per cent to 67 per cent, in females it declined substantially from 44 per cent to 33 per cent resulting in the worsening of literacy gender parity index from 0.66 to 0.50. Lack of motivation among both men and women and also lack of appreciation by men of the benefits of increased literacy among women explain the poor adult literacy levels.

Education is key to resolving issues surrounding the three development challenges, governance, poverty and HIV/AIDS. Participatory democracy require citizens that are well informed about their rights and responsibilities. Education does not only facilitate creation of awareness, but also contributes to the development of human capacity necessary to administer and manage institutions charged with the responsibility of ensuring the rule of law, respect of human rights, gender equality, transparency and accountability in the management of public affairs and resources.

A number of studies have demonstrated that there is a high correlation between education and participation in the labour market and therefore increased opportunities to earn wage income (King and Hill 1993). Thus investment in education is an important component of reducing poverty through improvement of income earning capacity of individual members of the society.

The spread of some the communicable diseases including HIV/AIDS is partly attributable to ignorance of ways and means of how to prevent and control them. Literacy therefore facilitate transmission of information on how to prevent and control communicable diseases. Likewise, literacy facilitates effective transmission of technical information on agriculture and natural resources management and thus contributes towards sustainable growth and development.

## **ii. Health**

The long term aspiration as stated in the Vision 2020 is the provision of health care for all by the year 2020. However, the World Health Assembly convened by the World Health Organization (WHO) in 1978, had set the goal of “Health for All by the Year 2000”. Malawi has not met the target set by the international conference. In fact, approximately 20 per cent of the country’s population have no access to health facilities. Information provided by the IHS indicates an increase in morbidity and mortality, and that much of the gains in terms of life expectancy expected from the expansion of improvements in access to health care services appear to have been eroded by the impact of HIV/AIDS.

Tuberculosis cases have more than doubled in the last 10 years, possible due to HIV/AIDS pandemic. Other diseases such as cholera, malaria and bilharzia are also on the increase. In 1998 and 1999, outbreaks of cholera were reported mostly in the southern region districts. Malaria, which has defied control due to difficulties in destroying breeding grounds for mosquitoes, remains the leading cause of

---

<sup>7</sup> Based on the Integrated Household Survey, the average distance from school in the rural areas is 3.4 km, while in the urban areas it is 2.7 km. It is estimated that rural and urban children take 27.5 and 23 minutes on average to reach school, respectively.

out-patients attendance followed by pneumonia and other respiratory tract infections. The country's prevalence rate for bilharzia is estimated at 40-50 per cent with very high rates of 80-100 per cent in some lakeshore areas. The incidence of the disease is highest among children of school-going age, 6-19 years.

Lack of facilities and poor quality of services are the major contributory factors to the high incidence of diseases. The country has 503 health facilities,<sup>8</sup> many of which are housed in old buildings that are deteriorating due to lack of maintenance, shortage of piped water and communication facilities. Based on the IHS data, 84 per cent of the population are served by health centres that cover a radius of 8 kilometers each. It is also estimated that 51 per cent and 12.2 per cent of the rural and urban population, respectively, take over an hour to access a health facility, respectively (IHS). Apart from inadequate medical doctors<sup>9</sup>, health service delivery is hampered by shortage of trained personnel and frequent shortages of equipment, drugs and medical supplies.

Poor health reduces labour productivity, while deaths of the young generation and the economically active members of the society, destroy the future and current sources of human capital, respectively, necessary for development. Growth in population coupled with increasing prevalence of HIV/AIDS have exerted pressure on limited human and financial resources, to the extent that other areas in the public sector, including institutions of governance, have been denied adequate funds to operate efficiently.

Illiteracy, poverty, malnutrition and under-nutrition reinforce each other to create a conducive environment for higher prevalence of diseases. Further, under-equipped health care facilities and poor attitude of health workers towards patients discourage the sick to seek medical help unless driven to desperation which by then it is too late to save life.

The health status of a child depends on several factors including the mother's health, survival and well-being. Maternal mortality rate is a key indicator of the standard of women's health. Malawi has one of the highest levels of maternal mortality estimated at 620 per 100,000 live births. The World Summit for Children set target of reducing maternal mortality by half between 1990 and 2000, while the International Conference on Population and Development (ICPD), went further to state that countries with the highest levels of mortality should aim to achieve maternal mortality rate below 125 per 100,000 by 2005 and 75 per 100,000 by 2015. From the statistics provided, Malawi has a long way to go to achieve these targets. Maternal mortality is exacerbated by HIV infections contracted through unprotected sexual intercourse or rape.



Source: UNDP Choices Magazine  
A child being treated at a health centre,

### iii. Water and Sanitation

In Malawi, access to safe water is defined as the existence of a safe source of drinking water within one kilometre. Convenient distance for adequate sanitation is defined as 50 metres from place of dwelling. The IHS 1998 indicates that 91.8 per cent of urban households and 57.2 per cent of rural households have access to safe source of water. Overall, approximately 62 per cent of the households have access to safe

<sup>8</sup> which translates into one facility for 20,000 people

<sup>9</sup> the population/doctor ratio is 5000:1

water source. However, less than half of the population use rivers, lakes and unprotected well, as their source of water, exposing themselves to a high risk of water-borne diseases.

If pit latrines are included, it is estimated that 72 per cent have access to adequate sanitation facilities (IHS). Households with flush toilets and improved pit latrines represent 1.4 per cent and 4.4 per cent, of the population, respectively. The remaining 28 per cent with no access to sanitation use the bush and barren land for sanitation, a practice which contributes to increased incidence of water-borne diseases.

The basic development challenges in poverty therefore include improvement in food security ensuring sustainable natural resources management, access to adequate food and nutrition among women, children and vulnerable households; improvement of per capita income and reduction of the proportion of households below the poverty line; and improvement of access to basic social services, education, water and sanitation.

### 2.2.3 HIV/AIDS

The gravity of HIV/AIDS has been highlighted in several UN Conferences and have set priority actions for affected countries. The Malawi Government has developed a National HIV/AIDS Strategic Framework in which the youth are a major focus of attention. According to the United Nations Joint Program on HIV/AIDS (UNAIDS) (2000), the HIV/AIDS prevalence in the population 15-49 years, rose from 13.8 per cent in 1996 to 15 per cent in 1997, 16.2 per cent in 1998 and 16.4 per cent in 1999. As observed from the report, most of the HIV infections are occurring among the youth aged 15-24 years, with the infection rate among young girls being six times more than that of boys in the same age group.



Source: UNDP Choices Magazine, Home-based health care

Surveillance data from the AIDS Secretariat on trends indicates that within one decade the HIV prevalence among pregnant women attending antenatal facilities in Blantyre, the most populous urban city, rose from 3 per cent in 1986 to more than 30 per cent in 1996 and 1997. The high rates of HIV prevalence in women of reproductive age, combined with high birth rates have resulted in a steady high infection rate among babies through mother-to-child transmission. The AIDS impact on Malawi's population as evidenced by morbidity rates of 134 per 1000 live births and estimated to rise to 200 per 1000 live births by 2010, is very severe

(UNAIDS). By the year 2000, the number of orphans resulting from HIV/AIDS-related deaths was estimated at 300,000. The increasing number of destitute orphans, child-headed households and other vulnerable children is caused by the depletion of household and community resources as the breadwinner of the family dies or as an increasingly large proportion of income is spent on care needs. The problem is exacerbated in the absence of family and community safety nets in the form of alternative caring services and income generation mechanisms. Increased support in terms of school fees, uniforms, seeds and fertilizer to improve food security and to meet nutritional needs, is needed.

Key development challenges related to the spread of HIV/AIDS address the following key areas: continuous high HIV prevalence, mother to child transmission; high morbidity and mortality rates; orphans, child-headed households and other vulnerable children; weak institutional and human capacity; and inadequate financial investment.

### **2.2.3.1 Continuous High HIV Prevalence**

The continuing rise in HIV infection rates in young people and particularly among young girls is due to several socio-economic factors including cultural/sexual initiation practices which often expose young girls to HIV. In addition, the low socio-economic status of girls and women render them unable to negotiate for safe sex in a society which still promotes male dominance.

Unprotected sex with multiple partners (often due to the limited access to condoms and poor management and distribution systems for condoms) coupled with high incidence of sexually transmitted diseases (STDs) is one of the major factors contributing to the spread of HIV/AIDS. Behavioural change, especially among men, is hampered by societal acceptance of multiple sex partners as an expression of male sexuality and masculinity. Lack of policy on workers mobility in relation to HIV/AIDS contributes to the spread of the epidemic, especially when workers move to and from their work stations either within or outside the country.

### **2.2.3.2 Mother to Child Transmission (MTCT)**

The increasing incidence of mother to child transmission of HIV is caused by the inadequate access of women to voluntary counselling and testing so that they could make informed reproductive choices. Although the high cost of antiretrovirals limits infected women's access to these drugs, there is lack of aggressive policy and strategy to make these drugs available to reduce MTCT. Mother to Child Transmission is also attributed to breast feeding which is considered a cultural norm, especially in rural communities. Even in the absence of cultural restrictions on breast feeding, limited access to breast milk substitutes compels infected mothers to breast feed and expose their babies to the risk of contracting HIV.

### **2.2.3.3 High Morbidity and Mortality Rates**

The high HIV/AIDS-related morbidity and mortality rates are due to the limited access to antiretroviral drugs, prophylactic drugs and drugs for the treatment of opportunistic infections. Further, the majority of Malawians with HIV are unaware of their serostatus because of limited access to voluntary counselling and testing (VCT), among other factors. Thus, most people become aware of their status only when they fall seriously ill, or when they have blood tests to donate blood. The absence of adequate care and treatment has led to apathy, despair and hopelessness among some Malawians and this in turn contributes to their reluctance to know their HIV serostatus.

Poor nutrition is also a contributing factor to the high HIV/AIDS-related morbidity and mortality. Food and nutrition are not sufficiently addressed within home-based care services due to the weak linkages between home-based care providers and the agriculture/nutrition sector.

### **2.2.3.4 Orphans, Child-Headed Households and Other Vulnerable Children**

The increasing number of destitute orphans, child-headed households and other vulnerable children is caused by the depletion of household and community resources as the breadwinner of the family dies or as an increasingly large proportion of income is spent on care needs. The problem is exacerbated in the absence of family and community safety nets in the form of alternative caring services and income



generation mechanisms. Often the burden of care is placed on women and girls. Women are sometimes taking care of the sick while they themselves are sick. In such situations, the children of the household are denied the support they need while one or both parents are living with HIV/AIDS. While the condition of orphans is made worse by the extreme poverty levels and the erosion of the extended family, the large numbers of orphans contribute to Malawi's difficulty in overcoming conditions of poverty.



Source: WHO , Care of orphaned children

#### **2.2.3.5 Weak Institutional and Human Capacity-Building**

The weak institutional capacity of the National AIDS Control Programme (NACP) to guide and co-ordinate the national response at the central, sectoral and district levels has contributed to under-achievement in decreasing the spread of the epidemic. The low position of the National AIDS Secretariat and its offer of limited financial incentives and promotion opportunities have resulted in poor quality staff and high attrition rate among qualified staff. At the sectoral level, there is limited capacity to develop policies and programmes to mainstream HIV/AIDS in the work of sectoral ministries. At the district level, the paucity of District AIDS Co-ordinators and effective co-ordination structures have limited support to local communities, the sharing of best practices and improvement in local responses.

#### **2.2.3.6 Inadequate Financial Investment**

The huge investment in financial resources required to effectively halt the spread of HIV/AIDS epidemic has not been forthcoming from the Government, the private sector and until recently from the development partners. Although the donor community has registered their willingness to mobilise resources to prevent the spread of HIV/AIDS and mitigate its impact, non-traditional donors such as the Ford Foundation and the international business community have not been adequately solicited.

From the foregoing analysis, the development challenges with respect to HIV/AIDS are developing strategies to reduce or halt the rise in the HIV/AIDS prevalence rate; prevent and reduce MTCT; reduce the morbidity and mortality rates of HIV; support of orphans, child-headed households and other vulnerable groups; institutional and human capacity development at national, district and community level to co-ordinate and manage the AIDS Control Programme; and mobilization of financial resources to support the control and mitigation of the impact of HIV/AIDS

Malawi is party to international commitments on the prevention of HIV/AIDS, care of people living with HIV/AIDS and mitigation of the impact on individuals, families, and communities, made at UN global conferences. These include the Implementation of the Program of Action on International Conference on Population and Development (ICPD 1994), the Lisbon Declaration of Youth Policies and programmes, adopted at the World Conference of Ministers Responsible for Youth, the Fourth World Conference on Women, Platform for Action (1995), and the World Conference on Human Rights (Vienna Declaration and Programme of Action). A focus on HIV/AIDS within the UNDAF will therefore facilitate a co-ordinated approach to follow-up action and monitoring of the implementation of these commitments.

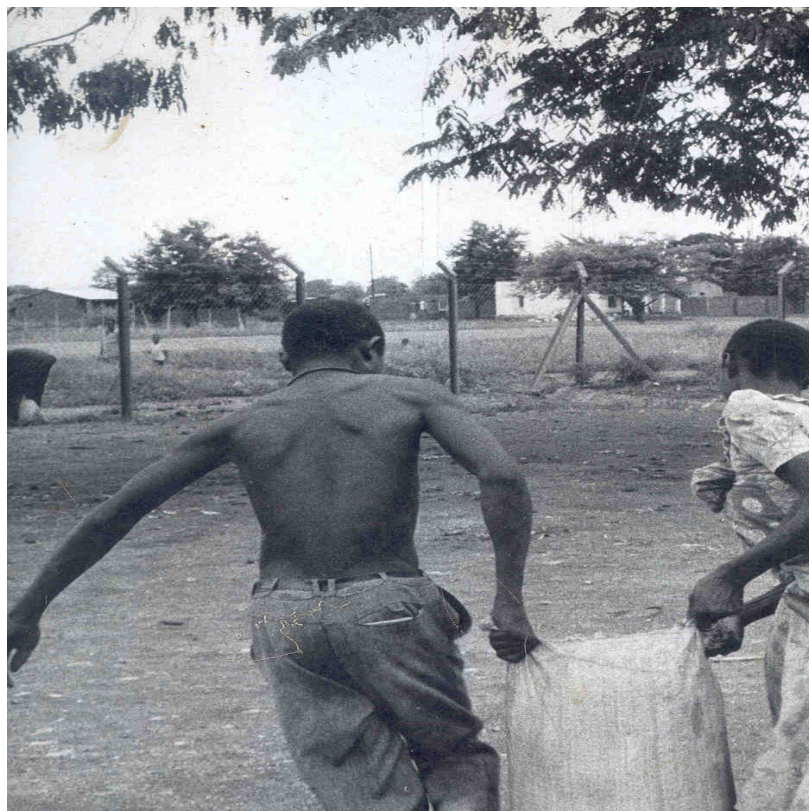
## **2.2.4 CROSS-CUTTING THEMES**

The major development challenges, governance, poverty and HIV/AIDS are intertwined with cross-cutting issues which include gender, human rights, environment and population and reinforce each other in reversing the gains in human and capital investment made over the decades.

### **2.2.4.1 Gender**

Gender inequality in decision making and political participation in Malawi is evidenced by the small proportion of women in key policy making positions and participation in the various arms of Government: executive, judiciary and the legislature.

Similarly, gender inequality is evident in the parastatal organizations and the private sector. In addition, there is a high incidence of violence against women, especially rape. Traditional cultural practices, including sexual abuses, infringe on women's rights. In spite of constituting a larger proportion of the electorate than their male counterparts (52 per cent), their influence in setting the development agenda of the country is currently limited. Unequal access to education and training and inherent



Source: UNICEF, Sharing household chores

customary tendencies to relegate women to lower levels, have contributed to their low participation in various fields. Low participation has further been compounded by lack of affirmative action and slow implementation of the gender policy. Support is required to continue mainstreaming sectoral development programmes, sensitization and gender analysis training for the Government, agencies, NGOs, civil society organizations/NGOs.

Limited access and control to the means of production such as land, credit, cash incomes, etc, have contributed to the increased poverty level and food insecurity among female-headed households. Inheritance practices under customary law do not frequently favour women. Negative economic growth increases gender imbalances especially for women.

The HIV/AIDS epidemic has affected women and young girl more than men and boys because of their subordinate position in the society and lack of empowerment. Extra effort and resources to emancipate this vulnerable category of society will be needed. The UN system through the UNDAF, has a role to play in building capacity within government and, NGOs and the civil society for gender responsive policy analysis, program design, implementation, monitoring and evaluation.

#### **2.2.4.2 Human Rights**

Democratic governance guarantees individual's social, economic and political rights. After 30 years of highly centralized rule, the multiparty constitution introduced in 1994 has become the vanguard of these rights. The civil society has been invigorated and several human rights institutions have been created to safeguard people's freedom and promote the rule of law. The role of the UN system is to support building an open society, governed by democratic rules and institutions, which encourage effective participation of all individuals, groups and communities in the political, economic and social human development.

Access to basic social services, food and nutrition is a human rights issue. As documented earlier, access to basic social services for the majority of Malawians is poor for various reasons, poverty being one among them. The role of the UN system through the UNDAF is to continue supporting the poor, especially women, children and other vulnerable groups, to establish adequate capacities, structures, and the means to meet their basic needs, while ensuring the sustainable management of natural resources.

The increased transmission of HIV/AIDS partly stems from child abuse and rape which are tantamount to violation of human rights. The contributing factor to low observance and enforcement of human rights has already been identified as weak institutional capacity of the national human rights institutions. The UN system is well placed to support capacity development in this area, human rights protection being one of its specialised activities.

#### **2.2.4.3 Environment**

The new Constitution provides for the principles of the national environmental policy. In line with the Constitution, Malawi is signatory to several important conventions such as the Conventions on Biological Diversity and Desertification. Considering that governance impinges on environmental degradation, support for capacity building for institutions charged with the responsibility of governance should expand to include development concerns of this sector.

Social exclusion, inequality in the distribution of resources and abject poverty arising from poor governance foster overexploitation of natural resources and lead to environmental degradation. Malawi's economy is natural resource based. Thus destruction of natural forests and woodlands by resource-poor

households as a coping strategy threatens the very source of livelihood. Natural resources degradation is exacerbated by cropping on steeply sloped lands and river banks, cutting trees for curing tobacco and bricks, charcoal production. Support for sustainable management of natural resources by the UN system will promote agricultural productivity and income earning capacity among young boys and girls and simultaneously address HIV/AIDS and environmental degradation problems.

#### **2.2.4.4 Population**

The size of population has a direct bearing on demand for public goods and services including services provided by governance institutions. Apart from compromising on quality, excess demand for public services resulting from increased levels of population translate into increased Government expenditure, indebtedness and macroeconomic instability, which in turn builds mistrust and loss of confidence in the Government.

The effect of rapid population growth in a slowly growing economy such as Malawi is worsening of poverty and income inequality. The rise in population increases demand for basic social services, food and nutrition. Fiscal instability arising from increased budgetary allocations contribute to economic crisis and reduction in basic services and increased human suffering.

The increasing prevalence of HIV/AIDS has over stretched the capacity of the health delivery system in Malawi. From anecdotal reports, it is estimated that 70 per cent of the hospital beds are occupied by AIDS patients. Most of the health facilities are not only inadequate, but are also of poor standards. Coverage, defined as the existence of health facility within a radius of 8 kilometres, is estimated at 84 per cent of the population. Based on the IHS data, 51.5 per cent of the rural population and 12.2 per cent of the urban population take over an hour to access a health facility. In addition, official government statistics indicate that there are only 503 health facilities in the country, which translate into an average of one facility per 20,000 people. With increased population levels, the facility to population ratio would get worse and the quality of service would deteriorate further.

The development challenge posed by the cross-cutting issues, is the need to harmonize and integrate them in policies and programmes in the three major areas, governance, poverty and HIV/AIDS to create synergy and improve the effectiveness and impact of interventions.



## **2.3 NATIONAL STRATEGIES AND FRAMEWORKS UNDERPINNING UNDAF**

For over two decades, the statement of Development Policies (DEVPOL) was the overall framework through which national development goals, objectives and strategies were articulated. This has now been replaced by the Vision 2020 which is a long term planning document which articulates national priorities. From the Vision 2020, there are a number of documents which provide policy guidelines and implementation frameworks for achieving medium to short term development goals and objectives. These include, the Poverty Reduction Strategy Paper (PRSP), Sector Investment Programmes (SIPs), Medium Term Expenditure Framework (MTEF) and the Public Expenditure Review (PER). The relationship between the policy and implementation frameworks are captured in Figure 1 on the next page.

### **2.3.1 Malawi Vision 2020**

The Vision 2020 is now the basis for the preparation of short to medium term plans that will lead to the vision that Malawians see for the year 2020. The Vision 2020 has been developed through a participatory consultative process with all stakeholders. The vision defines national goals, policies and strategies that will help government, the private sector, and the society in general to improve development management. The national priorities are defined from nine components:

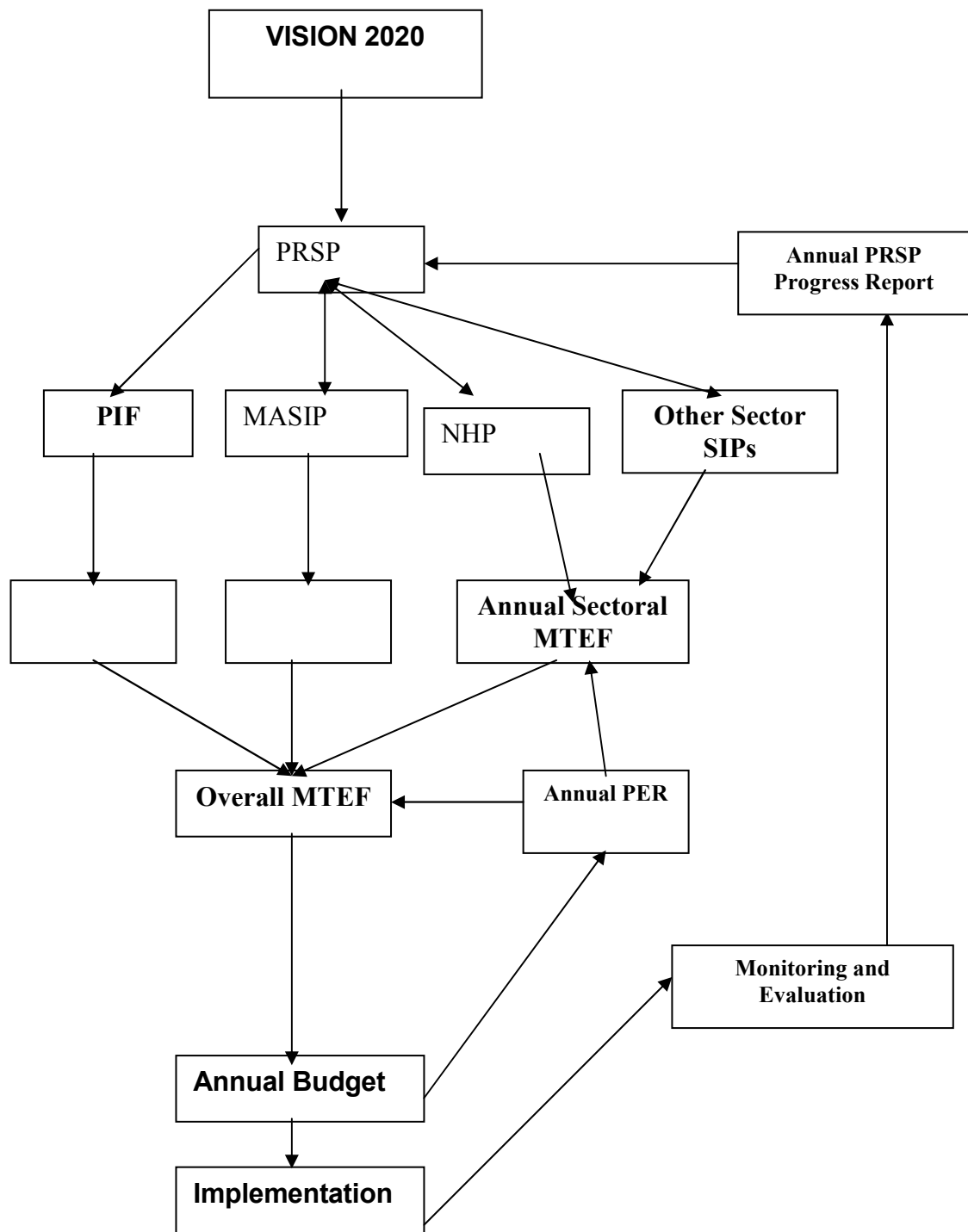
- Democratic governance
- Sustainable economic development
- Vibrant culture
- Economic infrastructure
- Social sector development
- Science and technology-led development
- Fair and equitable distribution of income and wealth
- Food security and nutrition
- Sustainable natural resources and environmental management

The Malawi Government has initiated a process for developing the poverty reduction strategy paper (PRSP) which will play a pivotal role in shaping sectoral development agenda. The Action Program for the Development of Malawi (2001-2010), Sector Investment Programmes (SIPs), Sector-wide Approaches (SWAPs) to development, Policy Investment Framework (PIF), the Malawi National HIV/AIDS Strategic Framework (2000-2004), Medium Term Expenditure Framework (MTEF), and Public Expenditure Reform (PER) are all implementation frameworks for achieving the goals and objectives of the PRSP as stipulated in the Vision 2020.

### **2.3.2 Poverty Reduction Strategy Paper (PRSP)**

The PRSP is the Government's central policy document on poverty and replaces the Poverty Alleviation Programme (PAP) and other similar papers. It will be the focal point for Government efforts to reduce poverty which has been identified as its core objective. The process of formulating and designing the PRSP is expected to be as inclusive as possible so that as many voices are heard, including the private sector, NGOs, the civil society, particularly women, children and poor. The PRSP is intended to be a well focussed policy document which will promote rapid economic growth and ensure that the benefits of growth are equitably distributed

It will act as a starting point for all government policy and planning activities and provide a focal point for all donor assistance to Malawi. No government departments shall implement policies that are inconsistent with the PRSP. The PRSP will be updated on a rolling basis with a comprehensive overhaul every three years.



**Figure 1. Relationship Between Vision 2020, Policy Frameworks and Government Budget**  
Source: PRSP Strategy Paper

### **2.3.3 Sector Investment Programmes (SIPs) and Sector Wide Approach (SWAPs)**

A Sector-wide Approach (SWAP) to development is a mechanism for translating the national priorities into an integrated and co-ordinated sectoral development programme, whereas the SIP provides a long term investment plan for identified areas of intervention. The SIPs are used as a donor co-ordination tool to reduce the administrative burden of the individual approach to donor funding and ensure that there is a unified strategy for the sector, with no overlapping or contradictory activities by the different actors. Sectors that have embarked on the preparation of SWAP and SIPs include, education, health and agriculture.

SWAPs operate on two levels: firstly, at policy level whereby the Government identifies its priorities; and secondly, at an administrative level where there are collaborative funding, common accounting and reporting procedures. During the 10<sup>th</sup> Consultative Group (CG) Meeting for Malawi, held in May 2000, several preconditions for the development of SWAPs on the part of Government and donors were identified. The first Government condition is the development and implementation of a realistic costed strategic implementation plan based on well identified priorities and national resource constraint. The second Government condition is sound macroeconomic management and sectoral level financial management which ensures transparent procurement and accounting to ensure accountability and reduce corruption. Finally there must be strong management and local delivery capacity within the sectors.

On the part of donors, there must be a firm commitment to limit sector support to Government's priority activities. Secondly, there must be efforts to develop common financial and progress reporting mechanisms. In addition, a full SWAP requires the untying of aid and the lifting of restrictions on donor/partner co-mingling of funds.

Mutual conditions include the need to build mutual trust and involvement of civil society to ensure ownership. In addition, it was stressed that there needs to be consistency in the approach taken – in other words, there should be a moratorium on new concepts. Finally, the new approach must yield early and obvious results.

### **2.3.4 The Malawi National HIV/AIDS Strategic Framework (2000-2004)**

The Government of Malawi has developed a comprehensive national strategy that addresses the most pressing issues of the HIV epidemic in Malawi for the period 2000 – 2004. The main issues elaborated in strategy are: Cultural issues, the Youth, Socio-economic issues, HIV Prevention, Orphans/Widows/Widowers, HIV/AIDS Information, Education and Communications, Voluntary Counselling and Testing for HIV, HIV/AIDS Management and Support Services and Despair and Hopelessness.

In addition, the Strategic Framework addresses the institutional structures and mechanisms that are required at the central, sectoral and district level to effectively manage and co-ordinate the national response to the epidemic.

### **2.3.5 Medium Term Expenditure Framework (MTEF)**

The Government of Malawi began implementing the MTEF in the 1996/97 budget. The MTEF is a tool for determining available resources and allocating these resources in line with Government priorities.

The following are the objectives of the MTEF:

- to improving macroeconomic stability by developing consistent and realistic estimates of available resources, both domestic and foreign;

- to restructure and rationalize allocation of resources so that priority areas receive adequate funding;
- to improve the basis of the budget by moving away from the incremental approach to preparation of the recurrent budget to the actual costs of government services and activities, as well as integrating the preparation and presentation of the recurrent and development budgets.

### **2.3.6 Public Expenditure Reform (PER)**

The Public Expenditure Reform (PER) was conducted by the Government in partnership with the World Bank with a view to improving the allocation of public resources by assessing the extent that spending was in priority areas, evaluating and costing current sectoral targets, assessing the budgetary processes and recommending reallocations in the light of efficiency and equity objectives. Essentially, the PER was aimed at assessing and improving the structure of each and quality of public expenditure.

The PER has four areas of focus. Firstly, a macroeconomic overview examining overall trends in expenditure, recent reforms and performance of macroeconomic indicators. Secondly, there is an institutional analysis focussing on experience with the MTEF and problems with the budget process. The third section is a review of the development budget. Finally, there are sectoral analyses of public expenditure in four key sectors of education, health, agriculture and roads. As noted by delegates to the May 2000 CG meeting, the PER provides a considerable scope for strengthening prioritization of actual expenditures, especially as regards redirecting the flow of resource into social sectors rather than supporting administrative overheads. In fact, the fiscal year 2000-2001 budget benefited from this process in terms of prioritisation and rationalization.

## **2.4 COMPARATIVE ADVANTAGE**

The United Nations Assistance Framework (UNDAF) is consistent with the Vision 2020, issues emerging from the development of the Poverty Reduction Strategy Paper (PSRP), the Action Program for the Development of Malawi (2001-2010), the Constitution of Malawi and the Malawi National HIV/AIDS Strategic Framework. This will ensure the relevance, effectiveness and co-ordination of the contribution of the UN to the achievement of the national development agenda.

The United Nations system has a unique mission. The purposes of the UN include maintaining peace and security, developing friendly relations among nations based on equal rights and self determination, co-operating to solve international economic, social, cultural and humanitarian problems and promoting respect for human rights and fundamental freedom. The UN system provides leadership in follow up to international conferences and conventions in governance, poverty, HIV/AIDS and cross-cutting issues such as human rights, gender, environment and population. The UN's unique position in dealing with complex international and national political and social problems, is its neutrality and advocacy for human rights. As a result of its neutrality, the UN system is considered a valued partner and an honest broker between government, national stakeholders and other development partners in setting the development agenda.

In Malawi, the UN system has been a key partner in changing the political system from a one party to a multi-party democracy. The UN is recognized for capacity building to ensure democratic governance, improvement in public sector management and the integration of population variables in development planning. The UN system is also heavily involved in improvement of sustainable livelihood through the support of basic social services programmes, improvement of food security and nutrition, prevention and mitigation of HIV/AIDS epidemic.

### **3. GOALS AND OBJECTIVES OF ASSISTANCE**

#### **3.1 OVERALL OBJECTIVES**

Specifically, the UNDAF is designed to increase the impact of the UN system's development programs and activities in Malawi, especially among women and children, the poor, people living with HIV/AIDS, people with disabilities and the disadvantaged through:

- improved focus and results orientation, identifying where the UN system can make the most difference using its unique strengths as a development partner;
- stronger unity of purpose and team spirit with the UN system;
- increased collaboration through a mix of agency, parallel and collaborative programming;
- better integration of the normative and operational aspects of development co-operation;
- increased dialogue and stronger partnership and alliances with other members of the development community such as the national and global civil society, the private sector, bilateral donors, the World Bank and other international financial institutions (IFIs) and the European Commission;
- more efficient use of limited resources, based on improved division of labour, rationalisation of resource allocation and streamlining of procedures; and
- improved opportunities for securing increased resources in support of national needs and priorities.

##### **3.1.1 Democratic Governance**

###### **Goal**

The goal for democratic governance is empowerment, popular participation, transparency and accountability and respect for human rights.

###### **Objectives**

- i. To contribute to increased level of meaningful popular participation in national affairs and economically empowering of local communities**

###### **Strategies**

The above objective will be achieved through the following strategies:

- a. Advocate and assist people, especially in the rural areas, to participate in the decision making process on issues that affect their daily lives.**

This involves deconcentration and delegation of functions and responsibilities across ministries and departments, and parastatals; and the devolution of authority and responsibility to representative local institutions and bodies for district and community development. The role of the UN system will be to support the full implementation of the Decentralization and Local Government Act through development of:

- adequate management capacity for championing decentralization policy and process of implementation;
- both institutional and human capacity in local governance;
- local capacity for human and financial resource mobilisation and management;

- systems and mechanism for ensuring transparency and effective participatory development at all levels; and
- mechanism for the transfer of resources from the centre to the district assemblies.

Decentralization and local participation will not be achieved unless Malawians are aware of their duties and responsibilities as citizens. Support of the UN system will be in the area of civic education to:

- encourage the devolution of functions from the centre to the district;
- promote consensus building and commitment to decentralization at all levels of the society as well as development of appropriate institutions and procedures for public participation in decision making; and
- enhance the general awareness and transformation, parallel to the main efforts of decentralization.

#### **b. Promoting strategic civic education on governance and human rights**

Programmes in this area will support civic education on governance and human rights especially with respect to children's rights, women's rights, workers' rights and rights of prisoners/detainees and refugees.

#### **ii. To promote efficient, transparent and accountable public service**

##### **Strategies**

The following strategies are necessary to improve the efficiency, transparency and accountability of the public sector

##### **a. Capacity building for public sector management**

The Government has taken positive steps to improve public sector management and performance. In support of this initiative The UN system programmes will address:

- specific systemic management of issues affecting efficiency and effectiveness of the public service, including strengthening the capacities of core organizations – the Ministry of Finance, Department of Human resources Management and Development, the National Economic Council (NEC) and the Office of the President and cabinet (OPC);
- public sector reform in the areas of human resource planning and development, public policy analysis and decentralization;
- human resource planning and development to correct imbalances of skills in the public sector and improve on manpower, forecasting, placement and utilization;
- establishment of a public policy sector advisory unit within the OPC to co-ordinate public sector reform;
- information and data management aimed at strengthening capacity of the national statistical office to conduct base-line surveys to support macro-economic analysis and poverty interventions.

##### **b. Advocating for legal reform**

A number of legal reforms to improve governance issues have been undertaken by the Government.

The UN system will continue to support review and reform of the laws that impinge on performance and efficiency of public sector for example laws that bring about unnecessary bureaucracy including:

- programmes that ensure legal representation of accused persons and vulnerable persons;

- police reform programme aimed at transforming the police force into a benevolent and non-partisan service; and
- programmes of the National Compensation Board designed to compensate those who suffered injustice and detention during the previous one-party regime.

**iii. To strengthen the capacity of governance and human rights institutions.**

**Strategy**

To enhance capacity of and independence between different arms of the government, the UN system will support reforms and resource mobilization capacity governance and human rights institutions through the following strategy.

**a. Developing the capacity of the governance, human rights institutions and civil society organizations.**

Support programmes in this area will aim at guaranteeing

- protection from intimidation and victimization of members of the civil society;
- equality of opportunity so that every individual or organization is judged on merit in granting of required licenses and quotas; and
- access to media by opposing/dissenting voices.

**iv. To economically empower vulnerable groups, e.g., women, people with disabilities and children**

**Strategy**

**a. Promoting economic emancipation through skills training including increasing access to micro-credit facilities.**

Lack of economic empowerment, especially among women, children and people with disabilities partly contribute to low political participation and increased vulnerability to human rights abuse. To address these problems the UN system will support skills development through vocational training in technical training centres such as MEDI, MACOHA, TEVET and Magomero, and programs that ensure fair and increased access to credit. The UN system will also support reform of curricula to incorporate elements of self employment through the academic system of Malawi.

**b. Political empowerment through strategic civic education**

Political empowerment will be achieved through civic education programmes targeting vulnerable groups, especially women, girl child, workers, refugees, HIV, AIDS victims, through radio, drama, newspapers, posters and other methods of communication including public fora.

### **3.1.2 Poverty**

**Goal**

Reduction of poverty and ensuring fair and equitable distribution of resources

## **Objectives**

- i. To contribute towards the global goal of reducing the proportion of people living in poverty by 50 per cent by 2006**

## **Strategies**

- a. Supporting interventions that promote small family size, reproductive health and gender equity at family level.**

Population growth is a contributory factor to the worsening poverty situation in the country. One of the strategies to address this problem will be to support campaigns and awareness programmes that are geared towards promoting small family size, reproductive health and gender equity at family level, with a view to reducing dependency ratio and relieving pressure on limited resources and income.

- b. Supporting the development of micro and small enterprises**

To contribute to poverty reduction, the UN system will promote the development of alternative sources of income by supporting micro and small enterprises, through improving access to micro-financial services, especially among female-headed households, the landless peasants and the vulnerable segments of the population including people with disabilities.

- c. Advocating for the implementation of fair trading and competition.**

Farmers' incomes do not reflect the cost of production because of lack of competition in the market. The UN system will advocate for the implementation of the Competition Policy and Fair Trading Act to level the playing field in the sector of commerce and industry.

- d. Support capacity development for policy formulation and analysis, and monitoring of poverty reduction policies and programmes**

The UN is now getting more involved in supporting upstream activities in poverty reduction. To this end, the UN will continue supporting activities related to policy formulation and analysis, and monitoring of poverty reduction programmes.

- ii. To enhance skills acquisition to improve the income earning capacity of vulnerable groups.**

## **Strategy**

Improvement in the income earning capacity of vulnerable groups will involve supporting programmes geared towards enhancing labour productivity through skills training in both agricultural and non-agricultural private sectors.



**iii. To increase universal access to basic social services to vulnerable groups**

**Strategies**

**a. Creating awareness about the need for basic social services and targeting the most vulnerable groups**

Programmes in this area will be designed to increase access to free education with efforts to redress gender imbalance, safe water and sanitation and health, especially among the poorest of the poor, female headed households and people with disabilities.

**b. Advocating for increased allocation of resources for the 20/20 Initiative**

This will involve advocating for and support programmes that are designed to reduce income and resource inequalities including land reform, especially with respect to smallholder farmers, female-headed households, and other vulnerable groups. The UN system will also support capacity development in public institutions to promote transparency and accountability in the management of resources.

**c. Community participation**

Community participation in the management and effective delivery of basic social services will be enhanced through support of community-based programmes with concomitant capacity development at grassroots level.

**d. Capacity development to ensure access to quality basic social services by vulnerable groups**

To improve the delivery of education, water and sanitation and health, capacity development will be supported.

**iv. To contribute to the reduction in chronic food insecurity and recurrent malnutrition among vulnerable groups.**

**Strategies**

**a. Targeting farmers with less than 1ha, estate tenants, estate labourers and female-headed households**

In order to address the problem of food insecurity among female-headed households, farmers with less than 1 ha of land, estate tenants and labourers, the UN system will support programmes will designed to improve agricultural and livestock productivity .

**b. Improving productivity through increased access to credit and farm inputs**

Low productivity has been associated with poor access to farm inputs. Programmes aimed at increasing access to input credit, especially among organized female-headed households and vulnerable segments of the population will be supported

**c. Improving access to markets and market information**

Private sector development, paying particular attention to improvement in input and output marketing system and increased access to domestic and international markets by farmers, traders and consumers

through development of market information systems constitutes one of the Strategies to contribute towards reduction of chronic food insecurity.

**d. Supporting low cost appropriate technologies for food security and nutrition**

To increase value and nutrition of food and food products, the UN system will support the development and promotion of smallholder agribusiness development technologies and skills in rural areas.

**f. Supporting sustainable natural resources management.**

Activities that enhance sustainable management and utilization of natural resources including land, water and forests, and safeguard against environmental degradation will be supported.

**g. Supporting small farmers in cash and food crop diversification to increase production**

Agricultural diversification among small farmers will be supported through participative transfer of sustainable technologies (Farmer Field Schools) and increased production and integration of aquaculture with farming systems

**v. To contribute to the reduction in malnutrition among vulnerable groups**

**Strategies**

**a. Strengthening technical capacity in nutrition**

Development of technical capacity in nutrition at national, district and community levels to promote diversified diets of adequate nutrition quality will be supported

**b. Improving key family and community care practices**

Increased support to programmes aimed at improving key family and community care practices to achieve nutrition, health and development rights of vulnerable groups will also be provided.

**3.1.3 HIV/AIDS**

**Goal**

To strengthen the effectiveness of HIV prevention, care and impact mitigation programmes to bring about a significant reduction of HIV incidence among Malawians and an improved quality of life for people living with HIV/AIDS.

**Objectives**

**i. To reduce the incidence of HIV by 25 per cent in young people 15-24 years by 2006.**

## **Strategies**

### **a. Supporting the provision of sex education and life-skills for young people.**

The programme will involve supporting sexuality and reproductive health education and information through various media including radio, newspapers, television, posters and drama for young people to enhance their skills in reducing their vulnerability to HIV infection.

### **b. Advocating for the modification of cultural practices that expose Malawians, particularly girls, to HIV infection and expand support services that address this issue.**

Through advocacy, programs designed to promote modification of cultural practices that expose Malawians, especially young girls to HIV infection, using various media including radio, public fora, TV, drama, posters and newspapers will be expanded

### **c. Addressing gender relationships that increase vulnerability to HIV infection.**

The UN system will also advocate for a review and change of gender relationships to protect both young girls and widows from health risks resulting from such cultural practices. This is in keeping with the CEDAW which Malawi ratified in 1987 and the Constitution of which provides for rights of women guaranteeing them full and equal protection.

### **ii. To scale up voluntary counselling and testing (VCT), reproductive education programmes and introduce treatment programmes for HIV positive pregnant women to reduce mother-to-child transmission of HIV.**

## **Strategies**

### **a. Supporting the development and implementation of the national policy and guidelines on the prevention of MTCT**

The UN system will support the development and implementation of national policy and guidelines on the prevention of MTCT.

### **b. Promoting the integration of VCT and MTCT into reproductive health services.**

In order to streamline VCT and MTCT into reproductive health services, the UN system will support the integration of voluntary counselling and treatment and programmes dealing with prevention of mother-to-child transmission of HIV into the reproductive health service.

### **iii. To improve the care and support of orphans, and other vulnerable children nation-wide.**

## **Strategies**

### **a. Exploring innovative ways of caring for and supporting orphans and children living in households affected by HIV/AIDS.**

The UN system will support the identification and development of innovative ways of caring for and supporting orphans and children living in households affected by HIV/AIDS.

**b. Supporting the provision of psycho-social counselling to orphans and children in households affected by HIV/AIDS.**

The UN system will support the provision of psycho-social counselling to orphans and children in households affected by HIV/AIDS.

**c. Supporting life skills training for orphans**

The UN system will support life skills training programmes for orphans to develop their capacity in supporting themselves through gainful employment and income generating activities. The UN system will also support programmes designed to equip orphans with appropriate life skills to enable to prevent all forms of abuse including rape and to reduce their vulnerability to contracting HIV/AIDS.

**iv. To increase access to an essential package of care for people living with HIV/AIDS (PLWAs), including children with HIV, the UN system will support the following:**

**Strategies**

To increase access to an essential package of care for people living with HIV/AIDS the UN system will support the following:

**a. Facilitating the development and provision of an essential package of care for PLWAs**

This will involve advocating and facilitating the access of people living with HIV/AIDS to anti-retroviral (ARV) drugs and other generic ARV drugs, and programmes on counselling, early diagnosis, psycho-social care and treatment of opportunistic infections.

**b. Strengthening linkages between home-based care services and other community-based services such as agriculture, nutrition and health.**

Advocacy and facilitation support in this area will aim at improving access of people living with HIV/AIDS to ARV drugs and other generic ARV drugs, counselling, early diagnosis, psycho-social care and treatment of opportunistic infections.

In order to accommodate HIV/AIDS-related increase in demand for health services, given limited human and financial resources, linkages between home-based care services and other community-based services such as agriculture, nutrition and health by supporting HIV/AIDS prevention and mitigation activities will be strengthened.

**c. Promoting VCT services in health care facilities as an entry point to care**

As an entry point to care, the UN system will also promote voluntary counselling and testing services in health care facilities. In combination with strategy iv (a), this will reduce despair and the feeling of hopelessness and in turn apathy against HIV testing among some patients.

**v. To strengthen the capacity of national implementing and co-ordinating institutions to effectively carry out their roles and functions in the national response to HIV/AIDS.**

## **Strategies**

- a. Strengthen the capacity of the National AIDS Secretariat to manage and co-ordinate an expanded response.**

Programmes in this strategy will be designed to strengthen the institutional capacity and human resource development at the national (AIDS Secretariat), district and community levels, to enhance the management, co-ordination and response to the challenges of the HIV/AIDS epidemic.

- b. Facilitating the integration of HIV/AIDS in sectoral policy frameworks and action to mitigate the impact of HIV/AIDS.**

National institutional capacity to mitigate the impact of HIV/AIDS will also be improved through the integration of HIV/AIDS strategies in sectoral policy frameworks and actions.

- c. Supporting resource mobilisation and monitoring of donor financial inflows.**

The UN system will support resource mobilization initiatives and the development of a system for monitoring donor financial inflows. The will include assisting in reviewing and strengthening mechanisms for transfer of resources to support community responses.

- d. Support the development of a policy and legal framework for the national response to the epidemic.**

Programmes in this area will provide support to the development of a policy and legal framework for the national response to the epidemic. The policy framework will among other issues address problems related to the wills and inheritance act and discrimination based on HIV/AIDS.

- e. Capacity building for the parliament to effectively address HIV/AIDS issues**

The UN system will also contribute towards capacity building for effective parliamentary deliberation and contribution towards development of strategies for prevention and mitigation of HIV/AIDS epidemic.

## **4. CO-OPERATION STRATEGIES**

The development challenges in the three key areas, democratic governance, poverty reduction and prevention and mitigation of HIV/AIDS are complex and multifaceted, requiring multidisciplinary approach in dealing with them. The partners of the UN system include the Government of Malawi, non-UN development partners such as the United States Agency for International Development (USAID), the European Union (EU), the Danish International Development Agency (DANIDA), the Norwegian Development Agency (NORAD), the German Technical Co-operation (GTZ), NGOs, the civil society, the private sector as well as local communities. These are some of the stakeholders in the interventions that address issues in the three thematic areas. Unless the mode and mechanisms of partnership and co-operation are clearly articulated, it is highly unlikely that the goals and objectives espoused in the UNDAF would be achieved.

For the participating agencies in the UNDAF, co-operation among and between development partners and relevant stakeholders would be through the following areas:

- advocacy
- policy dialogue
- capacity development
- support for the delivery of essential social and economic services, integrating cross-cutting constraints (gender, population, human rights, environment, HIV/AIDS)
- targeting assistance on specific disadvantaged population groups and/or geographical areas (illiterate women, malnourished children, female headed h/holds, persons with disabilities, landless peasants)
- increasing collaboration on programming and operational activities within UN System
- disaster preparedness mitigation

### **Strategies**

Details regarding how co-operation under each strategy would be achieved are as follows:

#### **a. Advocacy**

In advocating for improvement in governance, especially human rights, poverty reduction and prevention of HIV/AIDS, development partners will use existing groups such as aid co-ordination groups, civil society, pressure groups as well as the UN Theme Groups. Issues to be addressed by these groups will include access to basic social services, prevention of HIV/AIDS, macroeconomic and environment management, transparency and accountability as well as rural industrialization. conferences, meetings, news media, public outreach fora, IEC (posters, radio, TV, drama etc), campaigns and UN Resource Centre will constitute the core communication mechanisms in advancing human rights.

#### **b. Policy Dialogue**

To ensure effectiveness and co-ordinated implementation of interventions in the three areas (governance, poverty reduction and prevention and mitigation of the impact of HIV/AIDS), development partners will assist in policy formulation, implementation, monitoring and review of impact. In this respect, technical and financial support will be required to conduct training in the preparation of policy briefs and hold meetings/workshops to facilitate policy dialogue.

### **c. Capacity Development**

To effectively implement programmes and activities in the three major areas of focus, development partners shall support capacity development, targeting especially institutions of governance and the rule of law, i.e., electoral commission, ACB, Parliament. For effective impact monitoring of policies in governance, poverty reduction and prevention of HIV/AIDS, there will be need to support development of analytical skills.

In line with the decentralised system of governance, additional efforts shall be made towards capacity development at grassroots level to promote popular participation in promoting human rights, poverty reduction and prevention and mitigation of HIV/AIDS impact. Capacity building at grassroots level will not only increase community participation in problem identification and program formulation, but will also improve co-ordination in the implementation of programmed activities in the three critical areas as well as facilitate resource mobilization at district level.

Development partners' support for capacity development will have to pay attention to the national policy agenda of poverty reduction as stipulated in the PRSP and sectoral policies and implementation framework resulting from the PRSP guidelines, such as the SWAPS and SIPs. To ensure uniformity and effectiveness of interventions at national level, as well as sustainability and ownership, capacity building will have to be undertaken in all programmes supported by UN agencies. Capacity building will include training and provision of technical assistance as well as provision of UN Volunteer Program (UNV).

### **d. Supporting the Delivery of Basic Social and Economic Services**

Development partners interventions in poverty reduction shall have to include the provision of quality basic social and economic services dimension of poverty most of which are not accessible to the poor, female-headed households and other vulnerable groups. In particular, these services include access to quality primary school, essential health services, water and sanitation, markets and rural infrastructure. As an integral part of food security improvement programme, improvement in rural infrastructure shall be planned and executed in partnership with community-based organizations including NGOs. Strengthening of participatory structures and processes at the local level shall ensure effectiveness in the implementation of such a programme. Improvement to credit and market access and vocational skills development shall also constitute part of the development partners' agenda to contribute towards poverty reduction.

### **e. Integrating Cross-cutting Constraints**

In all UN agencies development programmes, gender, population, human rights, environment and HIV/AIDS, shall be treated as cross-cutting issues. To ensure that these issues are well articulated and co-ordinated in all programmes, they will have to be considered during the UN Theme Group meetings and integrated in all UN country programmes. Regular interaction and close working relationship between the UN Theme groups and the donor co-ordinating working groups will ensure that the cross-cutting issues are effectively addressed in all country programmes.

### **f. Targeting assistance on specific disadvantaged population groups (illiterate women, malnourished children, female headed households, persons with disabilities, landless peasants) and/or geographical areas.**

For the UN development assistance to have a significant impact on poverty reduction, development programmes shall have to target specific disadvantaged population groups and/or geographical areas

(illiterate women, malnourished children, female headed households, persons with disabilities and landless peasants. These constitute the bulk of the poorest of the poor.

**g. Increasing Collaboration on Programming and Operational Activities Within the UN System**

The success of the UNDAF will greatly depend on the degree of co-operation and collaboration in programming, implementation, monitoring and evaluation of development activities among the UN agencies. The UN Country Team and meeting of the UN Theme groups should reinforce and provide an opportunity for addressing systematically the collaborative activities.

As is the case with projects funded by the United Nations Fund for International Partnership (UNFIP) such as “the Reduction in Child Mortality Project “ and the “Adolescent Girl Initiative” the success in addressing the development challenges will be ensured if collaborative programming is promoted in the following areas:

- human rights
- HIV/AIDS
- food security and nutrition
- school feeding
- adolescent health, and
- natural resources management

**h. Collaborative Programming**

Collaborative programming will also have to be followed by collaborative field monitoring visits to ensure employment uniformity in assessing progress and evaluation of impact of interventions.

- **Building partnership with Key Development Actors (civil society organization, bilateral and multilateral donors, trade unions, government, private sector, regional institutions (SADC, COMESA)**

Building partnerships with key development actors, such as the civil society organizations, bilateral and multilateral donors, trade unions, government, private sector, regional institutions including SADC and COMESA, facilitates sharing of resources and experience in development activities and prevents duplication and wastage of time and effort. This strategic co-operation will be pursued in the implementation of the UNDAF.

**● Disaster Preparedness and Mitigation**

Floods, drought, fire, civil strife and other natural calamities are exogenous development challenges not only to Malawi, but any other country. The UN system should support the incorporation of the national disaster mitigation strategies in the national development agenda, considering the huge financial, physical and human resource that are required to mitigate the hazards of such calamities. This includes the support for the development of national early warning and contingency systems, mainstreaming disaster mitigation in all sectoral plans and ecological management and the actual execution of national disaster preparedness plan when need arises. Technical assistance from Office of Commissioner for Humanitarian Affairs (OCHA) will provide co-ordinated response for disaster situations and emergency operations.



- **Partnership with NGOs**

The UNDAF recognizes the civil society including NGOs as partners in development. Their involvement in the UN system's country programmes, is a recent development. In order to enhance effective partnerships and collaboration in programming, implementation, monitoring and evaluation of interventions in the three identified areas, the UN system will develop guidelines and mechanisms of engagement with the civil society.

- **Integrated Work Plans**

Differences in scope and diversity of UN agencies interventions pose great challenge in co-ordinating and monitoring progress of implementation. To achieve this objective, especially with respect to collaborative programmes, the UN will formulate integrated workplan to implement and monitor the collaborative programmes. The integrated work plans will also be used as a basis for review and development of future collaborative programmes.

## **5. FOLLOW UP AND REVIEW**

Development plans have to be monitored and evaluated in order to ensure that implementation is achieving the intended objectives. In addition, monitoring and evaluation plans provide lessons that can be used in the design and implementation of subsequent plans. In the same vein, the UN development plans will have to be followed up and reviewed in terms of achievement of intended goals and objectives. This process will justify and rationalise subsequent investment in democratic governance, poverty reduction, prevention and mitigation of HIV/AIDS and any other issues that may emerge as a national priority with time.

### **i. Preparation of individual programs and projects**

Development of UN country programs (country strategic outlines, country co-operation framework) will be based on the UNDAF. Harmonization of UN country programs (2002-2006) through participation of other UN agencies and government counterparts in program development will be enhanced. However, mechanism of implementing collaborative programs should be reflected in agency-specific country programs.

The process of developing collaborative programs will require establishment of a task force to facilitate the exercise based on comparative advantage and complementarity. This will be followed by a baseline analysis to clearly determine common objectives and develop a collaborative program of activities in consultation with stakeholders. Involvement of the Resident Co-ordinator's system in the process of collaborative project development will be critical to overall co-ordination of development activities. The UN agencies will develop mechanisms for collaborative resource mobilization

### **ii. Use of the UNDAF for Advocacy, policy dialogue and support for aid co-ordination.**

The UNDAF shall become the basis for all UN agency country program development and a tool for policy dialogue within the context and scope of PRSP. The UNDAF shall be used as a tool by UN agencies for implementing the PRSP, rationalization of resources to make UN-based programs cost effective and for aid co-ordination

### **iii. Expectations and Strategies for Resource Mobilization**

Increased awareness of governance and human rights issues is likely to increase demand of the constitutional bodies and legal services and this will have budgetary implications. Unless the poverty reduction strategies begin to bear fruit, the rapidly worsening situation of poverty and the deteriorating economic condition will translate into increased demand for foreign assistance in the provision of basic social and economic services. The rising incidence of HIV infection has already bloated the budgetary allocation to the health sector. The situation may get worse unless the HIV/AIDS prevention programmes slows the spread of the epidemic.

Although it is expected that the United Nations Development Group Office (UNDGO) will increase development financing to Malawi in order to demonstrate its commitment to the implementation of the UNDAF, resource mobilization for implementation of collaborative programmes should not be seen as mainly the responsibility of the UN agencies alone. As is the case, the Government, through bilateral and multilateral development partners has and will continue to contribute greatly to resources mobilization. Debt relief through the HIPC initiative should also be considered an opportunity for mobilizing much needed resources for combating human rights abuse, poverty and the HIV/AIDS epidemic. The private sector as well as multilateral corporations and philanthropic foundations should be targeted as potential sources of development financing. However, there is need to develop mechanisms for mobilizing private sector resources, especially for HIV/AIDS programmes.

Furthermore, the Malawi Government will have to demonstrate commitment to eradicating corruption and strengthen mechanisms for ensuring accountability and transparency for bilateral and multilateral development partners to increase their development financing. This assumes support to programmes dealing with governance will succeed in creating independence of the judiciary, legislature and the executive arms of government.

Cost sharing mechanisms among UN agencies and other development partners should be explored to expand the geographical coverage of development programmes. The UN country team will develop resource mobilization strategies to complement resource flows from individual UN agencies.

### **iv. Identification of Mechanisms and tools through which the UN system, Government and other development partners can dialogue on, plan, monitor and review follow up actions**

Monitoring and evaluation is an important component of development planning. Collaborative development programming requires developing mechanisms for integrated collaborative monitoring and reviews. In order to harmonize the monitoring and evaluation process, the UN system shall conduct collaborative annual review involving all UN agencies and the Government and civil society. To strengthen linkages and collaboration among the UN agencies the Resident Co-ordinator shall organize a collaborative Government-UN Retreat on an annual basis.

Effective co-ordination and the UNDAF monitoring are a full time activity requiring full time personnel. To facilitate the implementation and co-ordination of the UNDAF and other collaborative programmes, a full time position shall be established in the in the Resident Co-ordinator's office.

### **v. Preparation of Monitoring and Evaluation Plan for the UNDAF including Indicators for Assessing Progress Towards the Achievement of Objectives of the UNDAF.**

Development of a monitoring and evaluation plan begins with identification of goal, objectives and benchmarks of observable indicators, and assumptions and risks. The next step involves identifying who will be responsible and how often monitoring will be conducted. All these aspects of monitoring and

evaluation plan are summarised in a Log-Frame. Preparation of the Log-frame involves collective action of all UN agencies with the Resident Co-ordinator's Liaison Officer leading the role.

## **6. PROGRAM RESOURCES FRAMEWORK**

Programme Resource Framework (PRF) presented in Annex 6 provides a linkage between the objectives of assistance, verifiable indicators, strategies, partnerships and financial resources in an indicative framework. Alternatively, it demonstrates how the availability or lack of resources affected the choices made in the UNDAF.

The PRF provides details of financial allocations by each participating UN agency objective by objective based on prior resource allocation and projections made by development partner. However, these statistics are only indicative and do not reflect the actual resource commitments. The framework also indicates a rough estimate of resources each development partner is expected to mobilise and includes resources geared towards collaborative programming and collaboration within the UNDAF.

## **ANNEXES**



## ANNEX 1

### THE UNDAF PROCESS IN MALAWI

The preparation of the UNDAF was preceded by the development of a Common Country Assessment (CCA) which provided insights into the core development challenges facing the country. In the conceptual framework the following were identified as causal factors: low agricultural production; low incomes; low education; and poor health. The development of the UNDAF (2002-2006) follows the same pattern used to develop the 1997-2001 UNDAF in the sense that the CCA became the focal point for UN agencies analyses of the country's development challenges. The process of developing this UNDAF involved a series of brainstorming sessions by a Readers Group (with representatives from each of the UN agencies in Malawi) from which a consultant gathered the relevant data and information to compile the document. The draft document was initially presented to Heads of UN agencies and later on presented at a consultative forum involving key Government ministries and departments, the donor community, the private sector, civil society and other stakeholders. The consultations coincided with the period during which the country's Poverty Strategy Framework Paper (PRSP) was being prepared; thus priority issues contained in the UNDAF reflect those that were being considered for the nation's poverty reduction agenda. After incorporating the comments from the local consultative meeting, the draft was further circulated to respective UN agencies head-quarters for their review and comments.

Specific activities in the development of the UNDAF are detailed below:

**TABLE 1. THE UNDAF PROCESS.**

<b>Date</b>	<b>Activity</b>	<b>Output</b>
January 2001	Retreat	Review of the 1997-2001 UNDAF Preparation for the 2002-2006 UNDAF
January 2001	Sensitization and informal consultations	Preparation for the 2002-2006 UNDAF
5 <sup>th</sup> Feb 2001	Meeting	UNDAF workplan was prepared
15 <sup>th</sup> February	Meeting	A TOR for the UNDAF Consultant/Working Group was finalised and agreed by the UN Heads of Agencies.
20 <sup>th</sup> February	Meeting of the Readers Group	Readers Group identified the UNDAF consultant/writer. Dr. Charles Mataya, Bunda College of Agriculture.
28 <sup>th</sup> February-2 <sup>nd</sup> March	Retreat held at Livingstonia Beach Hotel, Salima.	Outline and contents of the Draft UNDAF document was produced on the basis of the results of the CCA.
10 <sup>th</sup> March	Circulation of the draft UNDAF document the UN Agencies for their initial comments	Comments received and incorporated back into the document.
21 <sup>st</sup> March	One day UNDAF Stakeholders Consultative Workshop  Working group sessions on Governance, Poverty, HIV/AIDS, all Topics, and on the Cross cutting issues were held and presented in plenary.	Comments on the content and relevance of UNDAF document with respect to the Public Expenditure Review and the Poverty Reduction Strategy Paper received
31 <sup>st</sup> March	One-day Readers Group workshop at Malawi Institute of Management	Reviewed and incorporate the comments received on the UNDAF document of the Workshop of the 21 <sup>st</sup> March

7 <sup>th</sup> April	The draft UNDAF document of 31 <sup>st</sup> March was distributed to the Headquarters of UN Agencies working in Malawi for their comments and inputs. The document was further commented by UNHCHR in Pretoria, UNIDO, Dar es Salaam.	Comments received from Headquarters of UN Agencies and UNHCHR in Pretoria.
17 <sup>th</sup> April	Readers Group meeting at the World Bank Conference Room	The UNDAF Readers Group reviewed the updated UNDAF document of 31 <sup>st</sup> March
24 <sup>th</sup> April	Meeting of UN agencies at UNDP Conference room.	The UN Agencies discussed areas of joint collaboration and implementation within the framework of the UNDAF.  The comments from the UN Agency HQ, were included. The meeting also gave a rough indication of the UN Agency Country Programme outline.
26 <sup>th</sup> April	Meeting of the UN Heads of Agencies	The results of the meeting of the 24 <sup>th</sup> were presented by the consultant at the UN Heads of Agencies meeting at UNDP.
30 <sup>th</sup> April	Readers Group meeting	Discussed the implementation plan of the UNDAF document and the preliminary indicator lists to be used in the UNDAF annexes.
3 <sup>rd</sup> May	Circulation of the implementation plan of the UNDAF document including outputs and indicators of the UN Agencies.	The Readers Group continued to review and refine the implementation plan of the UNDAF document.
14 <sup>th</sup> May	Circulation of draft UNDAF Annexes	The annex had been completed by the consultant, and was sent to the Heads of Agencies for their final comments, in order for the UNDAF document to reflect the UN Agencies Country Programmes for the period of 2002 - 2006
26 <sup>th</sup> May	The consultant reviews the document and makes final adjustments to it.	Submission of the Revised Draft UNDAF by the Consultant

The UNDAF Readers Group was composed of the following persons:

Mr. Ben Chandiyamba, WHO  
Dr. Muhammad Cisse, UNICEF (Chairperson)  
Mr. Kenton Kayira, WFP  
Mr. Harvey Mwanza, UNFPA  
Mr. Fred Mwathengere, UNDP  
Mr. Steve Onwuasoanya, UN Resident Co-ordinator System  
Mr. Karsten Skovgaard, UN Resident Co-ordinator System  
Ms. Angela Trenton-Mbonde, UNAIDS

In order to ensure full Government participation, the following members of Government representatives were invited to a retreat held in February as part of an expanded UNDAF Readers Group:

Mr. G. S. Jere, MFEP  
Dr. Owen Kaluwa, NACP  
Dr. Milton Kutengule, NEC.  
Mr. A. Mussa, Democratic Consolidation Programme  
Mr. Mike Mwanyula, MFEP

## ANNEX 2

### BASELINE INDICATORS

	Indicators	Definition	Total	Female	Male	Year	Source
<b>GOVERNANCE</b>							
1	Percentage of registered voters who voted in the last national elections	Number of voters as percent of number of registered voters	79.60			1994	Electoral Commission
	Expenditure on Education as percentage of GDP	Central government expenditure on education as percentage of GDP at factor cost	5.4			1998	HDR
2	Expenditure on Health as percentage of GDP	Central government expenditure on health affairs and services as percentage of GDP at factor cost	2.8			1998	HDR
3	Defence expenditures as % of combined education and health expenditures	Central government expenditure on defence affairs as percentage of central government expenditure on education and health affairs and services	15.2			1996	NEC
4	Number of radios per 1,000 people		226			1994	HDR
5	Main telephone lines per 1000 people		3			1996-98	HDR
<b>POVERTY</b>							
<b>INCOME AND EMPLOYMENT</b>							
6	Human Development Index (HDI)	Composite indicator of life expectancy, educational attainment and income per capita	0.40			1999	HDR
7	HDI rank	HDI (ranking among 162 countries)	151			1999	HDR
8	Gender-related Development Index (GDI)	Composite indicator of life expectancy, educational attainment and income per capita adjusted by disparities in achievement between women and men	0.39			1999	HDR
9	GDI rank	GDI (ranking among 146 countries)	137			1999	HDR
10	Gender Empowerment Measure (GEM)	Composite indicator of womens' economic and political participation and decision-making power, and income power	0.26				HDR



11	GEM rank	GEM (ranking among 90 countries)	80				HDR
12	Human Poverty Index (HPI)	Composite indicator measuring deprivation in three essential elements of human life: vulnerability to death at a relatively early age; exclusion from the world of reading and communication; exclusion from a decent living standard	43.4			1999	HDR
13	HPI rank	HPI (ranking among 80 countries)	74			1999	HDR
14	GNP per capita	Annual per capita Gross National Product in US\$	180			1996	WB
15	GNP per capita (PPP\$)	Annual per capita Gross Domestic Product in Purchasing Power Parity \$	586			1999	HDR
16	GDP growth rate	Average annual percentage GDP growth rate in 1993-98 MK	4.6			1993-98	ER
17	Expenditure inequality	Gini coefficient of inequality in consumption expenditure	0.62			1990-91	HESSIA
18	Poverty prevalence among rural population	Percentage of rural population below a US\$ 40 adult equivalent poverty line	60			1990-91	HESSIA
19	Poverty prevalence among urban population	Percentage of urban population below a US\$ 40 adult equivalent poverty line	65			1990-91	HESSIA
20	Proportion of smallholders below US\$ 40 line	Percentage of smallholders below a US\$ 40 adult equivalent poverty line (MK 171 at 1992-93 prices)	54			1992-93	NSSA
21	Proportion of smallholders below basic needs line	Percentage of smallholders below an adult basic needs line (MK 151 at 1992-93 prices)	43			1992-93	NSSA
22	Proportion of smallholders below calorie needs line	Percentage of smallholders below an adult equivalent calorie needs line (MK 98 at 1992-93 prices)	30			1992-93	NSSA
23	Percentage of the labour force engaged in agriculture	Percentage of the economically active engaged in farming, animal husbandry, hunting, forestry, and fishing	87			1990	WB
24	Percentage of the labour force engaged in industry	Percentage of the economically active engaged in mining and quarrying, manufacturing, construction and public works, electricity, water and gas	5			1990	WB
25	Percentage of the labour force engaged in services	Percentage of the economically active engaged in service (all other branches of activity not covered by agriculture and industry)	15			1990	WB

26	Percentage of the labour force unpaid family worker	Percentage of family members - male and female - that participate in the labour force without receiving compensation for their services	77.6	47.5	30.1		WB
27	Children under 14 working in the labour force	Percentage of children between the ages of 10 - 14 that participate in the labour force	35.2			1995	WB

<b>FOOD SECURITY AND NUTRITION</b>							
28	Percentage of smallholders which run out of food	Percentage of smallholder households which run out of staple food during August - September	53			1994	
29	Percentage of smallholders unable to buy adequate food	Percentage of smallholder households unable to buy adequate food during August - September	82			1994	
30	Percentage of smallholders food insecure	Percentage of smallholder households with inadequate access to the basic staple food it needs at any given time during August - September	39			1994	
31	Percentage smallholder children below 5 years of age underweight	Percentage of smallholder children below 5 years of age whose weight-for-age is below minus two standard deviation from the mean of the cohort during August - September	58			1994	
32	Percentage smallholder children below 5 years of age stunted	Percentage of smallholder children below 5 years of age whose height-for-age is below minus two standard deviation from the mean of the cohort during August - September	32			1994	
33	Percentage smallholder children below 5 years of age at risk of wasting	Percentage of smallholder children below 5 years of age whose weight-for-height is below minus two standard deviation from the mean of the cohort during August - September	4			1994	
34	Percentage smallholder adult females undernourished	Percentage smallholder adult females at risk of Chronic Energy Deficiency during August - September		10		1994	
<b>HEALTH/HIV-AIDS</b>							
35	Access to basic health care	Proportion of the population with access to basic health care within a distance of 8 km	80			1988	WHO
36	Population per doctor		45,737			1993	MG BHS
37	Population per nurse		1,800			1993	MG BHS
38	Population per bed		700			1995	MG BHS
39	Contraceptive prevalence rate	Percentage of women aged 15 - 49 using a modern method of contraception	14.0			1996	MKAPHS
40	Condom use	Percentage of sexual active population cohort using condom		3	6	1996	MKAPHS
41	HIV adult prevalence rate	Estimated percentage of adult population (15 - 49)				1997	National Aids Secretariat

		infected by HIV	13.3				
42	HIV children prevalence rate	Estimated percentage of children population (0 - 14) infected by HIV	1.4			1997	National Aids Secretariat
43	Proportion of births attended by appropriately trained health personnel incl. TBA	Percentage of births attended by physicians, nurses, midwives, trained primary health workers and traditional birth attendants		72.8		1992	MDHS
44	Vaccine coverage	Percentage of children between 12 - 23 months who are fully vaccinated (i.e. received BCG, measles and three doses of DPT and polio)	81.8			1992	MDHS
45	Percentage of GDP spent on health	Health expenditure as percentage of GDP	2.3			1991-95	WB

## ACCESS TO BASIC SOCIAL SERVICES

EDUCATION							
46	Adult literacy rate	Percentage of population 15 years and above able to read and write a short, simple statement about his/her everyday life	56.0	40.4	71.7	1994	UNESCO
47	Gross primary enrolment rate	Pupils in standards 1 - 8 as percentage of 6 - 13 year-olds	134.00			1995	Ministry of Education
48	Net primary enrollment ratio	6 - 13 year-old pupils in standards 1 - 8 as percentage of 6 - 13 year-olds	83.10	82.70	84	1995	Ministry of Education
49	Drop-out rate	Drop-outs as percentage of pupils in standards 1 - 8		29	25.2	1995	Ministry of Education
50	Percent reaching standard 5	Percentage of pupils starting primary school reaching standard 5	71.00	73	68	1989-1993	WB
51	Pupil teacher ratio	Average number of primary school pupils per primary school teachers	62.50			1995	Ministry of Education
52	Pupil classroom ratio	Average number of primary school pupils per primary school classrooms	134.53			1995	Ministry of Education
53	Percentage of GDP spent on education	Education expenditure as percentage of GDP	2.50			1995	Ministry of Education
WATER AND SANITATION							
54	Population with access to safe water	Percentage of the population with reasonable access to safe water supply, including treated surface waters or untreated, but uncontaminated water	37			1993-95	WHO
55	Rural population with access to safe water	Percentage of the rural population with reasonable access to safe water supply, including treated surface waters or untreated, but uncontaminated water	32			1993-95	WHO

56	Coverage of sanitation	Percentage of the population with access to sanitation facilities	63			1993-95	WHO
57	Rural coverage of sanitation	Percentage of the rural population with access to sanitation facilities	68			1993-95	WHO
58	Urban coverage of sanitation	Percentage of the urban population with access to sanitation facilities	82			1993-95	WHO

## CROSS CUTTING ISSUES

### ENVIRONMENTAL SUSTAINABILITY

59	Land area	1,000s hectares	9,408			1993	WB
60	Crop land	1,000s hectares	1,697			1993	WB
61	Permanent pasture	1,000s hectares	1,840			1993	WB
62	Forest and woodland	1,000s hectares	3,700			1993	WB
63	Other land	1,000s hectares	2,171			1993	WB
64	Irrigated land	1,000s hectares	28			1993	WB
65	Annual rate of deforestation	In percent	3.5				
66	Estimated annual change in total forest land	Estimated annual change in total hectares of forest land assuming an annual deforestation of 3.5% in 1,000 hectares	129				EAD
67	Soil erosion rate	MT/HA/Year	13 - 20				
68	Protected area as percent of land area	Forest reserves, national parks and wildlife reserves as percentage of land area	19			1997	PLUS
69	Household energy from fuelwood	Percentage of household energy derived from fuelwood	89			1990	HDR

### GENDER INEQUALITY

70	Percentage of girls enrolled in primary education	Percentage of girls enrolled in standard 1 - 8 as percentage of total	37			1995	Ministry of Education
71	Percentage of elected seats in Parliament held by women		6			1997	HDR
72	Percentage of administrators and managers positions held by women	According to the International Standard Classification of Occupations	5			1990	HDR
73	Percentage of professional and technical positions held by women	According to the International Standard Classification of Occupations	35			1990	HDR

74	Percentage of ministerial level positions in Government held by women			5		1995	HDR
75	Percentage of sub-ministerial level positions in Government held by women			7		1995	HDR
<b>POPULATION</b>							
76	Total population size	1,000s	11,243.40	5,730.60	5512.8	1998	NSO
77	Total population: 0 - 14	1,000s	5,155.80	2,573.70	2582.1	1998	NSO
78	Total population: 15 - 64	1,000s	5,743.20	2,950.30	2789.9	1998	NSO
79	Total population: 65+	1,000s	344.40	206.60	137.8	1998	NSO
80	Age dependency ratio	Ratio of population under age 15 and above age 65 to those aged 15 to 64	1.04	1.06	1.03	1998	NSO
81	Urban population	As percent of total population	13.3			1995	NSO
82	Total fertility rate	Average number of children that would be born alive to a woman during her lifetime, if she wear to bear children at each age in accordance with prevailing age-specific fertility rates		6.7		1992	MDHS
83	Crude birth rate	Number of births per 1,000 population	42.9			1992	MDHS
84	Crude death rate	Number of deaths per 1,000 population	21.0			1992	MDHS
85	Life expectancy at birth	Number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life	51.7 / 41.1	52.4 / 41.5	51.0 / 40.6	1997 / 1994	NSO / UN Population Division
86	Population growth rate	Annual growth in percentage (five-year average)	3.2			1992-97	NSO
87	Rural population growth rate	Annual growth in percentage (five-year average)	2.5			1992-97	NSO
88	Urban population growth rate	Annual growth in percentage (five-year average)	5.6			1992-97	NSO
89	Population density	Population per square kilometer of arable land	200			1995	NSO

90	Infant mortality rate	Number of deaths of infants under one year of age per 1,000 live births	134			1992	MDHS
91	Under-five mortality rate	Number of deaths of infants under five years of age per 1,000 live births	234			1992	MDHS
92	Maternal mortality rate	Number of deaths of women from pregnancy-related causes per 100,000 live births		620		1992	MDHS



## **ANNEX 3**

### **LESSONS LEARNED FROM THE FIRST UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK IN MALAWI**

The UNDAF was introduced in 1997 as part of a global UN pilot aimed at improving the UN agencies operations including joint programmes with other development partners such as the Bretton Woods Institutions and bilateral donors at the country level. Through the UNDAF, seven Theme Groups have been established in Malawi. These include, disaster management, food security and nutrition, gender, youth, poverty eradication, HIV/AIDS, gender and human rights. The Theme Groups are important in advocacy, often presented through Round Table discussions as well as joint activities in key areas of operations. The absence of a coherent system of providing continuous feedback into the co-ordination system abates the significance of the Theme Groups. This could be attributed to several factors including inadequate linkages of UN agencies programmes as well as the absence of a monitoring mechanisms for lessons learnt.

During a one day session held on 28<sup>th</sup> January 2001 to review with Government partners the 1998-2001 UNDAF, consensus from the Government was that the UNDAF process had resulted in closer working relationship among the UN agencies. It was also observed that the management of the UNDAF was time intensive. Following the first UNDAF exercise, the Government saw a need for more structure collaboration mechanism with the UN, which could allow for better exploitation of opportunities with other partners, particularly in the 2002-2006 UNDAF. Since the 1998-2001 UNDAF was not fully implemented, there are limited lessons learnt from which the following recommendations were made:

- Improved internal communications and other common services within the UN community in Malawi should be pursued.
- Capacity and mechanisms for implementation of joint programmes should be strengthened.
- The UN staff requires further training in monitoring and evaluation techniques with respect to governance, poverty eradication, HIV/AIDS and cross-cutting issues.
- UN system-wide guidelines and mechanisms to promote collaborative action, particularly at a project or programme level should be established.

## **ANNEX 4**

### **UNITED NATIONS AGENCY PROGRAMMES IN MALAWI**

#### **UNITED NATIONS DEVELOPMENT PROGRAM (UNDP)**

The United Nations Development Program (UNDP) is part of the United Nations and upholds the vision of the United Nations Charter. It is committed to the principle that development is inseparable from the quest for peace and human security and that the United Nations must be a strong force for development as well as peace. Its mission is to help countries in their efforts to achieve sustainable human development by assisting them to build their capacity to design and carry out development programmes in poverty eradication, employment creation and sustainable livelihoods, the empowerment of women and the protection and regeneration of the environment, giving first priority to poverty eradication.

At the request of governments and in support of its area of focus, the UNDP assists in building capacity for good governance, popular participation, private and public sector development and growth with equity, stressing that national plans and priorities constitute the only viable frame of reference for the national programming of operational activities for development within the United Nations System.

The UNDP Resident Representatives normally serve as Resident Coordinators of the operational activities of the United Nations System, supporting at the request of governments the coordination of development and humanitarian assistance. Resident Coordinators also help to orchestrate the full intellectual and technical resources of the United Nations System in support of national development. UNDP also acts to help the United Nations family to become a unified and powerful force for sustainable human development and works to strengthen international cooperation for sustainable human development.

The organization strives to be an effective development partner for the United Nations relief agencies, working to sustain lives. It acts to help countries to prepare for, avoid and manage complex emergencies and disasters. Expertise for the UNDP is drawn from around the world, including from developing countries, United Nations specialized agencies, civil society organizations, and research institutes.

Apart from supporting South-South co-operation by actively promoting the exchange of experience among developing countries, the UNDP also supports, within its areas of focus, technology transfer, adaptation, and access to the most effective technology. UNDP receives voluntary contributions from nearly every country in the world. The organization seeks to ensure a predictable flow of resources to support its programmes. It provides grant funds through criteria based on universality that strongly favour low-income countries, particularly the least developed.

The UNDP is politically neutral and its co-operation is impartial. It seeks to conduct its work in a manner that is transparent and accountable to all its stakeholders and is committed to a process of continuing self-evaluation and reform. It also aims to improve its own efficiency and effectiveness and to assist the United Nations System in becoming a stronger force for the benefit of the people and countries of the world. The organization will continue to support an international development co-operation framework that responds to changing global, regional, and national circumstances.

## **SECOND COUNTRY COOPERATION FRAMEWORK (2002 – 2006)**

There is a strong convergence between national development priorities emerging from the PRSP process, the UNDP objectives and the UNDP mandate to build capacity for poverty reduction and strengthen the enabling environment for public policy and management. In order to maintain an effective poverty reduction orientation, the strategy for UNDP co-operation during the period of the CCF (2002-2006) will include the following:

### **A. POVERTY REDUCTION STRATEGY SUPPORT PROGRAMME**

- Providing assistance in the following programme areas:
  - i. capacity building for poverty reduction policy, programming and monitoring;
  - ii. promotion of and advocacy for sustainable economic empowerment strategies; and;
  - iii. strengthening capacity for technological development and dissemination. These are described below.
- Strengthening national capacities for promoting an enabling environment for the development and implementation of national policies and strategies for the reduction of absolute poverty by half by 2015.

The main elements of support will cover capacity building for:

- a. poverty policy analysis and programming in key development planning institutions (public and civil society organisations). This will especially address linkages between poverty reduction and growth strategies, integrating and aligning macroeconomic policy with targets for reducing poverty, and macro-micro linkages.
- b. participatory monitoring of poverty reduction strategies (including gender-disaggregated dimensions) at the national and district levels;
- c. supporting co-ordination of poverty reduction strategy implementation at the central and district level; and d) environmental research, impact assessment and monitoring.

### **Promotion of sustainable social and economic empowerment**

This sub-programme will focus on the social and economic empowerment of vulnerable groups by

- a. enhancing their status and introducing initiatives to improve their livelihoods.
- b. supporting the introduction of knowledge based initiatives for sustainable management and utilization of their asset base, particularly land, for agricultural and non-agricultural activities.
- c. promoting an integrated approach for improved environmental management, which will contribute to the improvement of their living standards through the development of community level technologies.
- d. promoting production and marketing associations, including women's entrepreneurship groups and cooperatives; enterprise education in selected training institutions; an enabling environment for sustainable financial intermediation in rural areas; and the development of gainful self-employment through the trickle up and micro-start schemes.

- e. support re-orientation of technological development and fabrication capacity in relevant institutions; and advocating for a new science and technology framework which is sensitive to the needs of the poor.

### **Capacity Building for Information, Communication and Technology Services (ICT) for poverty reduction**

Support will be provided to:

- a. advocate for development of ICT policy which will facilitate competitive provision of computer mediated communications in all districts;
- b. enhance communications and connectivity between the users and providers of information related to sustainable development; and
- c. build capacity for use and application of technologies for computer mediated communications for education and informed decision making in social and economic lives of people at household, community and the district levels.

## **B. POVERTY REDUCTION THROUGH GOOD GOVERNANCE**

### **Decentralised governance:**

This programme will address the following issues:

- a. human resource development;
- b. policy development in areas of local government management, Inter-Governmental Fiscal Transfer mechanisms and, demand driven approaches to capacity building for participatory development;
- c. continued support to replication and consolidation of the planning and financial management systems,
- d. deepening achievements through further elaboration of devolution below district level; and
- e. establishment of an impact monitoring and documentation system.

### **Support for Public Sector Management Reforms:**

The areas of focus in this sub-programme will be:

- a. policy/programme development in the public sector;
- b. change management in the public sector, focusing on strengthening the co-ordinating/leadership capacity of public sector reforms in relevant institutions; and
- c. developing broad-based capacities for improved aid co-ordination and debt management.

## **Consolidation of democratic governance**

This programme will focus on strengthening:

- a. Parliament, to increase its effectiveness to perform its legislative and oversight functions;
- b. electoral structures and processes, focusing on capacity building of the Malawi Electoral Commission and civil society;
- c. constitutional human rights institutions; and
- d. civil society and popular participation in democratic and political processes.

## **C. HIV/AIDS MANAGEMENT**

This programme will focus on:

- a. development of a national HIV/AIDS policy and legal framework, sensitive to gender and human rights, to guide HIV/Aids management, including multi-sectoral interventions;
- b. HIV/AIDS mainstreaming in the public and private sectors' policies, programmes and projects, especially in the military; and
- c. capacity building for People Living With Aids (PLWAs) coordinating and advocacy institutions, especially CBOs.
- d. access to services and technologies to overcome the HIV/Aids pandemic;
- e. support resource mobilisation efforts and advocacy and develop a post-Round Table Strategy to monitor resource use.

## **FOOD AND AGRICULTURE ORGANIZATION (FAO)**

The United Nations Food and Agriculture Organization (FAO) was founded in 1945 with a mandate to raise levels of nutrition and standards of living, to improve agricultural productivity, and to better the condition of rural populations. FAO is the largest specialized agency in the United Nations System and is the lead agency for agriculture, forestry, fisheries, and rural development. An intergovernmental organization, FAO has 174 Member Nations plus a member organization, the European Community.

Since its inception, FAO has worked to alleviate poverty and hunger by promoting agricultural development, improved nutrition and the pursuit of food security—the access of all people at all times to the food they need for an active and healthy life. A specific priority of the Organization is encouraging sustainable agriculture and rural development, a long-term strategy for increasing food production and food security while conserving and managing natural resources. The aim is to meet the needs of both present and future generations by promoting development that does not degrade the environment and is technically appropriate, economically viable, and socially acceptable.

FAO gives practical help to developing countries through a wide range of technical assistance projects. The Organization encourages an integrated approach, with environmental, social and economic considerations included in the formulation of development projects. The organization collects, analyzes,

interprets, and disseminates information relating to nutrition, food, agriculture, forestry, and fisheries. The Organization serves as a clearing-house, providing farmers, scientists, traders and government planners with the information they need to make rational decisions on planning, investment, marketing, research, or training.

Drawing on its widespread information networks and the skills and experience of its technical staff, FAO provides independent advice on agricultural policy and planning, and the administrative and legal structures needed for development. It includes national strategies towards rural development, increased food security and the alleviation of poverty.

FAO provides a neutral forum where all nations can meet to discuss and formulate policy on major food and agriculture issues. FAO approves international standards and helps frame international conventions and agreements and regularly hosts major conferences, technical meetings, and consultations of experts.

## **UNITED NATIONS CAPITAL DEVELOPMENT FUND (UNCDF)**

The United Nations Capital Development Fund (UNCDF) was established in 1996 by the United Nations General Assembly as an autonomous organization within the United Nations System. UNCDF is a multilateral donor agency working to develop new solutions for poverty reduction—the principle means of the United Nations Development Programme towards achieving sustainable human development—in the least developed countries. Finding new solutions means not only providing the infrastructure that is necessary for development—wells, roads, bridges, markets, health centres—but also creating the conditions for change and growth that continue beyond the duration of any one project.

UNCDF is smaller than other multilateral financial institutions. This allows UNCDF the flexibility to finance new initiatives, to respond and adapt quickly to improve project workability and to experiment with pilot programmes that can later be replicated by larger donors on a broader scale. Financing through grants rather than loans further encourages innovation by relieving governments of repayment burdens that might otherwise discourage ventures that are untried and therefore considered risky. The search for lasting solutions to the problems of poverty also has led UNCDF to forge collaborations with non-traditional partners, including community groups, private entrepreneurs, and non-governmental organizations.

UNCDF programmes are multi-tiered efforts that encourage the participation of individuals and community groups in the local planning process, strengthen local government institutions, enhance the private sector, create mechanisms for provision of credit to the poor, or swap capital investments for environmentally sound resource use. UNCDF provides support for two main types of projects: i) economic and social infrastructure; and ii) financial capital. Investments are usually in the range of US\$ 500,000 - US\$ 5,000,000 for community-based, capital-investment projects that are below the lending threshold of international development banks but beyond the financial means of most NGOs and local administrations. Specifically, UNCDF assistance is provided in one or more of the following ways:

- Infrastructure Projects
- Local Development Funds
- Eco-Development
- Microfinance Credit and Guarantee Schemes

In Malawi, UNCDF contributes to poverty reduction through local governance and participation and by working downstream, primarily to secure the implementation and deployment of ideas, strategies, and policies developed by the Government and supported by UNDP upstream. UNCDF aims at providing tangible incentives to bring together in partnership local governments, communities, and the private sector in

directing public investments towards poverty reduction. Specific UNCDF-supported activities in Malawi include:

- Assistance in the construction and rehabilitation of boreholes;
- Improved access of rural communities to socio-economic facilities such as schools, clinics, and market centres through construction of feeder roads and bridges (in collaboration with World Food Programme);
- A revolving fund to encourage small passenger and goods transport operations in 15 districts;
- Replication of the Government's District Development Fund (DDF) mechanism in an additional 19 districts (and deepening of the process in the six original pilot districts);
- Creation of new non-bank institutions to increase financial intermediation in rural areas leading to the development of village banks; and
- Eco-swap investment in community infrastructure (e.g. safe water supply systems) through a DDF "Green Window" as an incentive for ecological restoration activities such as afforestation (pipeline proposal).

## **UNITED NATIONS POPULATION FUND (UNFPA)**

The United Nations Population Fund (UNFPA) extends assistance to developing countries, countries with economies in transition and other countries at their request to help them address reproductive health and population issues, and raises awareness of these issues in all countries. UNFPA's three main areas of work are: to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals by the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues; and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work.

UNFPA recognizes that all human rights, including the right to development, are universal, indivisible, interdependent and interrelated, as expressed in the Programme of Action of the International Conference on Population and Development, the Vienna Declaration and the Programme of Action adopted by the World Conference on Human Rights, the Convention on the Elimination of all Forms of Discrimination Against Women, the Programme of Action of the World Summit for Social Development, the Platform of Action of the Fourth World Conference on Women, and in other internationally agreed instruments.

UNFPA is guided by, and promotes, the principles of the Programme of Action of the International Conference on Population and Development (1994). In particular, UNFPA affirms its commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women everywhere. UNFPA believes that safeguarding and promoting these rights, and promoting the well-being of children, especially girl children, are development goals in themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so.

UNFPA is convinced that meeting these goals will contribute to improving the quality of life and to the universally accepted aim of stabilizing world population. We also believe that these goals are an integral part of all efforts to achieve sustained and sustainable social and economic development that meets human needs, ensures well-being and protects the natural resources on which all life depends.

UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid

agencies, non-governmental organizations and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions.

UNFPA will assist in the mobilization of resources from both developed and developing countries following the commitments made by all countries in the Programme of Action to ensure that the goals of the International Conference on Population and Development are met.

### **UNFPA Programmes 2002-2006**

The long-term objective of the UNFPA programme in Malawi is to contribute towards sustainable and continuing improvement in the quality of life of the Malawian people in the context of the Poverty Alleviation Programme through the implementation of a coordinated and comprehensive multi-sectoral population programme. To this effect, the UNFPA programme will assist the Government in achieving the following national objectives as reflected in the National Population Policy and other policy documents:

- to reduce annual population growth rate from 3.2 to 2.4 per cent by the year 2002; to reduce total fertility rate from 6.7 to 5.0 by the year 2002; to reduce infant and under-five mortality from 134 and 234 to 100 and 150 respectively by the year 2002; to reduce maternal mortality from 620/100,000 live births to 200-300 by the year 2002; to reduce adolescent pregnancies by 50 per cent by the year 2002;
- to increase the contraceptive prevalence rate from 7 to 28 per cent by the year 2002; and
- to contribute to gender equality, equity, and the empowerment of women

Broad programme strategies include:

- a. strengthening of institutional capacity;
- b. human capacity building;
- c. decentralization;
- d. establishment of advocacy networks/partnerships;
- e. encouraging a more coordinated approach of inputs for population programmes by the UN system and bilateral agencies and to help improve Government coordination of donor assistance;
- f. promotion of technical co-operation between Malawi and other developing countries through sharing and exchange of information and experiences; and
- g. ensuring community participation, thus promoting community ownership and sustainability. UNFPA-supported activities will include data collection, analysis and research; capacity building, including training and infrastructure enhancement; and enhanced information, education.



## **Reproductive Health including Family Planning and Sexual Health**

UNFPA will help the Government of Malawi to:

- a. provide integrated Reproductive Health (RH) services in at least 30 per cent of existing health centres;
- b. improve privacy for selected health centres and increase intake of three in-service training centres for service providers;
- c. make 1,600 service providers competent in RH;
- d. integrate RH in the WHO-supported primary health care programme in 100 villages;
- e. increase knowledge on socio-cultural factors that influence RH;
- f. ensure integration of youth RH needs and involvement of males in implementation of RH programmes;
- g. increase demand for RH; and
- h. reduce the transmission of sexually transmitted diseases (STDs) and HIV/AIDS.

## **Population and Development Strategies**

UNFPA will help the Government of Malawi to:

- a. develop a co-ordinated and comprehensive multi-sectoral plan of action for the implementation of the National Population Policy;
- b. ensure that population factors are adequately taken into account in all development planning; and
- c. promote gender-sensitivity at all levels in the implementation of the National Population Policy.

## **Advocacy**

UNFPA will assist the Government of Malawi to:

- a. achieve broad-based support amongst leaders at all levels for the national population programme;
- b. ensure adoption of the “reproductive health culture”, including the need to address adolescents’ reproductive health needs, male responsibility, maternal mortality and morbidity, abortions, STDs and HIV/AIDS;
- c. achieve positive attitudes among leadership with respect to gender equality and equity and the empowerment of women;
- d. achieve understanding of the interrelationship between rapid population growth and environmental degradation.

## **OFFICE FOR THE HIGH COMMISSIONER FOR REFUGEES (UNHCR)**

The Office for the High Commissioner for Refugees (UNHCR) is mandated by the United Nations to lead and co-ordinate international action for world-wide protection of refugees and the resolution of refugee problems. Its primary purpose is to safeguard the rights and well-being of refugees. UNHCR strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another state, and to return home voluntarily. By assisting refugees to return to their own country or to settle in another country, UNHCR also seeks lasting solutions to their plight.

UNHCR's efforts are mandated by the organization's Statute, and guided by the 1951 United Nations Convention relating to the Status of Refugees and its 1967 Protocol. International refugee law provides an essential framework of principles for UNHCR's humanitarian activities. UNHCR's Executive Committee and the UN General Assembly have also authorized the organization's involvement with other groups. These include people who are stateless or whose nationality is disputed and, in certain circumstances, internally displaced persons.

UNHCR seeks to reduce situations of forced displacement by encouraging states and other institutions to create conditions which are conducive to the protection of human rights and the peaceful resolution of disputes. In pursuit of the same objective, the organization actively seeks to consolidate the reintegration of returning refugees in their country of origin, thereby averting the recurrence of refugee-producing situations. It also offers protection and assistance to refugees and others in an impartial manner, on the basis of their need and irrespective of their race, religion, political opinion or gender. In all of its activities, UNHCR pays particular attention to the needs of children and seeks to promote the equal rights of women and girls.

In its efforts to protect refugees and to promote solutions to their problems, UNHCR works in partnership with governments, regional organizations, international and non-governmental organizations. UNHCR is committed to the principle of participation by consulting refugees on decisions that affect their lives. By virtue of its activities on behalf of refugees and displaced people, it also promotes the purposes and principles of the United Nations Charter: maintaining international peace and security; developing friendly relations among nations; and encouraging respect for human rights and fundamental freedoms. The following summarizes UNHCR's activities in Malawi:

### **Eligibility-Determination and National Legislation**

After the successful voluntary repatriation of more than one million Mozambican refugees, Malawi has had to handle smaller numbers of refugees of various nationalities who arrive individually or in small groups. These refugees need to have their claims to refugee status determined individually within the framework of international refugee conventions and the existing national refugee legislation. A major component of UNHCR assistance is to develop a national eligibility-determination process, with the necessary expertise being provided to streamline the national legislation to bring it in line with the Constitution of Malawi and the relevant international instruments.

### **Material Assistance Leading to Durable Solutions**

Through the Government of Malawi and NGO partners, UNHCR provides material assistance to asylum seekers and refugees, while counselling is being provided to individuals and groups on ways in which they can be enabled to meet their basic needs. Provision of family agriculture plots to refugee families by the GOM, and the necessary tools and inputs by UNHCR, will enable the refugees to lead as normal a life as Malawians at their levels, and reducing the need for international protection and assistance.

### **Capacity Building**

The ultimate aim for UNHCR is to develop adequate capacity at national level to carry out the administration of refugee assistance. UNHCR supports capacity building for Government and NGO personnel through training in various sectors.

## **THE UNITED NATIONS CHILDREN FUNDS (UNICEF)**

The United Nations Children's Fund (UNICEF) is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children. It insists that the survival, protection, and development of children are universal development imperatives that are integral to human progress.

UNICEF mobilizes political will and material resources to help countries, particularly developing countries, ensure a "first call for children" and to build their capacity to form appropriate policies and deliver services for children and their families. In addition, it is committed to ensuring special protection for the most disadvantaged children--victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities.

The Fund responds in emergencies to protect the rights of children. In co-ordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children and those who provide their care. It is non-partisan and its co-operation is free of discrimination. In everything it does, the most disadvantaged children and the countries in greatest need have priority.

UNICEF aims, through its country programmes, to promote the equal rights of women and children and to support their full participation in the political, social, and economic development of their communities, and works with all its partners towards the attainment of the sustainable human development goals adopted by the world community and the realization of the vision of peace and social progress enshrined in the Charter of the United Nations.

### **UNICEF Programme Outline 2002-2006**

The goal of the Country Programme is to improve the situation of children and women to fulfill their rights as articulated in the CRC and CEDAW. The objectives of the Country Programme are to: a) create a conducive environment to realize the rights to survival, development, protection and participation of children and women. b) reduce HIV/AIDS transmission especially among children and young people and mitigate its impact on vulnerable groups; c) strengthen the capacity of various duty bearers to meet their obligations to children in order to reduce child and maternal morbidity and mortality; d) contribute to the establishment of effective sector investment frameworks, sector wide approaches and the formulation and implementation of the poverty reduction strategy paper; e) strengthen national capacity in programme monitoring and evaluation and promote the use of data for strengthening programmes focusing on children, women and adolescents.

## **Relation to National Priorities**

The Country Programme is a synthesis of organizational and national priorities as expressed in various government documents such as the “Vision 20/20”, the National Health Strategic Plan; the HIV/AIDS Strategic Plan, The Medium Term Expenditure Framework, the working documents on Health and Education SIP/SWAP and PRSP. The above documents stress the country agenda to fight Poverty, HIV/AIDS and promote Human Rights. Poverty, HIV/Aids, Governance, Human Rights, and Gender are priorities of concern in the Country Programme, and were also identified as priorities in UNDAF and the national development agenda. Using the HRAP/CCD approaches, the country cycle aims to contain the rate of HIV/AIDS among young people and to mitigate the impact of the disease on families and communities. The programme seeks to contribute to poverty eradication through support to universal access to basic social services in the context of SIP/SWAP in education, and support to communities schools services; and in health, assist in the formulation of the EHP, and access to water and environmental sanitation services. The Country Programme process reflects the content of the current versions of the UNGASS Outcome document and the MTSP. Hence, the various objectives and strategies were formulated to accelerate actions on early child development, universal quality education specifically for girls, adolescent participation and protection against abuse and exploitation particularly among girls.

## **Programme Strategy**

The Country Programme will use a mix of strategies that remain the same as described in the Country Note (CN) presented to the Executive Board as its first regular session of 2001 (E/ICEF/2001/P/L.4 )with the exception of one addition, an Emergency Preparedness and Contingency Planning. It has been included since the preparation of the CN, as described below:

## **Emergency Preparedness and Contingency Planning**

This strategy will ensure, risk assessment as an ongoing activity in the different sectors and in close collaboration with WFP and FAO using their vulnerability mapping system. The programme will identify critical areas to provide a package of interventions that need to be carried out in case of a disaster. With WFP leading the disaster preparedness group, the potential list of suppliers in-country will monitor their stock levels during pre-farming season, rainy farming season and post harvest period. In collaboration with other UN agencies and under the UNDAF contingency plan, UNICEF will provide adequate and timely support to children and women in partnership with NGOs with adequate experience. A partnership work arrangement will be established with civil society organisations like Malawi Red Cross Society, World Vision and Evangelical Lutheran Development Agency and the Churches Action for Relief and Development.

## **Programme Structure and Coverage**

The Country Programme is made up of five Programmes, two of which are cross cutting and three are sectoral in nature, which are described below. All sectoral programmes will converge in eight focus districts, identified on the basis of previous experiences, population, socio indicators and the presence and/level of support by partners. For example, the programme has identified two districts, Likoma and Chitipa, with very little external support, and are very remote and vulnerable. The eight districts are Kasungu, Mwanza, Mzimba, Lilongwe, Blantyre, Mchinji, Likoma and Chitipa). The programme seeks to scale up the interventions carried out on a pilot basis in the past cycle. These include malaria control and IMCI including community IMCI. Interventions with national Coverage include, immunisation, malaria control programme, integrated management of childhood illnesses, orphan care and support to families affected by HIV/AIDS, improving quality of primary education, youth participation. Advocacy and

Policy development activities and support to sector wide approaches have a national emphasis. Interventions limited to selected districts are PMTC, access to VCT services and access to water supply and hygiene and sanitation in schools.

The overall goal of Social Policy, Advocacy and Communication (SPAC) programme is to support national and multi-sectoral efforts toward the progressive realisation of rights of children and women. The objectives of SPAC are to: a) improve the political and legal framework for the realisation of the rights of women and children; b) strengthen the campaign to break the culture of silence on HIV/AIDS as a national emergency; c) assist civil society and the government to implement sustainable community based interventions for the prevention of Child Rights violations; d) improve the management of data for policy formulation and programme design and implementation, and to monitor and evaluate the impact of UNICEF assisted programmes e) develop and implement a research based communication strategy to influence attitudes to contribute to the fulfilment, protection and respect for the rights of the children and women. SPAC has four mutually reinforcing projects: Social Policy and Advocacy; Child Protection; Monitoring and Evaluation; and External Relations.

The programme will have the following strategies:

- a. Advocacy and Social Mobilisation will i) promote generation and use of data to create awareness among stakeholders including opinion and policy makers, donors, civil society organisations at national, district and community level; ii) enhance commitment to the rights of children and women; iii) foster improvements in social policy and legal reform including vital registration; Orphan Policy; ratification of an International Code of Marketing Breast Milk Substitutes; and children in need of special protection (street children, child labour; juvenile justice, child abuse and exploitation).
- b. Communication will strengthen communication channels and build progressive commitment to participatory programming approaches; influence values, attitudes and practices with particular attention to HIV/AIDS and gender;
- c. Capacity Development will empower duty bearers and rights holders to manage development processes, strengthen interactive decision making processes of Assessment, Analysis and Action (Triple A) at all levels of society. Emphasis will be placed on life skills, participation and the ability to act.
- d. Partnership Strategy will i) create a common vision and goals on priority issues, enable reciprocal exchange and support for collaborative interventions in the context of the Global Movement for Children; and ii) to foster alliances with Government, civil society organisations (the Human Rights Commission and its Child Rights Unit, Parliamentary Committee on Children and Women), NGOs (Save the children Alliance, Plan International) academic and research institutions (National Statistics Office, Centre for Social Research) and donors to expand awareness on children issues.

The Basic Education Programme objectives are to: a) strengthen capacity of communities to prevent, monitor and report abuse of children, especially of girls; b) improve the quality of education in schools so that all learning environments are effective, healthy, gender-sensitive and enable children to attain desired levels of achievement; c) ensure that primary school children and adolescents acquire basic education on HIV/AIDS and life skills to enable them make informed choices; d) support capacity development at national and district levels for sector policy development and sector-wide planning, monitoring and evaluation; e) strengthen national capacities in the area of programme monitoring and evaluation and to promote the use of data for strengthening programme focusing on women, children and adolescents young people

The Programme will use the following strategies: a) service delivery to provide essential teaching-learning materials, facilitate the development of HIV/AIDS education materials, and promote community schools and provision of basic water and sanitary facilities in collaboration with the WES programme; b) capacity development to enhance planning, management, supervision and monitoring through assistance in the form of technical, financial and logistical support; c) intersectoral linkages in programming for HIV/AIDS prevention, orphans, health, hygiene education and school sanitation to ensure a holistic approach. (This strategy will be combined with social mobilization, communication and capacity building to encourage communities and families to have greater involvement in school governance, girl's education, rights of orphans and mobilization on HIV/AIDS and sexuality). Lastly, e) Partnership and collaboration will be intensified with UNFPA, UNDP and DFID in areas of HIV/AIDS education and Gender, and with Save the Children Alliance and Plan International especially at the implementation stage.

Four projects constitute the Basic Education Programme: a) Quality of Primary Education and HIV/AIDS Prevention; b) Participation and retention of girls and disadvantaged children in Primary Education; c) Adolescent Development and Participation and Rights of the Girls Child; and d) Support to Education Sector Reform.

The “Early Child Care and Support To Families Affected By HIV/AIDS” programme pursues the following objectives:

a) improve the capacity of households and communities in the key family care practices including health, nutrition and psychosocial development of children during the first few years of life; b) strengthen the capacity of families affected by HIV/AIDS to cope effectively with the impact of the epidemic and provide adequate care for orphans, pregnant and lactating women; c) strengthen the capacity of government counterparts, NGOs, religious groups and community based organisations to provide adequate care and support to orphans and families affected by HIV/AIDS; d) contribute to reduce malnutrition among under five children by 25 percent.

The strategies of this programme are:

- a. **Community Capacity Development**, which addresses human, economic and organisational gaps through triple A analysis, transfer of knowledge, skills and support –in the areas of key childcare practices including nutrition, health and psychosocial care. These practices will focus on working with: i) community based facilitators (health surveillance assistants and other extension workers); ii) mobilisers (chiefs, TBAs, village committee members for health, HIV/AIDS, childcare and development) This strategy will also facilitate gender education focussing on household chores and child care for both men and women; boys and girls inschool and out-of-school youth activities for, and with girls; early child care; and community participation with especially involvement of women, children and families affected by HIV/AIDS to develop ways to identify and provide assistance to families and children most in need.
- b. **Communication:** will impart the relevant knowledge within the context of rural Malawi .A survey on early learning among women and care givers in selected districts will be carried out with a focus on the caring and rearing practices of children from 0-3 years. The survey results will inform strategies towards developing interventions to facilitate psychosocial stimulation from 0-3 years. The data obtained will complement that already available from 2000-Household Baseline study (2000).
- c. **Decentralisation:** This strategy will facilitate development of district and community plans of action for children, using participative methodology to ensure ownership. These plans will be informed by the frequent community meetings involving all stakeholders within the village including children and

coordinated by the District Social Welfare Office. These sessions will be complemented with community dialogue sessions as an integral component of the nutrition and IMCI community capacity assessment. Animation teams will be trained to initiate community dialogues in the 8 Country Programme focus districts.

- d. **Multi-sectoral Approach:** will ensure that the three pillars of physical, psychological and psychosocial requirements of the young child care and development, are addressed in the family and community, by various government sectors at district level, NGOs, CBOs, and Religious Groups. Capacity building will be oriented to family and community care givers whose maintenance is a prerequisite for the healthy development of the child. Co-ordination with WFP and FAO facilitate assistance to vulnerable families for household food security and supplementary feeding. Income generation activities will be carried out using partners with a comparative advantage in this field with close monitoring.
- e. **Advocacy and social mobilisation:** Participatory focus group discussions in the communities will provide a shared understanding of Human Rights, focussing on child rights and women's rights. This will be done in collaboration with Human Rights organisations such as the Human Rights Commission, women and child rights NGOs and community based organisations. It will also involve political figures, opinion leaders, drama and cultural groups and church organisations. Men and boys will be encouraged to particularly take responsibility to give care and support to women to ensure survival, growth and development of their children and to ensure women participation in allocation of household resources. Women and girls will be encouraged to know their rights and ensure that they get appropriate care and support from their households, families and communities to realise their rights.
- f. **Emergency Preparedness and Contingency Planning:** This strategy plan will ensure that the rights of children are protected in all emergency situation

The Programme has two projects: a) Early Childcare and Development; and b) Support to Orphans and Families Affected by HIV/AIDS.

The Health Programme has the following objectives: a) contribute towards the reduction of prevalence of HIV among young people by 40 per cent; b) provide at least 75 per cent of HIV/AIDS infected women with effective treatment and care to reduce the incidence of MTCT of HIV; c) contribute to the implementation of health sector reforms including the sector-wide approach (SWAP) d) eliminate or decrease the major killers in focus areas through EPI, RBM and IMCI strategies; e) strengthen and decentralize health management information system in order to provide community-level data for Child Info; f)strengthen district capacity to develop and utilize a maternal death auditing system.

Strategies include social mobilisation, advocacy, service delivery, community capacity development and partnership building. The primary thrust of the strategies are to involve young people as agents of change. Special attention will be paid to issues of gender by supporting equal involvement of men and women in health activities to facilitate the development of mother-friendly communities. Advocacy efforts will continue towards ensuring high quality essential preventative, curative and promotional health services including IMCI, VCT and prevention of MTCT. The major strategy to deliver health services to children will be the promotion of Integrated Management of Childhood Illnesses at health facility and at community level in collaboration with Early Child-Care section. Service delivery through immunisation, malaria prevention and control, reproductive health and youth friendly services, VCT and PMTCT will be implemented through fixed facilities and outreach clinics. Capacity building efforts will support the decentralisation process at the district level.

This programme has four projects: a) Child Health; b) Women's Health and Prevention of Mother-to-Child Transmission of HIV; c) Youth Friendly Health Services and Voluntary counseling and Testing; and d) Support to Health Sector Reform.

Water and Environmental Sanitation Programme has five objectives, to: a) improve national WES policies and guidelines to include CRC and CEDAW; b) To strengthen and support the successful implementation of SWAP/SIPs in WES sector; c) improve hygiene practices, sanitation and access to safe drinking water in schools, health centers and communities in GoM/UNICEF focus areas; d) support capacity building at district and sub-district levels for back-up support to Community-based Management (CBM) of WES facilities in each community of the focus districts; e) strengthen capacity at national, district and community levels for effective sector co-ordination, monitoring and evaluation.

The above objectives will be achieved through the following strategies:

- a. Advocacy and Social Mobilisation for Child Rights to WES: At national level, the WES programme will continue to use sector analysis studies, data from monitoring surveys and participatory consultations to formulate appropriate policies and strategies and advocate for sanitation and hygiene facilities and water supply development in schools. This will include the provision of pertinent information and skills for safe behavioural practices;
- b. Catalytic Support to the Expansion of Services: strategic partners (UN agencies, NGOs, the private sector) will accelerate the expansion of water and sanitation service coverage to build district and community level capacities;
- c. Promotion of Inter-sectoral Linkages and Integrated Programme Delivery: will strengthen linkages, co-ordinate and reinforce interventions that provide synergy, particularly with activities on related to early childhood care, health, nutrition and education;
- d. Capacity Building will be at the national, district, community and family levels, an essential pillar for accelerated delivery and community based management of water and environmental sanitation services;
- e. Empowerment of Communities and Households, especially Women, and Gender Sensitive approaches will empower communities and householders, especially women, with the requisite knowledge, skills, tools and pertinent supportive measures to help them identify, overcome and manage WES problems;
- f. Emergency Preparedness, Contingency Planning and Response: will support, in the context of UNDAF, the operationalisation of the National Disaster Preparedness and Mitigation plan that is under preparation; and the development of district-level operational plans to preserve women and children's rights to safe water and sanitation and to minimise their risk to related diseases, in case of emergencies. In close collaboration with other concerned agencies (WFP, WHO, UNDP NGO's), the programme will provide assistance in water supply, environmental sanitation and hygiene education to external implementing partners.

The WES Programme has three projects: a) Capacity Building for Sector Reform; b) Integrated Water, Sanitation and Hygiene Education Promotion; and c) School Sanitation and Hygiene. Collaboration with NORAD, AUSAID, German NatCom, DFID and WB and partnerships with World Vision, ADRA, Africare and more recently Plan International, in the context of the sector reform, for resource mobilisation and expansion of services.



## **Monitoring and Evaluation**

The Integrated Monitoring and Evaluation IMEP) and the programme and project logical frameworks are the principal monitoring and evaluation tools. Indicators for each programme are provided in a log-frame. They will be updated annually during the annual reviews and consolidated under the responsibility of the Monitoring and Evaluation Officer. The IMEP for 2002-2006 includes: a study on early learning to establish a baseline, a survey on immunisation coverage, an evaluation on the impact of HIV/AIDS and MTCT interventions, and an end-cycle evaluation. Joint field visits for monitoring purposes will be organised on a regular basis. Programme monitoring findings and implementation will be part of the sections' meetings to ensure that findings are well shared and recommendations effectively implemented. The progress of the overall Country Programme will be monitored in terms of achievements, effectiveness through mid year and annual review under the overall supervision of the GOM/UNICEF Co-ordination committee (JCC), established at central level by the Ministry of Finance and UNICEF. This will provide oversight to the implementation of the Country Programme. Child Info will be expanded as a tool to assess and analyse the situation of children. This will be done in close collaboration with the National Statistic Office of Malawi (NSO), which will maintain the Child info data based, in line with the CCA database and the monitoring arrangements outlined in the UNDAF.

## **Collaboration with Partners**

A number of civil society organisations, NGOs and the media have facilitated UNICEF advocacy for HRAP/CCD during the past country cycle. Strategic partnerships and alliances will continue with most of them and with members of parliament, the Judiciary, Law Enforcement Authorities, religious and traditional leaders, district authorities and community-based groups, in the context of the Global Movement for Children. In particular collaboration with international NGO's such as SC Alliance, Plan International, CPAR and local Human Rights advocates (Human Rights Commission, Centre for Human Rights and Rehabilitation, National Initiative for Civic Education, Malawi Centre Advice and Resource Centre, Council for NGO's and AIDS clubs) will be enhanced.

UNICEF will continue to seek synergy and complementary collaboration among donors. For example, while DFID, JICA and GTZ are funding the supply component of the Expanded Programme of Immunisation (EPI), UNICEF will fund training and other software components together with WHO. Existing development co-operation with the AIDS Co-ordination group members will also continue, notably for the implementation of the "Agenda for Action", for this group. In the context of SIP/SWAP in education, UNICEF will work with partners from Norway, DFID, USAID, Canada, Danida, Netherlands; in water and sanitation, Canada, Norway, WB, JICA, in health, USAID, DFID, Norway, GTZ and support to the HIV/AIDS strategic plan. Collaborative programming with the UN agencies will continue using the UNDAF framework and UN theme group mechanisms to define priorities. For instance UNFPA, WFP and UNICEF will work together in Education and Youth to ensure that community schools have access to school feeding, water, sanitation and hygiene education; teach life skills, and ensure that adolescent girls remain in schools. While all UN agencies, particularly the UNAIDS co-sponsoring agencies, will support the implementation of the national HIV/AIDS strategic plan, UNFPA and UNICEF will accelerate the UNCT support to VTC for young people. UNICEF will lead the work on VCT, while UNFPA, UNICEF, and together with WHO will assist the implementation of the MTCT national plan. WHO, UNICEF, WFP, FAO will jointly support IMCI and nutrition activities.

The donors that have pledged funds, or have indicated potential support to the new Country Programme for the new Country Programme are DFID, NORAD, Netherlands, USAID, DANIDA, CIDA, KFW, and National committees. The office will maintain close contact with these partners to provide them with relevant information

## UNITED NATIONS VOLUNTEERS (UNV)

The United Nations Volunteers (UNV) was created as a subsidiary organ of the United Nations by the General Assembly in 1970, to be an operational programme in development cooperation. The UNV programme is unique as the volunteer arm of the United Nations system and in its scale as a multilateral volunteer undertaking. It promotes volunteer contributions to development, especially with a community-focus, and seeks to influence policy for sustainable results. UNV reports to the Executive Board of the United Nations Development Programme (UNDP), and works through UNDP's Country Offices around the world.

In 1998 there were some 4,000 qualified, experienced and motivated men and women of over 125 nationalities working as United Nations Volunteers. As many as 75 per cent were themselves citizens of developing countries. UNVs serve in developing and other "transition" countries as volunteer specialists and field workers, and as national UNVs in their own countries. UNVs work in technical cooperation for development; in support of community-based initiatives, in humanitarian relief and rehabilitation; and in support of the peace, electoral, and human rights work of the United Nations. Additionally, the UNV/UNISTAR programme provides advisors for the private and public sectors; and the UNV/TOKEN programme enables expatriates to assist in their country of origin. UNVs are committed professionals who seek to work on a peer basis. They listen and dialogue. They encourage and facilitate. They share and exchange ideas, skills, and experience. They teach and train. They care.

The UNV programme works in partnerships with governments, United Nations agencies, development banks, and non-governmental and community-based organizations. Often there is technical input from a United Nations System Specialized Agency, such as the Food and Agriculture Organization, the International Labour Organization, UNESCO, UNICEF or the World Health Organization, or from the World Bank. UNV also executes projects on its own.

The UNV Specialists are graduates with further qualifications and an average of 10 years work experience. The Specialists in Malawi are working as advisers in Sustainable Livelihoods programmes, Good Governance and Development Management programmes and social development. Their expertise includes food security, natural resource and environmental management, mother and child health, youth development, population and demography, and participatory development planning and financial management (the latter, within the Decentralisation programme).

In Malawi, United Nations Volunteer-specialists and DDS workers live and work with communities, seeking to build on indigenous knowledge and to facilitate local initiative and the networking of experiences. The DDS scheme puts those at the grassroots in charge of their own development by promoting self-reliance, participation, and self-help. The DDS field workers serving in Malawi come from neighbouring African countries and communities. The philosophy and approach of the DDS coincides with the Government of Malawi's efforts towards poverty alleviation within a decentralised administrative structure, so as to empower and improve communities' livelihood systems.

Since 1996, UNV has been piloting a National Volunteer Scheme. Over 80 nationals have served as volunteers under this scheme in support of health care, reproductive health, orphan care, HIV/AIDS, food security, small and micro enterprise development, human rights, empowerment of women, civic education and youth advocacy. The most recent programme of 'UNV Support to People Living with HIV/AIDS' recruits people living with HIV/AIDS as national UN volunteers contributing to the country's response to the epidemic; working at political level, programming and in support of community responses.

## **WORLD FOOD PROGRAM (WFP)**

WFP is the food aid arm of the United Nations System. Food aid is one of many instruments that can help to promote food security, which is defined as access of all people at all times to the food needed for an active and healthy life.<sup>1</sup> The policies governing the use of World Food Programme food aid must be oriented towards the objective of eradicating hunger and poverty. The ultimate objective of food aid should be the elimination of the need for food aid.

Targeted interventions are needed to help to improve the lives of the poorest people--people who, either permanently or during crisis periods, are unable to produce enough food or do not have the resources to otherwise obtain the food that they and their households require for active and healthy lives.

Consistent with its mandate, which also reflects the principle of universality, WFP will continue to:

- a. Use food aid to support economic and social development;
- b. Meet refugee and other emergency food needs, and associated logistics support; and
- c. Promote world food security in accordance with the recommendations of the United Nations and FAO.

The core policies and strategies that govern WFP activities are to provide food aid:

- a. To save lives in refugee and other emergency situations;
- b. To improve the nutrition and quality of life of the most vulnerable people at critical times in their lives; and
- c. To help build assets and promote the self-reliance of poor people and communities, particularly through labour intensive works programmes.

WFP will play its part as an active member of the United Nations System to bring the issue of hunger to the centre of the international agenda. In its dialogue with recipient governments and the aid community, WFP will advocate policies, strategies and operations that directly benefit the poor and hungry.

### **WFP Country Programme 2002-2006**

The new Country Programme (CP) will target the poor and food-insecure population living below the poverty line. The overall goal of the 2002-2006 CP is: to strengthen the capacity of food-insecure households, especially those headed by women to meet their food and nutritional needs and to withstand external economic shocks, droughts and floods while addressing gender imbalances and HIV/AIDS. Food aid will be channelled through Supplementary Feeding (SF) Activity, Support to Primary Education (SPE) Activity, and Food for Assets and Development (FFASD) Activity in rural and urban areas under which continued support to Government for disaster management and mitigation will be provided. HIV/AIDS in Malawi is considered a national disaster. Even though it has been mainstreamed in the basic activities of the CP, actions aimed specifically at HIV/AIDS, will be developed should supplementary funds become available.

---

<sup>1</sup> International Conference on Nutrition, FAO/WHO, 1992.

## **The Country Programme Activities**

### **1. Supplementary feeding (SF) to malnourished children and mothers**

The SF basic activity addresses Food Aid and Development (FAAD) priority 1, i.e. to enable children, expectant and nursing mothers to meet their special nutritional and nutrition-related health needs in line with Malawi's Food Security and Nutrition Policy and National Action Plan on Nutrition. The long-term objective of the activity is to improve the health status of under five children and mothers in poor food insecure areas through increased food consumption and improved health and nutrition practices. The intended outcomes of the activity are to: (i) improved nutritional status of the vulnerable groups (children under five, pregnant and nursing mothers, HIV/AIDS infected children and mothers) through supplementary feeding; (ii) improved complementary feeding practices through the implementation of a Soya bean and Vegetable Seed Revolving Fund.

This activity will cover the poor in 10 districts where the percentage of acute malnutrition is very high i.e. 2 districts in the Central region, 6 in the South and 2 in the North. Severely malnourished children admitted to NRUs countrywide will also be targeted by the activity. A total of 290,000 beneficiaries will be assisted during the five-year period. Annually, about 28,000 children between 6 months and 5 years will be assisted by the activity including 8,000 severely malnourished children admitted to the NRUs and 20,000 reached through MCH/CBSF centres. About 15,000 of these children will be girls, 13,000 boys and 1,500 HIV/AIDS infected. Annually, the activity will also target 8,000 women staying with their children at the NRUs including 1,300 HIV/AIDS infected mothers. Each woman will receive a family ration of maize meal while her child is receiving treatment. A total of 22,000 pregnant/nursing mothers including 3,000 HIV/AIDS infected mothers, attending MCH/CBSF clinics will receive supplementary take-home rations annually. Some 5,000 women among the ones attending MCH/CBSF centres, will receive soybean/vegetable seeds under the soybean and vegetable revolving loan programme.

### **2. Support to Primary Education (SPE)**

The Support to Primary Education basic activity addresses FAAD priority 2 i.e. to enable poor households to invest in human capital through education and training. To this end the programme will support primary school feeding in selected areas with particular attention to the need for an increase in girls' enrolment.

The long-term objective of the activity is to increase primary school enrolment and attendance and reduce dropout rates of children in food insecure areas particularly girls and orphans through provision of school meals. Intended outcomes include the following:

- i. Increased child enrolment and attendance especially from poor food-insecure households;
- ii. Improved children's attentiveness and overall performance in class through reduction of short-term hunger;
- iii. Reduced disparities in enrolment and dropout rates between boys and girls.

The activity will be expanded from the 3 pilot districts in the central region to 2 districts in the South and North chosen on the basis of: household food insecurity; gender specific rates of enrolment; dropout rates;

poverty; the presence of other collaborating partners and HIV/AIDS prevalence. Indeed, three of the five targeted districts have a very high HIV/AIDS prevalence 21.6%, 21.7% and 33% respectively, against 16.4%, the national average. The activity will support a total of 250,000 pupils (50,000 annually) of which 51% girls and 37,500 orphans who would otherwise be out of school, fending for their daily survival.

### **3. Food for Assets and Development (FFASD)**

This activity will be based on an integrated community base development approach and will address FAAD priority 5 i.e.: to enable households which depend on degraded natural resources for their food security to make a shift to more sustainable livelihoods. Its long-term development goal will be to reduce vulnerability to disasters and food insecurity of communities in rural areas. This will be achieved by enabling vulnerable communities in the target areas to mitigate the effects of natural disasters and eliminate acute and chronic food insecurity by actions aimed at helping them to create/rehabilitate assets and to enhance their coping abilities through vocational and entrepreneur skills training, group savings and solidarity, family life and health education.

The objective of the Food for Assets and Development is to increase food security among rural and urban poor through the creation/rehabilitation of community and household assets in food insecure areas. For this purpose, the intended outcomes of the activity are:

- i. Increased small farmers' food production through the creation and rehabilitation of small scale irrigation schemes in drought prone areas;
- ii. Improved access to markets through the rehabilitation of rural and peri-urban roads for poor communities;
- iii. Improved poor population's resource base through community forestry , erosion control and peri-urban drainage, water supply and waste management systems;
- iv. Improved capacity and knowledge to mitigate and manage natural disasters.

The activity will cover 12 districts: 3 districts in the central region, 5 in the South and 4 in the North. It will assist about 120,000 persons for 5 years, the majority of which will be from rural areas and a smaller portion from urban/peri-urban areas pending on the outcome of the ILO study on urban poverty. Out of the total, 50% of the beneficiaries will be women and 25% of the assets created will benefit them directly. Within the communities, participants will be selected by elected project committees. The benefits of improved land productivity, better access and additional skills will allow the beneficiaries to increase their insufficient resources to a level that will allow them to break out of the circle of poverty and hunger that excludes them from the national development process. Viable institutional mechanisms for the management and maintenance of these assets will also be established at household and community level, with strong support and backstopping from the district authorities. Both households and district level technical and administrative personnel will receive appropriate training to this end.

### **4. Supplementary Activities “Food Assistance to the HIV/AIDS Infected and Affected people”**

Although support to the victims of HIV/AIDS has already been mainstreamed into the core activities of the programme, the dimension of the problem in Malawi justifies a higher level of resources than what is available through the basic activities. Should additional means become available, a supplementary activity specifically tailored to HIV/AIDS victims will be implemented. The overall objectives of this activity are:

(i) to improve household food security of chronically ill persons, orphans and other household members;  
(ii) to strengthen the coping mechanisms and enhance skills of HIV/AIDS affected households in income generating activities. The CP activity will be piloted in 4 districts targeting 25,000 orphans and 100,000 persons in households with chronically ill persons during the 5 years. The implementation of this Supplementary activity will be subject to availability of bilateral or additional directed multilateral funding as all WFP resources depend on voluntary donor contributions.

## **WORLD HEALTH ORGANIZATION (WHO)**

The Mission of the World Health Organization (WHO) is to assist all peoples of the world to achieve the highest possible level of health. This will be achieved through directing and co-ordinating international health work or international co-operation in health. WHO activities are conducted at the following levels:

- a. Development and definition of explicit health policies (global, regional, and national) and ensuring that such policies are both linked to socio-economic development and monitored in their implementation;
- b. Technical co-operation between WHO and Member States, and to provide support to and facilitate bilateral and multilateral co-operation between developed and developing countries and among developing countries;
- c. Establishing health-related norms and standards, monitoring related legislation and compliance by national and multinational institutions and evaluating the impact of international action.

### **WHO Biennial Plan of Action 2002-2006**

Consistent with its mandate to assist all people in Malawi to achieve the highest possible level of health, WHO will continue to assist the Government in its efforts to promote the health of its people through three broad categories:

#### **Improving the health delivery system and the capacity of health personnel through:**

- a. Improved organization of health services
- b. Human resource development
- c. Emergency preparedness and response
- d. Research policy development and promotion

#### **Strengthening health promoting services such as:**

- a. Health promotion
- b. Nutrition
- c. Child and adolescent health
- d. Making pregnancy safer
- e. Research and program development in reproductive health
- f. Health and environment
- g. Mental health and substance abuse
- h. Expanded program on immunization

#### **Effective prevention and control of priority diseases**

- a. Improved communicable disease surveillance and response
- b. Prevention and control of communicable diseases, with priority given to HIV/AIDS, Malaria and tuberculosis

## **UNITED NATIONS OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS (UNOHCHR)**

Following the unanimous adoption by the General Assembly of resolution 48/141 on 20 December 1993, the High Commissioner for Human Rights was appointed as the United Nations official with principle responsibility for United Nations human rights activities. The office of the High Commissioner for Human Rights is located in Geneva, Switzerland.

The High Commissioner for Human Rights functions within the framework of the Charter of the United Nations, the Universal Declaration of Human Rights, other international human rights instruments and international law. The main objectives of the mandate are to:

- promote and protect the effective enjoyment by all of all civil, cultural, economic, political and social rights;
- promote and protect the realization of the right to development;
- provide advisory services and technical and financial assistance to
- states that request them with a view to supporting actions and programmes in the field of human rights;
- coordinate United Nations education and public information programmes in the field of human rights;
- play an active role in removing the current obstacles to the enjoyment of human rights and in preventing the continuation of human rights violations throughout the world;
- enhance international cooperation for the promotion and protection of all human rights;
- engage in a dialogue on human rights with all Governments;
- coordinate human rights promotion and protection activities throughout the United Nations system.

Under a technical cooperation agreement project “Consolidation of the Democratic Process” the UNOHCHR mapped out activities to strengthen national capacities in Malawi, in the field of human rights and assist the development of a resilient civil society, capable of supporting a culture of respect for international standards. The major project activities include:

- A national conference on the national plan of action;
- Establishment of a human rights commission;
- Legal reform;
- Training for the police force;
- The national compensation tribunal;
- Truth Commission;
- Reporting obligations;
- Training for the Military and prison services;
- Training for Lawyers;
- Expert advice and assistance on the implementation of the convention on the rights of the child (CRC);
- Elections;
- Information campaign to educate the general public on international human rights and disseminate relevant documentation.

The Inter-Ministerial Committee on Human Rights and Democracy is the focal point in Government for coordinating activities relating to the consolidation of democracy and providing leadership thereof. The project strategy included providing human rights training for government employees and representatives of civil society.

The project facilitated the development of a National Plan of Action for the promotion and protection of human rights and supported a workshop on its implementation. It provided assistance and support to the establishment of Malawi Human Rights Commission and is supporting other capacity building activities and training for the commissioners and staff. It provided advisory support on the establishment of the National Compensation Tribunal and training on human rights treaty reporting as well as for police trainers. In 2000, the project provided support for the translation and printing of the United Nations Standard Minimum Rules for the Treatment of Prisoners (English and Chichewa) and the Universal Declaration of Human Rights (English and Chichewa). It also supported human rights training courses for the police, the Judiciary, the penitentiary officials and members and staff of Malawi Human Rights Commission, the Office of the Ombudsman and Civil Society Organisations. It also supported one month's fellowship for two members of staff and the Chairperson of the newly established Malawi Human Rights Commission. One outcome of the implementation of the project in 2000 is the establishment of a nucleus for the formation of an Alternative Dispute Resolution Association in Malawi (ADRAM) which secretariat is presently located at the Malawi Human Rights Commission.



## **ANNEX 5**

### **CONTINGENCY PLANNING AND EMERGENCY PREPAREDNESS**

The overall objective of the 2002-2006 UNDAF Malawi contingency plan is to serve lives during emergency situations and protect the erosion of livelihoods systems of the vulnerable groups by fulfilling their basic human rights during disaster situations.

#### **Specific objectives**

- i.** To enhance timeliness, efficiency and cost effectiveness in operational systems and procedures for effective emergency response to natural and man made disasters.
- ii.** To create an integrated, coherent and coordinated framework for emergency response that facilitates linkage from relief, rehabilitation, reconstruction and sustainable development.

#### **OPERATIONAL STRATEGIES**

- a. Since poverty is the underlying cause of vulnerability to disasters, the overall strategy is to mainstream disaster preparedness in development planning. In Malawi context, this requires:
- b. Support the collection, analysis, interpretation and dissemination of early warning and forecasting information for an impending disaster.
- c. Design emergency programs that are development oriented while meeting humanitarian goals.
- d. Integrate disaster and emergency preparedness and prevention into sectoral plans.
- e. Target development programmes to communities living in disaster prone areas with the aim of preventing as well as mitigating the negative effects of future disasters
- f. Strengthen and support disaster preparedness and response institutions in Government, civil societies and communities by upgrading management capacity, procedures and systems for effective planning of disaster response activities.
- g. Harmonization and coordination of disaster preparedness activities among aid agencies, Government and civil society to enhance the comparative advantage and cost effectiveness in disaster response activities.

#### **SETTING A NATIONAL CONTINGENCY PLAN FOR DISASTERS**

Under the direction of the UN Resident Coordinator, an interagency disaster response contingency plan is established for the period 2002-2006 in order to provide a more coordinated, coherent and integrated UN response mechanism to national and localized disasters. Following the disaster declaration and receipt of Government appeal for relief assistance, the RC will issue an international appeal for donor assistance. The RC will also be responsible for requesting technical experts from the OCHA to assist in disaster assessment as well as advising on areas for UN immediate intervention.

UNDP will be responsible for policy dialogue in relation to integrating contingency planning for disaster preparedness and response in all sectoral workplans including the Poverty Reduction strategy Paper. UNDP will provide resources for building disaster management capacity in the Department of Disaster Preparedness Relief Rehabilitation Affairs and the Ministry of Agriculture and Irrigation to facilitate collection, analysis, interpretation and dissemination of early warning information for disaster response. In this respect, UNDP will also support the rapid needs assessment study in the disaster impact areas as well as provide technical assistance to NGOs contracted for registration and distribution of aid commodities.

WFP will be the lead agency for the Disaster Management Theme Group and shall represent the UN in the National Disaster Preparedness and Relief Committee of Government. WFP will support the Department of Disaster Preparedness Relief Rehabilitation Affairs in completing the National Disaster Management Plan and the establishment of the Disaster Operation manual. WFP will mobilize food aid and ensure that a buffer stock of food aid is maintained at its Transit Storage Points of Blantyre and Lilongwe in readiness for disaster response.

WFP will also establish a food aid pipeline management system that shall provide information on availability of food aid resources in country, in the region as well as off-shore that can be pulled on in times of disaster situations. The pipeline management will be developed to ensure effective tracking of resources from the headquarter level, already approved commodity call forwards, track commodity requests pending donor financing as well as transit stocks that can be diverted, borrowed for emergency response in disaster situations.

The contingency plan will also include identifying potential list of suppliers of cereals and pulses in-country and monitoring their stock levels during pre-farming season, rainy farming season as well as post harvest period. WFP will also be responsible for ensuring a transparent registration of victims of disasters based on the severity criteria agreed by the UN, donors and Government. A partnership work arrangement will be established with Civil Society Organization like Malawi Red Cross Society, World Vision and Evangelical Lutheran Development Agency and the Churches Action for Relief and Development to facilitate the registration and distribution of food aid. Partnership with private sector will be made to facilitate local procurement and food logistics from the TSPs to the Extended Delivery Points as well as deliveries to the Final Distribution Points. Logistics contingency plan will be established in order to derive the most cost effective delivery of food and non-food aid materials to victims of disasters.

FAO will provide technical assistance in crop assessment/ food security as well as food needs assessment in disaster impact areas. FAO and WFP will monitor pre-farming season food availability at household level, in open market and among the reputable private sector cereal and pulses traders including the National Food Reserve Agency. FAO shall provide information on local market food supply patterns and changes in consumer price of basic food commodities. The pre-season early warning system shall project the level of food insecurity and identifying coping mechanisms of the target population group. The FAO and WFP rapid assessment study shall constitute the frame of reference for the UN response in areas of food aid, seeds and other support requirements

During the rainy season, monitoring of rainfall, crop performance, pest occurrence and availability of grain will be critical for setting contingency plans for disaster response. The Meteorological Department will monitor the national and regional weather behaviour and provide regular information to all agencies for emergency preparedness. The Water Department with support of WFP and UNDP will monitor water levels and discharge rates in the main rivers and tributaries to the Shire. During post harvest stage, FAO shall provide crop estimates and detailed situational analysis report on food crop production, effects of pests and effects of the drought and/or dry spells experienced during the season. WFP will provide a comprehensive report on any localised floods and drought as well as provide EPAs, which have been

grossly affected by disaster through the seasonal VAM report as a tool for contingency planning. This information will be discussed in the Donor UN food Security Committee as well as the Government Early Warning Flood Advisory Committee.

The UNHCR will provide early warning on the regional political instability and degeneration of peace leading to influx of refugees and asylum seekers. UNHCR will provide quarterly updates to the UN Disaster Management Theme Group on early warning signs for cross border migration of refugees and asylum seekers. This information will be discussed with Government Joint Operation Committee on Refugees in the Department of Disaster Preparedness Relief Rehabilitation Affairs. UNHCR will work with Government in screening and issuance of refugee status in line with national refugee act as well as international law. The Malawi Red Cross Society will be instrumental in facilitating camp registration and distribution of food aid through the Letter of understanding to be signed between HCR, Government and MRCS. In case the refugee and asylum seekers population exceed 5000, UNHCR shall request WFP to provide food aid and support food logistics arrangements in line with the Memorandum of Understanding signed between WFP and HCR.

UNICEF will provide safe water and sanitation programmes to disaster impact areas especially in areas where people are internally displaced and regrouped in camps as well as in case of refugee's influx. A number of NGOs including the Medicin san Frontiers and Africare who will actually be responsible for drilling and construction of water collection points and sanitary facilities in the camps will support UNICEF. WHO will mobilize support for drugs to Government and CHAM health centres located in the disaster impact areas to avoid an outbreak of any form of epidemics.

As part of contingency plan, the UN agencies will work closely with the private sector and encourage private sector participation in disaster response. The private sector shall among other things offer services for supply of commodities, provide transport logistics as well as serving lives through private sector donations. The UN will advocate for private sector resource mobilization for disaster response as one of the contingency planning measures.

## **SUPPORT AND CO-ORDINATION**

The contingency plan will be supported by the disaster fund that exists within each agency. Agencies will utilize their delegated authority to launch the immediate response facility that shall support interagency assessment of vulnerability, provide a list of quantified needs as well as determine the demographic data on affected populations. The Immediate Response Facility will also provide assistance of food aid to the most critical population group.

Following the disaster declaration and appeal for donor support, the UN Resident Coordinator will issue an international appeal for donor support. The UN appeal will support in areas where Government capacity is constrained.

In keeping with the agencies mandates, WFP will continue to chair the UN disaster Management Theme Group and coordinate UN emergency response in disaster situations in the country. WFP will be the channel for UN and Government Department of Disaster Preparedness in relation to operational matters of disaster response.

## ANNEX 6. PROGRAMME FRAMEWORK

A. Governance					
Objective of Assistance	Strategies	Target Group	Expected Outputs	Indicators	Agency
i. To increase the level of popular participation	<ul style="list-style-type: none"> <li>Institutional and human capacity in local governance, human and financial resource mobilisation and management to ensure transparency and effective participation</li> </ul>	Government, civil society vulnerable groups & the general public	<ul style="list-style-type: none"> <li>Institutional capacity at central, district and community levels for decision making, planning and programme implementation established by December 2006</li> <li>Capacity for community participation and empowerment, especially for women and other vulnerable groups in governance and management processes and activities strengthened by December 2006</li> <li>Inter-governmental fiscal transfers framework adopted and implemented by December 2006</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of citizens regularly participating at national, district and community level decision making processes.</li> <li>No of programmes implemented at central, district and community levels.</li> <li>Quantity of resources being transferred to District Assemblies</li> </ul>	UNDP
	<ul style="list-style-type: none"> <li>Advocate and assist people, especially in the rural areas to participate in the decision making process on issues that affect their daily lives.</li> </ul>	Government, civil society vulnerable groups & the general public	<ul style="list-style-type: none"> <li>Sensitization Programmes on youth participation conducted for communities</li> <li>Revised planning and financing systems and mechanisms institutionalised in all District Assemblies by December 2006.</li> </ul>	<ul style="list-style-type: none"> <li>No of programmes conducted</li> <li>No of District Assemblies using Revised planning and financing systems and mechanisms</li> </ul>	UNDP UNICEF UNFPA
	Policy dialogue to promote consensus building and commitment to decentralization at all levels of the society as	Government, civil society vulnerable groups & the general public	<ul style="list-style-type: none"> <li>No of broad-based policies developed</li> <li>Implementation, monitoring, and co-ordination of national population policy, national gender policy and</li> </ul>	<ul style="list-style-type: none"> <li>Number people participating in the formulation of broad-based policies</li> </ul>	UNDP UNICEF UNFPA UNAIDS

	well as development of appropriate institutions and procedures for public participation in decision making		national youth policy and HIV/AIDS Strategic plans improved	<ul style="list-style-type: none"> <li>Finalised plan for the implementation of NPP/NGP/NYP and HIV/AIDS Strategic Plan is available</li> </ul>	
	<ul style="list-style-type: none"> <li>Strategic civic education</li> </ul>	Government, civil society vulnerable groups & the general public	<ul style="list-style-type: none"> <li>Capacity to advocate democratic governance by the civil society improved by December 2006</li> <li>Human rights education programmes conducted for vulnerable groups, policy makers and communities</li> </ul>	<ul style="list-style-type: none"> <li>The number of people regularly participating in elections at national, district and local levels.</li> <li>Percentage of people participating in national affairs</li> <li>No of education programmes conducted</li> </ul>	UNDP UNICEF
ii. To promote an efficient, transparent and accountable public service	<ul style="list-style-type: none"> <li>Capacity building for public sector management</li> </ul>	Executive, Judiciary, Legislature and parastatal organizations	<ul style="list-style-type: none"> <li>Public/private sector capacities to advocate desirable development changes enhanced</li> <li>Government capacity for co-ordinating resource mobilization and support for policy implementation strengthened.</li> <li>Policy focussed research capacities in designated research institutions strengthened.</li> <li>Strengthened training and research useful for the implementation of NPP/NGP/NYP/SRHP &amp; HIV/AIDS Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>No of public/private sector institutions advocating desirable development changes enhanced</li> <li>The amount of resources mobilised</li> <li>No of policy focussed research undertaken by research institutions (CSR, APRU, MIM)</li> <li>No of programme implementers, planners and managers with necessary skills for applying research in decision/policy making</li> <li>Gender and social cultural sensitivity in research</li> </ul>	UNDP UNFPA

			<ul style="list-style-type: none"> <li>Aid co-ordination and debt management system enhanced</li> </ul>	<ul style="list-style-type: none"> <li>Revised demography curriculum incorporating HIV/AIDS, gender, Sexual Reproductive Health (SRH) and related social-cultural concerns available with practical applicability to sectoral needs.</li> <li>Ratio of loans to grant</li> <li>Level of Debt/GDP ratio</li> </ul>	
	<ul style="list-style-type: none"> <li>Advocacy for legal reform</li> </ul>	Executive, Judiciary, Legislature and parastatal organizations	<ul style="list-style-type: none"> <li>Advocacy strategies to address key SRH/HIV/AIDS, Gender and related social-cultural issues at central level and in selected districts developed and implemented</li> <li>Sectoral laws, procedures, rules and regulations reviewed by December 2002</li> </ul>	<ul style="list-style-type: none"> <li>No of strategies developed and implemented</li> <li>No and type of organization operating in the planning, implementation and monitoring of SRH/HIV/AIDS advocacy at central level and district levels</li> <li>No of sectoral laws, procedures, rules and regulations reviewed</li> </ul>	UNDP UNFPA
<b>iii.</b> To strengthen the capacity of governance and human rights institutions	<ul style="list-style-type: none"> <li>Capacity building of governance, human rights institutions and civil society organizations.</li> </ul>	Law Commission Human Rights Commission NGOs, the Media Judiciary and the Ombudsman	<ul style="list-style-type: none"> <li>Capacity of human rights institutions strengthened</li> <li>Scope of operations of human rights institutions widened</li> </ul>	<ul style="list-style-type: none"> <li>No of institutions trained in human rights issues</li> <li>No of human rights cases effectively handled by human rights institutions</li> </ul>	UNDP
<b>iv.</b> To economically empower vulnerable groups, e.g., women, children, people with	<ul style="list-style-type: none"> <li>Promote economic emancipation through skills training</li> <li>Sensitizing the public</li> </ul>	Women, children, people with disabilities, refugees and prisoners	<ul style="list-style-type: none"> <li>Skills training programmes conducted for youths and orphans</li> <li>Providing access to loans for income generating activities</li> </ul>	<ul style="list-style-type: none"> <li>No of vulnerable people trained</li> <li>No of refugees becoming self reliant</li> </ul>	UNDP, UNICEF UNHCR

disabilities, and refugees	on the rights of refugees, thus allowing the refugees full participation in self reliance activities			and not requiring recurrent assistance	
	<ul style="list-style-type: none"> <li>Political empowerment through strategic civic education</li> </ul>	Women, children, people with disabilities, workers and prisoners	<ul style="list-style-type: none"> <li>Human rights education conducted for youths</li> </ul>	<ul style="list-style-type: none"> <li>No of programmes conducted</li> </ul>	UNDP, UNICEF

<b>A. Poverty Reduction</b>					
<b>Objective of Assistance</b>	<b>Strategies</b>	<b>Target Group</b>	<b>Expected Outputs</b>	<b>Indicators</b>	<b>Agency</b>
<b>i.</b> Reduce the proportion of people living in poverty by 25%	<ul style="list-style-type: none"> <li>Promote small family size, reproductive health and gender equity</li> </ul>	Smallholder poor, unemployed, youth and women	<ul style="list-style-type: none"> <li>Total fertility rate reduced from 6.2 to 4 by 2006</li> <li>Proportion of population below poverty line by gender reduced</li> <li>Age dependency ratio reduced</li> <li>Teenage pregnancy reduced</li> </ul>	<ul style="list-style-type: none"> <li>Fertility rate</li> <li>Proportion of population below poverty line by gender</li> <li>Dependency ratio by age</li> <li>Percentage of teenage pregnancy</li> </ul>	UNFPA
	<ul style="list-style-type: none"> <li>Support development of micro and small enterprises</li> </ul>	Smallholder poor, unemployed, youth and women	<ul style="list-style-type: none"> <li>Access by smallholder poor, unemployed, youth and women to microfinance improved</li> </ul>	<ul style="list-style-type: none"> <li>No of smallholder poor, unemployed, youth and women having access to microfinance</li> </ul>	UNDP UNCDF
	<ul style="list-style-type: none"> <li>Advocating for the implementation of fair trading and competition.</li> </ul>	Smallholder poor, unemployed, youth and women			
	<ul style="list-style-type: none"> <li>Support capacity development for policy formulation and analysis, and monitoring of poverty reduction policies and programmes</li> </ul>	Public sector and development institutions	<ul style="list-style-type: none"> <li>A comprehensive approach to reduction of income and human poverty developed</li> <li>Capacities of relevant national institutions for policy analysis, implementation and co-ordination strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>Availability of comprehensive approach to reduction of income and human poverty .</li> <li>No of national institutions undertaking effective policy analysis, implementation and co-ordination strengthened.</li> </ul>	UNDP
<b>ii.</b> To enhance skills acquisition in order to promote income earning capacity of vulnerable groups.	<ul style="list-style-type: none"> <li>supporting improvement in labour productivity through skills training in both agricultural and non-agricultural sector through private sector development initiative</li> </ul>	Vulnerable groups	<ul style="list-style-type: none"> <li>Labour productivity in agricultural and non-agricultural sectors improved</li> <li>Incomes of the poor in target areas increased</li> </ul>	<ul style="list-style-type: none"> <li>No skills training programmes undertaken in both agricultural and non-agricultural sector</li> <li>Output per man-day</li> <li>Per capita income from agricultural and non-agricultural sectors</li> </ul>	UNDP WFP
<b>iii.</b> To ensure universal access to basic social services	<ul style="list-style-type: none"> <li>Creating awareness about the need for basic social services and targeting the most</li> </ul>	Children, women , youth and vulnerable groups	<ul style="list-style-type: none"> <li>Policy makers at all levels sensitized on need for universal access to social services</li> </ul>	No of awareness programmes conducted for policy makers	UNICEF UNFPA WHO



	vulnerable groups				
	<ul style="list-style-type: none"> <li>Advocating for increased allocation of resources in line with the 20/20 Initiative</li> </ul>	smallholder farmers, female-headed households, and other vulnerable groups	<ul style="list-style-type: none"> <li>Government allocation to basic social services at national and district levels increased</li> <li>ODA allocation to basic social services increased</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of budgetary allocation to basic social services</li> <li>Percentage of ODA allocation to basic social services</li> </ul>	UNICEF UNFPA WHO
	<ul style="list-style-type: none"> <li>Support community-based programmes to encourage effective participation in the management and effective delivery of basic social services.</li> </ul>	Local communities	<ul style="list-style-type: none"> <li>Community committees established and trained for management of community basic social services</li> <li>Social mobilization and behavioural change communication strategies in SRH and HIV/AIDS focussing on male involvement, women's empowerment, and life skills for out of school young people implemented in selected districts</li> </ul>	<ul style="list-style-type: none"> <li>No of community committees formed</li> <li>Proportion of men, women and young people (by age) with correct knowledge of SRH/STI and HIV/AIDS and sources of condoms and other contraceptive methods by district.</li> </ul>	UNICEF  UNFPA
	<ul style="list-style-type: none"> <li>Capacity development to ensure quality of basic social services</li> </ul>	Local communities	<ul style="list-style-type: none"> <li>Teachers, health and extension workers and community project managers trained</li> <li>Access to quality integrated gender responsive SRH/HIV/AIDS services, including VCT through health facilities and outreach activities in selected districts improved.</li> </ul>	<ul style="list-style-type: none"> <li>No of training programmes conducted</li> <li>No of Teachers, health and extension workers and community project managers trained</li> <li>No of men, women and young people including couples receiving quality SRH/HIV/AIDS services, and counselling by service delivery points.</li> <li>No of health staff with skills to provide SRH services, counselling and information according to district standards</li> </ul>	UNDP UNICEF  UNFPA
<b>iv.</b> Contribute to reduction in chronic food insecurity and recurrent malnutrition by	<ul style="list-style-type: none"> <li>Targeting vulnerable groups with safety nets</li> </ul>	Under-five children, expectant mothers, female-	Improved nutrition status of vulnerable groups	Reduction in the no of underweight children	WFP

15 % among the poor vulnerable groups		headed households, tenants and estate workers			
	<ul style="list-style-type: none"> <li>Improving productivity through increased access to farm inputs among organized female headed households and vulnerable segments of the population</li> </ul>	Female-headed households	Soil fertility and productivity improved	Crop yield levels improved	UNDP
	<ul style="list-style-type: none"> <li>Improving access to markets and market information</li> </ul>	farmers, traders and consumers	<ul style="list-style-type: none"> <li>Marketing associations and co-operatives including women entrepreneurship groups and co-operatives promoted</li> </ul>	No of marketing co-operatives established	UNDP FAO
	<ul style="list-style-type: none"> <li>Supporting low cost appropriate food processing and storage technologies for food security and nutrition</li> </ul>	Smallholder farmers	<ul style="list-style-type: none"> <li>Community level technologies for improved environment protection adopted</li> </ul>	<ul style="list-style-type: none"> <li>No of communities adopting low cost technologies</li> </ul>	UNDP FAO
	<ul style="list-style-type: none"> <li>Supporting sustainable natural resources management.</li> </ul>	Smallholder farmers	<ul style="list-style-type: none"> <li>An integrated approach for natural resources management developed</li> </ul>	<ul style="list-style-type: none"> <li>Availability of an integrated approach for improved environmental management</li> </ul>	UNDP FAO WFP
	<ul style="list-style-type: none"> <li>Supporting appropriate agricultural technology transfer by farmer field school participative learning</li> </ul>	Smallholder farmers	<ul style="list-style-type: none"> <li>Greater productivity</li> </ul>	<ul style="list-style-type: none"> <li>No of farmers adopting sustainable production technologies such as composting and agroforestry</li> </ul>	FAO

<b>B. HIV/AIDS</b>					
<b>Objective of Assistance</b>	<b>Strategies</b>	<b>Target Group</b>	<b>Expected Outputs</b>	<b>Indicators</b>	
<b>i.</b> To reduce the incidence of HIV by 25% in young people 15-24 years.	<ul style="list-style-type: none"> <li>Support the provision of sexuality education and lifeskills for young people.</li> <li>Strengthen and expand youth NGOs/CBOs, and expand youth participation in the response to HIV/AIDS</li> <li>Expand access to reproductive health and VCT services for youth</li> <li>Advocate for the modification of cultural practices that expose Malawians, particularly girls to HIV infection and expand support services that address the issue</li> <li>Address gender relationships that increase vulnerability to HIV infection.</li> </ul>	<ul style="list-style-type: none"> <li>In-school and out of school youths.</li> <li>Primary and secondary school teachers</li> <li>Officers in the Ministry of Education</li> <li>Youth, NGOs and Clubs; Out of school youths and national youth council</li> <li>Youth, health workers and out of school youths, health providers and NGOs</li> <li>Young people, communities and out of school youths</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge about sexuality and sexual and reproductive health among young people</li> <li>Young people capable of making own informed decision on sexual and reproductive health matters</li> <li>Youth involved in developing HIV/AIDS projects and activities</li> <li>Increased number of youth HIV/AIDS projects implemented.</li> <li>Increased utilisation of RH and VCT services by young people.</li> <li>Decreased STI prevalence rate among youth</li> <li>Increased awareness of cultural practices that expose the youth, especially girls, to HIV infection.</li> <li>Cultural practices modified into safe practices</li> <li>Increased awareness of gender relationships that increases vulnerability to</li> </ul>	<ul style="list-style-type: none"> <li>No of young people trained in sexuality education.</li> <li>No of young people received life skills training</li> <li>No of youth clubs and organisations working with HIV/AIDS</li> <li>No of youth HIV/AIDS activities implemented.</li> <li>No of young people requesting reproductive health services and VCT</li> <li>HIV incidence rate among youth</li> <li>No of youth reached with IEC activities</li> <li>No of communities targeted with BCC activities</li> <li>Reports on changed practices in communities in target areas</li> <li>No of youth and adults targeted with IEC/BCI interventions on gender and HIV/AIDS</li> <li>Reported behaviour</li> </ul>	UNAIDS UNFPA

		<ul style="list-style-type: none"> <li>Men, women, boys, girls and the public</li> </ul>	<ul style="list-style-type: none"> <li>HIV infection for girls and boys</li> <li>Behaviour change among young people to prevent HIV infection</li> </ul>	change in target areas	
<p>ii. To scale up voluntary counselling and testing (VCT) and reproductive health education programmes for women and introduce treatment programmes for HIV positive pregnant women to reduce mother-to-child transmission of HIV.</p>	<ul style="list-style-type: none"> <li>Facilitate the development of MTCT guidelines and the integration of VCT and MTCT into reproductive health services.</li> <li>Service delivery, VCT and MTCT services integrated into reproductive health services.</li> </ul>	<ul style="list-style-type: none"> <li>Health workers, planners, general public, pregnant women and infants</li> <li>Health workers, planners, general public, pregnant women and infants</li> </ul>	<ul style="list-style-type: none"> <li>Guidelines developed to assist planners and NGOs in developing MTCT programmes</li> <li>Guidelines for integration of VCT and MTCT into reproductive health services developed.</li> <li>Increased utilisation of VCT services and MTCT services among pregnant women/infants.</li> <li>Increased awareness among pregnant women on the options for reducing the risk of MTCT of HIV</li> </ul>	<ul style="list-style-type: none"> <li>Developed guidelines on MTCT</li> <li>Developed guidelines on integration of VCT and MTCT into health services</li> <li>No of Pregnant women and infants receiving treatment to prevent MTCT</li> <li>No of Pregnant women counselled about prevention of MTCT</li> </ul>	UNICEF UNFPA WHO
<p>iii. To improve the care and support of orphans, and other vulnerable children nationwide.</p>	<ul style="list-style-type: none"> <li>Identification of innovative approaches to provide care and support to children affected by HIV/AIDS.</li> <li></li> <li>Empower and support orphans and families affected by HIV/AIDS economically</li> </ul>	<ul style="list-style-type: none"> <li>National AIDS Secretariat, planners in Government and NGOs</li> <li>Orphans, vulnerable children and families caring for orphans</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders make use of each others best practices and share experiences.</li> <li>Proposals for scale-up activities that build on best practices developed and implemented.</li> <li>Decrease malnutrition among orphans</li> <li>Increase school attendance among orphans</li> <li>Increase the capacity of families caring for orphans to provide care and support.</li> </ul>	<ul style="list-style-type: none"> <li>Best practices identified, shared and discussed.</li> <li>Proposal developed and implemented.</li> <li>No of malnourished children</li> <li>No of (or %) orphans and vulnerable children attending school .</li> <li>No of families caring for orphans supported</li> <li>No of families caring for orphans engaged in IGAs.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Provision of nutritional support to PLWAs and their families</li> <li>• Strengthen linkages between home-based care services and other community-based services.</li> <li>• Promote VCT services in health care settings</li> </ul>	<ul style="list-style-type: none"> <li>• PLWAs</li> <li>• Families affected by HIV/AIDS support umbrella organizations, PLWAs and people affected by HIV/AIDS</li> <li>• People affected by HIV/AIDS, front line workers from line ministries, PLWAs, health workers, MoHP, CHAM and the general public</li> </ul>	<p>care and support to deliver services</p> <ul style="list-style-type: none"> <li>• Nutritional status of PLWAs and their families increased</li> <li>• Economic base of families caring for PLWAs maintained</li> <li>• Needs of families affected by HIV/AIDS increasingly met by other community based services than HBS services only.</li> <li>• Increased coverage of VCT services</li> <li>• Increased utilisation of VCT services</li> </ul>	<p>supplies of essential drugs, food, and other materials</p> <ul style="list-style-type: none"> <li>• No of Malnourished children, PLWAs and family members</li> <li>• No of indebted families/families having sold productive assets</li> <li>• Frontline workers from government institutions provide services targeted at families affected by HIV/AIDS</li> <li>• No of Health care clinics providing VCT</li> <li>• No of Health care clinic referring patients for VCT</li> <li>• No of patients utilising VCT services at health clinics.</li> </ul>	<p>WFP</p> <p>WFPA</p>
v. To strengthen the capacity of national implementing and co-ordinating institutions to effectively carry out their roles and functions in the national response to HIV/AIDS.	<ul style="list-style-type: none"> <li>• Strengthen the capacity of NAS to manage and coordinate an expanded response, and to monitor the epidemic.</li> <li>• Facilitate the integration of HIV/AIDS in sectoral policy frameworks and</li> </ul>	<ul style="list-style-type: none"> <li>• National AIDS Secretariat</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions on HIV/AIDS coordinated between actors and collaboration between agencies increased.</li> <li>• Guidance provided on priority areas and gaps to be focussed on</li> <li>• The response to HIV/AIDS expanded to cover all sector of the society</li> <li>• The epidemic monitored</li> </ul>	<ul style="list-style-type: none"> <li>• No of stakeholders co-ordination meetings convened</li> <li>• Co-ordination structures implemented at district level</li> <li>• Annual reports on the implementation of the National Strategic Plan developed.</li> <li>• No of sectors actively participating in the response to HIV/AIDS</li> <li>• Annual HIV/AIDS and</li> </ul>	<p>UNAIDS</p> <p>UNDP</p> <p>UNFPA</p> <p>WHO</p>

	<p>facilitate the action to mitigate the impact of HIV/AIDS on sectors.</p> <ul style="list-style-type: none"> <li>Support resource mobilisation and monitoring of donor financial inflows</li> <li>Support the development of a policy and legal framework for the national response to the epidemic</li> <li>Strengthen the capacity of the parliament to effectively address HIV/AIDS issues.</li> </ul>	<ul style="list-style-type: none"> <li>Planners in line ministries, employees in ministries and the general public</li> <li>Donor community, foundations and the public sector</li> <li>Planners, politicians and the general public</li> </ul>	<ul style="list-style-type: none"> <li>Increased preparedness of sectors to respond to the impact on HIV/AIDS within their area of interest.</li> <li>The negative impact of HIV/AIDS on sectors minimised.</li> <li>Research findings and guidance provided on mitigation actions</li> <li>HIV/AIDS mainstreamed in public and private sector institutions policies by December 2006</li> <li>Monitor mechanisms for donor resource inflows developed and implemented by 2006</li> <li>National HIV/AIDS policy and legal framework formulated and adopted by December 2006</li> <li>Information provided on the need for funding and bottleneck for</li> </ul>	<p>behaviour change surveillance reports developed</p> <ul style="list-style-type: none"> <li>Plans to factor HIV/AIDS into the planning and operation of sectors developed.</li> <li>No of sectoral plans funded and implemented.</li> <li>annual reports made on pledges and disbursement of funds in support of the NSP.</li> <li>Priority areas for implementation funded.</li> <li>No of public and private sector institutions implementing HIV/AIDS prevention and mitigation activities</li> <li>Availability of a monitoring mechanism for donor resource inflows</li> <li>Policy and legal framework developed.</li> </ul>	<p>UNAIDS UNDP WHO UNFPA FAO WFP</p> <p>UNAIDS UNDP</p> <p>UNDP UNAIDS</p>
--	---	---	--	--	--

		<ul style="list-style-type: none"> <li>Planners, politicians and the general public</li> <li>Parliamentarians</li> </ul>	<ul style="list-style-type: none"> <li>implementation identified.</li> <li>Adequate resources mobilised for the implementation of the National Strategic Framework on HIV/AIDS and national, district and community level.</li> <li>Guidance provided for implementors, and a supportive legal framework developed and implemented.</li> <li>Parliamentarians address HIV/AIDS issues in their constituencies and in parliament.</li> <li>Supportive legal framework for HIV/AIDS passed through government.</li> </ul>	<ul style="list-style-type: none"> <li>Report on the adoption and approval of policy and legal framework by Government</li> <li>No of parliamentarians having raised HIV/AIDS issues in their constituencies and in parliament.</li> <li>No of Parliamentarians trained on HIV/AIDS issues</li> <li>Legal framework passed through Parliament.</li> </ul>	UNFPA  UNICEF UNAIDS UNDP
--	--	--	---	---	---------------------------------------



<b>D.Cross Cutting Issues</b>					
<b>Objective of Assistance</b>	<b>Strategies</b>	<b>Target Group</b>	<b>Expected Outputs</b>	<b>Indicators</b>	<b>Agency</b>
<b>Population</b>					
<b>i.</b> Support at all levels (family, community, district and central) the concept of small family size	<ul style="list-style-type: none"> <li>Active participation of all stakeholders in population and development issues</li> </ul>	Families and communities	<ul style="list-style-type: none"> <li>IEC materials to support the concept of small family size developed and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>IEC materials available</li> </ul>	U
<b>Human Rights</b>					
<b>ii.</b> To strengthen child caring capacities of primary duty bearers	<ul style="list-style-type: none"> <li>Developing and strengthening capacities of communities to prevent, monitor and report abuse of children</li> </ul>	Communities, civil society, the judiciary and human rights watchdogs	<ul style="list-style-type: none"> <li>Policy guidelines on prevention, monitoring and reporting on child abuse developed and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>No of policy guidelines developed and disseminated</li> </ul>	UNICEF
	<ul style="list-style-type: none"> <li>Improving community and household level child care knowledge, skills and practices</li> </ul>	Communities	<ul style="list-style-type: none"> <li>Parents and care givers trained in child care practices</li> </ul>	No of parents and care givers trained in target areas	UNICEF
<b>iii.</b> To create a conducive political, social, cultural and economic environment for the realisation of the CRC, CEDAW and PRSP	<ul style="list-style-type: none"> <li>Developing policies and laws needed for the implementation of CRC and CEDAW addressing barriers to child and women rights</li> </ul>	Caregivers, communities, civil society and human rights institutions	<ul style="list-style-type: none"> <li>Policies and laws needed for the implementation of CRS and CEDAW formulated and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>No of Policies and laws formulated and disseminated.</li> </ul>	UNICEF UNFPA
	<ul style="list-style-type: none"> <li>Improving data collection on children and women and strengthening M&amp;E</li> </ul>	Planners, policy analysts and agencies involved in data collection at all levels	<ul style="list-style-type: none"> <li>DHS, IHS, child-info, census and ad hoc data collection supported</li> </ul>	<ul style="list-style-type: none"> <li>Availability of data improved</li> <li>Child-info developed and implemented</li> </ul>	UNICEF UNFPA

<b>Gender</b>					
<b>iv.</b> To address the needs of women and children in the development and implementation of sector investment frameworks, sector-wide approaches and the PRSP	<ul style="list-style-type: none"> <li>Increasing access to quality and gender sensitive education in targeted communities as well as improve enrolment of girls and orphans in schools</li> </ul>	Communities, girls, orphans and civil society	<ul style="list-style-type: none"> <li>Gender mainstreamed in school curriculum</li> <li>100% of girls and orphans of school age enrolled.</li> </ul>	<ul style="list-style-type: none"> <li>Gender mainstreamed in school curriculum</li> <li>Percent enrolment of girls and orphans of school age</li> <li>Gross and net enrolment rates</li> </ul>	UNICEF UNFPA
	<ul style="list-style-type: none"> <li>Improving data collection on children and women and strengthening M&amp;E</li> </ul>	Planners, policy analysts and agencies involved in data collection at all levels	<ul style="list-style-type: none"> <li>DHS, IHS, child-info, census and ad hoc data collection supported</li> <li>Data from surveys are used in project planning and M &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>Availability of data improved</li> <li>Child-info developed and implemented</li> <li>No of officers trained in child-info.</li> </ul>	UNICEF UNDP
<b>v.</b> To address women's interests in land tenure rights and inheritance	<ul style="list-style-type: none"> <li>Incorporating issues of women's rights and tenure policy</li> </ul>	Communities and women	<ul style="list-style-type: none"> <li>Drafted portion of policy enhancing women's land rights and inheritance</li> </ul>	<ul style="list-style-type: none"> <li>Policy drafted</li> </ul>	FAO
<b>Environment</b>					
<b>vi.</b> To address the needs of women and children in the development and implementation of sector investment frameworks, sector-wide approaches and the PRSP	<ul style="list-style-type: none"> <li>Improving hygiene practices and access to safe drinking water in schools and communities in targeted areas</li> </ul>	District WES technicians, government extension workers, village committees, schools and communities	<ul style="list-style-type: none"> <li>Hygiene and sanitation mainstreamed in school curriculum</li> <li>Universal access to safe drinking water.</li> </ul>	<ul style="list-style-type: none"> <li>Hygiene and sanitation mainstreamed in school curriculum</li> <li>Percentage of population with access to safe drinking water.</li> </ul>	UNICEF
	<ul style="list-style-type: none"> <li>Improving data collection on children and women and strengthening M&amp;E</li> </ul>	Planners, policy analysts and agencies involved in data collection at all levels	<ul style="list-style-type: none"> <li>DHS, IHS, child-info, census and ad hoc data collection supported</li> <li>Data from surveys are used in project planning and M &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>Availability of data on access to safe drinking water and sanitation improved</li> </ul>	UNICEF UNFPA UNDP
<b>vii.</b> To strengthen the capacity to mitigate environmental disasters and emergencies	<ul style="list-style-type: none"> <li>Reforestation of degraded catchments, hills and watersheds</li> </ul>	Communities, NGOs			UNDP WFP

	<ul style="list-style-type: none"> <li>Rehabilitation of river flow-lines and river banks</li> </ul>	Communities, NGOs			
	<ul style="list-style-type: none"> <li>Training and Empowerment of communities in NRM</li> </ul>	Communities, NGOs and government field agents	Trained communities and field agents	<ul style="list-style-type: none"> <li>No of agents trained</li> <li>No of communities sensitized</li> </ul>	FAO UNDP
<b>viii.</b> To address environmental effects of agricultural intensification	<ul style="list-style-type: none"> <li>Improving soil and land conservation practices through a better land husbandry policy and plan</li> </ul>	Rural communities, smallholder farmers and small estates	<ul style="list-style-type: none"> <li>Farmers practising better land husbandry methods</li> </ul>	<ul style="list-style-type: none"> <li>Policy developed</li> </ul>	
	<ul style="list-style-type: none"> <li>Define land tenure rights</li> </ul>	Smallholder farmers	<ul style="list-style-type: none"> <li>Farmers resettlement</li> <li>Land ownership bringing more care for land</li> </ul>	<ul style="list-style-type: none"> <li>No of farmers resettled</li> <li>Change in smallholder behaviour in land stewardship</li> <li>Productivity increase measured</li> </ul>	FAO

## ANNEX 7

### SUMARY OF RESOURCE FRAMEWORK

		OBJECTIVES																				
		GOVERNANCE				POVERTY				HIV/AIDS					CROSS CUTTING ISSUES							
Agency	Indicative Budget Million US \$	i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv	v	i	ii	iii	iv	v	vi	vii	viii
UNICEF	64.3	✓			✓			✓			✓					✓	✓	✓		✓		
WHO	6.0							✓			✓			✓								
UNDP	59.4	✓	✓	✓	✓	✓	✓	✓	✓					✓				✓		✓	✓	
UNFPA	6.8	✓	✓			✓		✓	✓	✓	✓		✓	✓	✓		✓	✓		✓		
UNAIDS	1,5	✓								✓				✓								
WFP	31.8					✓	✓		✓				✓	✓							✓	
UNCDF	11.7					✓																
FAO	3.2								✓					✓					✓		✓	✓
UNHCR	3.5				✓																	

## PREFERENCES

- Bhalla, A., C. Chipeta, H. Taye and M. Mkamdawire (2000). Globalization and Sustainable Human Development: Progress and Challenges for Malawi. Partnership on Globalization and Sustainable Development. Occasional Paper. United Nations Conference on Trade and Development and United Nations Development Programme.
- Daniels, L., and Y. Fissela (1992). Micro and Small-Scale Enterprises In Botswana. Results of a Nationwide Survey. Gemini Technical Report no. 46. Washington D.C: Development Alternatives Incorporated.
- Department of Animal Health and Industry, Ministry of Agriculture and Irrigation (1998). National Livestock Development Master Plan.
- Diagne, A., M. Zeller and C. Mataya (1995). Rural Financial Markets and Household Food Security: Impact of Access to Credit on Socio-economic Situation of Rural Households: Rural Development Department, Bunda College of Agriculture, University of Malawi. Lilongwe.
- King, E. M., and A. N. Hill (1993). Women's Education in Developing Countries: Barriers, Benefits and Policies. Baltimore: John Hopkins University Press.
- Malawi Inspectorate of Prisons (1996). Report to Parliament: Activities Undertaken from July 1995 to September 1996).
- Mandambwe, M (1998). "Impact of Micro-Enterprises on Household Food Security in Malawi. A Case Study of Female Headed Households". M.Sc Thesis Submitted to the Faculty of Agriculture, Bunda College, University of Malawi: Lilongwe.
- Steele, R. J. G (1997). "Estate Land Utilization Study. Farm Management Survey. Study Funded by a Grant in Aid by the Overseas Development Administration of the British Government.
- United Nations Population Fund (2000). Evaluation of UNFPA Country Programme for Malawi (1997-2001)
- United Nations Development Programme, (2000). Human Development Report 2000. Oxford: UNDP.
- United Nations Development Programme, (2001). United Nations Development Programme in Malawi. Information Kit: Lilongwe.
- United Nations Program on HIV/AIDS (UNAIDS) (2000). Epidemic in Malawi: The Situation and Response. Lilongwe.
- World Food Programme (2001). Country Strategy Outline – Malawi :2002-2006, Lilongwe.