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# USAID/Malawi

# FY 1993

# Assessment of Program Impact (API)

November 22, 1993

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## ACRONYMS

| | | |
|---|---|---|
| ADD | - | Agricultural Development Division |
| ADMARC | - | Agricultural Development and Marketing Corporation |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| AIDSCAP | - | AIDS Control and Prevention |
| API | - | Assessment of Program Impact |
| ARI | - | Acute Respiratory Infections |
| ASAP | - | Agriculture Sector Assistance Program |
| AVSC | - | Association for Voluntary Surgical Contraception |
| CBD | - | Community Based Distribution |
| CHAM | - | Christian Health Association of Malawi |
| CHSU | - | Community Health Services Unit |
| CPR | - | Contraceptive Prevalence Rate |
| DHS | - | Demographic Health Survey |
| EPA | - | Extension Planning Area |
| EPIMODEL | - | WHO AIDS Projection Model |
| FAMPLAN Model | - | Family Planning Model |
| FY | - | Financial Year |
| GABLE | - | Girls' Attainment in Basic Literacy and Education |
| GOM | - | Government of Malawi |
| GDP | - | Gross Domestic Product |
| HIV | - | Human Immunodeficiency Virus |
| HRID | - | Human Resources in Development |
| HSA | - | Health Surveillance Assistant |
| HYV | - | High Yielding Varieties |
| IMR | - | Infant Mortality Rate |
| JHU | - | Johns Hopkins University |
| KAP | - | Knowledge, Attitude, and Practices |
| KCH | - | Kamuzu Central Hospital |
| KG | - | Kilograms |
| KGME | - | Kilograms of Maize Equivalent |
| MANEB | - | Malawi National Examination Board |
| MOA | - | Ministry of Agriculture |
| MOH | - | Ministry of Health |
| MOEC | - | Ministry of Education and Culture |
| MK | - | Malawi Kwacha |
| MT | - | Metric tons |
| MUSCCO | - | Malawi Union of Savings and Credit Cooperative |
| NABW | - | National Association of Business Women |
| NACP | - | National AIDS Control Program |
| NCC | - | National Consultative Council |
| NEC | - | National Executive Council |
| NFWCM | - | National Family Welfare Council of Malawi |
| NGOs | - | Non-governmental Organizations |
| NSO | - | National Statistical Office |
| OCS | - | Oral Contraceptive Services |
| ODA | - | Overseas Development Administration |

| | | |
|---|---|---|
| OYB | - | Operational Year Budget |
| PHICS | - | Promoting Health Interventions in Child Survival |
| PVO | - | Private Voluntary Organization |
| QECH | - | Queen Elizabeth Central Hospital |
| RDP | - | Rural Development Project |
| SACA | - | Savings and Credit Association |
| SFFRFM | - | Smallholder Farmers Fertilizer Revolving Fund of Malawi |
| SOMARC | - | Social Marketing |
| S-P | - | Sulfadoxine Pyrimethamine |
| STAFH | - | Support to AIDS and Family Health |
| STDs | - | Sexually Transmitted Diseases |
| T/HA | - | Tons per hectare |
| TFR | - | Total Fertility Rate |
| UN | - | United Nations |
| USAID | - | United States Agency for International Development |
| WHO | - | World Health Program |
| WOCCU | - | World Council of Credit Unions |
| WWB | - | Women's World Banking Affiliated of Malawi |

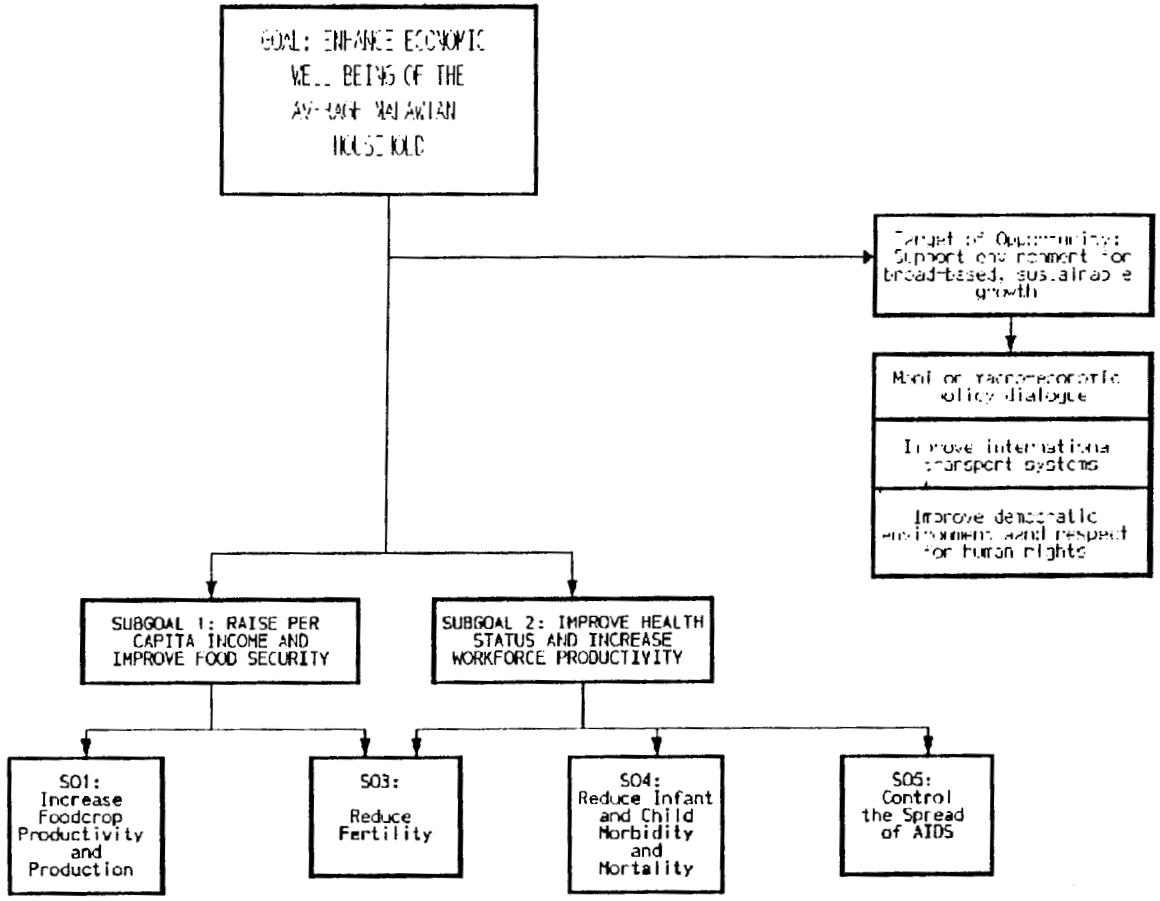
## FOREWORD

USAID/Malawi continued to operate at low budget (OYB) levels established as a result of the Consultative Group (CG) meeting in May 1992. In April 1993, the Mission submitted to USAID/Washington a strategy revision paper, which presented three interim program options, each based on different political scenarios covering the period leading up to the June 14, 1993 Referendum and after it. Each of these scenarios serves to bridge the transition between the existing strategy, developed in 1989, and the new Mission strategy to be developed in FY 1994. In addition, the revision requested deleting the **"Increasing Off-Farm Employment Opportunities"** from the Mission's approved strategic objectives. USAID/W concurred and this strategic objective was formally dropped from our program strategy. The current program consists of activities concentrated in the agricultural and health and population sectors, as well as supportive activities in primary education for girls, non-governmental organization (NGO) development, human resources development, and, as a result of the on-going political liberalization, democracy-building.

During FY 1993, the Mission continued to review the indicators for a number of the targets under its three health sector strategic objectives. This review has resulted in revising or expanding several health indicators, a summary of the changes is presented in Annex A. Because of the importance of women in development (WID) issues in our program, and since the API as currently structured does not lend itself to sufficient discussion of the subject, Mission decided to include an annex in this API detailing our WID activities (Annex B). In accordance with the additional Bureau guidance for FY 93 API reports, this document also contains Section IV which reports on progress/impact of Mission's targets of opportunity as well as on activities in one or more of the Agency's four priority areas not already captured in other sections of the report.

We hope this FY 1993 API will be of use and interest to the Bureau for Africa and to other colleagues in Washington.

# USAID/MALAWI PROGRAM STRATEGY
## 1990-1995



# SECTION I

## SPECIAL FACTORS AFFECTING THE USAID/MALAWI PROGRAM

During the past year, Malawi experienced major political and economic developments. While the effects of the donor actions taken in May 1992 to suspend all but non-humanitarian assistance to Malawi continued to be felt throughout the Malawian economy, major and significant political and social changes have been taking place. The reduction in assistance, coupled with continued domestic political and economic pressure, has resulted in significant improvement in the political environment, but in a slow and limited economic recovery. The socio-culture transformation that is underway is changing forever the way Malawians in all economic strata relate to each other. Demands for higher wages in the formal sector and growing pressure from smallholders to participate in the formal economy are but two manifestations of this. At the same time, Malawi's dire AIDS epidemic and high population growth threaten the glans made.

**Improved Political and Human Rights Situation:** Since the submission of FY 1992 API, Malawi has progressed to a multi-party system. This sea change in politics has been mirrored by a sea change in the human rights situation. With a new legal framework guaranteeing basic human rights as well as democracy, there is now throughout the society, a clear, firm and irreversible political commitment to a new governance system.

On June 14, 1993, Malawians voted overwhelmingly (63%) for a multi-party democracy in a Referendum that was declared by all national and international observers and monitors to have been an accurate reflection of the will of the Malawian people. The Government of Malawi (GOM) reacted quickly to the outcome of the Referendum by declaring amnesty which allowed political refugees to return to Malawi and freeing remaining political prisoners. By June 29, 1993, Parliament had met and repealed Article IV of the Constitution, which made Malawi a one-party state,and passed legislation recognizing the right of political parties to operate in Malawi. Provisions were published for the registration of political parties; and today Malawi has seven registered political parties. A free press sprang up during the Referendum campaign, and has vigorously continued throughout the post-Referendum period.

By August 1993, the Opposition and Government agreed on the establishment and modus operandi for two bodies to oversee the transition: the National Consultative Council (NCC) and the National Executive Committee (NEC). Both bodies benefit from equal participation of each registered political party. Several NCC

subcommittees drafted legislative and constitutional changes necessary for (1) multi-party elections to take place, (2) basic human rights to be recognized and protected, and (3) the actions of the NCC and NEC to be codified. By October 14th, the NCC announced that general elections will be held May 17, 1994. Separate presidential and parliamentary elections will be held simultaneously. The President, who will form a new government, will be popularly elected.

The Parliament was called to meet on November 16, 1993 to enact the set of constitutional and legal changes drafted by the NCC and government. These include: a bill of rights in the constitution; an electoral law which provides for an Election Commission, the registration of voters, and successful multi-party campaigning; and the modification or repeal of several anti-human rights statutes (e.g., the Preservation of Public Security Act, the Forfeiture laws, etc.).

In general, the human rights climate has improved significantly since the June 1993 Referendum. This improvement has been across the board, i.e., it is relative to the respect for the person, respect for civil liberties, respect for political rights, governmental attitude regarding international and non-governmental investigations of alleged violations of human rights, and discrimination.

**Economic Situation:** The Malawian economy has continued to stagnate, and in some areas deteriorate, since the last API, due largely to the 1992/93 drought, the perception by the private sector of a potentially risky political transition, a substantial wage increase in both the public and private sectors following labor unrest, and the impact of donor withholding of balance of payments support. Probably the most serious outcome is the severe decline in the country's foreign exchange reserves, to less than one month's import requirements during most of FY 1993. As a result, Malawi's per capita gross domestic product (GDP) remained among the lowest in the world, despite the currently projected increase for 1993. Although many had hoped for a healthy recovery of the economy following a bumper maize harvest, low domestic and international prices for tobacco and other exports, and persisting foreign exchange problems, continued to impede any significant recovery. Malawi continued to face a significant external financing gap, low foreign exchange reserves, and marked increase in inflation over the past 12 months.

While USAID/Malawi firmly believes that progress on, and the sustainability of, a democratic political system that respects human rights is a precursor to sustainable economic development, we also believe that failure to achieve broad based economic growth and a higher standard of living for Malawi's poor can seriously undermine any political gains. Therefore, in its **Program and**

**Staffing Reassessment** paper, submitted to USAID/W in October 1993, the Mission recommended that **USAID** provide an incentive increase in the assistance level to Malawi in FY 1994. This is necessary to acknowledge the important and positive political changes to date, to insure that the political transition is supported be an economy that is functioning albeit in low gear, and to help the continuation of the transition process.

New Paragraph

**Worsening HIV/AIDS Situation:** AIDS is rapidly becoming a leading cause of death for under fives as it has already become for young adults. Currently, it is estimated that 11 percent of the adult population is seropositive for HIV, and projections are that 1-2 percent of adults are infected annually. An additional 555,000 deaths from AIDS are expected by 2005. Without AIDS, average life expectancy would have been projected to reach 53.0 years by 2000-2005; with AIDS, life expectancy (same period) is projected to be only 45.4 years.

By all accounts AIDS is the most frightening problem that will affect Malawi's future, striking young adults who are the most productive segment of the population. Mission projects staff have encountered the impact of AIDS first hand. For example, key Malawian counterparts often become increasingly absent, progressively more ill, and eventually die. This has a devastating effect on all development efforts as an acutely short supply of trained human resources is further decimated because of AIDS. If unchecked, AIDS will continue to add to the already strained health resources and will seriously reduce workforce productivity and the country's economic growth. The Mission believes that it is important to flag this emerging factor which is seriously undermining recent development and progress in the health area, and will also have far reaching implications for the economy.

## SECTION II

## PROGRESS TOWARD OVERALL COUNTRY PROGRAM GOAL

The goal of USAID/Malawi program is to enhance the economic well-being of the average Malawian household. The Mission's sub-goals are: 1) to raise per capita income and improve food security; and 2) to improve health status and work force productivity.

**GOAL: Enhance the Economic Well-Being of the Average Malawian Household**

In spite of continued donor withholding of non-humanitarian assistance to Malawi, the country made some short-term gains on some macroeconomic and social indicators in 1993, compared with the severe contraction in 1992. According to Government of Malawi (GOM) statistics, real GDP is estimated to have increased by 11.2 percent in 1993, compared to a decline of 7.9 percent in 1992, enabling real per capita income to resume positive growth. A significant increase in the hectarage devoted to high-yielding varieties of maize (HYV), coupled with normal rainfall resulted in record high gross foodcrop production. This, combined with significant expansion in smallholder burley tobacco production, most of which was sold directly on the auction floors, is estimated to have resulted in a large cash injection into poor rural households. The impact of smallholder access to burley production quota and marketing mechanisms alone accounts for an increase of $8 million into 29,000 rural families.

The 1992 Malawi Demographic and Health Survey (DHS) recorded significant achievements on Malawi's social indicators. The total fertility rate, which had shown little decrease between the 1977 and 1987 census taking, is now showing signs of decline, indicating the beginning of the demographic transition to lower fertility. Although the infant mortality rate (IMR) remained roughly constant over the last ten years at 135 per 1,000 live births, under-five mortality declined from an estimated 258 per 1,000 in 1984 to a current estimate of 234 per 1,000 children aged 0-4 years.

Budgetary allocations to health care and education have increased following declining or stagnating shares during 1992. The GOM has submitted a plan showing annual percentage increases of 4 percentage points per year in the share of the education budget devoted to primary education during each year of the Girls' Attainment in Basic Literacy and Education (GABLE) program. In fact the GOM has exceeded GABLE targets for 1992/93 by allocating

56.7% of the education budget to primary education.

**SUB-GOAL 1: Raise Per Capita Income and Improve Food Security**

The principle USAID program to increase per capita income and increase food security is the Agricultural Sector Assistance Program (ASAP). Under this program, burley earnings are beginning to have positive effects on rural incomes directly through cash earnings and indirectly through increased purchases of agricultural inputs for food and cash crop production, increased demand for goods and services, and increased demand for labor and certain types of land.

In addition to ASAP, the mission's food relief efforts during the drought not only averted starvation and death, but also prevented the early harvesting of this year's crop and enabled farmers to direct resources to future production.

1. Increase per Capita Income -- A sharp increase in real output in 1993 due to the increase in food crop production by smallholders is projected to enable real per capita income to resume positive growth. Between 1992 and 1993 real per capita income is estimated to grow by 8.2 percent, following a decline of 10.9 percent from 1991 to 1992. Over the 1990-1993 period, growth in real per capita income only averaged 0.9 percent.

2. Increase Rural Incomes -- A higher smallholder burley quota, which doubled from 3.5 million kgs in 1991/92 to 7.0 million kgs in 1992/93 more than offset the low prices on the auction floors this season. The Mission estimates that close to MK36.0 million ($8.2 million) was injected into the rural areas from smallholder tobacco, resulting in an improvement in rural incomes and at the same time, enhancing rural household food security.

Considerable evidence of indirect benefits of the burley program on rural communities have been reported in recent studies of the Zomba area. These include the proliferation of micro enterprises in trading services, increased rents for low lying land where burley nurseries are grown, and a decline in surplus labor upon which estates have always relied during peak labor periods of tobacco production. To increase our understanding of the direct and indirect effects of the program on rural communities, the mission will be conducting in January 1994 a study of micro, small and medium enterprises in communities with a high concentration of smallholder burley earnings.

Prices of burley paid to tenants fell by only 18 percent in real terms from 1992 to 1993, despite the fact that auction floor prices fell by roughly 60 percent in real terms. One ASAP target is to insure that smallholders receive at least 62 percent of the auction floor price from the Agricultural Development and Marketing

Corporation (ADMARC) through a two part payment scheme. Last year's combined payment fell short of the target, but this year's first payment is already at 54 percent of the average auction floor price. This improvement in payments to tenants is the result of the policy change under the ASAP program, which gave farmers a number of marketing choices this year, forcing ADMARC to compete actively for burley purchases.

3. Increase per Capita Food Production -- Per capita grain production reached 232.0 kilograms (maize equivalent), the highest since 1985. The dramatic rise is due to the sharp increase in maize production, the largest ever recorded in Malawi, a result of a substantial increase in use of high yielding varieties of maize. That farmers planted more land than ever to HYV maize is attributable to the development of new hard endosperm varieties, seed donations to farmers as part of the drought relief program, and increased incomes generated from burley under the ASAP program. In addition to a bumper harvest, a recent USAID/Malawi study reports that less maize was harvested green because sufficient quantities of relief maize had been made available.

**SUB-GOAL 2: Improve Health Status and Increase Work Force Productivity**

USAID programs aimed at improving health status and increasing work force productivity include the Promoting Health Interventions in Child Survival (PHICS) project, the Support to AIDS and Family Health (STAFH) project, the GABLE and ASAP programs. Together, these programs improve child health status, reduce fertility, reduce the prevalence of the Acquired Immune Deficiency Syndrome (AIDS), increase educational attainment, and improve nutritional status.

1. Decrease Infant and Child Malnutrition -- Three measures of under-five nutritional status were used in the recent DHS: 1) height-for-age which reflects the cumulative effect of chronic malnutrition; 2) weight-for-height, which describes the current nutritional status; and 3) weight-for-age, which is a composite index of the former two. Because the DHS was conducted from September-November 1992, some effects of the 1992/93 drought are reflected in these measures, especially weight-for-height.

For Malawi as a whole, nearly half of all children under the age of five are stunted (reflecting chronic malnutrition) and about half of these children are severely stunted. Low weight-for-height was found in 5 percent of the children (reflecting current under-nutrition). One quarter of these (or over 1 percent of all children under the age of 5 years old) were severely wasted.

2. Reduce Infant and Child Mortality -- Results from the DHS indicated that while infant mortality has remained roughly the same over the past ten years, at about 135 infant deaths per 1,000 live births, under-5 mortality dropped from 258.0 estimated in 1984 to 233.8 (deaths per 1,000) estimated in 1992. As in other sub-Saharan African countries, boys suffer slightly higher rates of deaths at all ages than girls. The mission continues to combat infant and child morbidity and mortality through research on malaria treatment and prevention, through increased access to safe water, and through increased community based strategies to promote better health and sanitation practices. Other donors and NGOs have played a vital role in other areas--providing immunizations and supplemental feedings, improving service delivery of primary health care, and developing community-based health care services in selected parts of the country, to name a few.

3. Reduce Fertility -- The total fertility rate for a Malawian woman of child bearing age (15-49 years) is now estimated at 6.7 children, down from the previous adjusted 1984 estimate of 7.2 children. Comparison between rural and urban areas shows that fertility is higher in rural areas (6.9 children) than in urban areas (5.5 children). The contraceptive prevalence rate is now estimated at 7.4 percent for modern methods, up from approximately 1% in 1984. The STAFH project and GABLE program are the Mission principle activities supporting this objective by providing greater access to improved contraceptive services together with better educated women. Other donors provide complementary assistance in commodity supply and other efforts to reducing fertility.

4. Increase Literacy -- Several indicators of literacy were obtained from the DHS: 1) percent of population who have completed standard 4 or higher; 2) percent of population who can read and understand English or Chichewa easily; and 3) percent of population who read newspapers or magazines at least once a week. Of women aged 15-49, 34.2 percent attained standard 4 or higher levels of education; 24.1 percent can read and understand English or Chichewa easily; and 18.5 percent read either newspapers or magazines weekly. Corresponding percentages for men aged 20-54 were: 57.6 percent; 52.2 percent; and 40.6 percent.

The Mission's standard indicator of literacy, reported by the Ministry of Education and Culture (MOEC), is the percent of the population age 10 or higher who completed standard 4. Using the MOEC indicator, we see a steadily increasing literacy rate, resulting from a steadily increasing primary school enrollment rate. For example, roughly 33 percent of the population--men and women, aged 10 and older--is literate, which is an improvement. It should be pointed out that the results from the two sources (i.e., DHS and MOEC) are not directly comparable.

Table, Progress toward overall program goal goes here

## SECTION III

## PROGRESS TOWARD STRATEGIC OBJECTIVES AND RELATED INDICATORS

### STRATEGIC OBJECTIVE 1: Increase Foodcrop Productivity and Production

The most striking and important food security achievement in FY 1993 was the dramatic increase in farmers' use of high HYV maize. This contributed significantly toward achieving the Mission's strategic objective of increased food crop production and productivity.

Among the many factors accounting for the increased use of HYV maize seed are the local development of hard endosperm hybrid maize varieties and donations of hybrid maize seed from the drought relief effort. A less direct, but equally important, contribution to the increase was USAID's ASAP program, which contributed to increased cash incomes which enabled farmers to buy modern , including HYV seed. The mission's massive food relief effort, which relieved pressure on households' immediate demands on incomes, also contributed significantly. Both factors enabled farmers to focus their efforts and resources more on future production and less on the current crisis.

Sales of smallholder burley on the auction floors and to non-parastatals has exceeded all expectations since the ASAP program was conceptualized. The mission had anticipated that 10,000 kgs of burley would be sold directly by smallholders on the auction floor in 1992 and 50,000, in 1995. In fact, roughly a million kgs were sold in 1992 and 5.8 million kgs were sold in 1993. This popular program, has contributed an estimated $12 million to smallholder incomes in the past two seasons and has put tremendous pressure on the government to continue liberalizing the agriculture sector, specifically in changing policies which have heretofore marginalized the smallholder sector. The ASAP will continue to support this liberalization.

Thus, despite a potentially devastating drought, Malawi was able to move forward in its agricultural development program. USAID assistance was directed at swiftly responding to the crisis, but also maintained dialogue and progress towards policy reform under its key agricultural program. As a result, nearly all performance indicators exceeded the 1992 targets and are well on track to meet the 1995 targets, while some have already met or exceeded the 1995 targets.

**TARGET 1.1 Intensify Production, Especially of Food Crops**

Production of all food crops is estimated at 2.5 million metric tons (MT), with 2.0 million MT being maize. The current maize crop is 25 percent greater than the largest previous crop of 1.6 million MT in 1990-- a result of an increase in the area planted to HYV maize from 17 percent of total area cropped in 1992 to nearly 25 percent in 1993. Compared to the extremely low shares of HYV in the recent past (4.0 percent in 1987 up to 14.0 percent in 1991), the current rates of farmer adoption of HYV are highly significant.

Smallholder purchases of fertilizer increased by 12,000 metric tons in 1992 despite the elimination of subsidies on two types of fertilizer and the reduction of subsidies on the remaining types. Relative to the high percentage of area planted to HYV, which is dramatically affected by application of fertilizer, this uptake of smallholder fertilizer is none-the-less lower than expected. This is largely due to the effect of last season's drought on purchasing power and poor credit repayment.

Approximately MK141.0 million ($32.0 million) of credit was extended to more than 400,000 smallholders, of whom 28.0 percent were women. This represents an increase of 12.5 percent in real terms over last season and is due largely to an increase in the number of farmer clubs. Unfortunately, early indications suggest that the repayment rate of these loans is significantly lower than in the past (less than 15% compared to over 50% by this time last year). This situation is being carefully monitored by the GOM and all donors. Preliminary indications suggest that its causes are a complex mixture of largely external factors, including unclear signals from the GOM, campaign promises/accusations from seven political parties competing for the rural vote, a marked change in the credit recovery techniques, the continued high price of fertilizer due to the high transport differential, etc. This loan recovery crisis is likely to have a downward impact on next year's production.

**TARGET 1.2 Reduce Discrepancies in Input and Output Prices Faced by Estates and Smallholders**

The expanded role of the private sector in the distribution of seed and fertilizer continues to be hampered by subsidies, albeit low, offered to smallholders and by leakages of subsidized fertilizer and seed to estates and other non-smallholder entities. Private sector sales of fertilizer are just over one quarter of all sales (28.0 percent) and of HYV maize seed sales are just under (22.0 percent). Private sector competitiveness can be greatly enhanced if subsidies are eliminated. USAID and other donors continue to pursue this issue with Government.

Since smallholders have been allowed direct access to the auction floors for their burley tobacco, the amount sold through this marketing option has increased from 31 percent of smallholder production in 1992 to 83 percent in 1993. Prices obtained on the auction floors by smallholders were higher than those of estates on average, thus allaying industry fears that smallholder production would adversely affect Malawi's international reputation.

During 1993 season, ADMARC's prices paid to smallholder burley growers increased slightly from the 51% of floor price (total of first and second payment) last year. Although the value of the second payment for 1993's crop has not yet been determined, the first payment (54.0 percent of floor price) already exceeded the total of first and second payments from last year. This can be attributed to the fact that the policy change under the ASAP program gave farmers a number of marketing choices this year--auction floors, estates, and ADMARC--forcing ADMARC to compete in a more open market for its purchases of burley, which is ADMARC's most lucrative crop.

**TARGET 1.3 Increase Crop Diversification**

The share of smallholder land planted to cash crops increased from 7.5 percent in 1992 to 8.1 percent in 1993, which barely exceeds the 1992 target of 8 percent. This aggregate figure, however, does not reflect considerable changes in land planted to different types of cash crops.

For example, although smallholder land planted to burley production increased dramatically as a result of the increased quota to smallholders under the ASAP program, land planted to dark fired tobacco was reduced by nearly 20 percent. Land planted to other major cash crops--cotton and soybeans--also declined. Cotton hectarage declined by roughly 9 percent, from 58,000 hectares to 54,000 hectares and soybeans hectarage declined by nearly 40%, from 22,000 hectares to 16,000 hectares. Meanwhile, land planted to sunflowers, a hitherto insignificant crop, increased by 60%, from 10,000 hectares to 16,000 hectares during the period.

Among the factors that have adversely affected smallholder cash crop diversification are the drought, low dark fired tobacco prices, low world prices for other cash crop commodities, autoregressive ADMARC intervention, and a restrictive regulatory climate. Because the drought severely depleted their own supply of maize and increased the uncertainty of ADMARC's supplies, many households may have reduced the amount of land planted to some cash crops to insure adequate supplies of staples. Despite strong world demand for dark fired tobacco, low ADMARC prices to smallholders (ADMARC being the only marketing channel for this crop) discouraged its production. Government's ban on private trade in groundnuts mid-season also sent discouraging price signals for this commodity.

Finally, the regulatory climate and restrictive licensing requirements mitigate against greater private sector participation in agricultural marketing.

Given the dominance of tobacco in the agriculture sector and its well-organized, well articulated industry and support services, other cash crops do not yet compete well, especially at current prices. With the historically low prices at the auction floors this season, however, Malawi may start to see some changes in crop patterns. The diversification is most likely or may be most visible in the estate sector, however, leaving open the opportunity for increased smallholder production of more traditional cash crops. At the same time, constraints and barriers to entry mentioned above must be removed to provide an enabling environment for crop diversification. Phase II of the ASAP program will address these constraints.

**TARGET 1.4 Reform and Strengthen Agricultural and Institutional Framework**

Despite severe budgetary constraints, the Ministry of Agriculture's (MOA) Agricultural Development Divisions (ADDs) did a remarkable job of registering smallholder burley growers for the 1993/94 season. This was done using USAID-supplied computer hardware, training, and a computerized registration system developed jointly by the Ministry and USAID.

However, the MOA appears to be facing the problem of an overburdened and strained extension service. Many field assistants have too many farmers scattered over too large an area to do an adequate job on all crops. Transportation is a perennial problem and affects the abilities of the ADD, the Rural Development Project (RDP), and the Extension Planning Area (EPA) staff to do their jobs adequately.

Open discussions of agricultural policies by affected private sector parties and government regarding tobacco, fertilizer, and seed, continue to provide a strong forum for the expression of views of all interested parties.

Table for Strategic Objective #1 goes here

## STRATEGIC OBJECTIVE 2: Increase off-farm employment

In April, 1993, the Mission proposed, and A.I.D./W concurred with the deletion of the strategic objective, "to increase off-farm employment." However, a few activities in this area continue their orderly phase-out: the World Council of Credit Union (WOCCU) project is providing support to the expansion of Malawian Credit and Savings Cooperatives (MUSCCO), and the Malawi Enterprise Development (MED) program provides assistance to the GOM in its effort to develop a Unit Trust in conjunction with the planned parastatal privatization efforts. Because of lack of information to measure and compare the impact with previous API reports, and because it has been formally deleted from Mission's strategic objectives, we will not report on this Strategic Objective this year, and will not mention it in future API reports.

## STRATEGIC OBJECTIVE 3: Reduce Fertility

The 1992 Demographic and Health Survey supports the view that Malawi is beginning a demographic transition to lower fertility. The total fertility rate declined from 7.2 in 1984 to 6.7 in 1992. Most importantly, the DHS revealed that a majority of married women (61%) want to either space their next birth or end childbearing altogether. The STAFH project supports this objective by providing increased access to improved contraceptive services, and the GABLE program seeks to increase the number of women with basic education which further enhances demand for smaller families and slower population growth.

### TARGET 3.1 Increase the Contraceptive Prevalence Rate

The decline in the fertility rate reflects an increasing knowledge and use of contraception primarily among married women. The contraceptive prevalence rate (for modern methods) among currently married women was reported at 7.4 percent, compared with 1.0 percent reported in 1984, and 3.3 percent in 1988. Knowledge of modern contraceptive methods also increased to 92 percent among currently married women.

### TARGET 3.2 Increase the Supply of Child Spacing Services

Along with progress towards lower fertility objectives and indications of increased demand for family planning services, the policy environment for family planning has improved remarkably in the past 18 months. Increased commitment to and support for family planning are evident in three public policy strategies: the revised Child Spacing Policy and Contraceptive Guidelines (October, 1992) which liberalized access to child spacing services, the National Population Policy (final draft), and the National Family Planning Strategy: 1994 - 1998 (final draft).

The National Family Welfare Council of Malawi (NFWCM) has emerged as the vanguard agency for family planning services in Malawi. It is coordinating closely with its partner agencies, the Ministry of Health (MOH), other Government agencies, non-governmental organizations, and donors. NFWCM has taken an active stance in advocating greater community and NGO involvement in reproductive health, made its influence felt in impending legislation and debate over the national population policy, and been a consistent and effective advocate of greater GOM commitment to fertility objectives.

As reported in the 1992 API, the National Child Spacing Guidelines give all women, regardless of age, marital status or parity, access to voluntary family planning services. Malawi's family planning program is still constrained by a limited number of trained service

providers. As a result of a recent review of the national family planning curriculum, the curriculum was shortened from twelve to four weeks. This will allow training to proceed in 1994 on an accelerated course.

Increased investment in service facilities planned under ODA's new population project and under the STAFH Project (USAID) should, in conjunction with the liberalized guidelines, results in more dynamic leadership, and priority given to population issues. The result in vastly improved and increased service availability will be visible over the coming years. For these reasons, USAID has established ambitious targets for decreasing fertility and remains optimistic for FY94 and beyond.

**TARGET 3.3 Increase Girl's Attainment of Literacy and Education**

Girls' gross enrollment continues to rise, reflecting a long-run trend of increasing enrollment rates for boys and girls. Targets and achievements of the GABLE program include the following:

- fee waivers for non-repeating girls benefitted 75 percent of all girls enrolled in standards 2 through 8 in 1992/93;
- increased budgetary share to the education sector and to primary education in particular, the GOM allocated 15% of the total revised government budget for 1992/93 to the education sector thereby meeting the GABLE target. In the education subsector, total primary education expenditures in the 1992/93 revised budget was 56.7%, which exceeded the GABLE target;
- smooth progress in implementing the gender appropriate curriculum reform; and
- increased teacher training college utilization has resulted in a 95 percent utilization rate as targeted by GABLE.

The 1992 DHS provided additional supporting evidence to many studies done worldwide on the expected relationship between female education attainment and fertility preferences. The Malawi DHS results, which interviewed women age 15-49, showed that less educated women prefer to have more children than more educated women, as indicated in Table 1. Note that because the age of the women

Table 1

| Level of Education | Percent Using Any Modern Method | Mean No. of Children Ever Born |
|---|---|---|
| None | 4.1 | 4.2 |
| Std 1-4 | 5.1 | 3.2 |
| Std 5-8 | 8.5 | 2.7 |
| Secondary+ | 24.0 | 2.0 |

interviewed ranged from 15-49, most of them are still in the reproductive age, hence the average number of children shown here is not indicative of the total they will have in their lifetimes.

table for strategic objective #3 goes here

## STRATEGIC OBJECTIVE 4: Reduce Infant and Child Mortality and Morbidity

Infant and child mortality rates dropped slightly, though the DHS revised downwards earlier mortality estimates (for 1983-1987) as well as for the most recent five year period (1988-1992). Diarrheal disease, malaria and ARI are still the major causes of under-five mortality. However, AIDS is rapidly becoming a leading cause of death for under fives as it has already become for young adults.

IMR is now estimated at 134 deaths per 1,000 live births, down from 138 (for 1983-1987). It should be noted that earlier estimates -- from the 1984 Family Formation Survey, for example, and the 1987 census had estimated IMR at 151 and 159 respectively. Under five mortality is now reported at 234 as compared with 246 for the period five years earlier. Finally, neonatal mortality (first 30 days of life) went down from 57.5 (5-9 years ago) to 40.8 (0-4 years ago), suggesting improved maternity services and reproductive health. Post neo-natal mortality actually went up to 93.5 (0-4 years ago) from 80.1 (5-9 years ago), an indication that malnutrition, diarrhea, malaria, respiratory infections, and AIDS remain major problems.

### TARGET 4.1 Decrease Infant and Child Morbidity and Mortality Caused by Malaria

In March 1992 S-P (Fansidar) was officially made the first-line treatment for malaria. It was also made available without a prescription to enhance availability. Unfortunately, commercial suppliers have applied high mark-ups (from producer to retailer) and consumer price is at least MK4.90 (or $1.16) per cure. This has discouraged shopkeepers from stocking S-P and severely restricted consumers' ability and willingness to buy it. S-P is also available free of charge in government health facilities, but in insufficient quantities. Policy dialogue with MOH is needed to ensure greater access to S-P, an effective malaria treatment. The possibility of a social marketing program for S-P is also being considered.

### TARGET 4.2 Increase Access to Safe Water, Hygiene and Sanitation

Although the mission's primary efforts to reduce diarrheal disease has been through increased access to potable water, we continue to monitor diarrheal disease management. The DHS reported that seven percent of children under the age of five were reported to have diarrhea in the 24-hour period before the survey, and 22 percent in the two-week period before the survey. Over half the children were

treated with some form of rehydration therapy. Results from sentinel sites indicated that 56 percent of all children brought to the sites for diarrhea had been treated with fluids at home.

Early introduction of water and food in environments where contamination is common increases the risks of illness and death from diarrhea, especially among infants in the first 6 months of life. Breast feeding practices have not been perceived as a problem by most health professionals in Malawi since women breast for a long duration (over 18 months). However, more recent evidence indicates that fluid and food supplementation is almost universally practiced even in the first month. In FY94 and beyond, USAID will place high priority on strengthening diarrheal disease interventions and encouraging breast feeding only for longer period.

**TARGET 4.3 Strengthen Institutional Capacity of Public and Private Health Sector**

The chronic shortage of skilled health workers continues to remain a key constraint to expanding access to primary health care. Beginning in April of 1993, however, the MOH began training community health assistants (HSAs). This will place more than 1,000 trained and salaried health workers into under-served communities by the end of 1993. The outlook for increased training and deployment of other, more skilled workers: nurses, medical assistants, health assistants and clinical officers remains clouded under the management problems of the Lilongwe School for Health Sciences, which has yet to achieve administrative autonomy or organizational viability. These policy issues and the steady decreases in the share of resources allocated to non-wage budgetary items during the last several years have become key topics for policy dialogue and donor coordination.

Note finally, that although the budgetary share that went to the health sector in 1992 is actually lower than levels in prior years, this is a result of the fact that resources were withdrawn from the health sector to address the pressing needs of the drought. Government remains committed to increasing resources in this sector.

Table for strategic objective #4 goes here

## STRATEGIC OBJECTIVE 5: Control the Spread of AIDS

AIDS victims and the number of people becoming infected with the Human Immunodeficiency Virus (HIV) continue to increase rapidly in Malawi. The AIDS Secretariat estimates that 11% of the adult population is HIV-infected. According to a 1992 UN study, World Population Prospects, Malawi will be among the countries most affected by the AIDS epidemic. An additional 555,000 deaths from AIDS are expected by 2005.

Ongoing Johns Hopkins University and Ministry of Health collaborative research at the Queen Elizabeth Community Hospital (QECH) provides the best information on the spread of the epidemic in urban areas. HIV seropositivity among pregnant women attending QECH antenatal clinics (Blantyre) continues to rise: it was 2 percent in 1985, 23 percent in 1991, 27 percent in 1992, and 30 percent in 1993.

In rural areas, the 1992 rural hospital study found a median of 8 percent seropositivity; the 1993 preliminary results suggest a rapid progression of HIV, to an estimated 12-17 percent of the rural population. The 1993 preliminary estimates testify to the gravity of the HIV/AIDS epidemic in Malawi. Even if the number of HIV transmissions could be reduced dramatically in the next few years, new AIDS cases and annual deaths from AIDS will continue to climb steadily for the next 5-10 years due to incubation period of HIV.

Efforts to control the spread of AIDS have been led by the National AIDS Control Program (NACP). An external WHO-led 1993 program review completed in July 1993 found little evidence to suggest that the peak of the epidemic had been reached, and that key programs to combat the spread of AIDS/HIV had achieved any documented success. The report makes many recommendations that should lead to a more innovative and dynamic program of AIDS prevention and control. Among the most important of these is to mobilize resources across sectors (agriculture, education, radio and press, private sector, etc.) in the fight against AIDS.

### TARGET 5.1 Increase Condom Use

The two principle means of preventing sexual transmission of HIV center around condom use and sexually transmitted disease (STD) control. The 1992 DHS indicates that 6.3 percent of currently married men report using condoms. HIV positive and HIV negative women attending the QECH antenatal unit from January to May 1993 reported the following condom use (with men other than their husbands): HIV positive -- occasionally (18.6 percent), most of the time (5.3 percent), all the time (1.8 percent); and HIV negative -- occasionally (15.4%) most of the time (3.0 percent) and, all the time (0.4 percent).

Distribution of free condoms continues to take place sporadically without adequate reporting or monitoring. Sales of socially marketed condoms have been sluggish and are still less than 80,000 units per month. due largely to these disappointing results, USAID has elected to phase out SOMARC in 1994 and is developing an agreement with another firm for the social marketing of condoms.

**TARGET 5.2 Reduce Incidence/Seroprevalence of Other Sexually Transmitted Diseases (STDs)**

Following several years of research, a symptom-based treatment protocol and revised drug schedule were prepared and approved by the Ministry of Health for STDs (other than HIV). Revised and improved STD Treatment Guidelines have been finalized, selection of pilot sites is underway, and drug procurement is proceeding. So, activities associated with this target are just underway.

**TARGET 5.3 Increase Access to Education, Counselling, and AIDS Prevention Materials**

Achievements under Target 5.3 were somewhat overshadowed by the continued spread of HIV, slow GOM and NGO endorsement of home based care and other strategies to reduce the inundation of hospitals by AIDS patients. Continued reticence on the part of government to take highly visible measures to convey the need for a strong, multi-sectoral response to AIDS and to utilize communication channels to publicize the AIDS emergency have resulted in slow implementation of preventative and control measures. In spite of the problems, there were some noticeable accomplishments in the past twelve months:

- AIDS education workshops were conducted for private sector companies, religious leaders, and women;
- Teachers and District Inspectors of Schools were oriented to the AIDS curriculum. Implementation of the curriculum is now going forward after delays resulting from cultural barriers and weak commitment;
- GOM granted permission for more direct radio advertising for condoms and more explicit language on AIDS prevention messages;
- The time necessary for approval of behavioral messages was substantially reduced;
- A program was instituted to conduct and monitor AIDS education in classrooms; and
- Funding was obtained for additional AIDS control staff.

In sum, the necessary changes in socio-cultural acceptance of AIDS as a fact of life are slow in coming, but they are happening. As

the barriers drop further, we expect to see less reticence and greater activity towards achieving this strategic objective.

table for strategic objective #5 goes here

## SECTION IV

## OTHER PROGRESS IN PRIORITY AREAS

**Democracy and Governance**

Three efforts on the part of USAID/Malawi have contributed to, or are expected to contribute to, Malawi's efforts to create a legal and political framework which safeguards human rights, basic freedoms, and political accountability. The first is the mission's participation in the May 1992 Consultative Group (CG) meeting and its support of the collective decision to reduce non-humanitarian, and especially balance of payments, support to Malawi pending "tangible and irreversible evidence" of the fundamental transformation in the GOM's approach to human rights.

The second and third efforts are expected to contribute to Malawi's political liberalization and better human rights environment. One is an increase in development assistance, particularly in NPA, to on-going programs/projects. This acknowledges the important and positive changes made to date and reverses the steadily downward trend in Malawi's OYB since 1991-92, although it does not restore it to its previous high levels. The third element is the mission's Democratic and Civic Institution Development project (DECIDE) authorized in FY 1993. The purpose of DECIDE is to establish and consolidate democratic and civic institutions in Malawi and it aims to accomplish this purpose through election support, judicial/legal support, and support for the development of civic institutions in Malawi.

Between 1991 and 1992, USAID program levels were cut by more than 50%. Combined with a major deobligation of program funds, the political signal sent to the GOM was a strong one. In support of the decision at the 1992 CG meetings, USAID/Malawi further cut its OYB in 1993. As a result of these reductions, the mission's strategic objective related to economic growth in the small and medium enterprise sector was eliminated. This set the OYB at $15 million, the lowest since 1987. USAID's action, combined with the actions of other bilateral donors, has had a powerful impact. Most of the opposition in Malawi today credit the donors with the turn about in the Government's current commitment to democracy and human rights improvements.

One of the most notable demonstrations the GOM made in favor of democracy was the endorsement of the June 14, 1993 Referendum. On June 14, 1993, Malawians voted to choose a single or multi-party system of government. After 30 years of single party rule, Malawian's voted overwhelmingly (63%) to change to a multi-party system. International Observers declared the Referendum to be an accurate reflection of the will of the Malawian people, and on June

16 the results were formally announced, accepted and acted upon by the GOM. Since the Referendum, Malawians have taken the building of democracy much further than the mission had envisioned. Specifically, the President announced that he would like to see general elections held within a year of the Referendum. Section 4 of the Constitution was repealed and the regulations for the registration of political parties was put in place. The regional and national traditional courts of appeals courts were suspended; the NCC and the NEC were established with opposition membership to oversee the transition period. And the NCC was empowered to draft the first set of legal reforms to be repealed, amended, and/or enacted upon by Parliament. These reforms include, among others, abolishing the life presidency, drafting a bill of rights, establishing an electoral law and commission, repealing the trappings of a one party state, repealing the Forfeiture Act, and liberalizing the establishment, role, and powers of the NCC and NEC.

Malawi has also made significant progress in its approach to basic freedoms and human rights, which forms the basis for Malawians to freely choose the system and the individuals which will govern them. Specific actions include the release of political prisoners and granting of general amnesty of all political exiles, the move to repeal or modify the sedition laws and some of the other most heinous anti-human rights sections of the penal code, and greater tolerance of political expression allowing political rallies and independent newspapers to flourish.

Although USAID/Malawi firmly believes that progress on, and the sustainability of, a democratic political system and human rights improvements in Malawi are precursors to sustainable development in this country, the mission equally believes that failure to achieve broad based economic growth and development and higher standard of living can seriously undermine any gains in democracy. To this end, the Mission submitted a request to USAID/W to approve an incentive increase in the assistance level to Malawi in FY 1994. This was necessary to acknowledge the important and positive changes to date, and to strengthen the economy in order to sustain the democratic process.

With increased funding, the DECIDE project will be adequately funded to assist and sustain Malawi's political transition. Through the election support component, DECIDE will support free and fair elections by providing expertise in voter registration, election administration, public information, and international observers. DECIDE will also train the political parties on a non-partisan basis in voter education, grassroots organization, message development, use of the media, election monitoring, and code of conduct. The legal/judicial reform component will support the process of reforming the constitution and civil and criminal codes and will encourage the development of existing and new legal aid societies and human rights groups which seek to empower Malawians.

The civic institution development component will provide broad support to the development of NGOs committed to the promotion and preservation of democratic culture in Malawi over the long term. The mission believes that the development of such NGO capacity on a permanent basis will be extremely important to the future and sustainability of democracy in Malawi.

Finally, increased funding will allow the Mission to amend two of its most successful programs/projects (ASAP and GABLE) and to broaden the policy and institutional reform agenda of each, also to include specific democracy/governance priorities. Both of these amendments will indirectly empower Malawians, increase broad based participation, and reinforce the principals of a democratic society.

With these elements in place, the mission will seek during the analytical phase for the upcoming CPSP to (1) ensure that a democracy/governance target of opportunity is sufficiently focused on tangible results; and (2) articulate those indicators which will determine success in this area.

**Environment / Natural Resource Management**

**Environmental Monitoring**

The rate of deforestation in Malawi is estimated to be one of the highest in the world, and anecdotal information on environmental degradation abounds. However, there is little or no data on the actual environmental impact of GOM development policies, intensified smallholder crop production, and the expansion of the estate sector. In recognition of this situation, the Mission's Agricultural Sector Assistance Program (ASAP) Support Project is providing direct funding of $1.3 million for the establishment of an environmental monitoring and analysis capability within the GOM. The environmental monitoring activity is specifically designed to collect data on critical physical and social parameters in order to monitor the environmental impact of ASAP-supported policy changes in five watersheds throughout Malawi.

The information collected is expected to serve as an indication of program impact on deforestation, soil erosion, and water quality. These indicators will be analyzed, and utilized to develop interventions to mitigate any negative impacts resulting from the program. Five separate GOM departments are responsible for data collection and analysis within their respective areas of interest. The GOM Department of Research and Environmental Affairs (DREA) is responsible for coordinating the activity, and for reporting on the impact of policy change. Implementation is just beginning, and the Mission expects to includes the highlights of DREA reporting in subsequent years as part of the API process.

The activity will also receive complementary funding to expand the

methodology and cooperation to a Global Environmental Facility project promoting biological diversity in Lake Malawi.

## Agroforestry

The $2.6 million ASAP Support Project Agroforestry Extension Activity is designed to increase agricultural productivity, improve production efficiency, and reduce natural resource degradation. This will be accomplished by developing an agroforestry extension methodology for delivery of agroforestry techniques, based upon agroforestry research carried out in Malawi, to smallholder farmers. These techniques include alley cropping, systematic interplanting of trees with crops, contour vegetation strips, living fences, boundary and homestead planting of multi-purpose trees, fodder banks, short-term fallows and woodlots. Agroforestry extension activities are being carried out at five pilot sites located throughout the country. A total of 207 farm families in the five pilot areas participated during the first year of the activity. This is expected to increase to over 400 farm families during the coming year.

In addition to the pilot sites, the agroforestry extension activity is being expanded to identify and disseminate ecologically sound and cost-effective methods for integrating agroforestry techniques with smallholder burley tobacco production. These techniques are expected to decrease the demand for indigenous trees and grass, and substitute for a portion of the nitrogen fertilizer applied during cultivation.

# ANNEX A

## REVISION OF PROGRAM AND DATA SOURCES

**Changes in health sector indicators from FY 1992 to FY 1993**

As discussed in last year's API, USAID/Malawi has revised or expanded on indicators for a number of the targets for the three health sector strategic objectives. Indicators for the fertility and AIDS strategic objectives were revised upon completion of the design for the mission's STAFH project. Indicators for the child survival strategic objective, specifically morbidity and mortality by cause, were revised because data against the original indicators were difficult to collect and interpret. A summary of indicators used last year compared with this year is contained in table B-1.

### Fertility and AIDS

Regarding the fertility and AIDS strategic objectives, the new indicators comprise either more refined or better defined data, or additional indicators to reflect the elements of the STAFH project strategy. In particular, one element of the STAFH project strategy is to increase contraceptive use by broadening clients' contraceptive options and making services more convenient. This strategy is reflected in our choice of indicators for targets 3.1 and 3.2.

With respect to the AIDS strategic objective, two elements are to improve the supply of services and increase knowledge of AIDS prevention. These elements are reflected in a third target under the AIDS strategic objective--increase access to education, counselling, and AIDS prevention materials.

### Infant and child morbidity and mortality

The three major causes of infant and child mortality are malaria, diarrhea, and acute respiratory infection (ARI). Although the mission has been primarily involved in malaria research and institutional development, we are interested in all major causes of infant and child mortality in our broader monitoring and evaluation activities.

The mission determined, however, that deaths and prevalence of childhood disease by cause should not be our principle indicators of progress because they are difficult statistics to collect and interpret. In addition, malaria, diarrhea, malnutrition, and ARI frequently occur together. Furthermore, many interventions are aimed at treatment, not prevention. Therefore, we removed the four indicators of mortality and morbidity by cause under target 4.1 and

## Table B-1: Health Sector Indicators Used in 1992 Compared with Revised Indicators in 1993

| SOs and Targets | 1992 Indicators | 1993 Indicators |
|---|---|---|
| **SO3: Reduce Fertility** | 1. Reduce total fertility rate | 1. Reduce total fertility rate<br>2. Raise mean age of women at first birth<br>3. Increase interval between births such that percentage of births spaced less than two years apart will decline |
| Target 3.1: Increase Contraceptive Prevalence Rate | 1. Increase contraceptive prevalence rate | 1. Increase contraceptive prevalence rate<br>2. Increase no. of clients choosing voluntary *surgical contraception*<br>3. Increase no. of women using OCS in a year<br>4. Increase no. of women using injectable |
| Target 3.2: Increase the Supply of Child Spacing Services | 1. Increase total number of clients using modern methods of child spacing ('000)<br>2. Increase no. of clients choosing voluntary surgical contraception<br>3. Increase no. of health facilities providing child spacing services | 1. Increase no. of MOH and CHAM health facilities providing comprehensive child spacing services<br>2. Increase no. of clinics providing core child spacing services<br>3. Increase no. of CBD agents distributing contraceptives |
| Target 3.3: Increase Girls' Attainment of Literacy and Education | 1. Girls' gross enrollment rate, primary school | 1. Girls' gross enrollment rate, primary school |
| **SO4: Decrease Infant and Child Morbidity and Mortality** | 1. Reduce infant mortality rate (deaths per 1,000)<br>2. Reduce under-5 mortality rate (deaths per 1,000) | 1. Reduce infant mortality rate (deaths per 1,000)<br>2. Reduce under-5 mortality rate (deaths per 1,000) |
| Target 4.1: Decrease Infant and Child Morbidity and Mortality Caused by Malaria | 1. Reduce rate of under-5 outpatient visits for malaria<br>2. Reduce rate of under-5 deaths in hospital caused by malaria<br>3. Reduce rate of under-5 outpatient visits for anemia<br>4. Proportion of children with diagnosed malaria who receive the correct dosage of recommended anti-malarial | 1. Increase proportion of children under-5 who receive the recommended first line anti-malarial treatment at home during last episode<br>2. Increase percent of surveyed population who took recommended first-line malaria treatment<br>3. Increase percent of pregnant women who received recommend first-line treatment during pregnancy<br>4. Increase percent of adults who identify mosquitos as the malaria vector<br>5. Increase percent of health workers who correctly treat patients (according to 1992 guidelines) |
| Target 4.2: Increase Access to Safe Water, Hygiene, and Sanitation | 1. Access to piped, potable water improves (% of rural population) | 1. Increase percent of population with access to safe water<br>2. Proportion of children under 5 who were given appropriate fluids during the last diarrheal episode<br>3. Percent of infants age 0-4 months who are exclusively breast-fed |

| SOs and Targets | 1992 Indicators | 1993 Indicators |
|---|---|---|
| **SO3: Reduce Fertility** | 1. Reduce total fertility rate | 1. Reduce total fertility rate<br><br>2. Raise mean age of women at first birth<br><br>3. Increase interval between births such that percentage of births spaced less than two years apart will decline |
| Target 4.3: Strengthen Institutional Capacity of Public and Private Health Sector | 1. Health care budget/total GOM budget increases -- recurrent<br><br>2. National per capita health surveillance personnel increases | 1. Health care budget/total GOM budget increases -- recurrent<br><br>2. National per capita health surveillance personnel increases |
| **SO5: Control the Spread of AIDS** | 1. Reduce HIV prevalence among urban antenatal clients (%)<br><br>2. Reduce HIV prevalence among rural clients (%)<br><br>3. Reduce HIV prevalence among high risk groups (%) | 1. Reduce HIV sero-prevalence among QECH antenatal clients<br><br>2. Reduce HIV sero-prevalence among rural antenatal clients<br><br>3. Reduce HIV sero-prevalence among high-risk groups |
| Target 5.1: Increase Condom Use | 1. Increase percent of men using condoms<br><br>2. Increase total number of condoms distributed and sold annually:<br>--free distribution (million)<br>--social marketing (million) | 1. Increase percent of men using condoms in last sex act involving risk of HIV/STD<br><br>2. Increase total number of condoms distributed and sold annually:<br>free distribution (mn)<br>social marketing (mn) |
| Target 5.2: Reduce Incidence/sero-prevalence of Classical STDs | 1. Reduce percent of women infected with syphilis<br><br>2. Percent male reported STDs in past 6 months | 1. Reduce percent of pregnant women infected with STDs among urban and semi-urban women<br><br>2. Increase percent of CHAM and MOH hospitals providing comprehensive STD prevention and control services<br><br>3. Increase percent of patients whose STDs are correctly diagnosed and treated, according to the national STD treatment guidelines |
| Target 5.3: Increase Access to Education, Counseling, and AIDS Prevention Materials | | 1. Increase percent of private sector companies and estates with AIDS prevention and condom distribution programs (> 300 employees)<br><br>2. Increase percent of students with access to AIDS textbooks |

replaced them with indicators related to interventions. A higher level indicator, infant and child mortality, will be monitored through periodic demographic health surveys.

**Changes in values of indicators as reported in FY1992**

Changes in values of indicators occurred primarily in budgetary expenditures and in fertility. Because of the severe economic contraction, withdrawal of budgetary support by donors, and substantial civil service pay increases, the GOM had to substantially revise its original budget for its 1992 and 1993 fiscal years. Therefore, nearly all budgetary data has been revised for these years.

The DHS provided new evidence of contraceptive prevalence and total fertility in Malawi. As is the standard practice in demographics, old data were scrutinized, based on the new evidence. As a result, demographers from Resource Triangle Institute have revised downward the estimated total fertility rates and revised upward the contraceptive prevalence rates as reported from the Family Formation Survey, as well as planned future levels.

## DATA SOURCES

### Strategic Objective No. 1

| Indicator | Source |
|---|---|
| 1.1, 1.2 | MOA third crop estimates. |
| 1.1.1 | MOA third crop estimates. |
| 1.1.2 | National Seed Company of Malawi. |
| 1.1.3 | Economic Report. |
| 1.1.4 | MOA SACA reports. |
| 1.2.1 | Ministry of Trade and Industry, SFFRFM, Norshydro and other major fertilizer importing companies. |
| 1.2.2 | National Seed Company of Malawi. |
| 1.2.3 | Smallholder burley registration system, Auction Holdings Limited. |
| 1.2.4 | Auction Holdings Limited. |
| 1.3.1 | MOA third crop estimates. |
| 1.3.2 | Smallholder burley registration system, Auction Holdings Limited. |
| 1.4.1-3 | Ministry of Finance Budget Documents. |

### Strategic Objective No. 3

| | |
|---|---|
| 3.1 | 1984, Family Formation Survey, adjusted downward based on new information from the DHS; 1993, DHS |
| 3.2, 3.3 | 1984, Estimated from Family Formation Survey data; 1993, DHS |
| 3.1.1 | 1984, Family Formation Survey data; 1993, DHS |
| 3.1.2 | AVSC reports |
| 3.1.3 | DHS and Demproj (demographic projection model) |
| 3.1.4 | DHS and Demproj |
| 3.2.1-2 | MOH |
| 3.2.3 | JSI/SEATS Trip report, 1993 |
| 3.3.1 | 1993, National Pupil Registration System; other, MOEC Annual Education Statistics |

### Strategic Objective No. 4

| | |
|---|---|
| 4.1, 4.2 | 1984, Family Formation Survey; 1993, DHS |
| 4.1.1 | Report on Sentinel Sites for Diarrhea and Malaria, CHSU |
| 4.1.2-4 | 1992 KAP baseline survey |
| 4.1.5 | Report on Sentinel Sites for Diarrhea and Malaria, CHSU |
| 4.2.1 | ??? |
| 4.2.2 | Report on Sentinel Sites for Diarrhea and Malaria, CHSU; DHS |
| 4.2.3 | DHS, Early Introduction of Supplemental Foods and Diarrheal Disease in the First Six Months of Life, report by Paul Courtright, et al, 1993 |
| 4.3.1 | Ministry of Finance Budget Documents. |
| 4.3.2 | MOH |

**Strategic Objective No. 5**

| Indicator | Source |
|---|---|
| 5.1 | Antenatal clinic in Blantyre, JHU Project. Projections based on World Health Organization EPIMODEL. |
| 5.2 | Special Rural Seroprevalence Studies, AIDSCAP in collaboration with AIDS Secretariat. |
| 5.3 | STD patients - Kristensen study at KCH. |
| 5.1.1 | Weighted urban-rural average from SOMARC survey. |
| 5.1.2 | SOMARC. |
| 5.2.1 | JHU study of prenatal women in Blantyre. |
| 5.2.2 | MOH |
| 5.2.3 | MOH |
| 5.3.1 | Returns selected from estates and companies. |
| 5.3.2 | Ministry of Education and Culture yearly survey of textbooks. |

## ANNEX B

## ASSESSMENT OF USAID/MALAWI'S WOMEN IN DEVELOPMENT (WID) ACTIVITIES

Enhancing the economic well being of the average Malawian household entails enhancing the well being of individual Malawians within households. Whether households are male- or female-headed, they rely on women for food and cash crop production, off-farm labor earnings and other income generating activities, child bearing and rearing, and other essential household activities.

Involved largely in subsistence agriculture, women constitute nearly 70% of all full time farmers on their holdings and work more hours at a given task than men. This is because women are not only involved in the more labor intensive farming activities, such as weeding and marketing any surplus food crops, but also because women rarely use the improved tools and equipment that are available to men for farm tasks.

In terms of fertility, Malawi has one of the highest fertility rates of African nations with 6.7 children per woman and only 7% of women using modern contraceptive methods. Inevitability, women bear the burden of raising those children in meager rural settings. The literacy rate for women stands at roughly 35% compared to approximately 60% for men in the 15-45 age group; and at all levels of the education system, males out-number females despite the fact that at each age group, there are more women than men.

In Malawi, female-headed households represent 30% of the population and are disproportionately concentrated at the bottom 25% of the income distribution. In fact, women in Malawi fare less well across all sectors.

In light of these statistics, USAID/Malawi recognizes the special constraints that girls/women face and attempts to redress these constraints with an integrated WID approach in each of its programs and project portfolios. Our WID efforts are included in the API where it is applicable to API guidance. Where it is not, this section attempts to capture them. USAID/Malawi recognizes that this section does not follow the strict requirements of API reporting; rather it is designed to fill the gap between existing reporting mechanisms and the WID efforts that are being made in the field.

**GOAL: Enhance the Economic Well-being of the Average Malawian Household**

USAID/Malawi predicates its WID strategy upon the belief that

raising the standard of living of women most directly raises the standard of living of their families. Studies have shown that when women have access to and control over resources, they tend to spend those resources on the welfare of the family. Given the important contribution of women to the economic well-being of the household as well as its general health and welfare, USAID/Malawi includes women in all aspects of its development portfolio as a necessary condition for achieving sustainable economic and social progress in Malawi.

**Strategic Objective 1. Increase Agricultural Productivity and Production**

The smallholder burley program under ASAP is specifically intended to target farmers with less than 1.5 hectares of land and female-headed households. In the first season of the program, 10 percent of all smallholder burley club members were women, increasing to 12.5% in 1992/93 and 15% in 1993/94. These increases are due to a concerted effort on the part of both the mission and MOA to encourage women. In a recent evaluation of the ASAP program, some constraints faced by women were suggested: women are more risk averse than men and therefore tend to be conservative about responding to new opportunities and activities; the size of the credit package for the production of a 300 kg quota may be prohibitive, especially for women on less than 1.5 hectares of land; women have less access to hired labor; and the fact that tobacco, more than any other crop in Malawi, has long been regarded exclusively as a man's crop.

To examine these constraints more closely and to encourage greater female participation in the burley program, the Women's Program Section at the MOA, with financing from USAID, is implementing a study to profile women in burley clubs in order to better understand their constraints and opportunities in joining and participating in those clubs. The study will create awareness about ASAP's policy to involve women as burley growers among the extension workers who conduct the study. As the type of assistance and support necessary for improving women's performance in burley production is identified, increased numbers of women farmers will be mobilized to participate in the burley program.

**Strategic Objective 3. Reduce Fertility**

The correlation between the number of years of education and a woman's fertility rate has been well documented, including the 1992 DHS conducted in Malawi. Specifically, educated women tend to plan their families, marry later, and have fewer children. The GABLE program therefore aims to increase girls' attainment in basic education. One of GABLE's interventions to assist girls in persisting through the primary system is the provision of school fee waivers for nonrepeating girls from standards 2 through 8.

During the 1992 school year, over 400,000 girls benefited from these waivers. School fees range between MK 3.5 and MK 7.5 ($0.85 to $1.70) per year per student, but even this small amount is enough to discourage parents who earn less than $200/year from sending their girls to school. Anecdotal evidence suggests that, when the fee is waived, the girls attend and progress through the system. As a generation of girls are sent to school and attain eight years of primary education, it is envisioned that the fertility rate of that generation will change in accordance with their schooling and that the daughters of these girls and boys will be more likely to enter and persist through the educational system.

Other USAID activities provide a number of incentives for those women who actually make it to the tertiary level. Currently, only 1% of female pupils from the original primary cohort enter at the university level. Progress to date includes the following:

- A Women's Registrar was established at the University of Malawi to recruit female students for non-traditional programs.
- Of the total who received/are receiving graduate level training in the U.S., 28% are women. Of the 28%, nine entered health, six entered arts and sciences, and four entered business/management.
- Chancellor College has instituted a Masters Degree Program in Sociology, concentrating on Women in Development. To date, seven women have completed graduate studies in this program through USAID funding.
- Fifty-seven scholarships per year at the University of Malawi have been given to women accepted into undergraduate programs in non-traditional fields. This number may increase to seventy-five this year.
- As a result of policy dialogue, Chancellor College is increasing the intake of women in the 1993 school year from 18% to 27% and building a women's dormitory.

**Strategic Objective 4. Reduce Infant and Child Mortality and Morbidity**

A recent study in Malawi corroborated studies elsewhere by concluding that female education plays an important role in determining levels of infant mortality. Other factors that affect infant mortality in developing countries, according to the same report, include female autonomy and egalitarianism. Since better educated mothers are more likely to have children that survive infancy, and since children of educated mothers are also better nourished and healthier, USAID/Malawi education programs also assist in addressing this objective.

The health component of the PHICS project is directed at improving

women's knowledge and skills as primary caretakers of children. Women are targeted for most of the child survival messages because of their child rearing responsibilities. In addition, PHICS has made a concerted effort in the last year to ensure that 33% of the Health Surveillance Assistants (HSAs) are women. Increased numbers of women HSAs will translate into increased outreach to mothers who feel more comfortable discussing sensitive health issues with other women.

In an effort to increase access to safe water, hygiene, and sanitation, women's village committees are taken as a vehicle for constructing and managing water systems so that safer water is available to the community. Over 80% of membership of some water committees are women, and women actively participate in village health committees. Women are reported to save time and energy used to carry water from traditional sources and have increased quantities of water which enable them greater time to devote to other efforts.

**Strategic Objective 5. Control the Spread of AIDS**

AIDS affects women in Malawi at approximately the same rate as it does men. Because men play the dominant role in sexual decision-making, however, many AIDS prevention and condom promotion messages have been targeted at men and/or the general public. While supporting these efforts, the mission has increasingly supported activities aimed at improving women's access to both information about the epidemic and to the means of preventing the spread of HIV infection. Specific activities include:

- Training of HSAs (both male and female) in Thyolo District on AIDS prevention and condom promotion.
- Training of women in the work place about AIDS prevention.
- Training of women at the Women's Training Center in AIDS prevention and control.
- Research on the acceptability of the female condom to commercial sex workers in Salima District.
- The introduction of the AIDS curriculum at the primary level ensure the greatest opportunity for girls as well as boys to learn about AIDS.

**CONCLUSION**

In conclusion, this section attempts to highlight the efforts USAID/Malawi has made in integrating women throughout its development program. Our hope is that this section complements and expands upon the people level impact described in the first four sections of the API.