MALAWI SOCIAL ACTION FUND

CONSULTANCY REPORT ON THE ESTABLISHEMENT OF LOCAL AUTHORITY BASELINES FOR 12 MDG INDICATORS
Final Draft

July 15, 2005

Prepared By: Jino Gama Aganas

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
CA	City Assembly
CBO	Community-based organisations
COMSIC	Community Savings and Investment Club
COMSIG	Community Savings and Investment Group
COMSIP	Community Savings and Investment Promotion
DA	District Assembly
DCS	Data Collection System
DDBS	District Data Bank System
DEC	District Executive Committee
DPD	Director of Planning and Development
DRF	Drug Revolving Fund
EU	European Union
FHH	Female headed households
GIS	Geographical Information System
HIV	Human Immune Virus
IGA	Income generating activities
LA	Local Authority
LAMIS	Local Authorities Management Information system
M&E	Monitoring and Evaluation
M/F	Male/Female
MA	Municipal Assembly
MASAF	Malawi Social Action Fund
MASEDA	Malawi Social-Economic Data
MDG	Millennium Development Goal
MHH	Male headed household
MPRS	Malawi Poverty Reduction Strategy
MPRSP	Malawi Poverty Reduction Strategy Paper
NGO	Non-governmental organisation
NSO	National Statistics Office
PRT	Peer Review Team
PTA	Parents and Teachers Association
PWP	Public Works Project
QNR	Questionnaire
RA	Research Assistant
SPSS	Statistical Package for Social Scientists
SSP	Social Support Project
STD	Standard
TA	Town Assembly
TBA	Traditional Birth Attendant
TP	Technical Proposal
VIP	Ventilated Improved Pitlatrine

ACKNOWLEDGEMENT

The construction of the Baseline on the 12 Millennium Development Goal indicators has benefited from inputs from various organizations and individuals. These organizations and individuals are too numerous to be mentioned by name. The Consultant thanks them all for their constructive inputs. However, the following organizations and individuals merit special mention: the Local Authorities (LAs) throughout the country who took the lead in providing the LA specific data and summarising them; the central government ministries like Agriculture and Irrigation, Education, Health, Natural Resources and Environmental Affairs and Forestry who provided the most recent published data on the indicators, and NGOs who provided data on data related to safety nets. The consultant wishes to acknowledge the special roles played by the Local Authorities Directors of Planning and Development in constructing the baseline. The consultant is also grateful to the following members of the Peer Review Team (PRT) constituted to oversee this assignment. The members provided useful comments and suggestions on the methodology and draft reports produced by the consultant.

The Peer Review Team members are:

(1) Mrs. Rhoda Eliasi -Ministry of Economic Planning and Development,

(2) Mr. Andrew Kautuka- Department of Poverty and Disaster Management
(3) Mr. Hope Chavula -National Statistics Office,
(4) Mr. Elvis Njoka, -Decentralisation Secretariat,
(5) Mr. Andrew Kautuka -Department of Poverty and Disaster Management Affairs,
(6) Francis Lwanda –Care Malawi
(7) Mr. Hastings Bota - Ministry of Local Government,
(8) Mr. Henry Sapuwa -Ministry of Gender and Community Services,
(9) Mr. Steve Chapola -MASAF,
(10) Mr Thomas Taimu –MASAF, and
(11) Mr. Murphy Kajumi -MASAF

The consultant would like to thank the Executive Director of MASAF and his entire staff for the overall guidance and the necessary support during this assignment. In particular, Mr Charles Mandala, MASAF Director of Research and Training, Dr. Boniface Kalanda, MASAF Director of Monitoring and Learning and Mr. Murphy Kajumi, Monitoring and Evaluation Specialist, provided the required logistical and technical support. Mr. Kajumi was particularly beneficial in arranging contacts with the various institutions where he felt there were data for the consultant to access, and efficiently coordinating the whole exercise.

Notwithstanding the support that the consultant received from the various agencies and individuals, any shortfalls in the document are the sole responsibility of the consultant.

EXECUTIVE SUMMARY

The third phase of the Malawi Social Action Fund (MASAF 3) is a twelve (12) year Project that will be carried out in three phases and implemented throughout the forty (40) Local Authorities (LAs). It has been designed in the context of the Malawi Poverty Reduction Strategy Paper (MPRSP), the National Decentralization Policy, the National Safety Nets Strategy and the Millennium Development Goals (MDGs). A set of 12 indicators has been selected that the Project will contribute towards and will be markers to assess its impact. In order to track MASAF contributions towards these 12 selected indicators from the MDGs, it became necessary to have in place baseline information regarding the degree of poverty in general and the status of the selected indicators in particular. Consequently, MASAF engaged a consultant to assist the LAs establish this baseline and a data collection system to facilitate the updating of the indicators. The consultant worked with the forty LAs to prepare the baseline and recommended tools for the data collection and storage at the LA level in future.

(a) Data collection strategy and instruments

The main method for collecting data was through review of literature, mainly from national level sector planning departments, LAs, reports by Non-governmental organisations (NGOs) and project reports from various Projects, including MASAF. This was because most of the official documents at the central level from which the data was obtained has their sources at the District Assembly. Needless to say that data in the various reports published by the Government represent official and reliable statistics. In addition, a questionnaire (Appendix 2) was designed to facilitate sourcing data kept by the LA sector units.

The main constraints encountered during data collection include unavailability of data and lack of staff for data management at the LA level.

(b) Findings

Poor households receiving daily transfer or assistance of USD0.30 or more (MDG 1): Due to the scarcity of data on the indicator specfied by MASAF i.e. poor households receiving daily transfer or assistance of US$0.30 or more, **the poverty incidence** was used to indicate the number of people living below the poverty line. This is because a survey by the GOM/SADC on the status of MDGs also used the poverty incidence. The results show that Karonga Town has the lowest incidence of poverty at less than 5%, while nineteen LAs (Lilongwe Rural, Rumphi, Mulanje, M'mbelwa, Mangochi, Mzuzu City, Chitipa, Mwanza, Zomba Rural, Dedza Town, Chiradzulu, Nkhotakota, Ntchisi, Thyolo, Zomba Municipality, Dedza, Phalombe and Ntcheu) have poverty incidences below the national level of 65.3 %. Twenty districts have poverty incidences above the national level. The national level target for this indicator is 32.7% by 2015.

Grade 1 children reaching grade 5 (MDG 2): On children reaching grade 5, the Districts Education Offices reported that there was very little cohort tracking, and that if some Primary schools undertook cohort tracking at all, this was only in isolated cases and on a pilot basis. The Ministry confirmed that the completion rate of children reaching standard 5 is not calculated regularly. The only information available is for 1995 from the "The Malawi Social Indicators survey (1995)". Based on this survey the figures indicate that 86 % of the children enrolled in standard 1 reached standard 5 at the national level. Considering that the base year for the MDGs is 1990, this data may be used. However, there is need to be cautious as recent trends show that the dropout rate has increased.

Generally, between standards 1 and 4 the dropout rates for boys (except for a small edge in STD 3) are higher than those of girls (20.03, 9.00, **15.67**, and 22.94 compared to 19.91, 8.87, **16.57** and 14.56). From standard 5, the dropout rates for boys are lower than those of girls (15.34, 12.16, 13.29, 57.48 compared to 17.26, 18.82, 23.50 and 65.29). In standard 8, the dropout rate though lower than that for girls, is also high at about 58%, with the girls at about 65%. This shows that boys and girls tend to leave schools from the age 12 and above and to dropout in large numbers in standard 8.

Girls in primary school as % of total (**MDG 3):** The MDG targets require that all boys and girls will be in school by 2015. The 'Proportion of children attending Primary Schools out of the total of children of school going age' ranges from 48% in Nkhotakota to 98% in Zomba district by 2004. In terms of suggesting targets for the LAs, where the proportion of girls is already 50% or higher, the current status has been retained as 2015 target. From the data collected, Dedza DA and Mzuzu City have the highest proportion of girls in Primary schools at 53% followed by Kasungu Town and Luchenza with 52%. At the national level, the proportion of girls in Primary schools stands at 48%.

Since the national target is 50%, LAs with proportion of girls already at 50% (Lilongwe, Ntchisi, Rumphi, Zomba Municipal, Balaka Town, Mulanje, Mchinji and Blantyre) or higher (Balaka, Dedza Town, Dowa, Karonga Town, Likoma, Lilongwe City, Mangochi, Mangochi Town, Salima Town, Kasungu Town, Luchenza, Dedza, and Mzuzu City) should maintain the level. This situation will eventually level out with time. The districts with proportions below 50% (Kasungu, Chikwawa, Chitipa, Liwonde, Mwanza/Neno, Ntcheu, Salima, Blantyre City, Chiradzulu, Karonga, Mzimba, Nkhotakota, Nkhatabay, Nsanje, Phalombe, Thyolo, and Zomba Rural)) should work towards attaining the national target of 50% level

Under-five malnutrition (%) using weight for age method (MDG 4): Child (Under five) mortality in Malawi stands at 232 per 1000 from the 1998 Population and Housing Census. The causes of death are many, including malnutrition, which is among the top ten causes of admission into health facilities. It is also among the top ten causes of death among the admitted patients. The information obtained on the under-five malnutrition (%) using weight for age method shows that Karonga has the lowest malnutrition rate (8%) followed by Blantyre and Ntchisi at 10%. The worst case is in Dedza District Assembly at 68%. The national rate is 30%.

From the figures obtained from the District Socio Economic Profiles (Table 13), the highest infant mortality rate (IMR) has been given by Luchenza at 300 per 1000, compared to the national figure of 232 per 1000. Likoma district has the lowest IMR at 59 per 1000, followed by Kasungu at 93. The lowest child (under five) mortality is also in Likoma at 100. The highest figure is in Nsanje at 385 followed by Thyolo at 350 and Nkhatabay at 338.

Births attended to by at least a trained traditional birth attendant (MDG 5): On deliveries by at least a trained traditional birth attendant the cases vary from district to district with Chiradzulu having the lowest percentage of 38%. Rumphi registered the highest percentage at 93%. The national average is 63%.

Orphans given training and tools for production (**MDG 6):** Reponses to questions on HIV/AIDS, malaria and other diseases was also very poor. Only six Assemblies gave data for indicator (6): Orphans given training and tools for production (Chiradzulu -73, Luchenza-390, Mulanje-45,

Mwanza/Neno -29, Mzimba -10 and Mzuzu -20). Follow up will be required with the LAs that have not submitted the data to get the baselines on this indicator. The average at national level has not been calculated because of the small sample size. It appears record keeping on HIV/AIDS activities is uncoordinated/poor.

Chronically ill reached with home based care (MDG 6): Ten Assemblies (Machinga -101400, Blantyre – 11200, Mwanza/Neno -1313, Mulanje -1289 Nkhotakota -1213, Chiradzulu -200, Luchenza -138, Nsanje -102, Salima -75, and Mzuzu City -50) provided data on indicator : (7) Based on the submissions the national average was estimated at 11,980 chronically ill persons reached with home based care. It appears record keeping on HIV/AIDS activities is uncoordinated/poor. This may be due to the absence of focal points in the districts to coordinate HIV/AIDS programmes. However, there should be follow up to ensure that the rest of the LAs submit this data.

The National AIDS Commission gave some estimates for the number of adults infected with HIV in 2003 by districts. It however recommended that the figures be used with caution since in many cases they were based on prevalence from only 19 sites in districts because there were only 19 sites visited to represent 27 districts with separate rural and urban estimates. The estimates were meant to assist districts in planning only and not for epidemiological analysis. When the figures are ranked, only four LAs (Likoma, Lilongwe City, Mzuzu City and Zomba Municipality) have prevalence rates below 1.5% with the lowest rate in Likoma and Lilongwe City at 1.05%. The prevalence of thirteen (13) LAs (Lilongwe Rural, Ntcheu, Dedza, Mchinji, Kasungu, Nkhotakota, Mzimba, Rumphi, Ntchisi, Dowa, Chitipa, Nkhatabay and Phalombe) is below the national average of 6.63%. The rest of the LAs have prevalence above the national average, with Blantyre City having the worst prevalence at 15.32%.

Households in anti-malaria program (MDG 6): Eleven Assemblies (Blantyre DA -150000, Chikwawa -42456, Chiradzulu -23221, Kasungu DA -36650, Kasungu TA -2128, Luchenza -2856, Mangochi -33035, Mzuzu -12046, Nkhatabay -36729, Nkhotakoya -33303, Salima DA -2267) answered the question on **Households in anti-malaria program**. Based on the LAs that submitted data, the national level average was estimated at 34,062 households in malaria programmes.

Forest cover for non-agricultural land (**MDG 7)** Data on forest cover for non-agricultural land were obtained from the Socio economic Profiles (SEPs). Since there are no SEPs for the Town Assemblies, there are no data for them. Balaka district has the least (less than ½%) cover of forest in the country followed by Rumphi with less than 1%. Chitipa has the highest cover of forest land with 57%. Since there is no information on the expected level of forest cover it was not possible to give a national target.

Households with sanplants for sanitation (MDG 7): Data on households with sanplants are also very scanty. However, as an alternative, households with at least a traditional pit latrine were used. While admitting that the traditional pitlatrines are not the best form of disposing human faeces, they provide the only estimate for households with toilet/latrine facilities for human excreta disposal. Although generally considered to be less than adequate in terms of sanitation, the traditional pit latrine represented the only alternative, especially where national level sanitation standards are still to be defined by Government. Lilongwe District Assembly has the lowest proportion of households with

pitlatrines at 15%. Chiradzulu has the highest percentage of households using pitlatrines perhaps because of the low forest cover for using the bush. The district targets were set by comparing the existing situation with the national targets and giving an estimate that is assumed possible to achieve.

Households with improved water sources (MDG 7): With respect to access to adequate potable water, Balaka town, Blantyre City, Liwonde, Luchenza, Mangochi and Zomba Municipality have the best access, with only 5% of the population using unsafe source of water. Over half of the districts (24 LAs) have access levels in excess of 60% of the population. 35% of the Malawi population do not have access to adequate potable water.

Households participating in functioning Drug Revolving Funds (stocked with a specified minimum list of drugs) (MDG 8): Because of the unclear policy directives and funding of the Drug Revolving Fund (DRF) programme, there has only been limited implementation, and there are indications that the Ministry of Health has not been pursuing the DRF approach. As a result, data on this indicator was scarce. Instead, we used outpatient attendance to give an indication of extent of access to basic drugs for common illnesses (i.e. treatment for top ten diseases in the various health units across the country in the previous year). A major assumption here is that one would not waste time going or taking a patient for outpatient services if it is known that there are no drugs at the OPD. The total OPD cases received in all health facilities in the country during July 2002 – June 2003 was **11,671,511** representing a ratio of 1.05 (or 105%) of the total population. This is over one visit per person at the national level. OPD attendance fluctuated across districts with the highest percentage in Mangochi at 209%.

(c) Monitoring and Evaluation System

A framework of an M&E system has been proposed. In the framework, it is recommended that each LA should incorporate the data sets in Appendix 2, identify officers for data management, and draw up a schedule/timeframe for data collection, analysis and report production. It is expected that each LA will, with support from the Zone Offices, use the framework to update regularly data on the 12 indicators selected for the Project.

(d) Recommendations

The following are recommendations based on the findings of the study:

(i) A two day feedback meeting for the LAs to involve the DPDs from each LA should be part of the process of finalizing the findings, and to set the stage for engaging the LAs to commence conscious efforts towards meeting the MDG indicator targets using MASAF 3 or other development resources that they may have access to. This will also give an opportunity for the DPDs and Zone offices to formulate/develop their M&E plans.

(ii) There is need to support financially the District Assemblies (including the Cities/Municipality and Towns[1]) strengthen their Data Offices implement the District Data Bank System (DDBS). An operational DDBS will feed into MASEDA and assist in its operationalisation. This may be with funds for salaries, computers and accessories and capacity building in data management.

(iii) Given the limited time period in which this exercise was conducted, it is suggested that MASAF should assist LAs in closing gaps that exist on some of the indicators.

[1] Among the City/Municipal and Town Assemblies only Salima has established the DDBS.

(iv) In light of difficulties faced with obtaining data on safety nets, MASAF should consider using the poverty head count index (incidence) to estimate the number of people living in extreme poverty. This would make reporting on these indicators easy as the National Statistics Office collects this data periodically. However, Local Assemblies should still collect data on the number of households or individuals in safety nets. Simple data collection forms along the lines of the formats suggested in this report should be used by LAs to capture this data, and aggregate/summarise at LA level and reported on quarterly.

(v) MASAF should consider engaging in a discussion with the National Statistics Office and the Ministry of Economic Planning and Development (MEP&D) on the data requirements for tracking the selected MDG indicator targets. This should be particularly in relation to the quick roll-out of the MASEDA, and ensuring that the system is functional at the LA level

(vi) There are many genuine reasons to pay allowances to participants when attending workshops and meetings away from duty stations. Unfortunately, there are no common or standard rules and rates guiding these allowances. There is need for the Decentralization Secretariat to take the lead to resolve these issues, as they have a bearing on implementation of development activities in the districts. They had a negative effect on the collection of data for this exercise in terms of timely submission of the information.

1 BACKGROUND

In September 2000, the one hundred and ninety-one (191) states forming the United Nations Organization agreed on a set of eight goals aimed at reducing global poverty by signing the Millennium Declaration. The timeline for achievement of the targets for each of the goals is set to be 2015, with 1990 as the base year. These goals constitute a global development policy for the nations that have acceded to the Millennium Declaration. Consequently, the need for follow-up action and programming to nationalize the targets has become imperative, and has triggered action in various countries to rethink and refocus development programmes, and align them with the Millennium Development Goals (MDGs). For the developing countries such as Malawi, poverty reduction strategies are seen to be the appropriate framework for implementing various programmes in order to progressively move towards achieving the MDGs.

In Malawi, the social and economic indicators point to the fact that poverty is endemic and widespread, differing only in magnitude and depth from place to place. In 2003, Malawi Government conducted an assessment of the status of the eight MDGs, with a view to monitoring them on a continuous basis and to use the results as a basis for assisting Government and its partners focus attention towards their attainment. The status of the MDG targets as of 2003 is given in Table 1.

Table 1: STATUS OF THE MDG TARGETS AS AT 2002

Millennium Development Goal	Base Level	Current Level	Target Level
	1990	**2002**	**2015**
Halve the proportion of the population in poverty (%)	65.3	65.3	32.7
Halve the proportion of the population without potable water %	48	42	24
Achieve Universal primary School %	20	20	100
Reduce by 2/3 under-five mortality (per 1000 live births)	234	189	78
Reduce by 3/4s maternal mortality (per 100,000 live births)	620	1120	155
Begin to reduce HIV/AIDS prevalence rate (%)	13	15.0	<13.8

Source: GoM/SADC (2003), MDGs Malawi Report

From Table 1, it is clear that Malawi faces formidable challenges in moving towards meeting the MDGs. It is worth noting that while there has been progress in improving access to potable water and reducing under –five mortality between 1990 and 2002, the maternal mortality worsened from 620 to 1120 per 100,000. The HIV/AIDS prevalence rate remained relatively stable recorded at 13 % in 1998 and 15 % in 2002.

1.1 GOVERNMENT POLICIES AND STRATEGIES

The overarching Government strategy is the Malawi Poverty Reduction Strategy Paper (MPRSP) that is built around four pillars, namely, (a) sustainable pro-poor economic growth to empower the poor by

ensuring access to credit and markets, skills development and employment generation; (b) human capital development to ensure that the poor have the health and education status to lift themselves out of poverty; (c) improving the quality of life for the most vulnerable by providing sustainable safety nets for those who are unable to benefit from the first two pillars; and (d) promotion of good governance, political will and mindset, which will ensure that public and civil society institutions and systems protect and benefit the poor. The four crosscutting issues of HIV/AIDS, gender, environment and technology development also support the MPRSP pillars. Ultimately, the MPRSP represents the main planning tool for policies and programmes targeted at poverty reduction in Malawi. The Government, through the Ministry of Economic Planning and Development as the central planning agency in the country has adopted the MDGs, targets and indicators to develop not only the Malawi Poverty Reduction Strategy Paper (MPRSP) but also the Malawi Poverty Reduction Strategy Monitoring and Evaluation Master Plan (MPRS M&E MASTER Plan, GoM, 2003)

In regard to programming for the achievement of the MDG targets, the third phase of the Malawi Social Action Fund (MASAF 3) is perhaps the first Government Project that has deliberately been designed to actively integrate the MDGs as a key aspiration in the country. A quarter of the 48 MDG indicators targets have been selected, and will be tracked over the 12 years life of the Project.

1.2 THE MALAWI SOCIAL ACTION FUND (MASAF 3)

As indicated above, the third phase of the Malawi Social Action Fund (MASAF 3) Project has been designed as one of the poverty reduction instruments of the Government of Malawi. The Goal of the Project is to contribute towards poverty reduction by empowering local communities to manage their socio-economic development, and demand transparency and accountability within the decentralised planning system for improved access to services, incomes and good governance. This is consistent with the Malawi Poverty Reduction Strategy (MPRSP) goal of empowering the poor socially, economically and politically. The specific objectives of MASAF 3 Project are:-

(i) To improve access to and utilization of social-economic services by the communities in urban and rural areas;
(ii) To transfer cash income to the poor households and individuals through creation of community assets;
(iii) To improve the quality of life for the most vulnerable persons;
(iv) To increase poor communities' access to savings and investment opportunities; and
(v) To develop and strengthen capacities of communities, Local Authorities (LAs) and Civil Society Organizations for improved development management and local governance.

MASAF 3 is a twelve (12) year Project that will be carried out in three phases [Adaptable Program Loan (APL) cycles] and implemented through the Local Authorities (LAs). A number of Project activities will be undertaken throughout the three phases, which will contribute towards poverty reduction as espoused in the Malawi Poverty Reduction Strategy Paper (MPRSP), and the Millennium Development Goals (MDGs). In order to track the MASAF contributions towards the selected indicators, it became necessary to have in place baseline information regarding the degree of poverty in general and the status of the indicators to be tracked in particular. To this end, MASAF sought the

current technical assistance to help the LAs establish this baseline and suggest a baseline data collection system that will facilitate the updating of the selected indicators on a yearly basis.

1.3 OBJECTIVE OF THE STUDY

The objective of the consultancy was to assist the forty LAs (a) collect the baseline information regarding the indicators which will be tracked over the life of the Project, and (b) to recommend data requirements and a system to be put in place at LA level for the continuous collection of this information.

1.4 SCOPE OF WORK OF THE STUDY

The Consultant worked with the 40 LAs to prepare the baseline data on the 12 selected MDG indicator targets that will be tracked in MASAF 3, and recommended tools (e.g. data collection questionnaires) that could assist in the data collection and storage at the LA level. Specifically, the activities carried out by the Consultant included the following:

(i) Working with the LAs and preparing baseline data on the 12 selected MDG indicator targets that will be tracked in MASAF 3;
(ii) Reviewing existing baseline data collection systems at the LA level;
(iii) Identifying baseline data which is not directly related to the MASAF Project goals and objectives but that would provide useful background awareness of the socio-economic context of the program;
(iv) Determining possible linkages with the National Statistical Office and the MASEDA, MASAF Management Unit, Ministry of Economic Planning and Development, for data that is not captured by the LAs;
(v) Recommending a methodology of monitoring and regular collection of data for LAs and MASAF;
(vi) Recommending an institutional framework for information/data collection and analysis at LA and MASAF levels;
(vii) Recommending tools (e.g., software, manual forms, etc.) that could assist in data collection and storage at the LA levels. The type of information to be stored, taking into consideration the objectives of the consultancy, and the Local Authority Management Information System (LAMIS) currently being rolled out by MASAF was expected to be suggested by the consultant.

1.5 ORGANISATION OF THE REPORT

This report presents the methodology, processes and findings of the study and offers suggestions for data gathering for updating the indicators for the MASAF 3 Project. The report is organised in five parts as follows:

- ✓ Chapter 1 is a brief background,
- ✓ Chapter 2 is a presentation of the methodology and approach to the study,
- ✓ Chapter 3 is a presentation of the findings of the study,
- ✓ Chapter 4 presents the proposed data collection, storage and mechanisms for updating the baselines by Local Assemblies.
- ✓ Chapter 5 is a conclusion and presents a set of recommendations for follow up action in future to institutionalise a reporting system for the indicators chosen for the MASAF 3 Project.

2 METHODOLOGY AND APPROACH

2.1 INTRODUCTION

Baseline data is usually for describing the situation on the ground prior to intervention by a programme or project. It serves as the starting point for measuring or demonstrating changes in that situation and the performance of the programme or project. It captures socio-economic conditions, demographic data/information and physical conditions of the area prior to the commencement of the implementation of a programme/project and after completion or in between (e.g. half way) the project lifetime. The baseline report serves as a yardstick for comparing conditions that existed before intervention and after a certain period of intervention (Mid-term or end-of-project or ex-post impact).

In this study, the main method for collecting data for the 12 MDG indicator targets selected for the MASAF 3 Project was through review of documentation, mainly from national level sector planning departments, Local Assemblies, reports by non-governmental organizations and project reports from project implementation units of various Projects, including those from MASAF. This method was adopted because most of the official documents at the central level from which the data was obtained have their sources at the District Assembly. Moreover, the data as presented in the various reports published by the Government represent official statistics that were available so as not to warrant a survey focusing only on the 12 Indicators selected for MASAF.

In addition, a questionnaire designed to facilitate summarizing data kept by Local Authority sector staff was used (Appendix 2). The questionnaire was pre-tested in Mchinji and Lilongwe District Assemblies and discussed with the MASAF constituted Peer Review Team (PRT). Data submitted from the LAs were cross-checked against that presented in the LA specific Social Economic Profiles (SEPs), and the national level published reports to ensure that the quality and consistency of the results was not compromised. A series of key informant discussions were held with people at the district and national level sector ministries to guarantee acceptance of the data obtained.

In instances where data was not readily available as in the case of ‘the number of poor people receiving a daily cash transfer or assistance of at least US$0.30 or more, or households participating in drug revolving fund, alternative data sets such as the poverty incidence (head count) and the frequency of treatment of new cases for the top ten diseases have been used as alternative data (proxy) sets to provide an indication of these indicators.

The main frame of reference in regard to the indicators on which the baseline was constructed is the 12 MDG indicators, which are also the markers for impacts (Table 2) arising from MASAF supported interventions. Suggested targets for 2015 for each indicator by LA are suggested to be those at the national level. It is expected that these targets will be discussed with the respective LAs, and agreed to, to ensure that each LA progressively works towards attaining the selected MDG indicator targets, where they fall below the target.

Table 2: THE 8 MDGS, INDICATORS, NATIONAL BASELINE FOR 2000, NATIONAL 2015 TARGETS AND MASAF 3 LA-INDICATORS

MDG	MDG indicators	Malawi 2000 Baseline	Malawi 2015 target	MASAF – LA Indicators
1 Eradicating extreme poverty and hunger	(1) Poor households receiving daily transfer or assistance of USD0.30 or more	55%	28%	Households in receipt of -PWP wages (M/F) for at least two months -SSP incomes (M/F) over two years No. of COMSIG/COMSICs formed and working Households in OMSIGS/COMSICs and Quantity of produce by various projects Value of produce from all projects
2 Achieve universal primary education	(2) Grade 1 children reaching grade 5	20%	90%	Children in primary school, every term Primary school facilities tracked by Classrooms Toilets Offices Water Woodlot Teacher house Functioning school committees and PTAs
3 Promote gender and equality and empower women	(3) Girls in primary school as % of total	48%	50%	Total girls and boys in primary schools (with urban/rural split) every term
4 Reduce child mortality	(4) Under-five malnutrition (%) using weight for age method	30%	15%	Households participating in nutrition projects Under-fives in nutrition projects
5 Improve maternal mortality	(5) Births attended to by at least a trained traditional birth attendant	43%	90%	Households with access to a trained TBA Total TBAs trained under CBOs Persons reached with family planning services Number of births supervised by TBAs
6 Combat HIV/AIDS, malaria and other diseases	(6) Orphans given training and tools for production (7) Chronically ill reached with home based care (8) Households in anti-malaria program			No. of orphans supported Production tools (by trade) distributed Number of chronically ill covered by home-based care projects No. of households using impregnated bed nets
7 Ensure environmental sustainability	(9) Forest cover for non-agricultural land	77% 37%	84% 68%	Hectares planted with seedlings No. of seedlings planted No. of households given sanplants

	(10) Households with sanplants for sanitation (11) Households with improved water sources			No. of households with improved water source
8 Develop global partnership for development	(12) Households participating in functioning Drug Revolving Funds (stocked with a specified minimum list of drugs)			No. of Drug Revolving Funds fully stocked and in use No. of individuals served by Drug Revolving Funds

Source: MASAF/CEDP Operations Manual (GoM, 2003)

2.2 DATA COLLECTION

2.2.1 Development of Data Collection Instruments

After reviewing the recommended indicators from the Client, a listing of possible sources of data was drawn up (Appendix 2). As indicated above, the data for this baseline were collected from secondary sources of already existing data in central government ministries (Agriculture and Irrigation, Education, Health, Youth, Gender, Community Development and Social Welfare, Natural Resources and Environmental Affairs, Public Works, Water Development and Sanitation, MASAF Zone offices, etc.,), Departments, NGOs and institutions operating in the District Assemblies. In addition, a questionnaire to compliment the data that would be obtained from the sectors was designed. The questionnaire was pre-tested in Lilongwe and Mchinji districts. The peer review team instituted by MASAF to oversee this assignment provided useful comments on the questionnaire. Based on these comments, the questionnaires were updated and sent to the LAs to fill. The questionnaires sent to the LAs were aimed at summarizing the required data in one form to facilitate easy analysis.

2.2.2 Training of Research Assistants

Four research assistants were selected to distribute and follow up the filling out of the questionnaires: three to cover the Central and Southern Regions districts and one to cover Kasungu and all the districts in the Northern Region. The Consultant covered Mchinji, Lilongwe City and District Assemblies. The research assistants were oriented on filling out of the questionnaires prior to their departure for the distribution of the questionnaires. They were also detailed on the objectives of the study and to advise the DPDs on the management of the questionnaires (i.e. sort and distribute the relevant parts of the questionnaires to the sectors of Education, Health, Agriculture, Forestry, Roads, etc.) so that each sector head would fill out the parts sent to his/her sector. The districts assigned to each RA are in Table 3.

2.2.3 Distribution of Questionnaires

The questionnaires were faxed by MASAF Management Unit to all the District Assemblies. The research assistants then followed with copies of the same to explain the purpose of the study and

orient the district staff on filling the questionnaires. This was done between 8th and 12th December 2004. The week before Christmas was used for filling questionnaires with information from the central government sources (Education, Health, Agriculture, Forestry, Social Welfare etc.).

Table 3: DISTRIBUTION LIST OF THE DISTRICTS TO RESEARCH ASSISTANTS

Research Assistant	Districts to covered	Remarks
Max Chunga	Kasungu Town and District, Mzimba, Mzuzu, Rumphi, Karonga Town and District, Chitipa, Nkhatabay, Likoma (10 District Assemblies)	Except for Likoma District where the questionnaire was sent by post/ship from Nkhatabay, all questionnaires were delivered physically to the DCs' offices. In Chitipa, the research assistant not only delivered the questionnaire, but also facilitated collection of the data
Mthews Chilau	Dedza Town and District, Balaka District and Town, Ntcheu, Liwonde, Mangochi District and Town, Machinga, Zomba Municipality and District. He later covered Ntchisi and Dowa (13 District Assemblies).	The Townships have increased the allocation to Mr Chilau to be many. Initially, Dowa and Ntchisi were to be covered by the consultant. Unfortunately, because of his busy schedule they were reassigned to Chilau.
Lucky Naminsango	Chiradzulu, Blantyre City and District, Thyolo, Luchenza, Salima Town and District (7 District Assemblies)	
Siyetu Mwale	Mwanza/Neno, Mulanje, Phalombe, Chikwawa and Nsanje (6 District Assemblies)	

2.2.4 Collection of data from the national line Ministries

As the RAs headed for the districts, the Consultant visited Ministries at the Central level to obtain and compile similar data. Data from the Ministries were then compared with the district level data and those contained in their respective Socio Economic Profiles. He also covered Mchinji, Lilongwe City and Lilongwe District Assemblies.

2.2.5 Follow-up of Questionnaires

The same Research Assistants who delivered the questionnaires to the districts followed up the filling out of the questionnaires that had not come back from the districts. They went back to the districts between 4th and 15th January 2004. By this time many districts had not touched the questionnaires prior to the arrival of the RAs. Nonetheless, through close follow-up some questionnaires from 36 LA s were filled out and submitted to the Consultant directly or through MASAF Management Unit. However, most of them were not fully completed.

2.3 CONSTRAINTS DURING DATA COLLECTION

A number of constraints were faced during the study among them were the following:

(i) Consultancy Fatigue

The DPDs generally complained of MASAF keeping them too busy with attending to the demands of consultants. It appears this complaint also came up because the districts were not funded and they felt their time was being wasted on providing information to consultants and other activities instead of implementing projects.

(ii) Allowances

The issue of allowances for work also came up. This was clearly stated in at least four districts. For example a DPD told the consultant that every time DEC members attended MASAF meetings, they get paid at least K250 a day. They wondered why people were not being paid for the data collection. The reports from the RAs also confirm that the sectors demanded payment of allowances. In Thyolo, the sectors argued that the DPD was not being transparent since all the work they have been doing for MASAF included some payment of allowance. In Blantyre City the Director of Planning made several excuses and claimed to be too busy and failed to complete the questionnaires.

(iii) Lack of Personnel for the District Data Bank System

The Ministry of Local Government has developed the District Data Bank System and has established the posts of Database Officers and Data entry clerks. Unfortunately, these posts have not been filled in most districts because of lack of funds and one would add for not being of a high a priority in the list of district activities.

(iv) Christmas and New Year Holidays

The problem the RAs faced was the absence of personnel and their indifference to work during the Christmas and New Year holidays. Because of this we did not pursue data collection between 18th December 2004 and 3rd January 2004. This could be considered as a delay to the study for about two weeks. This can be considered a seasonal problem and should be avoided during work scheduling for similar assignment in future.

(v) Non-availability of key officers at the time of data collection

The absence of DPDs and District Commissioners was also common because of attending to meetings outside their duty stations that they had to attend. The absence of these two important officers from the district meant that quick follow up on the filling out of the questionnaires was not possible, and exacerbated the delays. In some instances, the questionnaires were reported to have been lost.

(vi) Poor data management

This hinges on the lack of personnel, lack of logistical support, lack of motivation (leadership) for those working in data related programmes. This leads to a lack of interest towards data related programmes.

Increasingly, the tendency is for officers to want to be associated with the implementation of projects where one can see and touch the flow of money, rather than concerns for data gathering, storage and analysis for accountability purposes.

2.4 COMMENTS AND SUGGESTIONS ON THE CONSTRAINTS

Allowances: There are many genuine reasons to pay allowances to participants when attending workshops and meetings away from duty stations. Unfortunately, there are no common or standard rates for these. Many financiers of programmes in the districts compete for the time and attention of the district personnel, and as a result entice them with payment of different rates of allowances. Because of this, the district personnel have become selective in attending to work schedules. Those who pay and pay more are attended to more timely than those who insist on “No allowances”. It is the creation of the financiers and the practice can only be reversed by them. There may be need for the Decentralization Secretariat to take the lead to organize a conference to discuss and resolve these issues, as they have a bearing on implementation of development activities in the districts.

Lack of Personnel for the District Data Bank System: Institutions like Malawi Social Action Fund and National AIDS Commission (NAC) should come to the aid of the districts to fill the gap, and facilitate data gathering, storage and analysis. This can be done in two stages (a) holding sensitization meetings to impress upon the district senior staff the importance of statistics/data in programme planning and management and (b) supporting the employment of personnel for data management, and providing training opportunities for career development of officers employed for data management, as is done for accounting staff. This w may assist in solving the problem of poor data management in the districts.

3 DATA ANALYSIS AND FINDINGS

3.1 THE BASELINE DATA

The data reported on are in the form of summarised information. They do not need complicated data entry and analysis packages. Considering that the District Data Bank System (DDBS) is in use and collecting somewhat similar data, it is advisable to incorporate the MDG data that are not being collected by the districts into the DDBS. These are mainly from the selected MDG indicators 1: Eradicating extreme poverty and hunger, 6: Combat HIV/AIDS, malaria and other diseases and 12: Develop global partnership for development. Moreover, the DDBS also has a Monitoring and Evaluation System in place and what is required is to incorporate the MASAF M&E indicators into the District Assembly System for the district staff to implement. Without doing this, MASAF M&E needs will remain a non -Assembly affair.

As suggested in the recommendations below, there is need to bring together the DPDs and MASAF Zone Offices M&E staff for the purpose of imparting the findings and to set the stage for engaging the LAs commence conscious efforts in meeting the MDG indicator targets. In this meeting, the LAs will also be taken through the M&E Framework so that they prepare their own M&E plans that will spell out data requirements, responsibilities, schedule of data collection, analysis and report writing.

3.2 MDG 1: ERADICATING EXTREME POVERTY AND HUNGER

The Malawi Social Action Fund (MASAF) and other partners have been involved in financing safety nets programmes in the districts for improving the quality of life of the most vulnerable population, which are described as those chronically poor and have no capacity to generate income. This category also involves the indigent with no one to support them. Effectively, this means that the safety nets interventions, and other activities aimed at increasing the incomes of the poor contribute to the reduction of the proportion of people living below US$1.0 per day. This is in line with the Millennium Development Goal No. 1 which aims at eradicating extreme poverty and hunger, and work towards reducing the proportion of people living in extreme poverty by 50% by 2015.

Table 4 is a presentation of the **poverty incidence** by Local Assembly. The 2003 national level assessment of the status of the MDGs for Malawi used the 1998 poverty incidence (headcount) of 65.3 % as a base and on the basis of this, estimated the **national target for 2015 to be 32.7 %** and all the LAs are expected to be achieving (moving towards) this target. Karonga Town Assembly has the lowest incidence of poverty at less than 5%. Only the districts of Lilongwe City, Karonga, Likoma, Nkhatabay and Kasungu have poverty incidences below 50%. Nineteen Local Authorities (Lilongwe Rural, Rumphi, Mulanje, Mzimba (or M'mbelwa as it also called), Mangochi, Mzuzu City, Chitipa, Mwanza, Zomba Rural, Dedza Town, Chiradzulu, Nkhotakota, Ntchisi, Thyolo, Zomba Municipality, Dedza, Phalombe and Ntcheu) have poverty incidences below the national level of 65.3 %. Phalombe and Ntcheu districts have poverty incidences above 80%. This means that the nineteen LAs need to devote more efforts towards meeting the national target of 32.7% target.

TABLE 4: CURRENT POVERTY INCIDENCE BY LA AND TARGETS FOR 2015

Local Authority	Population	Poor Persons Below Poverty Line	Poor Persons as % of LA Population
Malawi	**9,934,068**	**6,444,006**	**65.3**
Balaka	238,800	151,638	63.5
Balaka Town	14,298	7,850	54.9
Blantyre City	502,053	303,742	60.5
Blantyre Rural	307,344	200,696	65.3
Chikwawa	356,682	195,462	54.8
Chiradzulu	236,050	174,677	74
Chitipa	126,799	90,408	71.3
Dedza	471,274	371,422	78.8
Dedza Town	15,408	11,294	73.3
Dowa	411,387	220,503	53.6
Karonga	166,761	70,206	42.1
Karonga Town	27,811	1,171	4.21
Kasungu	452,905	221,471	48.9
Kasungu Town	27,754	15,237	54.9
Likoma	8,074	3,851	47.7
Lilongwe City	440,471	166,939	37.9
Lilongwe Rural	905,889	594,263	65.6
Liwonde Town	15,701	8,620	54.9
Luchenza Town	8,842	4,854	54.9
Machinga	353,913	224,735	63.5
Mangochi	583,669	407,401	69.8
Mangochi Town	26,570	14,587	54.9
Mchinji	324,941	220,960	68
M'mbelwa	524,014	353,709	67.5
Mulanje	428,322	287,832	67.2
Mwanza	138,015	98,543	71.4
Mzuzu City	86,980	61,669	70.9
Nkhata Bay	164,761	78,591	47.7
Nkhotakota	229,460	170,396	74.3
Nsanje	194,924	99,996	51.3

Ntcheu	370,957	311,604	84
Ntchisi	167,880	128,092	76.3
Phalombe	231,990	194,640	83.9
Rumphi	128,360	84,461	65.8
Salima	227,859	138,538	60.8
Salima Town	20,355	11,175	54.9
Thyolo	450,134	345,703	76.8
Zomba Municipality	65,915	51,414	78
Zomba Rural	480,746	345,656	71.9

Source: Guidelines for Resource Allocation to Local Authorities, National Local Government Finance Committee, 2004)

The districts are also expected to track the following:

- Number of community savings groups formed
- Number of community savings clubs formed
- Number of households involved in these groups/clubs
- Quantity of produce from the projects the groups/clubs are implementing
- Value of the produce from the projects

The main objective of the Community Savings and Investment Promotion is to create favourable environment and incentives for communities to save through groups and clubs. Individuals are encouraged and facilitated to voluntarily form community savings and investment groups (COMSIGs) comprising of ten to fifteen members. Each group elects a management committee. Ten to fifteen groups can come together to form a community savings and investment club. Each club will similarly elect a management committee. To ensure gender equality, 50% of the committee members should be women.

No data was obtained to fill the questionnaires. The districts said that the information required could only be obtained from the institutions that provided the safety nets. Visits to the Safety Nets Unit and the Department of Social Welfare of the Ministry of Gender and Community Services by the consultant did not yield any significant benefits either. SNU has been established to coordinate safety nets programmes in the country under the overall supervision of the Department of Poverty and Disaster Management Affairs in the Office of the President and Cabinet (OPC). A list of the institutions/organisations (22+) providing safety nets has been drawn up and the unit is slowly collecting the relevant data. It provided some data on households who participated on MASAF PWP activities for the districts of Ntcheu, Salima, Dowa and Lilongwe. Information that is said to be available in World Food Programme (WFP) is still under analysis by the consultants who collected data from eight districts.

Some District Assemblies however provided information as in columns 4 and 5 of Table 5 and for Table 6. They mainly contain data from MASAF financed Public Works Programmes (PWP). Very little

information was obtained on SSP and Community Savings and Investments Promotion programmes. On the COMSIGs and COMSICs, the districts confirmed that the programme is new and nothing, in terms of implementation, has been achieved yet.

Of the 18 districts that submitted data, Kasungu District Assembly had the least number of female headed households' participants at 22%, followed by Nkhatabay at 30%. In all the remaining districts that provided information, the participation of FHH ranges from 36% in Mangochi to 79% in Balaka Township. Considering that the average FHH in the country is less than 30%, the participation of female headed households is very high in PWP activities.

TABLE 5: MDG 1 ERADICATING EXTREME POVERTY AND HUNGER

Indicator 1: Poor households receiving daily transfer or assistance of USD0.30 or more

MALAWI/District	Households in receipt of PWP wages (M/F) for at least two months	% of FHH in receipt of PWP wages for at least two months
Malawi	**86,154** [2]	**45%**
Balaka DA	10,013	49%
Balaka TA	950	79%
Blantyre CA	25050	50%
Blantyre DA	3900	76%
Chikwawa		
Chiradzulu DA		
Chitipa DA		
Dedza DA	500	50%
Dedza TA	340	38%
Dowa DA		
Karonga DA		
Karonga TA	869	22%
Kasungu DA		
Kasungu TA		
Likoma DA	3500	
Lilongwe CA		
Lilongwe DA		
Liwonde TA	310	
Luchenza		
Machinga DA	3763	75%
Mangochi DA	410	63%

2 Total for LAs that provided data and hence the average

MALAWI/District	Households in receipt of PWP wages (M/F) for at least two months	% of FHH in receipt of PWP wages for at least two months
Mangochi TA	7425	36%
Mchinji DA		
Mulanje DA	6694	42%
Mwanza/Neno	210	54%
Mzimba DA		
Mzuzu CA	6694	42%
Nkhatabay DA	1500	30%
Nkotakota DA		
Nsanje	3000	67%
Ntcheu DA	4100	68%
Ntchisi DA		
Phalombe DA		
Rumphi DA		
Salima DA	6190	
Salima TA		
Thyolo		
Zomba DA		
Zomba MA	736	44%

Source: Sector Records of District Assemblies

TABLE 6: DISTRICT ASSEMBLY LEVEL INDICATORS

Name of District	Households in receipt of SSP incomes (M/F) over two years	Females in receipt of SSP incomes (M/F) over two years	Males in receipt of SSP incomes (M/F) over two years	Number of COMSIGs formed and working	% of COMSIGs formed and working under women
Balaka DA					
Balaka TA					
Blantyre CA					
Blantyre DA	380	53%	47%	28	
Chikwawa				81	
Chiradzulu DA				101	
Chitipa DA				29	
Dedza DA					
Dedza TA					
Dowa DA					
Karonga DA					

Name of District	Households in receipt of SSP incomes (M/F) over two years	Females in receipt of SSP incomes (M/F) over two years	Males in receipt of SSP incomes (M/F) over two years	Number of COMSIGs formed and working	% of COMSIGs formed and working under women
Karonga TA					
Kasungu DA				18	
Kasungu TA					
Likoma DA					
Lilongwe CA				104	
Lilongwe DA					
Liwonde TA					
Luchenza					
Machinga DA					
Mangochi DA					
Mangochi TA					
Mchinji DA				96	
Mulanje DA	62,650	82%	18%	24	92%
Mwanza/Neno	5,322	58%	42%		
Mzimba DA	42	71%	29%	85	76%
Mzuzu CA					
Nkhatabay DA					
Nkotakota DA					
Nsanje	3750	67%	33%	1000	70%
Ntcheu DA					
Ntchisi DA					
Phalombe DA				23	87%
Rumphi DA				17	
Salima DA	4148	46%	54%		
Salima TA					
Thyolo					
Zomba MA	35	63%	37%		
Zomba DA					

Source: Sector Records of District Assemblies

TABLE 7: DISTRICT ASSEMBLY LEVEL INDICATORS

Name of District	Households participating in COMSIGs	Women participants in COMSIGs	Men participants in COMSIGs	Quantity of produce by various projects	Value of produce from all projects
Balaka DA					
Balaka TA					
Blantyre CA					
Blantyre DA	420				
Chikwawa					
Chiradzulu DA					
Chitipa DA					
Dedza DA					
Dedza TA					
Dowa DA					
Karonga DA					
Karonga TA					
Kasungu DA	260	31%	69%	30 bottles (500mlts) of honey [3]	
Kasungu TA					
Likoma DA					
Lilongwe CA					
Lilongwe DA					
Liwonde TA					
Luchenza					
Machinga DA					
Mangochi DA					
Mangochi TA					
Mchinji DA	1064	90%	10%		
Mulanje DA	683	68%	32%		
Mwanza/Neno					
Mzimba DA	85	71%	29%		
Mzuzu CA					
Nkhatabay DA					
Nkotakota DA					
Nsanje					

[3] The framing of the question seems to be problematic e.g. can one add bread, honey and fish to give quantity of produce for the various projects for a COMSIG or COMSIC? It needs to be revisited to contain separate variables for product, quantity and value (see QNR 5, Appendix 2).

Name of District	Households participating in COMSIGs	Women participants in COMSIGs	Men participants in COMSIGs	Quantity of produce by various projects	Value of produce from all projects
Ntcheu DA	300	60%	40%		
Ntchisi DA					
Phalombe DA					
Rumphi DA	410	68%	32%		
Salima DA	405	94%	16%		
Salima TA					
Thyolo				300 layers 2 g/mills	K2,651,282
Zomba MA					
Zomba DA					

Source: Sector Records of District Assemblies

3.3 MDG 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

3.3.1 Indicator 2: Grade 1 children as (%) reaching grade 5

The Local Assembly Education offices reported that there is very little cohort tracking, and that if some primary schools undertook cohort tracking at all, this was only in isolated cases and on a pilot basis under the supervision of the Ministry. The Ministry of Education Headquarters confirmed that the completion rate of children reaching standard 5 is not calculated regularly. The only information available is for 1995 from the "**The Malawi Social Indicators survey (1995)**" from which Table 7 has been completed. The survey figures indicate that 86 % of the children enrolled in standard 1 reached standard 5 at the national level. However, a more recent attempt in assessing the status of the MDG indicator targets for Malawi (GoM/SADC, 2003) found that only 20 % of the children enrolled in standard 1 reached standard five. Basing on the 1995 data, Mwanza district (that included Neno district), has the lowest completion rate (41%) for standard 5 children followed by Thyolo district (58%) that included Luchenza Town assembly. The completion rates for nine districts (Lilongwe, Ntchisi, Mangochi, Dedza, Mchinji and Nkhotakota) lie between 78 % and 84 %. The rates of 15 districts lie between 86% and 95%. The rates of the rest of the districts are between 96% and 100%. The districts of Balaka, Chiradzulu, Liwonde, Machinga and Rumphi are at 100%.

Indicators in column 3 of Table 8 and of Table 9 were included to add more information on quality of education in the country. Column 3: ***Proportion of children attending Primary Schools out of the total of children of school going age*** gives an idea of those who would become literate on completion of 5 years of education. The higher the proportion the more hopeful it is for the district/nation to attain a higher level of literacy. It was not possible to calculate a national figure because the projected population (2,397,857) of school going age (6-13 yrs) given by the National Statistics Office (NSO) is lower than the children (3,166,706) actually attending Primary schools in 2004 given by the Ministry of Education. This may be because the total number of children who are actually attending schools include children below and above the official school going age group (6 – 13) years. Nkhotakota district (48%) has the lowest proportion of children attending primary schools followed by Kasungu with 50%. Zomba district has the highest proportion at 98%. The districts of Mchinji, Mwanza, Neno, Dowa and Zomba have proportions above 90%. The districts that have no

proportions are those whose projected populations fall below the number of children actually attending schools

The national target is set at 90%. The districts that have attained 90% completion rate or more should work towards attaining a 100% rate. The districts in Table 8 (Mwanza/Neno, Luchenza, Thyolo, Nkhotakota, Dedza, Dedza Town, Mchinji, Mangochi, Mangochi Town, Ntchisi, Lilongwe City, Ntcheu, Mulanje and Phalombe) that fall below 90% should work towards attaining at least 90% completion rate.

TABLE 8: MDG 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

Indicator: Grade 1 children reaching grade 5 (%) (Completion rate) as at 1995

Name of District	Malawi/District indicator baseline 2000/2004[4]	Proportion of children attending schools[5]
Malawi	**86**	**82%**
Balaka DA	100	80%
Balaka TA	100	80%
Blantyre CA	99	
Blantyre DA	99	70%
Chikwawa	96	79%
Chiradzulu DA	100	84%
Chitipa DA	90	68%
Dedza DA	75	82%
Dedza TA	75	82%
Dowa DA	95	97%
Karonga DA	92	83%
Karonga TA	92	83%
Kasungu DA	91	50%
Kasungu TA	91	50%
Likoma DA	95	54%
Lilongwe West		74%
Lilongwe CA	84	66%
Liwonde TA	100	80%
Luchenza	58	

[4] **Source** : Malawi Social Indicators survey 1995,

[5] **Source**: (a) District Assembly (Sector Records). (b) Education Statistics, (2004) Ministry of Education, Education Management Information System.(c) Population projections for 2004 based on the Population and Housing Census 1998.

Name of District	Malawi/District indicator baseline 2000/2004[4]	Proportion of children attending schools[5]
Machinga DA	100	63%
Mangochi DA	79	77%
Mangochi TA	79	77%
Mchinji DA	75	91%
Mulanje DA	89	
Mwanza/Neno	41	92%
Mzimba DA	93	North 71%
		South 66%
Mzuzu CA	93	63%
Nkhatabay DA	97	54%
Nkhotakota DA	73	48%
Nsanje	94	
Ntcheu DA	86	85%
Ntchisi DA	81	70%
Phalombe DA	89	80%
Rumphi DA	100	61%
Salima DA	90	
Salima TA	90	
Thyolo	58	
Zomba DA	90	98%
Zomba MA	90	98%

3.3.2 District level Indicators (Table 9)

(i) Column 2 of **Table 9** gives the Pupils/teacher ratio as a measure of the level of attention children get from their teachers. The higher the ratio, the lower the attention the teachers can pay to their children. The **national ratio is 72**, with the rural and urban ratios estimated at 77 and urban 44 respectively. Mangochi has the worst ratio with 105 Pupils per teacher followed by Phalombe with 97. The districts of Machinga, Dedza, Zomba and Phalombe have ratios above 91. Kasungu Town Assembly has the lowest ratio (34) followed by Liwonde (37). The ratios of eleven Assemblies (Kasungu Town, Liwonde, Lilongwe City, Mzuzu City, Blantyre City, Balaka Town, Likoma, Zomba Municipal, Bl antyre District and Chitipa) fall within the required national figure 60. The rest of the Local Authorities have ratios above the national figure of 72. This situation warrants the District Education Manager to ask for more teachers.

(ii) Column 3 of Table 9 gives the average number of pupils per classroom in the districts. Since the classrooms are meant for 60 pupils, any ratio higher than 60 is over crowding. Salima and Likoma have the lowest number of pupils per classroom at 44 and 47 respectively. The rest of the districts have ratios above 67 pupils per classroom with Ntchisi at 67 and Lilongwe City topping the list at 149 and Blantyre City at 145. There are no records for Dedza, Karonga and Mangochi Town Assemblies. The national ratio is 107. Fifteen LAs (62.5%) have ratios below the national figure. Districts with higher ratios than the required number of 60 per class should seek support for the construction of more classrooms.

(iii) Column 4 of Table 9 gives the ratio of permanent teachers' houses to teachers. This is one of the criteria for measuring good working conditions for teachers. The teachers in the districts of Nsanje, Mangochi and Mzimba are the best housed according to the figures in column 5 of Table 9. However, one should be mindful of these districts being rural districts commonly avoided by civil servants for their poor social services facilities. The three Cities and the Municipality of Zomba are the worst in terms of staff housing with about 10 teachers or more competing for one house. Again, one should note that it is the cities where everybody wants to be. Moreover, all the female teachers whose husbands are in these cities follow their husbands whether or not they have been posted to the schools in the cities.

(iv) Column 5 of Table 9 gives the ratio of the number of Active Parents and Teachers Associations to the number of schools in the district. A ratio of one shows that all the schools have active PTAs and a ratio of zero means there are no active PTAs. An active PTA shows that the community is concerned and involved in the affairs of the school. Salima district has the lowest PTA/Schools ratio at 0.30 followed by Nkhotakota at 0.32. The districts of Dowa, Mchinji, Mulanje, Lilongwe City and parts of Lilongwe (West) and Mzimba (North) lie between 0.41 and 0.50. Balaka District has the highest (0.90) number of active PTAs followed by Phalombe (0.84). Mzuzu, Machinga, Zomba, Blantyre and Mangochi fall between 0.72 and 0.80. The national ratio is 0.53.

TABLE 9: MDG 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

Indicator: Grade 1 children reaching grade 5 (Completion rate)

Name of District	Pupil/teacher ratio	Pupils/classroom ratio	Teachers/permanent houses ratio	PTA//School ratio
Malawi	**72**	**107**	**3.92**	**0.53**
Balaka DA	77	97	2.43	0.90
Balaka TA	48	80		
Blantyre CA	51	145	21.86	0.53
Blantyre DA	60	113	3.89	0.77
Chikwawa	88	107	2.28	0.57
Chiradzulu DA	76	81	2.49	0.63
Chitipa DA	58	80	3.74	0.60
Dedza DA	94	111	2.52	0.52
Dedza TA	94			452
Dowa DA	66	107	3.59	0.41
Karonga DA	67	93	2.33	0.62
Karonga TA	46			
Kasungu DA	73	128	3.45	0.67

Name of District	Pupil/teacher ratio	Pupils/classroom ratio	Teachers/permanent houses ratio	PTA//School ratio
Kasungu TA	34	78		
Likoma DA	46	47	2.33	0.60
Lilongwe CA	39	149	10.64	0.47
Lilongwe East	82	138	3.77	0.52
Lilongwe West	68	129	3.11	0.43
Liwonde TA	37	80	2.43	372
Luchenza	50	98		
Machinga DA	91	101	2.57	0.76
Malawi	72	86	3.31	0.57
Mangochi DA	105	114	1.99	0.78
Mangochi TA	105			
Mchinji DA	66	115	3.67	0.49
Mulanje DA	86	114	2.84	0.49
Mwanza/Neno	64	88	3.21	0.52
Mzimba North	71	77	2.17	0.45
Mzimba South	66	77	2.10	0.62
Mzuzu CA	42	124	10.86	0.72
Nkhatabay DA	84	102	3.58	0.50
Nkhotakota DA	68	88	2.86	0.32
Nsanje	80	84	2.07	0.50
Ntcheu DA	85	125	3.19	0.58
Ntchisi DA	66	67	3.85	0.56
Phalombe DA	97	106	3.28	0.84
Rumphi DA	65	71	2.41	0.53
Salima DA	83	108	2.90	0.30
Salima TA	83	44		904
Thyolo	87	127	3.03	0.60
Zomba DA	94	129	3.09	0.53
Zomba MA	40	95	12.51	0.76

Source: Education Statistics (2004), Ministry of Education, Education Management Information System. The national ratio of teachers to permanent houses has been calculated from 43952 teachers and 11199 teachers permanent houses contained in the report.

3.3.3 Dropout Rates in Primary Schools by sex and standard

A dropout is a child who, after enrolling in a school, stops (or is dismissed from) attending classes for whatever reasons until the end of the school year. Those who stop attending classes are usually confirmed as dropouts within a month after the beginning of the school year. Dropouts do not include children who temporarily stop and resume coming to school and those children who transfer to other schools with the knowledge of the schools they have left. While this definition looks straight forward,

the practicality of collecting the information is not so easy. There are children who disappear from schools and counted as dropouts when in fact they have gone to other schools without letters of transfer. This should be considered a weakness on the part of the system by admitting continuing children in other schools without letters of transfer. The Ministry of Education has identified several reasons for dropping out of school and these include death, dismissal/disobedience, employment, family responsibilities, fees[6], lack of interest, marriage, sickness and others.

Dropout rates in Table 10 generally show that between standards 1 and 4 the dropout rate for boys is higher than that of girls . Form standard 5, the dropout rate for boys tends to be lower than that of girls. In standard 8, the dropout rate though lower than that for girls, is also high at about 57.5%. From standard 5, the dropout rate for girls rises steadily from 17.26% till it peaks sharply at about 61%. This shows that boys and girls tend to leave schools from the age 12 and above and to dropout in large numbers in standard 8 (Table 10).

TABLE 10: DROPOUT RATES BY STANDARD FOR BOYS AND GIRLS

Children	Std 1	Std 2	Std 3	Std 4	Std 5	Std 6	Std 7	Std 8
Boys	20.03	9	15.67	22.94	15.34	12.16	13.29	57.48
Girls	19.91	8.87	16.57	14.56	17.26	18.82	23.50	65.29
Variation	0.12	0.03	(-0.90)	8.38	(-1.92)	(-6.66)	(-10.21)	(-7.81)
Total	19.97	8.94	16.13	19.02	16.29	15.4	18.15	60.89

Source: Ministry of Education, Education Management Information system, Education Statistics 2004.

3.4 MDG 3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

The main indicator is the proportion of girls in primary schools as a means of showing that the girl child is not left behind in education. The Millennium Development Goal target requires that all boys and girls will be in schools by 2015 and puts the national target of the proportion of girls at 50%.

From the data sourced from the District Education Offices and the Ministry of Education presented in Table 11, Dedza District Assembly and Mzuzu City Assembly have the highest proportion of girls in Primary schools at 53%. Kasungu Town and Luchenza are second with 52% while Salima, Lilongwe City, Dedza Town, Dowa District, Mangochi, Likoma, Karonga and Balaka districts have 51% each. The lowest proportion of girls in Primary schools is in Kasungu district at 39%. The districts of Lilongwe, Ntchisi, Rumphi, Zomba Municipal, Balaka Town, Mulanje, Mchinji and Blantyre are at the expected value of 50%. At the national level, the proportion of girls in Primary schools stands at 48%. Only Chikwawa and Kasungu districts are below the nation level.

Since the national target is 50%, LAs with proportion of girls already at 50% (8 LAs given above) or higher (Balaka, Dedza Town, Dowa, Karonga Town, Likoma, Lilongwe City, Mangochi, Mangochi Town, Salima Town, Kasungu Town, Luchenza, Dedza, and Mzuzu City) should maintain the level. This situation will eventually level out with time. The districts with proportions below 50% (Kasungu, Chikwawa, Chitipa, Liwonde, Mwanza/Neno, Ntcheu, Salima, Blantyre City, Chiradzulu, Karonga, Mzimba, Nkhotakota, Nkhatabay, Nsanje, Phalombe, Thyolo, and Zomba Rural)) should work towards attaining the national target of 50% level.

---

6 *Except in Private schools where fees are compulsory, Public Primary schools are free.*

TABLE 11: MDG 3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Indicator: Girls in primary schools as % of total

Name of District	Malawi/District baseline 2000/2004
Malawi	**48%**
Balaka DA	51 %
Balaka TA	50%
Blantyre CA	49%
Blantyre DA	50%
Chikwawa	46%
Chiradzulu DA	49%
Chitipa DA	48%
Dedza DA	53%
Dedza TA	51%
Dowa DA	51%
Karonga DA	49%
Karonga TA	51%
Kasungu DA	39%
Kasungu TA	52%
Likoma DA	51%
Lilongwe CA	51%
Lilongwe DA	50%
Liwonde TA	48%
Luchenza	52%
Machinga DA	49%
Mangochi DA	51%
Mangochi TA	51%
Mchinji DA	50%
Mulanje DA	50%
Mwanza/Neno	48%
Mzimba DA	49%
Mzuzu CA	53%
Nkhatabay DA	49%
Nkhotakota DA	49%
Nsanje	49%
Ntcheu DA	48%

Name of District	Malawi/District baseline 2000/2004
Ntchisi DA	50%
Phalombe DA	49%
Rumphi DA	50%
Salima DA	48%
Salima TA	51%
Thyolo	49%
Zomba DA	49%
Zomba MA	50%

Source: (a) District Assembly (sector records), Socioeconomic Profiles and Ministry of Education, Education Management Information system, Education Statistics 2004

3.5 MDG 4 REDUCE CHILD MORTALITY

Child (Under five) mortality in Malawi stands at 234 per 1000 (with the 2002 level at 189 and target set at 78 for 2015) from the 1998 Population and Housing Census. The causes of death are many including malnutrition, which is among the top ten causes of admission into health facilities in Malawi. It is also among the top ten causes of death among the admitted patients. From Table 12, the information on the under-five malnutrition (%) using weight for age shows that Karonga has the lowest malnutrition rate (8%) followed by Blantyre and Ntchisi at 10%. Malawi target for 2015 is 15%.

With the national target for malnutrition set at 15% by 2015, nineteen districts (Chikwawa, Ntcheu, Dowa, Thyolo, Balaka DA, Balaka TA, Dedza DA, Dedza TA, Dowa, Lilongwe CA, Lilongwe DA, Machinga, Mchinji, Mwanza, Neno, Salima DA, Salima TA, Thyolo Salima DA, Salima TA and Liwonde TA) have malnutrition rates worse than the target rate. They should strive to invest resources to attain the 15% target. Districts of Machinga, Mwanza, Mchinji, Salima, Lilongwe and Dedza, which have malnutrition rates higher than the national average (19%) should focus more attention and resources towards activities that will contribute towards reducing malnutrition in children and maternal and child mortalities to attain at least the national average. The seven districts (Kasungu DA, Kasungu TA, Mangochi DA, Mangochi TA, Mzimba, Mzuzu and Nsanje) which fall within the target should strive to reduce the malnutrition rate to 5%. The worst case is in Dedza at 68% and should pay particular attention by investing more resources towards reducing the rate to lower than 19%.

TABLE 12: MDG 4 REDUCE CHILD MORTALITY

Indicator: Under-five malnutrition (%) using weight for age method

Name of District	District baseline 2000/2004
Malawi	**19 %**
Balaka DA	19%
Balaka TA	19%
Blantyre CA	10%
Blantyre DA	10%
Chikwawa	16%
Chiradzulu DA	15%
Chitipa DA	11%
Dedza DA	68%
Dedza TA	68%
Dowa DA	16%
Karonga DA	8%
Karonga TA	8%
Kasungu DA	15%
Kasungu TA	15%
Likoma DA	14%
Lilongwe CA	26%
Lilongwe DA	26%
Liwonde TA	19%
Machinga DA	20%
Mangochi DA	15%
Mangochi TA	15%
Mchinji DA	25%
Mulanje DA	11%
Mwanza	24%
Mzimba DA	15%
Mzuzu CA	15%
Neno	24%
Nkhatabay DA	14%
Nkhotakota DA	13%
Nsanje	15%
Ntcheu DA	16%

Name of District	District baseline 2000/2004
Ntchisi DA	10%
Phalombe DA	11%
Rumphi DA	11%
Salima DA	25%
Salima TA	25%
Thyolo	18%
Zomba DA	13%
Zomba MA	13%

Source: Malawi Health Management Information Bulletin, Annual Report July 2002 – June 2003, Ministry of Health, Department of Planning, Health Management Information Unit

From Table 13 whose data was obtained through the questionnaires and from the District Socioeconomic Profiles, six districts did not provide information on infant mortality rates in their Profiles. The highest infant mortality rate (IMR) has been given by Luchenza at 300, followed by Mangochi and Mchinji at 221. Likoma district has the lowest IMR at 59 followed by Kasungu at 93 followed. Thirteen districts (are below the national level of 132, while 18 are above the national figure.

The lowest child (under five) mortality is in Likoma at 100. The CMR of thirteen districts fall below 200. The highest figure is in Nsanje at 385 followed by Thyolo at 350 and Nkhatabay at 338. The shaded figures look suspicious. For example Mwanza gives the IMR and CMR to be the same, while Liwonde and Balaka DA gave the CMR to be less than the IMR. It is difficult to accept that deaths among children between zero (0) and five (5) can be less than or equal to deaths among those between zero (0) and one (1) year olds.

TABLE 13 : MDG 4 REDUCE CHILD MORTALITY

Indicator: Under-five malnutrition (%) using weight for age method

Name of District	Households participating in nutrition projects	Under-fives in nutrition projects	Infant mortality rate per 1000 [7]	Child mortality rate
Malawi	**No data**	**4,868,465**	**132**	**232**
Balaka DA	No data	144971	139 (123)	110
Balaka TA	No data		130	229
Blantyre CA	No data	294514	106	191
Blantyre DA	No data		106 (99)	191

[7] District Social Economic Profiles data were used in the analysis for this report. Figures obtained from the NSO website, which are in brackets, were not used.

Name of District	Households participating in nutrition projects	Under-fives in nutrition projects	Infant mortality rate per 1000 [7]	Child mortality rate
Chikwawa	No data	211545	157 (131)	205
Chiradzulu DA	No data	51944	164 ?(131)	164
Chitipa DA	No data	69,579	106 (95)	
Dedza DA	No data	431751	185 (130)	243
Dedza TA	No data		132	
Dowa DA	No data	149846	180 (129)	236
Karonga DA	No data	229576	130 (104)	174
Karonga TA	No data		130	174
Kasungu DA	415	254513	93 (134)	207
Kasungu TA	61	61%	93	207
Likoma DA	No data		59	100
Lilongwe CA	No data	350342	162	193
Lilongwe DA	No data		(129)	
Liwonde TA	No data		115	93
Luchenza	No data		300	
Machinga DA	No data	251114	173 (124)	229
Mangochi DA	No data	239137	169 (123)	
Mangochi TA	No data		221	276
Mchinji DA	No data	151515	211 (131)	276
Mulanje DA	No data	174471	(148)	
Mwanza	No data	114912	134 (123)	134
Mzimba DA	No data	279768	105 (105)	181
Mzuzu CA	No data			
Neno	No data	Part of Mwanza		
Nkhatabay DA	No data	91352	119 (103)	338
Nkhotakota DA	No data	107063	(136)	
Nsanje	No data	119401	134 (145)	385
Ntcheu DA	No data	235606		
Ntchisi DA	No data	66453	138 (145)	230

Name of District	Households participating in nutrition projects	Under-fives in nutrition projects	Infant mortality rate per 1000 [7]	Child mortality rate
Phalombe DA	No data	98431	149 (136)	230
Rumphi DA	No data	117612	114 (91)	148
Salima DA	No data	134331	132 (126)	240
Salima TA	No data		132	240
Thyolo	No data	229862	144 (133)	350
Zomba DA	No data	268856	171 (124)	225
Zomba MA	No data		171	225

Source: (1) Malawi Health Management Information Bulletin, Annual Report July 2002 – June 2003, Ministry of Health and Population, Department of Planning, Health Management Information Unit. (2) District Socio-Economic Profiles

3.6 MDG 5: IMPROVE MATERNAL MORTALITY

Column 4 of Table 14 gives the percentages of deliveries by at least a trained traditional birth attendant (i.e. by trained health personnel in health facilities and trained TBA). The percentages vary from district to district with Chiradzulu having the lowest percentage (22%+16% =38%) of the expected pregnancies in the district, Lilongwe District Assembly 43%, Dedza and Dowa 45%. Rumphi registered the highest percentage (84%+9% = 93%) of the expected pregnancies in the district with Balaka and Liwonde at 90%. Twelve (12) LAs fall below the national average of 63%.

The national target is 90%. The twelve LAs (Chiradzulu, Lilongwe, Dedza, Dedza Town, Dowa, Mzimba, Mzuzu, Ntchisi, Kasungu, Kasungu Town, Mchinji and Chikwawa) with averages below the national average of 63% should strive to attain at least the national average. Those with averages above the national average should strive to achieve the 90% target. The districts whose levels are above the national target should work towards achieving 100%.

The lowest maternal mortality rate is in Balaka (300/100,000) district followed by Chitipa and Mchinji. Nkhatabay district tops the list with a rate of 3400/100,000 followed by Machinga district with 1830/100,000 Liwonde at 1800 and Dowa at 1640. The national MMR is 1120. Reliable sources from the unpublished 2004 DHS survey report indicate that the MMR is going up. When the MMR was 620/100,000 in the nineties, the target was to reduce it to about 300/100,000. The 2015 target was set at 155 per 100,000.

TABLE 14: MDG 5 IMPROVE MATERNAL MORTALITY

Indicator: Births attended to by at least a trained traditional birth attendant

Name of District	% births attended to by a trained personnel in a health facility	% of births attended to by a trained TBA	Malawi/District baseline 2000/2004[8]	Maternal Mortality rate per 100,000 [9]
Malawi	**41**	**21**	**63**	**1120**
Balaka DA	68	22	90 %	300
Balaka TA			80%[10]	
Blantyre CA			71%	
Blantyre DA	61	10	71%	
Chikwawa	44	18	62%	1020
Chiradzulu DA	22	16	38%	1074
Chitipa DA	42	26	68%	400
Dedza DA	28	17	45%	778
Dedza TA			45%	778
Dowa DA	29	16	45%	1640
Karonga DA	68	13	81%	
Karonga TA			81%	
Kasungu DA	24	31	55%	1000
Kasungu TA			55%	
Likoma DA				
Lilongwe CA	28	15	43%	662
Lilongwe DA	28	15	43%	W
Liwonde TA			90%	1800
Luchenza			76%	1000
Machinga DA	50	26	76%	1830
Mangochi DA	38	33	71%	
Mangochi TA	38	33	71%	
Mchinji DA	37	21	58%	467
Mulanje DA	39	31	70%	
Mwanza	52	21	73%	900
Mzimba DA	37	10	48%	
Mzuzu CA			48%	

8 Source: Malawi Health Management Information Bulletin, Annual Report June 2002 – July 2003, Ministry of Health and Population, Planning Department, Health Management Information Unit

9 Source: District Socio-Economic Profiles

10 Figures for Town Assemblies are from the SEPs

Name of District	% births attended to by a trained personnel in a health facility	% of births attended to by a trained TBA	Malawi/District baseline 2000/2004[8]	Maternal Mortality rate per 100,000 [9]
Neno			73%	900
Nkhatabay DA	49	15	64%	3400
Nkhotakota DA	39	30	69%	
Nsanje	72	22	94%	630
Ntcheu DA	44	22	66%	
Ntchisi DA	26	22	48%	
Phalombe DA	41	26	67%	
Rumphi DA	84	9	93%	
Salima DA	42	41	83%	
Salima TA			83%	
Thyolo	36	46	82%	677
Zomba DA	51	14	65%	1120
Zomba MA			65%	620

3.7 MDG 6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

In Table 15, the response by the District Assemblies to the questions for collecting data on HIV/AIDS, malaria and other diseases was also very poor. Only six Assemblies provided data for indicator (6): Orphans given training and tools for production (Chiradzulu -73, Luchenza-390, Mulanje-45, Mwanza/Neno -29, Mzimba -10 and Mzuzu -20). No average is calculated because of the small sample size. Ten Assemblies (Machinga -101400, Blantyre – 11200, Mwanza/Neno -1313, Mulanje -1289 Nkhotakota -1213, Chiradzulu -200, Luchenza -138, Nsanje -102, Salima -75, and Mzuzu City -50) provided data on indicator **(7) : Chronically ill reached with home based care**, giving an average of 11,980 chronically ill persons reached with home based care. Eleven Assemblies (Blantyre DA -150000, Chikwawa -42456, Chiradzulu -23221, Kasungu DA -36650, Kasungu TA -2128, Luchenza -2856, Mangochi -33035, Mzuzu -12046, Nkhatabay -36729, Nkhotakoya -33303, Salima DA -2267) answered the question on **Households in anti-malaria programme** giving an average of 34,062 households in anti malaria programmes.

It appears record keeping on HIV/AIDS activities is uncoordinated/poor. This might have been due to the absence of focal points at the district levels to coordinate HIV/AIDS programmes. The arrangement for using volunteer District AIDS Coordinators must not have been effective also for data collection and reporting. In response to this and for focused management of HIV/AIDS programmes, the National AIDS Commission (NAC) has recently facilitated the recruitment and posting of permanent DACs to the District Assemblies to replace those who were working voluntarily from their respective units. NAC has also facilitated the establishment of District AIDS Coordinating Committees in the District Assemblies to oversee the implementation of HIV/AIDS programmes. It is hoped that data collection and reporting will soon improve in the districts.

Table 15: MDG 6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES[11]

Indicators: (6) Orphans given training and tools for production, (7) Chronically ill reached with home based care and (8) Households in anti-malaria program

No National baseline figure for 2000 was estimated and accordingly, no target for 2015 was set. The numbers (6), (7) and (8) refer to the indicators of Table 6.

Name of District	District baseline 2004			District target 2015		
	(6)	(7)	(8)	(6)	(7)	(8)
Balaka DA						
Balaka TA						
Blantyre CA						
Blantyre DA		11200	150000			
Chikwawa			42456			
Chiradzulu DA	73	200	23221			
Chitipa DA						
Dedza DA						
Dedza TA						
Dowa DA						
Karonga DA						
Karonga TA						
Kasungu DA			36650 51%			
Kasungu TA			2128			
Likoma DA						
Lilongwe CA						
Lilongwe DA						
Liwonde TA						
Luchenza	390	138	2856			
Machinga DA		101400				
Mangochi DA			33035			
Mangochi TA						
Mchinji DA						
Mulanje DA	45	1289				

[11] Source: District Assembly (Sector records)

Mwanza/Neno	29	1313				
Mzimba DA	10		12046			
Mzuzu CA	20	50				
Nkhatabay DA			36729			
Nkhotakota DA		1213	33,303			
Nsanje		102				
Ntcheu DA						
Ntchisi DA						
Phalombe DA						
Rumphi DA						
Salima DA		75	2267			
Salima TA						
Thyolo						
Zomba DA						
Zomba MA						

3.8 PREVALENCE OF HIV AMONG ADULTS AND ORPHANS IN PRIMARY SCHOOLS IN MALAWI

Column 2 of Table 16 based on data obtained from the National AIDS Commission gives estimates for the number of adults infected with HIV in 2003 by districts. NAC recommends that “the figures be used with caution since in many cases they were based on prevalence from only 19 sites in districts. This is because there were only 19 sites visited to represent 27 districts with separate rural and urban estimates. The estimates were meant to assist districts in planning and not for epidemiological analysis. The proportions are based on the projected populations of the 1998 Population and Housing Census. The report of the Demographic and Health Survey (DHS) conducted by NSO in 2004 is expected to provide more credible results soon.

When the figures from NAC are ranked, only four LAs (Likoma, Lilongwe City, Mzuzu City and Zomba Municipality) have prevalence rates below 1.5% with the lowest rate in Likoma and Lilongwe City at 1.05%. The prevalence in thirteen (13) LAs (Lilongwe Rural, Ntcheu, Dedza, Mchinji, Kasungu, Nkhotakota, Mzimba, Rumphi, Ntchisi, Dowa, Chitipa, Nkhatabay and Phalombe) is below the national average of 6.63%. The rest of the LAs have prevalence rates above the national average, with Blantyre City having the worst prevalence at 15.32%.

Columns 3, 4 and 5 give the number of orphans in primary schools in each district for boys, girls and total respectively. Since the number of children actually going to schools is grater than the projected number of school going children it became difficult to give an estimate for the number of orphans in the country. On average, the number of orphans in schools in Malawi is just above 12%. The district with

the least percentage is Kasungu with about 9% and Likoma has the highest proportion at about 19%. There are no significant differences between orphan boys and girls.

HIV/AIDS is a deadly disease with no cure in sight. It is recommended that **NO** LA should be complacent about the low rate estimated in its district. Each should allocate resources for the prevention of the disease and the reduction of the current prevalence rate. The 23 districts with prevalence rates above the national average of 6.63% are advised to put extra effort towards the reduction of the prevalence rate.

TABLE 16: PREVELENCE AND IMPACT OF HIV/AIDS IN MALAWI

Name of District	Number of adults (%) infected with HIV in 2003 by districts[12]		Number of orphans (%) in Primary Schools in 2004 by districts[13]		
	Numbers of adults infected	Proportion of adults infected [14]	Boys	Girls	Total
MALAWI	**766,000**	**6.63**	**12.30**	**12.12**	**12.21**
Likoma	1,000	1.05	19.75	17.92	18.81
Lilongwe City	63,000	1.05	10.06	10.63	10.35
Mzuzu City	13,000	1.08	12.18	11.76	11.97
Zomba Municipality	13,000	1.44	11.37	12.25	11.82
Lilongwe Rural	29,000	2.76	9.57	9.37	9.78
Ntcheu	12,000	2.81	14.67	13.45	14.05
Dedza	16,000	2.84	10.56	9.87	10.21
Mchinji	12,000	3.15	11.53	11.44	11.48
Kasungu	21,000	3.68	9.01	8.76	8.88
Nkhotakota	10,000	3.75	11.50	12.50	12.0%
Mzimba	22,000	3.91	12.76	12.86	12.81
Rumphi	6,000	4.21	12.81	13.62	11.13
Ntchisi	9,000	4.48	9.91	10.00	9.9
Dowa	21,000	4.59	9.76	9.76	9.76
Chitipa	7,000	4.74	12.53	12.78	12.65
Nkhatabay	10,000	5.44	16.07	15.82	15.95
Phalombe	17,000	6.28	11.96	12.04	11.99

[12] Source: National AIDS Commission. The district populations are from the National Statistics Office, Projected Population based on 1998 Malawi Population and Housing Census.

[13] Source: Ministry of Education, Education Management Information system, Education Statistics 2004.

[14] Proportions based on the projected population of 2003 using 1998 Population and Housing Census

Name of District	Number of adults (%) infected with HIV in 2003 by districts[12]		Number of orphans (%) in Primary Schools in 2004 by districts[13]		
	Numbers of adults infected	Proportion of adults infected [14]	Boys	Girls	Total
Chirdzulu	18,000	6.76	14.18	14.20	14.00
Karonga	16,000	7.16	13.44	14.28	13.85
Zomba Rural	41,000	7.56	13.37	13.48	13.43
Mwanza	12,000	7.61	14.32	14.15	14.24
Balaka	22,000	7.67	15.00	15.21	15.14
Nsanje	17,000	7.79	14.94	14.12	14.57
Machinga	32,000	7.82	11.03	11.72	11.37
Mangochi	54,000	7.82	13.72	12.91	12.50
Chikwawa	33,000	7.99	13.25	12.12	12.73
Salima	24,000	8.05	11.44	10.74	11.11
Blantyre Rural	29,000	8.52	14.56	14.61	14.58
Mulanje	42,000	8.55	16.13	17.77	15.51
Thyolo	46,000	8.79	13.31	12.97	13.15
Blantyre City	99,000	15.32	11.61	12.46	12.04

3.9 MDG 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

3.9.1 Forest extent

Malawi is endowed with vast forest resources mostly of Miombo woodlands from the Government of Malawi, State of the Environment Report -2001 (Table 17). Needless to say, forest resources of Malawi are vital renewable resources providing forest products, environmental protection and a major factor in the management of water resources of Malawi. However, this natural resource has been subjected to considerable reduction in area mainly due to human activities such as (a) uncontrolled tree felling for fuelwood for curing tobacco in the smallholder and estate sectors, (b) opening up of new garden and farm areas, (c) loss of soil fertility and productivity which has caused agricultural production to decline, (d) acquisition of firewood for commercial purposes, (e) shifting cultivation and (f) cautious and incautious setting of fire. Table 18 shows deforestation between 1972 and 1992 as determined by comparing Landsat satellite imagery between these two dates (State of the Environment Report -2001). It can be seen that although Northern Malawi has a low population of 11% as compared to 39% for Central and 50% for the south [1987 Population Census] deforestation rate has been the highest at 3.4%. This is because the other two regions have been so heavily deforested that further rates of deforestation are only marginal.

The information in Table 19 shows the forest distribution per district as of 2001(State of the Environment Report -2001). Thyolo District was the least forested in the country with only 2% forest cover, followed by Chiradzulu and Dowa Districts each at 4% forest cover. On the other end of the spectrum is Karonga District with 69% forest cover followed by Nkhatabay with 58%. At the national level, 47% of Malawi was classified as forest in 1975 and only 28% in 2001. It was estimated then that **60,000** hectares are deforested every year. The Northern Region has the highest deforestation rate of 3.4% per annum since the northern districts are still comparatively well forested, but the least populated.

TABLE 17: NATIONAL FOREST AREA, FOR INDIGENOUS AND PLANTATION FOREST AND WOODLANDS

Forest category	Area (ha)	% of total forest area
Forest Reserves	870,052	33.1
National parks and wildlife reserves	981479	37.3
Government plantations	74,315	3.4
Private plantations	35,685	0.8
Customary land	670,469	25.5
Total	2,632,000	100

Source: State of the Environment Report -2001, Ministry of Natural Resources and Environmental Affairs.

TABLE 18: DEFORESTATION BETWEEN 1972 AND 1992 INDIGENOUS AND PLANTATION FORESTS

Region	1972 total forest area (ha)	1992 total forest area (ha)	Total forest lost (ha)
North	1,507,266	470,238	1,037,028
Central	1,488,110	777,217	710,893
South	1,404,510	650,860	753,650
Total	4,399,886	1,898,315	2,501,571

Source: State of the Environment Report -2001, Ministry of Natural Resources and Environmental Affairs.

TABLE 19: PERCENTAGE FOREST COVER BY DISTRICT

District	Total Land Area (km^2)	Population density	Forest Area (%)
Karonga	3355	44	69
Nkhatabay	4089	34	58
Nkhotakota	4259	37	52
Rumphi	4789	20	44
Chitipa	4288	23	38

Mangochi	6273	79	38
Nsanje	1942	105	34
Chikwawa	4755	67	33
Mwanza/Neno	2295	53	31
Blantyre	2012	293	30
Kasungu	7878	41	28
Mzimba	10430	42	25
Dedza	3624	114	22
Lilongwe	6159	159	16
Machinga	5964	86	16
Ntchisi	1655	73	13
Mulanje	3450	185	12
Ntcheu	3424	105	10
Mchinji	3356	74	9
Salima	2196	86	7
Zomba	2580	171	7
Dowa	3041	106	4
Chiradzulu	767	275	4
Thyolo	1715	251	2

Source: State of the Environment Report -2001, Ministry of Natural Resources and Environmental Affairs.

3.9.2 Data from District Socio-Economic Profiles

Data for MDG 7 indicators (9): **Forest cover for non-agricultural land (as % of land size)** and (10): **Households with sanplants for sanitation as % of all households** in Table 20 were obtained from the latest District Socio-Economic Profile (SEP) of each Local Authority. The baselines for the two indicators were estimated at **27.6% and 77%** respectively in 1990. Target for indicator (10) is set at **84%**. However, no target was set for indicator (9) because no national limit (target) is available for forest cover. Since there are no SEPs for the Town Assemblies, data for them are missing.

For indicator (10), it is to be noted that the data in the SEPs are averages of data gathered from both the rural and town parts of the districts. It may also be assumed that the conditions in the Town Assemblies are better in terms of Pitlatrines. Data on households with sanplants is very scanty and was substituted by households with at least Pitlatrines, which is available for all the districts. Moreover, it is the only estimate for households with toilet/latrine facilities for human excreta disposal in the rural settings.

3.9.2.1. Forest Cover for non-agricultural land

The information on forest cover in column 2 of Table 20 shows that Balaka district has the least with less than ½% (cf. Thyolo in 2001) cover of forest in the country followed by Rumphi with less than 1% (cf. Chiradzulu and Dowa in 2001). Chitipa has the highest cover of forest land with 57% (Karonga had the highest in 2001) followed by Nkhotakota and Lilongwe with 52%. Kasungu has a forest cover of 43%, while Mulanje has 41.4% and Mzimba district has 40%. Since we failed to find the national limit (target) for forest cover, it was not possible to give district targets. The information in the SEPs indicates that forest cover related issues are tackled under deforestation.

TABLE 20: MDG 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

Indicators (9) Forest cover for non-agricultural land (as % of land size)
(10) Households with sanplants for sanitation (as % of all households)

District	District baseline 2004	Households with pitlatrines (District baseline 2004)	District 2015 target	Household with pitlatrines (District 2015 target)
	(9)	(10)	(9)	(10)
Balaka DA	0.45	76		84
Balaka TA				84
Blantyre CA		82		90
Blantyre DA	7	82		90
Chikwawa	35	42		77
Chiradzulu DA	4.2	89		100
Chitipa DA	57	77.5		84
Dedza DA	27	74		84
Dedza TA				84
Dowa DA	2.1	75		84
Karonga DA	26	65		84
Karonga TA		65		84
Kasungu DA	43			90
Kasungu TA		85		95
Likoma DA	0	85		95
Lilongwe CA				84
Lilongwe DA	52	15		30
Liwonde TA				84
Luchenza				77
Machinga DA	20	72		40
Mangochi DA	22.5	52		50
Mangochi TA				77
Mchinji DA	10	67		84

District	District baseline 2004	Households with pitlatrines (District baseline 2004)	District 2015 target	Household with pitlatrines (District 2015 target)
	(9)	(10)	(9)	(10)
Mulanje DA	41.4			77
Mwanza/Neno	16	57		84
Mzimba DA	40	45		77
Mzuzu CA				84
Nkhatabay DA	26	56		77
Nkhotakota DA	53	69.1		84
Nsanje	15	22.5		50
Ntcheu DA	4.3	78		25
Ntchisi DA	14	59		84
Phalombe DA	15	54		84
Rumphi DA	<1	65		84
Salima DA	SA+DZ	70		84
Salima TA				84
Thyolo	2.8	54.6		77
Zomba MA				90
Zomba DA				90

Source: District Socioeconomic Profiles

3.9.2.2. Agricultural/Land Potential, Population and Carrying Capacity by district in 2000

Table 21 gives information on Agricultural Land Potential, Population Carrying capacity by district in 2000. The information was obtained from the Lands Resources Evaluation Appraisal Report, Government of Malawi/FAO/UNDP, 1992 Ministry of Agriculture. Of the 29,278 Km² of lands classified as having high potential for agriculture, the highest proportion is found in the Southern Region, (51%) particularly in the Districts of Mangochi, Machinga, Mulane, Chikwawa, Zomba and Central Mwanza. The Central Region has 10,306 Km² (35%) predominately n the Districts of Lilongwe, Ntceu, Dedza, Dowa and Salima. The remaining land with high potential (14%) is found in the Northern Region, mainly in Mzimba district. It is of interest to note that the high potential soil fertility pattern follows the population distribution pattern of the regions given in Section 3.9.1 as 50%, 39% and 11% for South, Centre and North respectively.

TABLE 21: AGRICULTURAL/LAND POTENTIAL, POPULATION CARRYING CAPACITY BY DISTRICT, 2000

District	Total Land Area Km	High Agricultural Potential		Medium Agricultural Potential		Low Agricultural Potential		Marginal and Unsuitable area Km²	Total Potential Rural Population
		Land Area Km²	Potential Population	Land Area Km²	Potential Population	Land Area Km²	Potential Population		

Chitipa	4,290	59	18,185	981	141,490	84	9,630	3,166	168,305
Karonga	3,355	780	240,411	166	23,942	127	13,048	2,282	227,401
Nkhatabay	4,088	52	16,027	21	3,029	415	42,637	3,600	61,693
Rumphi	4,,767	290	89,384	426	61,442	64	6,575	3,987	157,401
Mzimba	10,430	2,831	872,568	2,889	418,125	994	102,123	3,706	1,392,817
Nothern Region	26,930	4,012	1,236,575	4,493	648,029	1,684	173,014	16,741	2,057,618
Kasungu	7,878	370	114.041	3,251	468,894	573	58,870	3,684	641,805
Nkhotakota	4,259	207	63,801	643	92,740	732	75,205	2,677	231,747
Ntchisi	1,655	214	65,959	530	76.442	81	8,322	830	150,723
Dowa	2,998	1,232	379,726	368	53,077	636	65,342	762	498,145
Salima	2,239	1,189	366.473	0	0	480	49,315	570	414,788
Lilongwe	6,159	3,652	1,125,616	1,168	168,462	64	6,575	1,275	1,300,653
Mchinji	3,624	116	35,753	1,571	226,587	398	40,890	1,271	303,230
Dedza	3,624	1,497	461.404	119	17,163	16	1,644	1,992	480,211
Ntcheu	3,424	1,829	563,733	0	0	655	67,295	940	631,027
Central Region	35,592	10,306	3,176,507	7.650	1,103,365	3,635	373,495	14,001	4,653,331
Mangochi	6,272	2,925	901,541	610	87,981	191	19,623	2,546	1,009,14
Machinga	5,964	2,846	207	29,856	1,002	102,945	102,945	1,909	1,009,993
Zomba	2,580	1,805	556.336	0	0	170	17,466	605	573,801
Chiradzulu	767	713	219,760	0	0	0	0	54	219,760
Blantyre	2.012	660	203,425	88	12,692	627	63,390	647	279,507
Mwanza	2,295	1053	324,555	211	30,433	357	36,678	674	391,666
Thyolo	1,715	332	102,329	0	0	586	60,205	797	162,534
Mulanje	3,450	2,173	669,760	0	0	327	33,596	950	703,356
Chikwawa	4,755	1,821	561,267	68	9,808	450	46,233	2,416	617,308
Nsanje	1,942	632	194,795	232	33,462	0	0	1,078	228,256
Southern Region	**31,752**	**14,960**	**4,610,959**	**1,416**	**204,231**	**3,700**	**380,137**	**11,676**	**5,195,327**
Malawi	94,274	29,278	9,024,041	13,559	1,955,625	9,019	926,610	42,418	11,906,276

(1) The average plot size per family (4.5 persons) on high potential soils for subsistence production is 0.73 hectares

(2) The average plot size per family (4.5 persons) on medium potential soils for subsistence production is 1.66 hectares

(3) The average plot size per family (4.5 persons) on low potential soils for subsistence production is 2.19 hectares

Source: Lands Resources Evaluation Appraisal Report, Government of Malawi/FAO/UNDP, 1992 Ministry of Agriculture

3.9.3 Sanitation and Personal Hygiene

Between 29th July and 1st August 2003, an **African Sanitation and Hygiene Conference was held in Johannesburg,** South Africa. Over 150 participants from 40 African countries including Malawi, NGOs and international organisations made a strong plea to Heads of States and governments for improved sanitation and hygiene measures that could cut down the rates of disease and death afflicting thousands of Africans, mostly children. Participants noted that of the 800 million inhabitants in the continent, over 300 million (37.5%) lack adequate sanitation facilities. The participants unanimously agreed that sanitation and hygiene were fundamental to good health, increased productivity and dignity of human beings. Good sanitation and hygiene also contribute to a nation's economic growth and productivity, education, quality of life, and environmental protection –in short, to sustainable development. The participants also stressed that good sanitation and hygiene enhance the life prospects of people living with HIV/AIDS by reducing their vulnerability and exposure to infections. The participants therefore, pressed in their declaration, for a global sanitation target i.e. to halve the number of people without improved sanitation by 2015 through international fora such as the world Summit on Sustainable Development in Johannesburg, the Third World Water Forum in Kyoto, Japan and WSSCC's Sixth Forum in Dakar, Senagal in 2003.

Not withstanding the high levels of households with latrines, the bulk of them are traditional pit latrines that are considered to be generally less adequate. The 2001 State of Environment report estimates (Table 22) the proportion of the population that has access to adequate sanitation at 5.5%. Chitipa district has the lowest percentage of the population (0.7%) with adequate sanitation followed by Chiradzulu and Mwanza (0.9% each). Ntchisi district has the highest percentage at 17.6% followed by Blantyre at 13.5%.

TABLE 22: ACCESS TO ADEQUATE SANITATION (% OF POPULATION BY DISTRICT, 1995

District	Access to adequate sanitation (%)
Malawi	5.5
Rumphi	3.8
Nsanje	6.1
Blantyre	13.5
Karonga	2.6
Zomba	5.5
Mulanje	1.0
Lilongwe	7.6
Ntcheu	7.9
Chitipa	0.7
Mchinji	1.6
Nkhotakota	6.9
Nkhatabay	2.9
Machinga	11.2

Chikwawa	2.2
Mzimba	5.6
Chiradzulu	0.9
Dedza	1.4
Mangochi	4.0
Dowa	1.0
Thyolo	4.2
Salima	4.5
Kasungu	4.2
Mwanza	0.9
Ntchisi	17.6

Source: State of the Environment Report -2001, Ministry of Natural Resources and Environmental Affairs.

3.9.3.1. Types of Toilet facilities

Toilet designs are based on dug out pits. They only vary on the improvements made on the pit. The flush toilet uses the septic tank and soak-away system where the pit design allows for easy decomposition and removal of the faeces. Although some designs of pitlatrines provide for flush system, pitlatrines commonly constructed in the rural areas and squatter areas/Traditional Housing Areas in Malawi do not provide for the flush system. Their quality and safety depend on the soil texture and the materials used on covering the pits. For example, along the lake in Salima, Mangochi and Nkhotakota, the construction of pitlatrines is difficult because the pits easily collapse due to the muddy soil texture. It requires special and more expensive techniques to construct pitlatrines in such places. In other parts of the country, like Area 25 sector 7, the water table is shallow/low. The construction of pitlatrines may also interfere with the safety of shallow wells and boreholes which are sources of safe drinking water in the rural areas and Traditional Housing Areas like area 25.

The problem in the construction of pitlatrines also depends on the slap used to cover the pit. The cover may be of wood logs, cement slaps (sanplants) or steel. The pitlatrines commonly used in Malawi are covered by wood logs, which are not safe. The urine and faeces drops on the wood slap make the surface slippery. The spaces between the wood logs together with the slippery surface are hazardous especially to children because they can easily slip and fall into the pit. The pits are also smelly and keep a lot of flies for lack of ventilation. This is why for good sanitation cement slaps with ventilation facilities (**ventilated pit latrines or VIP**) are preferred.

3.9.3.2. Households wit h Pitlatrines for sanitation

Under MDG 7, one of the indicators is “households with sanplants for sanitation”. Among the LA indicators, the question administered was “Number of households given sanplants”. The questionnaire also asked the LAs to provide information on “Number of household using VIP, Other pitlatrines, flush toilets and those who have none of the three”. The responses indicated that very few households have VIPs and flush toilets. The majority indicated that households use Pitlatrines as given in Table 20. As

long as they do not have access to the sanplants, the communities will continue to depend on Pitlatrines.

The data in Table 20 shows that Lilongwe District Assembly has the lowest proportion of households with Pitlatrines at 15% followed by Nsanje at 22.8%. Chiradzulu has the highest percentage of households with Pitlatrines at 89% followed by Likoma (85%) district and Blantyre District Assembly (82%).

Pitlatrines are very common among the rural communities because they are constructed using local materials. Sadly, they do not have faculties for ventilation, security from collapse of the cover after the wooden logs are rotten, diseases that develop from the dampness of the interior and its surroundings etc. However, with proper advice from Health Surveillance Assistants on the selection of logs for covering the pits and proper sealing of the holes between the logs, they are the only choice available for hiding human faeces. Resources permitting, VIPs are the most adequate toilet facility that should replace the pitlatrines in the rural communities.

3.9.4 Households with improved water source (as %) of all households

Households with safe water source are those who obtain water from taps, boreholes and protected wells and springs. Table 23 gives the proportion of the population with access to unsafe source of water. The National Local Government Finance Committee uses (poor) access to safe drinking water as one of the criteria for Resource Allocation to the districts. A district with the poorest access gets a higher weight in the resource allocation. The districts of Balaka town, Blantyre City, Liwonde, Luchenza, Mangochi and Zomba Municipality, Karonga Town, Mzuzu City, Salima Town, Dedza, Town, Kasungu Town and Lilongwe City have the best access with 5% or 6% of the population using unsafe source of water. The districts of Blantyre Rural, Balaka, Nsanje, Karonga, Ntcheu, Mchinji, Lilongwe, and Zomba lie between 16% and the national average of 35%. The rest of the LAs have proportions of populations over 35% with unsafe drinking water sources. The worst districts are Nkhatabay, Thyolo, Chitipa, Ntchisi, Kasungu and Likoma with over 52% of the population having access to unsafe drinking water. However, 24 districts have over 60% of the population with access to safe drinking water.

Districts with proportion of the population 5% or 6% having access to unsafe drinking water should try to invest resources in reducing the proportion to zero. Those districts whose proportions are between 16% and 35% should try to invest a higher proportion of their development funds for the water sector in reducing the proportion to zero. The districts with the worst case should put extra effort by investing a higher proportion of their development funds in reducing the proportion to at least 35%.

TABLE 23: HOUSEHOLDS USING UNSAFE WATER SOURCE AS % OF LA POPULATION

District Assembly	Population using unsafe water sources
Malawi	**35%** [15]
Balaka	23.60
Balaka Town	5.00
Blantyre City	5.00
Blantyre Rural	16.70

[15] Source: National Population Policy, 2002

Chikwawa	38.80
Chiradzulu	36.70
Chitipa	55.40
Dedza	40.80
Dedza Town	6.80
Dowa	53.00
Karonga	27.00
Karonga Town	6.60
Kasungu	62.30
Kasungu Town	6.80
Likoma	73.20
Lilongwe City	6.80
Lilongwe Rural	29.60
Liwonde Town	5.00
Luchenza Town	5.00
Machinga	44.70
Mangochi	47.90
Mangochi Town	5.00
Mchinji	29.30
M'mbelwa (Mzimba)	44.40
Mulanje	40.20
Mwanza	46.20
Mzuzu City	6.60
Nkhata Bay	52.00
Nkhotakota	49.30
Nsanje	25.30
Ntcheu	27.60
Ntchisi	60.30
Phalombe	42.40
Rumphi	41.00
Salima	39.80
Salima Town	6.70
Thyolo	55.10
Zomba Municipality	5.00
Zomba Rural	33.30

Source: National Local Government Finance Committee Resource Allocation Formula

3.10 MDG 8 DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

It is about five years ago that the idea of the Drug Revolving Fund (DRF) programme was floated. However, because of the unclear policy directives and funding of the programme, nothing has been implemented. As a result, there are no data.

Outpatient attendance presented in Table 24 is an indicator that gives some idea of the citizenry accessing drugs for the top ten diseases, which include malaria, Acute Respiratory Infections (ARI), pneumonia, musculoskeletal pains, other skin conditions, diarrhoea, diseases (non-blood), other respiratory infections, acute eye infections, scabies and traumatic conditions. It is assumed that one would not waste time to go or take a patient for outpatient services if he/she knows there is nothing beneficial at the OPD. The ratio of outpatient visits to the total population gives the frequency of visits for outpatient services.

The total OPD cases received in all health facilities in the country during July 2002 – June 2003 was **11,671,511** representing a ratio of 1.05 (or 105%) of the total population. This is over one visit per person at the national level. OPD attendance fluctuated across districts with very high percentage of OPD visits to total district population in Mangochi (2.09) Karonga (1.64) Ntchisi (1.54) and Nsanje (1.49). The least ratio is for Chiradzulu at 0.36 followed by Dedza and Thyolo.

TABLE 24: MDG 8 DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

Indicator 12 Households participating in functioning Drug Revolving Funds (stocked with a specified minimum list of drugs

Name of District	Total Population	OPD total attendance	OPD Visits/Population ratio
Malawi	**11,065,333**	**11,671511**	**1.05**
Balaka DA	274004	390,590	1.43
Blantyre CA		247,485	
Blantyre DA	933767	907,109	0.97
Chikwawa	372165	511,525	1.37
Chiradzulu DA	248091	90,390	0.36
Chitipa DA	143461	147,825	1.03
Dedza DA	552786	214,924	0.39
Dowa DA	459603	399,314	0.87
Karonga DA	220032	360,475	1.64
Kasungu DA	573635	410,225	0.72
Lilongwe CA		230,603	
Lilongwe DA	1553238	1,230,553	0.79
Machinga DA	404,099	338,723	0.84
Mangochi DA	675155	1,414,168	2.09
Mchinji DA	365851	291,748	0.80
Mulanje DA	441733	393,768	0.89

Mwanza/Neno	138,832	183,806	1.32
Mzimba DA	635712	497,178	0.78
Mzuzu CA		75,750	
Nkhatabay DA	196269	208,534	1.06
Nkhotakota DA	271816	379,781	1.40
Nsanje	191057	284,795	1.49
Ntcheu DA	376352	353,737	0.94
Ntchisi DA	194619	299,723	1.54
Phalombe DA	236377	212,489	0.90
Rumphi DA	162158	205,817	1.27
Salima DA	332284	395,943	1.19
Thyolo	472,912	276,572	0.58
Zomba DA	639325	572,758	0.90
Zomba MA		145,203	

Source: Malawi Health Management Information Bulletin, Annual Report June 2002 – July 2003, Ministry of Health and Population, Planning Department, Health Management Information Unit

3.11 CONCLUDING REMARKS ON THE FINDINGS

This section has attempted to present the status of the 12 selected indicators by LA. While data was easily retrievable for some of the indicators, some difficulties have been encountered in retrieving data on some indicators. This is attributable mainly to the fact that the records were not available at the district level or the data is not stored in a systematic fashion. This has been the case for households in anti-malarial programs, households receiving daily transfers and completion rates for children enrolled in standard 1. It may therefore, be useful to follow up with the relevant institutions that are custodians of the data where gaps have been identified. In addition, it might be useful to begin a debate on standardizing the indicators, methodologies and data sets along the lines of the MDG targets. Efforts towards building LA capacities in data management need increased attention if Malawi will be able to easily track the MDGs in the next ten years or so.

4 PROPOSED MONITORING AND EVALUATION SYSTEM

4.1 INTRODUCTION

As mentioned in Chapter **2**, a baseline captures socio-economic conditions, demographic data/information and physical conditions of an area prior to the commencement of the implementation of a programme or project and after completion or in between (e.g. half way) the programme/project lifetime. Baseline information tells one what the situation is at the time it is established in the programme area. By comparing the situation at the beginning of the programme or project with information collected from the same groups at strategic monitoring and evaluation points, one can assess progress, and decide whether any adjustments are needed in the programme activities. Therefore, the baseline that has been constructed describes the situations that exist in the districts as of December 2004. It serves as the starting point for measuring changes in the situation through the observance of changes of the values of the selected targets/indicators - quantitative or qualitative. It details the extent to which results are being or have been achieved and serves as a yard stick for comparing conditions that existed in December 2004 and after a certain period of intervention.

4.1.1 Monitoring

Monitoring is the process of continuously tracking the status of programmes and projects by observing whether activities are being implemented as scheduled, resources are being utilized efficiently and short term target of outputs are being achieved in accordance with programme/projects Workplan. Monitoring is a management tool and generally involves collecting and analyzing data continuously on a programme/project processes and result and recommending corrective measures.

4.1.2 Evaluation

Evaluation is the process of periodically gathering and analyzing information, which assist management to compare project accomplishments with pre-determined objectives and outputs. It also provides vital information on impact, relevance, cost effectiveness, efficiency and sustainability. It could be conducted annually, mid term or at end of project activities by internal or independent evaluators.

4.1.3 Indicators

Indicators are markers of performance. They are essential for good programme management.

- They clarify intended change
- They track performance and progress towards change
- They show extent of progress and results achieved
- They communicate results

4.2 PROCESS

In the context of the M&E System proposed, the following is recommended:

a) What information do stakeholders need and for what – these are the indicators required to be monitored and evaluated.

- ✓ The incorporation of the data required into the forms for collecting data into the district system,
- ✓ Personnel identified to collect data,
- ✓ Personnel identified to manage the system
- ✓ Reports and dates/frequency of report writing and submission and
- ✓ Dates of feedback meetings,
- ✓ Schedule for field visits
- ✓ Budget for implementing system

b) The stakeholders who need information –who needs the information? Government, World Bank, Management Unit, Zone office, District Assembly, Communities or interested parties.

Each district is expected to produce a plan of action for implementing the data collection system. This should be discussed with the Zone Office and submitted to the Management Unit for approval and incorporation into the overall budget for funding. Common cost items that should be taken into consideration include: (a) transport costs in terms of vehicles, fuel and lubricants, (b) stationery for data collection and report writing (c) lunch allowances for those who go and return to base late in the evening, (d) accommodation and night allowances for those who spend nights outside their duty stations and (d) hospitality expenses during meetings with community members. Each level should draw up the budget for its M&E activities.

c) Roles and Responsibilities and Flow of Information

Since a consultant is a facilitator in the design of an M&E system, these questions can best be answered by the stakeholders themselves. Because of this, consultative meetings are necessary with MU, Zone M&E staff and District staff. Based on the experiences in the field during data collection, the questionnaires used have been refined and will be the data collection forms. At the district level, the DPD is the coordinator of the data collection process. It is important that he/she should clearly indicate who is responsible for collecting which data, when to collect the data and how he/she intends to facilitate the collection and analysis of the data. He/she should prepare the budget for implementing the system. Zone offices are in a good position to follow up with the DPD the collection of data and report writing. They should also compile the information required by the Management Unit. The MU may, on behalf of the government, pass on the information required to the World Bank as co-financiers of MASAF III. Figure 1 shows the roles and responsibilities at each level of the stakeholders and flow of information.

d) Linkages between MASAF Management Unit, NSO and MASEDA and the Ministry of Economic Planning and Development

The Ministry of Economic Planning and Development is the government body coordinating development programmes in the country. It is the provider and custodian of national policies on development like PRSP, Sector Investment Programmes, Medium–Term Expenditure Framework, etc. guiding the Planning Frameworks of MASAF and any other development partner policies like the District Development Planning Framework (DDPF) for the Local Authorities. MASAF, like any other partner in development contributes towards the implementation of the government policy of reducing poverty in the country. This policy framework is contained in the Malawi Poverty Reduction Strategy Paper (MPRSP).

The National Statistical Office is the main government authority coordinating the provision of statistical data in the country. It sets policies, standards, rules and regulations for the collection, dissemination and use of statistical data in the country. The Malawi Social Economic Data (MASEDA) is a database developed by the National Statistical Office for capturing and providing researched data to the nation. The District Data Bank System has been developed to capture socio-economic data in the districts (Local Authorities). Although they may be collecting data at different levels, the data sets are similar and MASEDA can benefit greatly from the data collected by the DDBS. MASAF and other partners in development influence the data patterns through their interventions in development. For example, through the Public Works Programmes, they influence households' incomes, expenditures and savings or livelihood patterns. In so doing they are not just consumers of data from NSO but organs that influence and generate data.

The Poverty Reduction Strategy Monitoring and Evaluation Master Plan provide the overall plan for monitoring and evaluating the implementation of the Poverty Reduction Framework and the Millennium Development Goals. MASAF, like any other partner in development (should) draws its M&E indicator targets from the PMS and the MDGs; hence the selected 12 MDG indicator targets.

The linkage that exists (or should exist) is from MEP&D as a provider and custodian of national policies on development: PRSP, Sector Investment Programmes, Medium–Term Expenditure Framework, etc. guiding the Planning Frameworks of MASAF and any other development partner like the District Development Planning Framework (DDPF) for the Local Authorities. The link (should) also exists through the MPRS M & E Master Plan in the provision of indicators and targets in the implementation and monitoring and evaluation of development programmes in the country. NSO sets policies, standards, rules and regulations for the collection, dissemination (provision) and use of statistical data in the country. Through MASEDA, it captures and makes available data that has been researched and documented not only by itself, but also by development partners in the country. The DDBS assists MASEDA through the provision of data from the grassroots level in the Assemblies.

4.3 DATA COLLECTION STRATEGY

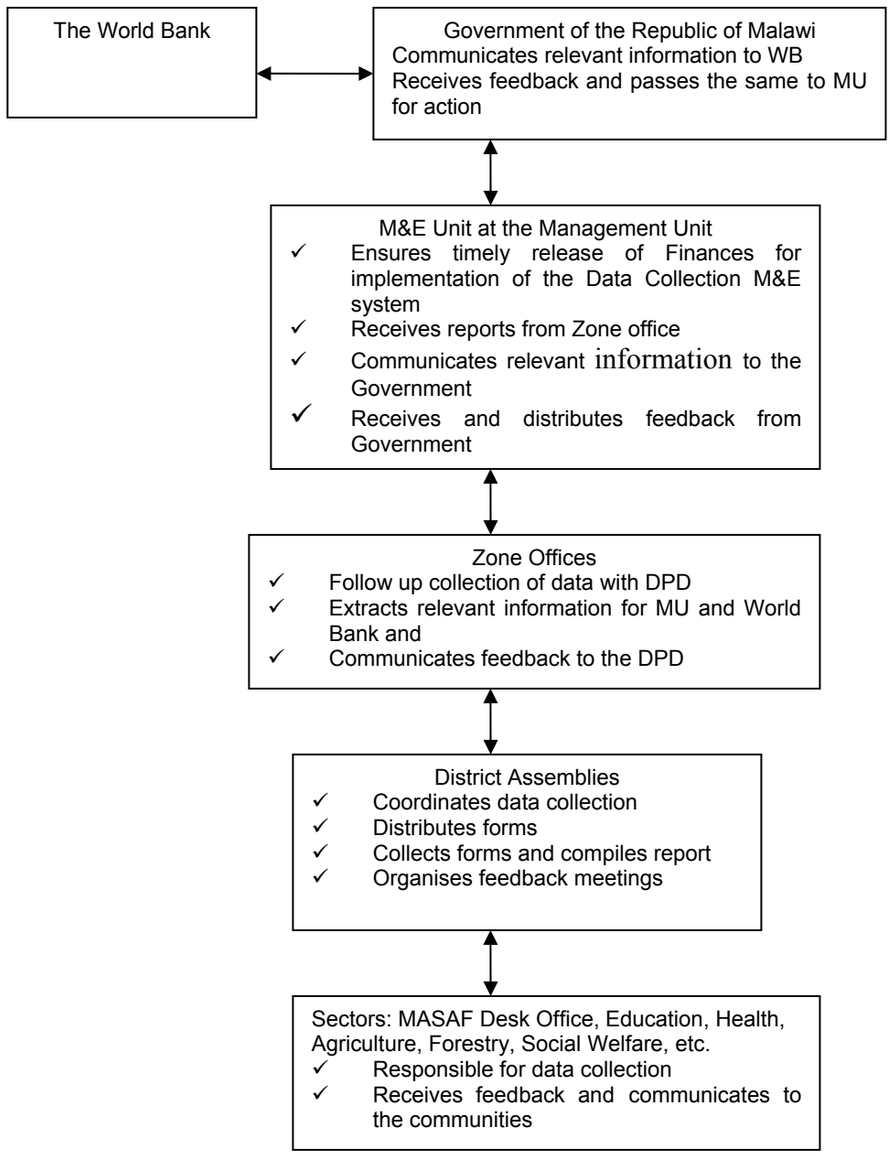
As pointed out earlier, the main method for collecting data for the 12 MDG indicator targets selected for the MASAF 3 Project is through sector departments, Local Assemblies, reports by non-governmental organizations and project reports from project implementation units of various Projects, including those from MASAF. This method is considered effective because the bulk of the official documents at the central level from which the data are obtained have their sources at the District Assembly. The required data translated into questionnaires (**Appendix 2**) should be reviewed by the District Executive Committee and distributed to the relevant sectors to collect routinely as recommended in the M&E system.

4.4 DATA STORAGE AND ANALYSIS

The data/information collected requires forms for recording quantitative data. Monitoring and evaluation and baseline data management require special computer packages like SPSS, Access, dBase, Excel, etc. The information from the Decentralisation Secretariat on the District Data Bank System (DDBS) installed and being implemented by the Local Authorities is that SPSS, Excel and dBase are not ideal for updating data. They are good for an initial data entry and analysis, but not for updating subsequent data collected. As a result, the data management system for DBBS is being converted from SPSS to Access which they have found to be much more useful for data updating or creating time series data like for 2001, 2002, 2003, etc. than the other packages.

The data for the baseline were obtained from secondary sources of already existing data in the District Assemblies by district personnel and supplemented by data available in the central government ministries, especially from the Ministries of Education and Health. It suffices to mention that Malawi is generally regarded as a “data rich country”. What confront researchers are the difficulties they face in retrieving the data from the records of the institutions and organizations that possess the data. This is because data is not stored in an easy-to retrieve manner. It should be mentioned that the data in the ministries are generated at the district level. They are easily obtainable at the central level because of the advanced data storage facilities and personnel in these ministries. If these facilities and personnel are made available in the districts, the data can be obtained right from the source. It will also eliminate repetitive data collection activities in the districts.

FIGURE 1: SUGGESTED ROLES AND RESPONSIBILITIES AND FLOW OF INFORMATION



4.5 HIGHLIGHTS ON LOCAL ASSEMBLY LEVEL DATA SOURCES AND AVAILABILITY

Below are highlights in terms of data availability by sectors at the Local Assembly level. The highlights are provided with a view to assisting the client to appreciate the difficulties encountered in getting the required data, and to provide a preliminary indication of where effort should be focused in generating and organizing the data for follow up exercises as in the annual updating of the indicators data.

(a) **Education**: The education sector is well organized in terms of keeping records on enrolment, dropouts, transfers and facilities at the LA level in the offices of the District Education Managers. The consultant visited the Ministry's Data Office and found that it is well equipped with staff and computers and one can get almost all that one needs. The only problem is that they do not keep records by terms. Data on cohort tracking is also not kept, and hence the difficulties in getting retention and completion rates.

(b) **Health**: The health sector equally collects a lot of data. Information required for indicators such as maternal care and under-five malnutrition is available and is collected bi-annually. It is therefore possible to update these indicators annually from the Health Management Information System quarterly bulletin as the HMIS uses the LA as both the data source and unit of analysis. However, at LA level data on health were not fully filled out in the questionnaire.

(c) **Agriculture/Food security/Forestry**: Questions asked on agriculture (food security and arable land) were well answered. Also questions on seedlings planted and hectares planted were well answered. The sectors have well organized structures in the districts and they collect data and report regularly.

(d) **Public Works/MASAF**: The Public Works sector has provided excellent data on roads in the districts (type of road, classification, condition, length in km and financiers). If analysed it provides good information on the roads MASAF financed in the districts. Many of the gravel roads were constructed under MASAF I and II and some have been reported to be in poor condition. However, the data is not included among the 8 MDGs and the 12 indicators. It is among the "other data" that the consultant deemed was useful.

(e) **Safety nets**: Information on the safety nets is lacking from almost all the districts including those financed by MASAF. Most districts say that the data for MASAF I and II were exclusively handled by MASAF staff and could only be obtained in MASAF offices. Data/information of projects financed by other organizations can also be obtained from the organizations. Consequently, the consultant visited the Safety Nets Unit which has been established to coordinate safety nets programmes in the country under the overall supervision of the Department of Poverty and Disaster Management Affairs. Even here relevant data on transfers could not be found. However, a list of 22 institutions/organisations supporting or implementing safety was obtained, and will be used to try and get the necessary data.

(f) **Environmental Sanitation**: The Ministry responsible for Environmental Affairs has employed and posted Environmental District Officers in most of the districts. These officers, acting as focal points in coordinating environmental concerns/issues, have built capacity for addressing

these multi-sectoral programmes in the districts. Environmental related data is easily available in the districts.

(g) Districts that did not submit data at all or very little/irrelevant data

The following districts have not submitted any data or very little/irrelevant data.

(i) Mangochi Town Assembly: The information they forwarded were for the District Assembly and are not relevant to the Town Assembly.

(ii) Thyolo District Assembly: The report from the RA is that the sectors demand payment of allowances. The sectors suspect the DPD of not being transparent since all the work they have been doing for MASAF included some payment of allowance.

(iii) Blantyre City: The RA said the DPD made several excuses claiming to be too busy.

(iv) Lilongwe District Assembly. The little that was obtained by the consultant was through his personal contact with sectors of Education and Health and information in the Social Economic Profile. Some information was also obtained from the Ministries of Health and Education. It appears there is some power vacuum in the Planning Section of the Assembly. The DPD is on a study leave and both the MIS Officer and the Database Officer claim to be the Acting DPD.

(v) Likoma District Assembly: The questionnaire was given to the steamer on 12th December, but no information has been received from the island.

(vi) The DPD of Mzimba says that there is no data for education. A similar report was received from Salima district. This is strange because looking through their SEPs, information on education is very rich. In fact, as mentioned above, Education is among the best collectors of data.

(VII) The DPD of Mzuzu is still to submit data on Education and Forestry.

5 CONCLUSION AND RECOMMENDATIONS

The report has presented findings of a study to assist LAs construct baselines on 12 MDG indicator targets selected for the Project. The report has also presented the suggested targets by Local Assembly. These should form the basis for discussions with LA s so that they can focus attention and resources on achieving the targets, and systematically collecting data to update the indicators. While most data on education, health, forestry and agriculture of the 12 indicator targets have been obtained and targets set, there were difficulties in getting data on education completion rates, with the data that was available being so outdated as not to offer a true picture of the current status. The study has also revealed, albeit implicitly, the need for the Malawi Government and institutions mandated to gather data to re-align the various indicators with the MDG requirements to facilitate ease of tracking progress towards targets. In view of these findings, we recommend the following:

- A two day feedback meeting for the LAs to involve the DPDs from each LA should be part of the process of finalizing the findings, and to set the stage for engaging the LA s to commence conscious efforts towards meeting the MDG indicator targets using MASAF 3 or other development resources that they may have access to. The meeting will also provide an opportunity for the LAs and Zone Offices to formulate/reformulate their M&E Plans in line with the MDG indicators.
- There is need to support financially the District Assemblies strengthen their Data Offices implement the District Data Bank System. An operational DDBS will feed into MASEDA and assist in its operationalisation. This may be with funds for salaries, computers and accessories and capacity building to operate these machines.
- Given the limited time period in which this exercise was conducted, it is suggested that MASAF should assist LAs in closing gaps that exist on some of the indicators.
- In light of difficulties faced with obtaining data on safety nets, MASAF should consider using the poverty head count index to estimate the number of people living in extreme poverty. This would make reporting on these indicators easy as this data is collected periodically by the National Statistics office. However, data on the number of households or individuals in safety nets should still be collected by Local Assemblies. Simple data collection forms along the lines of the formats suggested in this report should be used by LAs to capture this data, and aggregate/summarise at LA level and reported on quarterly.
- MASAF should consider engaging in a discussion with the National Statistics office or the Ministry of Economic Planning and Development (MEP&D) on the data requirements for tracking the selected MDG indicator targets. This should be particularly in relation to the quick roll-out of the MASEDA, and ensuring that the system is functional at the LA level

6 BIBLIOGRAPHY

(1) Development Planning System Handbook for District Assemblies

(2) MASAF III/CEDP Operational Manual {Government Of Malawi, Office of the President and Cabinet (OPC), 22 DECEMBER 2003}

(3) MASAF III, (Draft) Monitoring and Evaluation Plan

(4) Ministry of Health/MASAF collaboration on the Community Essential Health Planning Concept Note - MASAF/MOH 2004

(5) Implementation Completion Report (World Bank Document Report #: 228608 –Mai)

(6) Malawi Poverty Reduction Strategy Paper (Final Draft April 2002)

(7) Malawi Social Action Fund –District Basic Information for the YR 2004 (Set of questionnaires sent to districts, but never filled)

(8) Malawi Poverty Reduction Strategy Monitoring And Evaluation Master Plan (MPRS M & E MASTER PLAN MARCH 2003), Ministry of Economic planning and Development

(9) Results Based Management and M&E Training Workshop Report – UNFPA Country Office, Malawi, December 2003

(10) Monitoring and Evaluation Toolkit for Programme Managers, UNFPA Country Office

(11) Malawi Health Management Information Bulletin, Annual Report July 2002 – June 2003, Ministry of Health, Department of Planning, Health Management Information Unit

(12) Education Statistics, (2004) Ministry of Education, Education Management Information System.

(13) Malawi Third Social Action Fund Appraisal Document Africa Regional Office (electronic copy).

(14) Millennium Development Goals-Malawi Report (2003)

(15) Malawi Social Indicators survey 1995

(16) District Assembly (Sector Records) obtained through questionnaires.

(17) Population projections for 2004 based on the Population and Housing Census 1998 by NSO.

(18) Balaka District Socio Economic Profile (August 2003)[16]

(19) Blantyre District Socio Economic Profile (July 2002)

(20) Chikwawa District Socio Economic Profile (December 2003)

(21) Chiradzulu District Socio Economic Profile (November 2002)

(22) Chitipa District Socio Economic Profile (October 2002)

(23) Dedza District Socio Economic Profile (October 1999)

(24) Dowa District Socio Economic Profile (December 2003)

(25) Karonga District Socio Economic Profile (July 2002)

(26) Kasungu District Socio Economic Profile (August 2003)

(27) Likoma District Socio Economic Profile (September 2002)

[16] The 3 Cities of Blantyre, Lilongwe and Mzuzu, Municipality of Zomba and the 8 Towns Assemblies have not produced Socio Economic Profiles. The District of Neno also has not produced its Socio Economic Profile.

(28) Lilongwe District Socio Economic Profile (September 2002)

(29) Machinga District Socio Economic Profile (February 2001)

(30) Mangochi District Socio Economic Profile (July 1999)

(31) Mchinji District Socio Economic Profile (July 2002)

(32) Mulanje District Socio Economic Profile (July 2002)

(33) Mwanza District Socio-Economic Profile (February 2001)

(34) Mzimba District Socio Economic Profile (December 2003)

(35) Nkhatabay District Socio Economic Profile (February1999)

(36) Nkhotakota District Socio Economic Profile (September 2002)

(37) Nsanje District Socio Economic Profile (July 1999)

(38) Ntcheu District Socio Economic Profile (April 2001)

(39) Ntchisi District Socio Economic Profile (October 2001)

(40) Phalombe District Socio Economic Profile (August 2002)

(41) Rumphi District Socio Economic Profile (June 2002)

(42) Salima District Socio Economic Profile (September 2002)

(43) Thyolo Socio Economic Profile (December 1998)

(44) Zomba District Socio Economic Profile (December 2000)

(45) State of Environment Report 2001, Environmental Affairs Department, Ministry of Natural Resources and Environmental Affairs

APPENDIX 1: LIST OF PEOPLE CONSULTED

Name	Title	Address
C. Mandala	Director, Research and Training	cmandala@masaf.org
Murphy Kajumi	Ag Director, M&E MASAF	Mkajumi@masaf.org
Boniface Kalanda	Director M&E	bkalanda@masaf.org
Hope Chavula	MASEDA Manager	Box 333, Zomba, A2K@sndp.org.mw
Vincent Sikelo	Asst Director, CDP	vsikelo@masad.org
Thomas Taimu	MIS Officer MASAF	ttaimu@masaf.org
Ms Rhoda Eliasi	Principal Economist, MEP&D	reliasi@yahoo.com
Francis Lwanda	Learning and Design Unit Manager	francis@caremalawi.org
Mrs M. Phiri	DPD, Mchinji	Mchinji District Assembly
M. C. Mdulamizu,	District Agric Development Officer	Mchinji District Assembly
Dyzie Magela	Ag DPD	Lilongwe District Assembly, 09306124
Malango Chipula	District Database Officer	Lilongwe District Assembly, 09251309
Esther Kamanga	Desk Officer	Lilongwe District Assembly,
D L. C Mpoola	DPD	Lilongwe City Assembly
F. Magombo (Dr),	Director of Health and Com. Services	Lilongwe City Assembly
Harry Mwamlima	Assistant Coordinator	Safety Nets Unit
S. S. Mulungu		“
Mr. Kautuka	Principal Economist	andy_kautuka@yahoo.co.uk
M. Masuku	DEHO	District Health Office, Lilongwe DA Tel: 09942245/01727063
Mr. Mchikoma		Database Office, Min. of Education
Mhango	UNV Planner	Mchnji District Assembly
Mrs Taulo	Assistant DEM	Lilongwe District Assembly, Rural West,
C. Kalemba	D. C.	Lilongwe District Assembly Tel: 08838901
Mr. L Khozi		Ministry of Education
Mr. T. Sambakunsi		Ministry of Health
Mr. M. Tsoka		CSR
Simon Chirwa	Procurement Manager	schirwa@masaf.org
Wisdom Chtedze	Asst Director Internal Audit	whitedze@masaf.org
Steve Chapola	MIS Specialist	schapola@masaf,org
Hudson Kubwalo	DC Specialsist	hkubwalo@masaf.org
Duncan Banda	RZOM - COMSIP	dbanda@masaf.org
Winter Chinamale	Senior Engineer	wchinamale@masaf.org

APPENDIX 2: QUESTIONAIRES

QNR 1: BASIC INFORMATION

1.1 Name of District[17]----------

1.2 Name of Research Assistant----------

1.3 Name of Director of Planning and Development----------

1.4 Signature of the Director of Planning and Development----------

1.5 Date of completion of questionnaires (to be completed by RA) ----------

QNR 2: SAFETY NETS IMPLEMENTED IN THE DISTRICT ASSEMBLY

2.1 Number of households who received PWP wages for two months	Number of FHH	Number of MHH
2.2 Number of households who received SSP incomes for over two years		

QNR 3 COMMUNITY SAVINGS AND INVESTMENTS GROUPS (COMSICS) ESTABLISHED IN THE DA

3.1 Number of COMSIGs formed to date (2004)	By females	By males	By both sexes
3.2 Number of COMSIGs working in 2003 and 2004	Under males	Under females	Under both sexes
3.3 Number of households involved in the COMSIGs in 2004 and 2004	FHH		MHH
3.4 Number of households receiving daily transfer or assistance of USD0.30 i.e. K30 or more in 2004	FHH		MHH

QNR 4 COMMUNITY SAVINGS AND INVESTMENTS CLUBS (COMSICS) ESTABLISHED IN THE DA

3.1 Number of COMSICs formed to date (2004)	By females	By males	By both sexes
3.2 Number of COMSICs working in 2003 and 2004	Under males	Under females	Under both sexes
3.3 Number of households involved in the COMSICs in 2004 and 2004	FHH		MHH

[17] District refers to any of the Local Authorities: District, City, Town and Municipality

QNR 5: QUANTITY AND VALUE OF PRODUCE BY COMSIGs

4.1 Name of Project of COMSIG involved in production	Type of produce	Quantity of produce	Value of produce in Kwacha

QNR 6: PRIMARY SCHOOLS FACILITIES IN THE DISTRICT ASSEMBLY IN 2004

Facility	Number
5.1 Total number of permanent classrooms	
5.2 Total number of permanent toilets	
5.3 Total number of permanent teachers offices	
5.4 Teachers permanent houses	
5.5 Number of Functioning School committees	
5.6 Number of Functioning School PTAs	
5.7 Types of water sources	
1 Piped water	
2 Boreholes	
3 Protected wells	
4 Unprotected wells	
5 Protected springs	
6 Stream/river/lake/dam	
7 Rain water	
5.8 Woodlots established by Primary Schools in hectares	

NB: Improved water source: Piped water, protected well, borehole, protected spring

QNR 7: PRIMARY SCHOOL ENROLMENT IN THE DISTRICT FOR THE YEAR 2004 IN EACH TERM

6.1 How many primary schools are in the district?								
6.2 Enrolment	Term 1		Term 2		Term 3		Midyear	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Standard 1								
Standard 2								
Standard 3								
Standard 4								
Standard 5								
Standard 6								
Standard 7								
Standard 8								

6.3 What is the proportion of children of school going age (6-13 years in 2004)?	Girls	Boys	Both

6.4 What is the completion rate in the district for those enrolled in STD 1 in 1999?	

QNR 8: NUTRITION PROJECTS IN THE DISTRICT ASSEMBLY IN 2004

7.1 Give names of nutrition projects	Number of households participating in each project		Number of under-fives served/being served	
	FHH	MHH	Girls	Boys
1				
2				
3				
4				
5				

QNR 9: MORTALITY RATES IN THE DISTRICT ASSEMBLY FOR 2004

9.1 What is the district maternal mortality rate	
9.2 What is the infant mortality rate in the district?	
9.3 What is the child mortality rate in the district?	

9.4 Persons reached with family planning services	Males	Females

QNR 10: HEALTH FACILITIES IN THE DISTRICT ASSEMBLY IN 2003/4

8.1 Type of Health Facilities in the district	Number	
1 Hospital		
2 Health Centre		
3 Dispensaries		
4 Health post		
5 Mobile clinic		
6 Total Traditional Birth Attendants trained under Community Based Organisations		
7 Households with access to a trained TBA		
8.2 Births attended to by Traditional Birth Attendants	Boys	Girls
8.3 Births attended to by trained health personnel		
8.4 Births attended to by at least Traditional Birth Attendants (8.2+8.3)		

QNR 11: HIV/AIDS RESPONSE IN THE DA in 2004

10.1 Number of orphans supported/being supported	females	males
10.2 Number of orphans given training and tools for production (MDG indicator 6)		
10.3 Number of Home based care and support projects formed and functioning in the district		
10.4 Number of chronically ill covered by HBC		
10.5 Number of households using impregnated bed nets		
10.6 Number of drug revolving funds (DRFs) fully stocked and in use		
10.7Number of individuals served by DRFs		
10.8 Number of households participating in functioning drug revolving funds (stocked with a specified minimum list of drugs) (MDG indicator 12)	FHH	MHH

QNR 12: PERSONAL HYGIENE AND SANITATION

11.1 Number of households owning type of toilet	VIP	Pit latrine	Flush	None
11.2 Number of households given Sanplats				
11.3 Number of households with improved water source				
11.4 What are the main four hygiene and sanitation issues in the district				

QNR 13: HYGIENE AND SANITATION ISSUES IN DA IN 2004

Prioritised list of issues	Maximum of three possible solutions for each issue
1	
2	
3	
4	

QNR 14: WASTE DISPOSAL METHODS IN DA IN 2004

List methods of waste disposal in descending order of importance	Proportion of population using method

QNR 15: FORESTRY COVER IN DA AS OF 2004

13.1 What is total area covered by forests in the district in hectares	Hectares	
13.2 Hectares planted with seedlings in 2003/4 season		
13.3 List names of seedlings planted and the area covered	# of seedlings planted	Hectares
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

QNR 16: AGRICULTURE AND FOOD SECURITY

Name staple food items in the district in order of importance	From which month is there no food
1	
2	
3	
4	
5	

QNR 17: COPING MECHANISMS IN FOOD SECURITY

Name coping mechanisms (in order of importance) in the district when food is exhausted/finished
1
2
3
4
5
6

QNR 18: AGRICULTURE ARABLE LAND AND FOOD SECURITY: ARABLE LAND

15.1 Proportion of land which is arable	
15.2 Proportion of the population with less than 0.2 ha	
15.3 Proportion of land cultivated with main food crops	
15.4 Proportion of land cultivated with main cash crops	

QNR 19: ROAD NETWORK IN THE DISTRICT

Name of the road	Classification	Type of road	Condition	Length in km	Who financed the construction?
1					
2					
3					
4					
5					
6					
7					

Classification of road: Main, secondary, district Tertiary, undesignated. Type of road: Bitumen, earth or gravel. Condition depends on type, i.e. for gravel it can be passable all year round, or passable in dry season only or passable by four wheel drive in wet season. For bitumen, it could be very good, good or poor.