Contents

Foreword
Country Representative 4

CHAPTER 1
Malawi 2012 7

CHAPTER 2
Partnerships for Child Rights 13

CHAPTER 3
Health, HIV/AIDS 17

CHAPTER 4
Nutrition 21

CHAPTER 5
Education 25

CHAPTER 6
WASH Project 29

CHAPTER 7
Protection 33

CHAPTER 8
The Way Forward 37

CHAPTER 9
Tables and Figures 41

Note on source information: Data in this report are drawn from the most recent available statistics from UNICEF and other United Nations agencies, annual reports prepared by UNICEF country offices and the June 2012 UNICEF Executive Director’s Annual Report to the Executive Board.

Note on resources: All amounts are in US dollars unless otherwise specified.
For UNICEF Malawi, 2012 was the year in which we started to implement our 2012 – 2016 Country Programme. We did so in the context of an economic crisis that had started in 2011 and in many respects deepened in 2012. Malawi’s economic growth which peaked at 9.7 per cent in 2008 slowed to less than 3 per cent in 2012. The economic situation was characterised by a shortage of fuel and foreign exchange, electricity outages and high inflation.

This affected the lives of many women and children but also affected a swift and effective rolling out of our programmes and the operations of implementing partners. The Government’s Economic Recovery Plan, launched in 2012 identified social protection as the key strategy to mitigate the impact of the economic crisis on the most vulnerable, women and children being the most prominent among them, which coincides with UNICEF’s priorities.

Important results were achieved in 2012 in spite of the rather difficult circumstances. The survival of children was enhanced by a series of initiatives, among them the introduction of the Rotavirus Vaccine and the nutrition initiative Scale Up Nutrition 1000 special days (SUN).

The launch of the sugar fortification is enabling 700 tons of Vitamin A fortified sugar to be distributed daily. The extension of the Community Management Acute Malnutrition Programme (CMAM) contributed to stabilising the nutritional status of children faced with food insecurity. Community Led Total Sanitation and innovative strategies under the Water, Sanitation and Hygiene Programme (WASH) not only guaranteed more people access to safe water, sanitation and hygiene but also showed the way forward in this area.

Malawi is rolling out the new ARV regimen (Option B+) fast and effectively for pregnant women in order to prevent the transmission of HIV to children; 83 per cent of antenatal facilities are offering this service currently.
UNICEF considers children as agents of change, whose participation is needed to make the future better for children as well as for others.

We are proud to have been able to support the launch of the Youth Parliament. The Youth Parliament met twice in 2012 and the results of the deliberations were tabled in Parliament. We will continue to support advocacy efforts to make the voices of young people heard and acted upon. Among other things, we support efforts within the (community) media to make children’s issues reported on thoroughly and inclusively.

In 2012 UNICEF joined the International Aid Transparency Initiative which will expand public disclosure of our financial operations. That is why you find financial data in this annual report, arranged by programme area.

In 2012 we managed USD 62 million on Country Programme Implementation and USD 30.5 million on procurement of supplies and distribution.

UNICEF does not function in isolation, none of our results would have been possible without the support of Government, development partners, UN sister agencies, NGOs, and the private sector.

More than anything else, it is the resilience of the communities and the children of Malawi that inspire and motivate us to support approaches that empower women and children, that improve their lives and seek their participation wherever possible in order to make Malawi a place fit for children.

No one can afford to rest or sit back in the light of the challenges we are facing. Over 50 per cent of the population of Malawi is under the age of 18 years old. It goes without saying that the children of today are going to determine the state Malawi is going to be in in 20 or 30 years. The children of today deserve a good start, a listening audience and opportunities to realise their full potential.

UNICEF is committed to that and we will continue to achieve results to this end.

Mahimbo Mdoe
UNICEF Country Representative
Over half of Malawi’s 15.3 million people are under the age of 18 years, making it one of the youngest populations of Africa.

50.7 per cent of Malawian households live on less than a dollar a day (Integrated Household Survey 2010-2011) and Malawi was ranked 171 out of 187 countries on the 2011 Human Development Index. 84 per cent of Malawians live in rural areas and half of the rural households consist of subsistence farmers. GDP growth has slowed to less than 3 per cent and the GDP per capita is USD 370. Female headed households are among the poorest.

The slowdown in economic growth started in 2011 when the IMF suspended the extended credit facility which led to reduced donor inflows, foreign exchange difficulties, and shortages of essential commodities including fuel, essential drugs and inputs for manufacturing. These challenges continued in 2012 with the inflation rate rising to 30 per cent in October 2012 from 10.3 per cent in January 2012. (World Bank 2012). In 2012 UNICEF initiated a real time Sentinel Site Monitoring of the status of children. Immediate results showed an increase in price of all basic commodities monitored. This severely affected the wellbeing of the most vulnerable families whose expenditure basket is dominated by these commodities.

In April 2012, after the sudden death of Malawi’s President, Vice President Mrs. Joyce Banda took over as President. This makes Malawi the second country in Africa with a female Head of State. The new government made a commitment to turn around the economy and is implementing critical reforms, starting with the devaluation of the local currency. Although these reforms are necessary to support economic growth, the devaluation did put pressure on the price of basic commodities. The government also launched an Economic Recovery Plan and a number of concerns in the area of democratic governance were addressed, but the donor community is still slow in providing funding to the Government. The Government has shown a commitment towards developing child and gender sensitive policies within the framework of the national response to poverty and development challenges.
Malawi is making progress towards the achievement of the MDGs in 2015. The MDG target for access to a sustainable safe water supply has been achieved, but there are still major challenges in the areas of Poverty, Education, Gender Equality and Maternal Health.

The education sector shows little change since 2011. Main problems are a lack of teaching and learning materials, inadequate infrastructure, a high ratio of teachers to learners (on average there are 92 children in a classroom with one teacher), high repetition rates and low completion rates for the primary cycle (48.8 per cent).

Malnutrition remains a determining factor of infant and under-five mortality in the presence of malaria, pneumonia, and diarrhoea. Chronic malnutrition resulting in stunting continues to affect 47 per cent of children under the age of five while rural children are twice as likely to be malnourished as those in urban areas. However, Malawi is on track with MDG 4 on reducing all categories of child mortality except for neonatal mortality. UNICEF has intensified efforts by tackling malaria with a nationwide distribution of 2 Long Lasting Insecticide Treated Nets per household and the introduction of new vaccines (PCV-13 and Rotavirus) to combat pneumonia and diarrhoea.
According to the Demographic Health Survey 2010 Maternal Mortality stands at 675 per 100,000 live births and the Neo Natal Mortality has stagnated at 31 per 1000. 97 per cent of pregnant women receive antenatal care from a health worker but only 71 per cent of the deliveries take place in a health facility and less than 10 per cent of pregnant women have access to postnatal care. Two factors seem to be decisive in this area: 46 per cent of pregnant women live over 8 km from a health facility and have no access to timely transport in the critical perinatal and postnatal periods. Secondly, health facilities are suffering from critical shortages of personnel and equipment.

Malawi continues to make impressive progress towards MDG 6, on combating HIV/AIDS, Malaria and Tuberculosis. Malawi has seen a 73 per cent reduction in the rate of new HIV infections as well as a decrease in the number of people dying from AIDS related causes (Ministry of Health, UNAIDS 2012). The prevalence among young people age 15-24 is estimated at 6 per cent overall (2.1 per cent among men and 9.1 per cent among women). In 2012, 15 health facilities established integrated HIV/AIDS and sexual and reproductive health services, while 67 per cent of the people in need of ART were receiving it. In 2012, Malawi introduced the new Option B+.

The number of orphans and other vulnerable children continues to increase in Malawi and according to the Population Census (2008) 837,300 orphans are vulnerable to neglect, abuse and exploitation.

Early marriages are a significant national issue. In 2012, 9 per cent of Malawian girls were married by 15, and at 18 years of age, 50 per cent of Malawian girls were married.

For UNICEF 2012 was the first year of the implementation of the 2012 - 2016 Country Programme. The programme was designed to respond to the national priorities defined in the Malawi Growth and Development Strategy II which aims at alleviating poverty and achieving the Millennium Development Goals.

The overall goal of the UNICEF country programme 2012-2016 is to support national efforts to progressively realize children’s and women’s rights through improved child survival, development, protection and participation within the framework of the Convention on the Rights of the Child, the Convention on the Elimination of Discrimination against Women and the Millennium Declaration.

UNICEF will focus its resources at three levels: policy and systems strengthening, improved and equitable delivery of basic social services and positive behaviour change to benefit children.
The following strategies will be instrumental in achieving these results:

- Providing technical guidance for policy development, based on evidence and best practices;
- Formulating benchmarks and standards to enable implementation, quality assurance and monitoring within the overall decentralization process;
- Developing professional skills;
- Establishing mechanisms for community participation, implementation and monitoring of child rights.

In 2012 UNICEF produced results in the areas of Child Rights, Health, Nutrition, Education, WASH (water, sanitation and hygiene programmes), Protection and Social Policy.
The table below shows some of the Key indicators in these areas and the results of 2012.

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Indicator</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership for Child Rights</td>
<td>A functioning NGO coalition on Child Rights</td>
<td>Malawi has now an umbrella body of NGOs working to promote child rights, advocating with one voice.</td>
</tr>
<tr>
<td>Health</td>
<td>80 per cent of hard to reach areas in 17 districts have functional village clinics.</td>
<td>76 per cent of village clinics are functional, equipment and supplies distributed, training for health workers provided.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Percentage of under-five children consuming fortified sugar.</td>
<td>In 2012, Vitamin A was made available in 100 per cent of retail outlets, due to excellent cooperation between the public and the private sector.</td>
</tr>
<tr>
<td>Education</td>
<td>At least 1000 primary schools implement the Child Friendly School Programme.</td>
<td>5 per cent of Primary Schools in 10 low performing districts are implementing the programme.</td>
</tr>
<tr>
<td>Wash</td>
<td>Number of households with hand wash facilities</td>
<td>In 2012, 15,325 households installed a new hand washing facility.</td>
</tr>
<tr>
<td>Protection</td>
<td>Number of communities adopting child protection practices</td>
<td>200 communities were reached with community mobilisation workshops and adopted child protection practices.</td>
</tr>
<tr>
<td>Social Policy</td>
<td>Number of children benefitting from the implementation of the National Social Support Programme</td>
<td>68,000 children were benefitting from the National Cash Transfer Programme.</td>
</tr>
<tr>
<td></td>
<td>Number of communities adopting child protection practices</td>
<td>200 Communities adopted child protection practices which benefitted 29,700 children.</td>
</tr>
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CHAPTER 2

Partnerships for Child Rights

With regards to Child Rights UNICEF concentrates on efforts to make sure that child rights are being promoted and guaranteed on all levels and to ensure that children are participating in the design of policies that are affecting their rights and status.

On a national level, UNICEF supports the Government of Malawi to allocate adequate resources to children in the national budget through an analysis of the national budget, recommendations and discussions with relevant political bodies. In 2012, safeguarding budgetary allocations to the social sector in view of the economic crisis was a key advocacy priority.

In July 2012, the Government endorsed the National Social Support Programme which supports interventions that target the most vulnerable children. UNICEF provides knowledge about the situation of children in order to support the Government to develop adequate policies. In 2012 UNICEF started the real time monitoring of the impact of the economic crisis on children and established a situation analysis of children with disabilities.

UNICEF strengthened existing partnerships with parliament, media and civil society.

UNICEF supported Malawi’s Youth Parliament and facilitated links to the National Parliament to make sure that the voices of young people are being heard and taken into account. The resolutions of the First Session of the Youth Parliament were tabled in Parliament and recommendations made. Youth Parliamentarians were drawn from all 193 constituencies of Malawi.

One in six children are vulnerable to violence, abuse, exploitation and neglect and at risk to and from HIV/AIDS.
International Youth Day was commemorated for the first time in Malawi in 2012. At least 10,000 young people lobbied government through a petition to the Head of State requesting to adopt the National Youth Policy and to increase the legal age of marriage.

One district is experimenting with the participation of children at community and district level in the drafting of the District Development Plan.

Malawi now has an umbrella body of NGOs working to promote child rights. Malawi is expected to submit a State Report to the Committee on the Rights of the Child (UN) in 2013 and this coalition will provide the civil society part of the report on the status of Malawian children.

Malawi was also selected as one of the 50 countries to develop a national dialogue on the post 2015 development agenda (post MDGs, UN). UNICEF has designed a consultation process with children.

UNICEF supports efforts at Universities and other journalism institutions to integrate reporting on child rights (and child issues) in the curriculum and build the capacity of journalists in this area.

Approximately 48 per cent of Malawian women experience partner violence, leaving an estimated 3.1 million children growing up in violent homes, witnessing domestic violence and experiencing its negative effects. 65 per cent of girls experience some form of child abuse during their lifetime compared to 35 per cent of boys.

Nearly 13 per cent of children have lost one or both parents; half of them to HIV related illnesses. Many of Malawi’s 857,300 orphans live in poor communities unable to provide care and protection.
1/3 of girls aged 15 to 19 years are married.

Approximately 180,000 children (0-14) are living with HIV.

Around 12,000 children are living in child-headed households.

11% of children do not live with their parents.

68% of girls and 62% of boys either do not enrol in school or exit the education system before the age of 12.
In the health sector UNICEF concentrates on three areas:

- Maternal health, new-born and young child survival
- Prevention of the mother to child transmission of HIV (PMTCT)
- HIV/AIDS prevention among adolescents

Maternal and new-born health improvement is not only a matter of providing services on the ground. It is equally important to improve planning and management on all levels in order to be able to establish strategic interventions that can make a difference. In 2012 UNICEF supported a range of efforts to scale up quality mother and child services concentrating on 17 districts where the challenges are large. Recommendations are being made to make policies more client responsive.

UNICEF trained 600 health workers in 15 districts where village clinics existed, 78 per cent of these clinics are now functional.

Mother and child health needs to be high on the priority list of communities in order to improve. Therefore, UNICEF implemented a community participation strategy, an awareness raising strategy to ensure that communities realise the importance of their involvement in the protection of the health of pregnant women, mothers and young children, and to involve communities in the management of cases.

HIV prevalence among young people 15-24 years of age is estimated at 6 per cent and is higher among females (9.1 per cent) than males (2.1 per cent). Of the 66,000 new HIV infections recorded annually, 78 per cent occur among young people and 88 per cent are attributed to heterosexual transmission.
Malawi has made progress in the prevention of mother to child transmission of HIV/AIDS and was one of the first countries to implement the new recommended ART regimen. Option B+ is a life-long triple ART which is implemented at the primary health care level. This brings the services closer to the clients and substantially increases access and utilization of ART among women living with HIV. During World Aids Day (1 December 2012) the Vice President of Malawi launched a National Plan for the Elimination of Mother to Child Transmission of HIV. UNICEF provided leadership and technical support for the development of this ambitious plan.

At the end of 2012, 83 per cent of antenatal facilities provide Option B+ and 517 newly established sites provide child follow up programmes. 600 Health workers were trained on the new guidelines.

Social mobilisation campaigns were carried out in three districts, combining radio shows (reaching 4 million people) with door-to-door campaigns (reaching 2600 families) and theatre for development performances (with around 100,000 viewers).

The large majority of newly HIV infected people in Malawi are young people. UNICEF therefore focusses on HIV prevention among adolescents in and outside schools. Life Skills Education is taught in all public primary and secondary schools and all public primary schools are required to have an Anti-Aids Club, but only 20 per cent of the schools do have one. UNICEF produced materials to support adolescents with information and for use in these clubs. Communication for Development was also developed, targeting adolescents on HIV/AIDS issues (mainly through radio).

By August 2012 the Ministry of Health and partners had established 810 sites and 910 mobile outreach facilities for HIV Testing and Counselling (HTC), offering services to 268,119 people, 35 per cent of them young people.

UNICEF supported the Ministry of Education in integrating sex education in the secondary school curriculum. UNICEF wants to scale up its efforts with regards to HIV prevention among adolescents, especially with peer education programmes.

UNICEF supports the Ministry of Health by purchasing essential drugs. Without this support, stock out of essential medical supplies would re-emerge at all levels of the public health system. Essential medicines were provided to approximately 640 health facilities.

Child mortality: The under-five mortality rate is 112 deaths per 1,000 live births, declining from 145 in 2004. The infant mortality rate declined from 81 deaths per 1,000 live births to 66 per 1,000 live births over the same period.
In response to the floods in the Central and Southern Region of Malawi, UNICEF concentrated on the prevention/treatment of cholera and diarrhoea, both always immanent in situations of internal displacement and poor hygienic circumstances.

UNICEF provided water guard and chlorine for 3,000 households and cholera treatment supplies, ORS, and tents for the construction of 4 treatment centres. Communities were reached with messages on cholera prevention throughout the country on radio while preparedness and response planning was strengthened in cholera prone areas.

Malaria, pneumonia and diarrhoea remain the leading causes of illness and death among children under 5.

Malawi has the highest adolescent fertility rate in Sub Sahara Africa. Adolescents between 15 and 19 years old contribute 11 per cent to all births.
UNICEF’s Nutrition programme has three focus areas:

- Treatment for acute malnutrition in children
- Scale Up Nutrition 1000 Special Days movement (SUN)
- Vitamin A fortified sugar and iodized salt

Although acute malnutrition is a smaller problem in Malawi than the milder form of chronic malnutrition, responsible for stunting, the treatment of acute malnutrition is saving lives and therefore forms an important part of UNICEF’s nutrition programme. A total of 25,027 children with Severe Acute Malnutrition were treated in 2012, cure rates were above 90 per cent while the death rate was 1.8 per cent. 84 per cent of health facilities in Malawi now have the capacity to carry out these programmes, with 633 metric tons of Ready-to-Use Therapeutic Food (RUTF) provided by UNICEF. In addition, 4 districts were provided with financial support to conduct community sensitization meetings and to train volunteers, health surveillance assistants, nurses and clinicians.

Malnutrition is not only caused by poverty in Malawi, there is also a severe lack of information among substantial parts of the population about healthy food and the importance of a diversified diet. The Scale Up Nutrition 1000 Special Days Campaign (initiated in 2010) is an advocacy campaign to enhance community and family efforts to fight stunting in children. The 1000 days refer to the pregnancy of a woman and the first two years of a new-born’s life. In 2012 the SUN 1000 Special Days activities were rolled out in one district (Neno) and tested. Community based activities form the heart of this programme, while the results of focus group discussions and key informant outputs are being used to develop a district nutrition plan.

Stunting (a state of being short for one’s age) affects more than half of all children in Malawi.
UNICEF runs a programme to address Vitamin A deficiency in children in Malawi. In 2012 this programme was complemented by a Vitamin A fortified sugar programme. The fortification started in April 2012 and by the end of the year Vitamin A fortified sugar was available in 100 per cent of retail outlets in Malawi. This impressive result was due to an excellent cooperation between the public and private sector.

Along the same lines, 88 per cent of the salt on the market in Malawi contains the right amount of iodine. Mechanisms are in place for both commodities to regularly be tested by Food Inspectors and to monitor coverage.

THE PREVALENCE OF ANAEMIA IN CHILDREN BETWEEN 6 TO 59 MONTHS OLD IS 64%.
Exclusive breastfeeding at 4 to 5 months stands at 42 per cent while the complementary feeding rate is 21 per cent.

Acute malnutrition in Malawi was affecting less than 5 per cent of the children in 2012 and 1.6 per cent of Malawian children were diagnosed with severe acute malnutrition.

The number of people vulnerable to food insecurity is estimated to be 2 million in the October 2012 - March 2013 season.
CHAPTER 5

Education

Early Childhood Development is an important step in a successful school career for Malawian children. UNICEF therefore advocates the establishment of Community Based Child Care Centres in communities all over Malawi. The enrolment in these CBCC’s has risen from 30 per cent in 2010 to 35 per cent in 2012. This improvement is achieved by community mobilisation and UNICEF support for the establishment of CBCCs and Children’s Corners.

The formal education sector in Malawi faces immense challenges exacerbated by the amount of children entering the system every year. High enrolment rates show that Malawian parents value education but the final results produced by the education sector are very disappointing although most indicators are slowly improving. Many schools suffer from a lack of teaching and learning materials, have inadequate sanitary facilities and not enough teachers to provide a functioning learning environment for the learners. Many donors support the education sector in Malawi and funds are pooled in order to be effective. In 2012, a total of 10,000 trainee teachers were recruited and the number of children in the average classroom went down, also due to double shifting, a practice that is supported by UNICEF. Moreover, UNICEF is supporting the Ministry of Education to construct a new Teacher Training College with a capacity of 540 students per year. A strategy to increase the number of female teachers in Teacher Training Colleges has been drafted with support from UNICEF and has been presented to the Ministry of Education, Science and Technology.

A nationwide assessment, done in 2011, indicated that after 2 years of enrollment in primary school the achievement of the learners was close to zero on all fluency tests.
A total of 1200 classrooms, 201 staff houses and 350 latrines were constructed in 2012. In addition UNICEF completed the construction of 45 teacher houses, 132 class rooms and 190 pit latrines in rural Blantyre in 2012.

UNICEF realises that the challenges of the education system need to be addressed on many levels, one of them being the quality of the education provided. 5 per cent of the Schools in 10 districts are implementing Child Friendly School programmes. These programmes consist of a comprehensive set of components, together making for a school where children like to be and learn effectively. UNICEF supports the establishment of Parent/Teacher Associations and School Management Committees.

With illiteracy rates as they are, UNICEF realises that it is important to create a Youth Development environment, complementing the education sector. UNICEF therefore supports the establishment of Complimentary Basic Education Centres, and will be printing learning materials for the 18,000 learners in the 450 Complimentary Basic Education Centres. In 2012, 500 out-of-school girls have completed a functional adult literacy programme. Out of these, 65 per cent have attained full literacy and numeracy skills.

Literacy among 5 – 29 years old remains at 68 per cent.

21.6 per cent of persons 6 - 29 years had never attended school and 64 per cent of the youth aged 15 - 29 years do not have any educational qualification.

The completion rate to standard 8 is 45 per cent for girls and 53, 1 per cent for boys.
ENROLMENT IN PRIMARY SCHOOL IS AT 83 PER CENT IN MALAWI.

24% OF CHILDREN WITH SPECIAL NEEDS AND/OR DISABILITIES DO NOT ATTEND SCHOOL.

LESS THAN HALF THE CHILDREN COMPLETE THEIR FIRST FOUR YEARS IN SCHOOL.
WASH is an integrated water, sanitation and hygiene programme that UNICEF intends to roll out in all 28 districts of Malawi. The programme aims at making improvements at all levels in the area of water, hygiene and sanitation from developing sanitation standards for schools at the level of the Ministry of Education to building hand washing facilities in communities and everything in between.

In 2012, 170 new water points were constructed, serving 42,500 people, and 44,000 people regained access to water through repairs of 176 water points. 613 villages were declared Open Defecation Free (ODF). Malawi launched the "Open Defecation Free Malawi by 2015" policy in November 2011. This is an extremely important strategic policy goal since even where there is access to safe water supplies, often the water gets poisoned by unsafe hygienic practices. In 2012 all 28 districts of Malawi developed an ODF implementation plan.

Furthermore, 120 Community Based Childcare Centres were supported with hand washing facilities, meant to function as demonstration units. An estimated 6,000 children between the ages of three and five years old learned how to wash hands with soap in 2012, through regular coaching by caregivers. 15,325 households installed a new hand washing facility.

The top 3 leading causes of death for children under five years old in Malawi are Pneumonia (23 per cent), Diarrhoeal Diseases (18 per cent) and Malaria (14 per cent).
56% of the Malawian population in rural areas has access to improved latrines.

30% of boreholes and 50% of gravity-based schemes are in disrepair.

Only 4.2% of the schools have hand washing facilities with soap.
Decent sanitation and hygienic facilities at schools have proven to be of vital importance for keeping especially girls in school. In 2012, 38 schools were provided with protected water sources. 286 Schools were able to gain adequate sanitation facilities (latrines and urinals) serving around 171,600 children. The same 286 schools received hand washing facilities.

One of the problems in programmes aiming at safe water and sanitation facilities is always the management and ownership of the installations. A survey in 2009 found that 80 per cent of water points were not functioning properly. Therefore UNICEF pays a lot of attention to the installation of village level Water Point Committees. In 2012, UNICEF provided training for 170 village Water Point Committees on community based management. Local mechanics were also trained in minor water point repairs.

A dialogue has been initiated with the Ministry of Education on the development of National School Sanitation Standards. The overall aim of this dialogue is to develop detailed building designs, standardised quality norms and guidelines for operation and maintenance.

67 Schools were sensitised on 3 Key Hygiene Practices (being latrine use, safe drinking water and hand washing with soap at critical times). But a study facilitated by UNICEF during 2012 showed that in spite of training the teachers, hand washing by students is still low. UNICEF is currently working with districts to explore other strategies that might be more effective. Two districts are piloting a School- Led Total Sanitation programme.

Studies have shown that simple hand washing interventions are the most cost effective health interventions for disease prevention.

The National Statistical Office concludes from surveys that Malawi has achieved the MDG 7 target on access to safe water but the survey does not take into account the distance to the water source (which is often more than 500 meters) and the number or people using a facility (on average more than 250 people per borehole).
UNICEF is active in two areas of protection: Social Protection and Child Protection.

In recent years Social Protection has emerged as an effective strategy to reduce poverty around the world.

UNICEF recognizes Social Protection as a fundamental right for children and a key policy to support equity and social justice. The Government of Malawi has endorsed a National Social Support Policy in July 2012, featuring the scaling up of Social Protection programmes as a key strategy to mitigate the impact of the current economic crisis on the poor.

In 2012, 68,000 children were benefitting from the National Social Cash Transfer programme.

Building a Child Protection System is a priority for UNICEF worldwide. A Child Protection System is a coordinated, harmonised and systematic approach to protect children from violence, abuse, exploitation and neglect. In Malawi the Child Protection system is also supposed to mitigate the impact of HIV and AIDS.

It is guided by legislation and policy and has the capacity, in terms of human resources, financing and infrastructure, to prevent and respond to the harm of children. A Child Protection System consist of many building blocks, and UNICEF provides support for the developing of a nationwide functioning Child Protection System. The legal framework for child protection in Malawi is well underway with the introduction of The Prevention of Domestic Violence Act, the National Registration Act, the Child Care Protection and Justice Act and the Wills and Inheritance Act. In 2012, legislation has been drafted on adoption and trafficking.

One in six children are vulnerable to violence, abuse, exploitation and neglect and at risk to and from HIV/AIDS.
Children’s Courts are being rolled out to ensure better justice for young offenders, witnesses and victims. The range and reach of child protection services has expanded considerably with the establishment of 101 Police Victim Support Units, three hospital based One Stop Centres for women and child survivors of rape, domestic violence and child maltreatment, 250 Community Victim Support Units, 6,000 Community based Childcare Centres and 2,500 Children’s Corners.

The starting point of a child protection system is community child rearing practices. In 2012, 200 communities adopted child protection practices which benefitted 29,700 children with early learning and childhood development services, and 20,790 children with psychosocial support through 40 Community Based Child Care Centres and Children’s Corners.

UNICEF supported 15 districts to strengthen the response to violence against women and children through Community Victim Support Units.

UNICEF also supports the development of a Child Protection Information Management System that tracks victims and survivors of violence, abuse, exploitation and neglect. In 2012, a Pilot Phase Database has been installed.

Approximately 48 per cent of Malawian women experience partner violence, leaving an estimated 3.1 million children growing up in violent homes, witnessing domestic violence and experiencing its negative effects. 65 per cent of girls experience some form of child abuse during their lifetime compared to 35 per cent of boys.

A third of girls aged 15 to 19 years are married compared to less than 2 per cent of boys.

Only 5 per cent of children with a disability receive support from welfare services, 24 per cent of them do not attend school.
OUT OF THE 6.8 MILLION CHILDREN IN THE COUNTRY, 4 MILLION ARE LIVING IN POVERTY.

47% OF MALAWIAN CHILDREN ARE SUFFERING FROM CHRONIC MALNUTRITION.

1 in 7 CHILDREN DIE BEFORE HER/HIS FIRST BIRTHDAY.
The work of UNICEF will focus on contributing to this realisation as much as possible. Meanwhile UNICEF Malawi will continue to implement its UNICEF Country Programme 2012 - 2016.

Key concepts that informed this country programme are:

- Innovation
- Equity
- Scale
- Knowledge data

**INNOVATION**

UNICEF has put in place mechanisms that allow learning from experiences and innovating constantly and continuously. Piloting new approaches will continue in the areas of Water, Hygiene and Sanitation (WASH), Child Protection, Health and Social Policies. Especially in the area of the prevention of HIV transmission among young people innovation is necessary. The vast majority of new HIV infections are among people aged 15 - 24 years old. New ways of programming, with them and through them need to be developed to effectively enhance the possibilities of young people to protect themselves against infection especially for girls and young women.

**EQUITY**

UNICEF’s mandate contains all children in the world but UNICEF also realises that a focus on the most vulnerable children is needed. After all, if a strategy works for the most vulnerable, the hardest to reach and the children that are likely to be excluded, it can be assumed that the same strategy will work much easier for all other children.
UNICEF wants its performance to be strategic, e.g. want to choose interventions that have a lasting, sustained and wide ranging positive effect on the lives of people while being cost effective and implementation being feasible.

Part of UNICEF’s overall strategy is to ensure that child friendly policies are at the heart of the Government development agenda; therefore UNICEF will continue to contribute to sound legal and policy frameworks for child protection, child survival and child participation.

**SCALE**
UNICEF has a comparative advantage to many other development partners and bears the responsibility that comes with that: UNICEF has the capacity to scale up successful interventions fast and wide.

The child protection programme will further its work to the end of all children being within reach of child protection services and all children being able to benefit from community based child friendly practices. Meanwhile UNICEF will focus especially on the most vulnerable in every programme area.

**KNOWLEDGE DATA**
For UNICEF it is essential that the interventions are firmly based on knowledge of the situation at present. The design of, especially large scale, interventions will continue to be based upon detailed data on the situation, specified for districts and communities. In 2012 UNICEF supported a number of research/monitoring and evaluation studies in order to make informed choices in all programme areas. UNICEF intends to continue this, with an emphasis on the collection and analysis of sound data at monthly intervals to inform programme decisions.

**PARTNERSHIPS FOR CHILD RIGHTS:**
In the area of Child Rights UNICEF will continue to support efforts to make the voices of children heard, and to advocate for children. This will be done by continuing monitoring of the public budget in order to assure that resources are allocated to protect (vulnerable) women and children.

UNICEF will support the NGO coalition on Child Rights by contributing to the establishment of a Secretariat to push forward the Child Rights agenda. Furthermore UNICEF will continue to support the Youth Parliament.
HEALTH, HIV/AIDS
UNICEF intends to further roll out quality maternal and new-born services and to strengthen community based systems to reduce maternal and child mortality. In 2013 the review of the Public Health Act will be finalised, with UNICEF providing technical support for the strengthening of national policy and legal frameworks.

UNICEF decided to expand the programme for HIV/AIDS prevention among young people to adolescents outside the school system by a variety of means, peer education among them. 2012 was used to gather data on what is needed and what will work, and it is expected that programmes will grow in 2013.

NUTRITION
UNICEF will continue to provide assistance to fight acute malnutrition among children for as long as this is necessary. The target is that in 2013, 80 per cent of health facilities are able to treat acute malnutrition while the community based approaches to malnutrition are being scaled up.

Lessons learned from the pilot Scale Up Nutrition 1000 Special Days campaign (SUN) will form the foundation to involve more districts in this campaign, in order to reduce stunting across the country.

EDUCATION
All available data show that a massive effort is needed not only to get children into school but even more to keep them there (especially girls) and to make sure they learn. UNICEF’s strategy to this is multi-faceted. A lower teacher - pupil ratio is a priority, realised by supporting teacher training colleges in bringing more and better educated teachers into the system. Child friendly schools are another way to improve the quality of the education, and UNICEF will scale up activities in this area. The same is true for providing adequate sanitation at schools (a measure known to be crucial in keeping girls in schools). UNICEF will also invest in out-of-school literacy/numeracy skills training for young people and in Life Skills training.

WATER, SANITATION AND HYGIENE (WASH)
This programme is well on track to realise ambitious targets by 2016 in a range of water, sanitation and hygiene interventions. The way forward here is to keep momentum in order to realise these targets and to be flexible all along in order to make the necessary adjustments where needed, based upon lessons learned.
SOCIAL PROTECTION

UNICEF will scale up the interventions to protect children with an emphasis on reaching the most vulnerable ones. An extra effort will have to be made to promote the registration of all children at birth or soon thereafter, since there were delays in this aspect of the programme in 2012.

UNICEF will continue to support the scaling up of the National Social Support Programme to 28 districts in order to reach vulnerable households with a regular monthly income.
### Table 1

**Funding Utilised by Source Sector** (in US dollars)

<table>
<thead>
<tr>
<th>Year 2012</th>
<th>Other Donors</th>
<th>UNICEF HQ</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>18,096,486</td>
<td>651,805</td>
<td>18,748,291</td>
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<tr>
<td>Nutrition</td>
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<td>420,296</td>
<td>3,069,781</td>
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<tr>
<td>PMTCT &amp; Paediatric HIV Treatment &amp; Care</td>
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<td>564,770</td>
<td>1,091,054</td>
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<td>Early Childhood Development (ECD)</td>
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<td>143,501</td>
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<tr>
<td>Basic Education</td>
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<tr>
<td>Youth Development</td>
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<td>Child Protection</td>
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<td>Social Protection</td>
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<td>7,474,199</td>
<td>39,570,207</td>
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### Figure 1

**Funding Utilised by Source - 2012**

- **UNICEF HQ**: $7,474,199
- **Other Donors**: $32,096,008
Figure 2  Funding by Donor Type, 2012

- **UNICEF Thematic**
  - $213,411
- **UNICEF National Committees**
  - $2,723,741
- **Development Partners/ Bilateral Government**
  - $19,043,647

### Table 2  Funding Utilised by Programme Component Year 2012
(in US dollars)

<table>
<thead>
<tr>
<th>Summary</th>
<th>Other Donors</th>
<th>UNICEF HQ</th>
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### Table 4

Funding Utilised by Programme Component Year 2012

(in US dollars)

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<th>Donors</th>
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<th>Protection</th>
<th>Participation</th>
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<td>2,366,809</td>
<td>413,253</td>
<td>1,185,426</td>
<td>32,098,450</td>
</tr>
</tbody>
</table>
UNICEF considers children as agents of change, whose participation is needed to make the future better for children as well as for others.

The children of today deserve a good start, a listening audience and opportunities to realise their full potential.

Mahimbo Mdoe
UNICEF Malawi Country Representative