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ASSESSMENT OF PROGRAM IMPACT

FY 1992

USAID/MALAWI

OCTOBER 1992

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO MALAWI

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November 5, 1992

Ms. Margaret I. Bonner
Associate Assistant Administrator
Office of Development Planning
Room 2495 N.S.
Agency for International Development
Washington, D.C. 20523-0049

Dear Marge:

Enclosed is USAID/Malawi's FY 1992 Assessment of Program Impact. As you will see from the report, the 1992 drought has had a major negative impact on the economy, social sectors, and lives of people. Nonetheless, in spite of the problems arising from the drought, there have been some significant accomplishments. For example, the uptake of hybrid maize seed at the beginning of the 1991-92 crop season increased over prior years; the smallholder burley program is reaching down to some of the smallest farmers and proving to be a real poverty alleviation program; and the Malawi Government has instituted new national child spacing guidelines which will ensure that all women, regardless of age, marital status, and parity will have access to the full range of family planning services. The term "family planning" is even used now in Malawi.

As proposed in our FY 1994 Annual Budget Submission and as agreed with AID/W in a couple of recent cable exchanges, we plan to make some modifications to our program strategy over the next several months as we get a clearer picture of the democratization/governance environment in Malawi and probable future funding levels. At a minimum, we plan formally to drop our Off-Farm Employment strategic objective and have therefore not reported on this SO in our API.

We are not entirely satisfied with our reporting on health sector activities. Some of the problem has been because of gaps in data, most particularly because of delays in the DHS and

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insufficient staff working on the Ministry of Health's information systems. Some has been because mission staff were almost totally consumed by design of the new Support to AIDS and Family Health (STAFH) Project during FY 1992. We will devote major attention to improved health sector data collection, analysis, and reporting over the next year.

I hope our FY 1993 API will be of use and interest to the Bureau -- and most of all that it helps Washington colleagues better understand some of the positive development achievements in Malawi.

Sincerely,



Carol A. Peasley
Mission Director

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FY1992 Assessment of Program Impact Malawi

I. Overview of Special Factors Affecting the USAID Program

Severe drought, political dissent, large public sector pay awards, two currency devaluations, and the suspension of much Western balance of payments assistance have adversely affected development efforts and implementation of the USAID program in Malawi.

Persistent dry weather, which began in late December in the southern region and by late January in the central and northern regions, resulted in one of Malawi's worst-ever droughts. Dry weather coincided with a critical time in the maize growth cycle, resulting in complete crop failure in many parts of Ngabu, Blantyre, Liwonde, and Salima.

In addition to aggravating existing malnutrition among children under five years, the drought reduced overall health status. Outbreaks of cholera and dysentery in nine districts resulted in 136 deaths between January and June compared with no reported deaths from these causes in 1991. Drying-up of shallow wells forced villagers, especially women, to spend long hours seeking and drawing water. Extra time spent collecting water, combined with reduced incomes, is the likely reason for an observed drop in attendance in ante-natal and maternity clinics in non-government managed facilities. Unsafe water, reduced food consumption, less balanced diets, reduced income, and increased stress on female providers are expected to result in higher child morbidity and mortality this year.

As the first effects of the drought were being felt, political dissent gained a public voice for perhaps the first time. In March, seven of the country's Roman Catholic bishops signed a Lenten letter denouncing the lack of education and health facilities in Malawi, decrying the "growing gap between the rich and the poor", and calling for fundamental freedoms of expression, speech, association, and the press. The letter was followed closely by the return and immediate imprisonment of the trade unionist leader, Chakufwa Chihana. On the same day, the GOM announced a pay increase to civil servants ranging from 20 to 85 percent, in what some believed was an effort to bolster party support among government employees.

Rising food prices, the pastoral letter, imprisonment of Chihana, and the announcement of civil service pay increases contributed to the unprecedented industrial and civil disturbances and riots in May. Government attempted to diffuse the unrest by encouraging the private sector to offer substantial pay awards.

On the external front, the kwacha was devalued 15 percent just prior to the opening of the tobacco auction floors in April. Despite that devaluation, foreign reserves remained precariously low, and a second devaluation, of 22 percent, was implemented in

June. At the same time, overproduction of burley was causing slack prices on the auction floors. As a result, Kwacha prices did not move with the devaluation, despite the essentially external nature of the sales. The devaluations, therefore, combined with a significantly weaker domestic burley tobacco market to produce disastrous consequences for Malawi's foreign exchange earnings: foreign exchange reserves (measured in dollars) are currently 46 percent below last year's levels at this time. Scarcity of foreign exchange will have an adverse impact on imported inputs, which are valued at nearly one-third of GDP and influence the full range of productive capacity in the country.

Finally, at the Consultative Group meeting on Malawi in May, western donors announced significant reductions in non-humanitarian, and especially balance of payments, support to Malawi, pending "tangible and irreversible evidence" of a transformation in Malawi's approach to basic freedoms and human rights.

These events have combined to reduce GDP, increase fiscal and balance of payments deficits, accelerate inflation, reduce investor confidence, and strain government's willingness and ability to sustain the trade liberalization program.

One positive event in an otherwise gloomy picture is the signing of the peace treaty in Mozambique. If all parties abide by the agreement, it should allow the reopening of the Tete corridor, and eventual rebuilding of other transportation routes through Mozambique, which would considerably lower transportation costs into Malawi, now estimated at nearly 42 percent CIF.

Goal: Enhance the Economic Well Being of the Average Malawian Household	
Strategic Objective no. 1: Increase Foodcrop Production and Productivity	National maize production per unit land increase Gross foodcrop production increases
	Intensify smallholder production of foodcrops Reduce input & output price discrepancies to estates and smallholders Increase crop diversification Reform and strengthen agricultural institutional framework
Strategic Objective no. 2: Increase off-farm employment	Employment on estates increases Employment in small and medium enterprises increases Employment in medium and large scale enterprises increases
	Expand employment in SMEs Expand employment in MLEs Expand financial market resources and availability to private sector Expand and strengthen business activities
Strategic Objective no. 3: Reduce fertility	Reduce total fertility rate
	Increase contraceptive prevalence rate Increase supply of child spacing services Increase girl's attainment of literacy and education
Strategic Objective no. 4: Decrease infant and child morbidity and mortality	Reduce infant mortality rate Reduce under-5 mortality rate
	Decrease infant and child mortality caused by malaria Increase access to safe water Strengthen institutional capacity of public and private health sector
Strategic Objective no. 5: Control the spread of AIDS	Reduce HIV seroprevalence among urban antenatal clients Reduce HIV seroprevalence among rural antenatal clients Reduce HIV seroprevalence among high-risk groups
	Increase condom use Reduce incidence/seroprevalence of classical STDs

Selected Indicators of Progress Towards Overall Program Goal

Indicator	1985	1986	1987	1988	1989	1990	1991	1992
Real GDP (annual growth rate)	4.4	0.3	1.4	3.3	4.3	4.8	7.8	-7.9
Real per capita (annual growth rate) ^{a/}	1.2	-2.9	-1.8	.1	1.1	1.6	4.8	-10.9
Per capita maize production (in Kg)	188.2	174.9	156.1	180.2	184.1	159.9	182.7	73.8
Per capita all grain production (KgME) ^{b/}	197.3	183.9	162.7	188.4	193.3	167.9	192.3	76.9
Literacy rate	27.5	28.5	29	30.1	30.9	32.2	32.7	
Health expenditures/GOM budget								
Development	1.7	3	4.3	6.7	7.3	8.3	8.9	17.5
Recurrent	9.2	8.4	6.6	7.2	7.2	7.2	7.2	6.6
Education expenditures/GOM budget								
Development					13.4	13.9	14.5	23.1
Recurrent					9.8	12.1	13.2	13.7

Notes: ^{a/} Population growth rate was estimated at 3.2 percent from 1985 to 1990, and 3.0 percent from 1990-1992, with the effect of AIDS factored in. Excludes Mozambican refugees.

^{b/} Per capita grain production is expressed in kilograms of maize equivalent (KgME). All grain includes maize, rice, sorghum, and millet.

Sources: Economic Planning and Development, Economic Reports, 1989, 1990, 1991. Ministry of Agriculture third crop estimate, Ministry of Finance, Budget Documents, Ministry of Education and Culture, Education Statistics.

II. Progress Toward Overall Program Goal

The goal of the USAID/Malawi program is to enhance the economic well-being of the average Malawian household, with emphasis on: 1) raising per capita income and improve food security; and 2) improving health status and work force productivity.

The drought's effect can be seen in nearly all indicators this year. Real GDP, which grew at an impressive rate of 7.8 percent last year, is currently estimated to decline by 7.8 percent this year. While the full agricultural impact remains unknown, official estimates show both maize and food crop (in maize equivalents) production down to only 40 percent of last year's production.

The drought placed additional burdens on government's budget. As a result, Government is trying to reduce non-wage, recurrent expenditures by 10 percent. The contraction is not likely to be even, however, despite GOM intent. Thus, although personnel-heavy ministries such as education and health may be protected somewhat, reaching many budgetary expenditure targets will be difficult. As it was, before the magnitude of the drought, wage increases, and donor cut-backs were known, planned expenditures showed mixed news about budgetary allocations: planned health and education development budget expenditures as a percentage of total expenditures were expected to increase markedly but the planned ratio of recurrent expenditures in health was expected to decline. Unfortunately, normal revised budget estimates have not yet been prepared. These numbers, therefore, can be expected to change.

Despite the events affecting Malawi last year, the USAID program

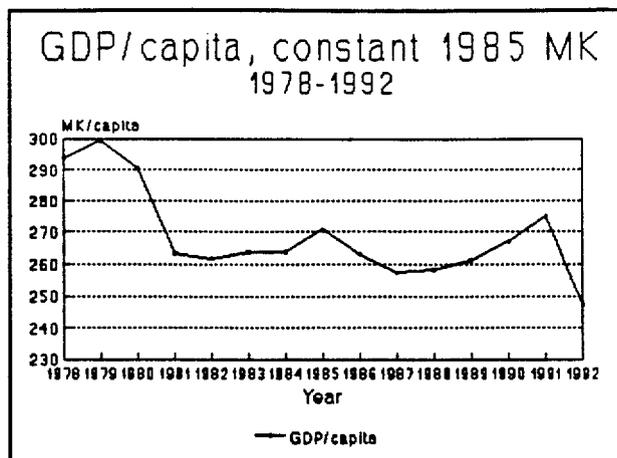
has been directly involved with activities which have had direct, positive impact on the lives of average Malawians:

- Food Aid -- following one of the most devastating droughts in memory, A.I.D. has been the most responsive donor to the drought-crisis, committing 163,000 MT of maize in FY92. The initial 45,000 MT reached Malawi by June. It was the first and only donor supplied food for several months.
- Water Supply -- the drought has obviously diminished access to potable water for many. Nonetheless, our long-standing commitment to this area through the PHICS project has helped move Malawi to the point where fully 70 percent of the population has access to potable water in non-drought years, according to current UNDP estimates.
- Malaria Treatment -- the USAID-funded Mangochi Malaria Research Project documented the extent of chloroquine resistant malaria in Malawi. This evidence convinced Malawi's medical community to become the first country in Africa to use Fansidar-type drugs as first-line treatment. We hope to see a drop in malaria related deaths among children next year.
- Rural Incomes -- the Agricultural Sector Assistance Program (ASAP) supported GOM efforts to let smallholders legally grow burley tobacco, the country's most lucrative crop. The mission estimates that this resulted in a cash flow into smallholder hands of nearly \$4.4 million, money which our survey respondents used for food, bicycles, radios, and school fees -- for many, these were first-ever such purchases. Smallholder tobacco incomes have also exerted increasing pressure on prices paid to tobacco tenants.
- Marketing Options -- in addition, ASAP offered farmers marketing alternatives to the major agricultural marketing parastatal for the first time. Farmers responded enthusiastically: just over 40 percent of the burley tobacco crop was sold through estates, just under 40 percent was marketed directly to the auction floors, and about 20 percent through ADMARC.
- Policy Debate -- ASAP has engendered open, lively, and public debate on tobacco issues such as price, marketing, and quota allocation; another first for ASAP.

Thus, while the last year was much more difficult than had been expected, it could have been much worse but for the structure and stature of the A.I.D. program. We're looking forward to good rains and a strong rebound.

1. Real GDP -- In 1991 real GDP increased by 7.8 percent, a result primarily of increased output in the smallholder sector. This growth rate is higher than the 4.8 percent reported in last year's API. In 1992, GDP will decline by 7.8 percent due to the drought.
2. Real GDP per capita -- The decline in real GDP of 7.8 percent

and a population growth rate of 3.0 percent (considering AIDS) mean that real per capita GDP declined 10.8 percent. This is the lowest real per capita GDP registered in the past 15 years, the longest time period for which the Mission was able to obtain reliable data. Worse yet, smallholder production, upon which roughly three-fourths of the total population depends, is estimated to have declined by 25 to 60 percent.



3. Per capita food production -

- Malawi's worst drought in at least 40 years devastated food production: maize production, which accounts for 80 percent of all smallholder hectareage, fell by nearly 60 percent; rice fell by 65 percent; sorghum fell by 79 percent; and millet by 56 percent.

4. Infant and child malnutrition -- The drought's effects on nutrition are not complete; however, initial indicators are troubling. Malawi uses three categories to describe malnutrition: stunting (more than two standard deviations below normal height for age indicators), underweight (weight compared to norms for age), and wasting (more than two standard deviations below normal weight for height indicators). A recent survey completed by the Ministry of Agriculture shows that, with very few exceptions, children are becoming more stunted, more under weight, and more wasted compared to last year. Thus, in some areas children exhibit: stunting rates of 35 to 76 percent (at 2 SDs below normal) and 40 to 60 percent (at 3 SDs below normal); under weight rates of 23 to 69 percent (at 2 SDs) and five to 55 percent (at 3 SDs); and wasting of up to 15 percent (at both 2 and 3 SDs).

5. Infant and child mortality rates -- Work on the Demographic and Health Survey (DHS) for Malawi continued with the survey teams taking to the field in September. Until preliminary results are made available in early 1993, we still have little information on infant and child mortality rates.

6. Average wage rate in the rural sector -- two promising changes occurred during the last year: 1) prices paid to tenants for burley increased for the second year (by 19 percent last year and 22 percent this year), due to pressure from smallholder burley growers, and 2) rural minimum wages increased by 20.1 percent.

7. Literacy -- Literacy, defined as the population over 10 years who have completed standard 4, continues to edge upwards as enrollment rates in primary school increase.

III. Progress Toward Strategic Objectives and Related Indicators

SO 1: Increase Foodcrop Production and Productivity

Much of the news in the agricultural sector was overshadowed by the drought: not only was overall maize production down, but yields and credit repayments were off. Nonetheless, promising events occurred within the smallholder sector, and in a number of areas our mid-cycle, hoped-for performance targets were met or exceeded:

- direct auction floor sales of smallholder burley exceeded all expectations -- 1 million kgs were marketed in this way, compared with a target of 10,000 kgs;
- purchases of HYV maize seed increased by 22 percent and met the 1992 target;
- share of land planted to HYV maize increased by 18 percent to exceed the target;
- smallholder purchases of fertilizer increased by 16 percent, to exceed the target; and
- credit increased in real terms by seven percent to exceed the target.

Not all poor performance was drought-related, however. Subsidies limited private sector sales of HYV maize seed and fertilizer by undermining private sector competitiveness. This sustained leakage from the smallholder to the estate sector. Such leakage should decline next season because prices have been set to eliminate subsidies on one maize and two tobacco fertilizers (CAN, D, and SA). Remaining subsidies are to be phased out by 1995. Some effect should be felt next year.

ASAP continues to exert a strong, positive influence in the smallholder sector, and continues to demonstrate the GOM's commitment to practical poverty alleviation efforts:

- approximately 7,200 smallholders registered to grow burley last year: 10 percent were women, 54 percent had less than 1.5 hectares and 27 percent had less than 1.0 hectares of land;
- smallholders were allocated a collective production quota of 3.5 million kgs of burley tobacco, with an estimated 2.6 million kgs produced;
- smallholders made their own burley marketing decisions: over 40 percent (1.2 million kgs) of production was sold to estates who paid prices higher than ADMARC and paid smallholders promptly; just under 40 percent (1 million kgs) was sold by smallholder burley clubs directly on the auction floors; and

less than 20 percent (400,000 kgs) was sold to ADMARC; and,

- the program's success last season resulted in an overwhelming response by smallholders wishing to grow burley this year; registration has begun for the 1992/93 season, with a collective quota allocation of 7.5 million kgs. Preliminary figures show 22,000 farmers have been registered: 14 percent are women and 67 percent have less than 1.5 hectares.

Program Logframe: Strategic objective No. 1--Increase Foodcrop Production and Productivity		Baseline	-----Actual-----			Projected	
Strategic objective	Indicator	1985	1990	1991	1992	1992	1995
Increase Foodcrop Production and productivity	1. National average maize production per unit land increases (t/ha)	1.2	1	1.1	0.5	1.2	1.4
	2. Gross foodcrop production increases (million MT)	1.6	1.6	1.9	0.8	2.3	2.6
Target 1	Indicators	1985	1990	1991	1992	1992	1995
Intensify Smallholder Production of Foodcrops	1. Maize production per unit of land increases (t/ha)	1.2	1	1.1	0.5	1.2	1.4
	2. Smallholder purchases of HYV maize seed increases ('000 MT)	1.6	3.6	4.9	5.6	5.6	7.8
	3. Smallholder purchase of fertilizer increases ('000 MT)	69	105	113	131	126	166
	4. Smallholder use of farm credit increases (MK million)	16	24.7	29.8	32	30	40
	5. Smallholders adopting agroforestry increases				N/A	N/A	750
	6. % smallholder HYV maize/total maize area increases	8.4	11.9	14.2	16.8	16.4	23.6
Target 2	Indicators	1985	1990	1991	1992	1992	1995
Reduce Discrepancies in Input and Output prices faced by Estates and Smallholders	1. Private sector/total sales of fertilizer increase (%)	42.1	33	35.4	27.7	38	47
	2. Private sector/total sales of HYV maize seed increase (%)	11.8	17.5	10.8	10.1		
	3. Direct smallholder sales of burley at Auction increase ('000 kg)	N/A	N/A	N/A	1,000	10	50
	4. % ADMARC price of Auction Floor Burley price increases (%)			58	34 ^{a/}	62	65
Target 3	Indicators	1985	1990	1991	1992	1992	1995
Increase Crop Diversification	1. % smallholder hectareage devoted to cash crop increases (10%/yr)	7.4	5.8	7	7.4	8	10
	2. % smallholder cash crops sold through Non-parastatals increases				15.9		
	3. % smallholder food crops sold through Non-parastatals increases ^{b/}						
Target 4	Indicators	1988	1990	1991	1992	1992	1995
Reform and Strengthen Agricultural Institutional Framework	1. Agricultural budget/GOM budget is maintained--Recurrent (%)	5	5.1	5.5	4.8	5.5	5.5
	2. Agricultural Research budget increases, real terms--Recurrent (MK m)	4.3	5	5.1	4.6	5.6	6.8
	3. Fuel expenditures for Extension Services expand in real terms (MK m)	1.4	1.4	1.2	0.7	1.3	1.5
	4. Increasingly open discussion of agricultural policies						

^{a/} For the 1990/91 marketing season ADMARC had agreed to pay the farmers in two installments. Last year we reported on the first payment, amounting to 14% of the auction floor price, because the second payment had not been made. Similarly, we show only the first payment for the 1991/92 season because the second payment has not yet been made.

^{b/} Tobacco sales only.

^{c/} A survey done by CSR showed that in the surveyed area, 50% of all sales of food crops were inter-household, 10% were to ADMARC, and 38% markets or private traders. However, a study done in Zomba south showed that although the number of sales to markets and private traders was 77% compared with 12% to ADMARC, in terms of the quantity sold, ADMARC accounted for 41% of the total weight.

SO 2: Increasing Off-Farm Employment Opportunities

As first broached in the FY94 ABS, USAID/Malawi is in the process of rethinking its program strategy, specifically with respect to removing the second strategic objective, increasing off-farm employment opportunities. The mission requested, and AID/Washington has concurred with, a formal review of the proposed changes sometime early in the next calendar year. Washington already has indicated, however, its support for a reduction in our strategic objectives. For these reasons, as well as the lack of any new information to present compared to past APIs, the mission will not be reporting on this strategic objective this year.

SO 3: Reduce Fertility

New surveys suggest that demand for child spacing services is increasing. In two, a 1984 survey indicated that only 16 percent of married women of reproductive age (MWRA) wanted no more children whereas by 1992, 20 percent of these women desired no more children.

In response to this growing demand, several developments have occurred which indicate slow but steady progress toward implementing an effective network of family planning information and services which will eventually lead to lower fertility:

- Government has approved revised and liberalized national child spacing guidelines. All women, regardless of age, marital status, or parity will now have access to child spacing services;
- child spacing issues have become an item of national attention and debate: the Minister of State and the Malawi Congress Party (MCP), at its annual convention, each received briefings on population and fertility issues by a RAPID-trained Malawian demographer. As a result, MCP delegates officially pledged their cooperation and support to child spacing efforts;
- the National Family Welfare Council (NFWC), a national advocacy and leadership organization in family health and child spacing programs, is now staffed and fully operational;
- there has been a significant increase (40%) in the number of people, primarily women, choosing surgical contraception;
- more health facilities provided child spacing services (resuming their 1991 level) despite budget difficulties; and,
- increased condom use has been reported. Bolstered by radio advertising and the advent of a social marketing campaign to promote them, condom distribution under the SOMARC program doubled between the second and third quarters.

In the near future, further gains in information, a supportive policy environment, and increased service delivery are expected:

- deadlines for developing a national population policy have been moved up from March '93 to November '92 as a result of RAPID-IV consciousness raising;
- long awaited results from the Demographic and Health Survey will be available early in the new year; and,
- the child spacing component of the Mission's largest project, Support to AIDS and Family Health (STAFH), will strengthen and expand child spacing services throughout all levels of Malawi's national health service delivery system and will support contraceptive social marketing.

Program Logframe: Strategic objective No. 3--Reduce Fertility

		Baseline	-----Actual-----			Projected
		1984	1990	1991	1992	1998
Strategic objective	Indicator					
Reduce fertility	Reduce total fertility rate	7.6	7.6	7.6	7.6	6.9

Target 1	Indicators	1984	1988	1992	1995	
Increase the contraceptive prevalence rate	Increase contraceptive prevalence rate <u>a/</u>	1	3.3	5.5	11.4	

Target 2	Indicators	1984	1990	1991	1992	1995
Increase the supply of child spacing services	1. Increase number of clients using modern methods of child spacing ('000)	15	35	58	99	235
	2. Increase no. of clients choosing voluntary surgical contraception	100		1239	1700	3300
	3. Increase no. health facilities providing child spacing services	3	230	210	230	350

Target 3		1986	1990			1995
Increase girls' attainment	Girls' gross enrolment rate, primary school <u>b/</u>	47	58			69

a/ A 1988 Child Spacing KAP Survey by Chancellor College provides the most recent nationally representative estimate of the contraceptive prevalence rate. This survey gives a CPR of 3.3 percent (modern methods only) from a sample of 3043 females. The FAMPLAN model and projects a CPR for modern methods of 5.5 percent in 1992.

b/ Education statistics are provided for the most current year available. With the completion of the national school registration system in 1993, we should be able to obtain more timely information.

SO 4. Decrease Infant and Child Morbidity and Mortality

Mission efforts to reduce infant and child morbidity and mortality focus on reducing malaria and related malaria morbidity and mortality, on increasing access to safe water, and on strengthening the institutional capacity of Malawi's health sector:

- research on chloroquine resistant malaria in Malawi, undertaken by CDC with long-standing USAID funding, resulted in Malawi's becoming the first country in sub-Saharan Africa to adopt sulfadoxine-pyrimethamine (brand name, Fansidar) as the first-line treatment against malaria, making it readily available without prescription throughout Malawi. This change is expected to significantly reduce child mortality;
- appropriate treatment appears to be increasing, with a significant number (90%) of respondents in a recent survey seeking some form of medical assistance within three days of the onset of illness. Nonetheless, most Malawians (72%) try home treatment prior to visiting a health facility for malarial symptoms. Thus, wide dissemination of the new treatment measures will be important to their success;
- Malawi is now reported to have one of the highest rates of access to potable water in sub-Saharan Africa, with 70 percent of the population having ready access, according to the UNDP. Of course, the drought has seriously diminished access to groundwater and water table levels. Access this year, therefore, may subsequently be found to have diminished; the capacity has been installed, however, and Government and donors are increasing the capacity of those wells to provide water; and,
- in response to this year's drought, the mission amended its PHICS project to provide a grant to Save the Children Fund/UK for the following activities: 1) install 80 boreholes in the hardest hit districts; 2) rehabilitate 50 existing boreholes and repair pumps in the worst affected areas; 3) procure the required equipment, materials, supplies and vehicles; and 4) support basic operating costs.

The decision by the GOM in April to increase public sector salaries has had a profound effect on the health care sector. For the MOH, whose planned share of recurrent budget already had declined over the 1991/92 level, salary increases were to be offset by a further 10 percent reduction in operating budgets. Cutbacks have included reduced drug procurements and slowdowns in filling vacancies. Private sector facilities were obliged to match salary increases, and, thus, will face an estimated shortfall of 4.4 million MK. Finally, Government has had great difficulty hiring and retaining health surveillance assistants, MOH's grass roots health care personnel. Current budgetary difficulties and hiring freezes are expected to exacerbate this situation.

Program Logframe: Strategic objective No. 4--Reduce Infant and Child Morbidity and Mortality

		Baseline	-----Actual-----		Projected
Strategic objective	Indicators	1984	1987		1995
Decrease infant and child morbidity and mortality	1. Reduce infant mortality rate (deaths per 1000)	151	159 <u>a/</u>		128
	2. Reduce under-5 mortality rate (deaths per 1000)	258	257 <u>a/</u>		235
Target 1	Indicators	1986	1990	1992	1995
Decrease infant and child mortality caused by malaria <u>b/</u>	1. Reduce rate of under-5 outpatient visits for malaria	33.61	39.38	N/A	
	2. Reduce rate of under-5 deaths in hospital caused by malaria	12.89	18.72	N/A	
	3. Reduce rate of under-5 outpatient visits for anemia	N/A	N/A	N/A	
	4. Reduce rate of under-5 deaths in hospital caused by anemia	12.91	12.9	N/A	
	5. Proportion of children with diagnosed malaria who receive the correct dosage of the recommended antimalarial				
Target 2	Indicators	1984	1992		1995
Increase access to safe water	Access to potable water improves (percent of rural population) <u>c/</u>	39	70		55
Target 3	Indicators	1985	1991	1992	1995
Strengthen institutional capacity of public and private health	1. Health care budget/total GOM budget increases--recurrent	9.2	7.2	6.6	9.1
	2. National per capita health surveillance personnel increases Total population (mil)	7.2	500 8.7	420 8.9	4000 9.8

a/ Infant and child mortality rates are reported from the 1984 Family Formation survey and the 1987 Census which became available in 1992. However, because different methodologies were employed to make these estimates comparisons over time must be made with some caution. Furthermore, the national-level IMR shows a rise over the 1984 IMR, whereas the district-level IMRs show declines, indicating some problem with the methodology used.

b/ No reports have been produced from the Health Information System since it was revised in January 1991. Furthermore, the Mission has reservations about the appropriateness of these indicators. We plan to evaluate and provide technical assistance to the HIS and related activities that will provide the best indicators in the health sector.

c/ Represents access to potable water during normal, non-drought conditions.

SO 5: Control the Spread of AIDS

One promising feature regarding AIDS in Malawi is Government's willingness to accept assistance in documenting, analyzing, and addressing the problem. Thus, over the last year, the mission has been able to expand its support to AIDSTECH and Johns Hopkins, and so to expand service delivery and data collection on the extent of the disease in Malawi. The latter efforts resulted in an HIV-1 sero-prevalence study in ten rural districts and Blantyre. The news about AIDS, however, continues to be disturbing:

- seropositivity has increased again, from 23 to 27 percent, among the same population of pregnant women accessing the antenatal clinic at Queen Elizabeth Central Hospital in Blantyre. Although this is the same population we have been studying for some time, the mission was reluctant to project these rates of infection to the general population, given the self-selecting nature of the clients studied.

This last year has finally seen the first rural survey results, though only for women:

- rural HIV-1 seropositivity of eight percent was found in a survey of eight rural and two peri-urban clinics, and there were no statistically significant differences among regions; and
- seropositivity was highest among women aged 20 to 24, followed by those aged 25 to 29, and 30 and over. An especially disturbing finding, however, was seropositivity of 6.1 percent among young women aged 15 to 19.

One finding that has surprised researchers working in Malawi is that HIV and syphilis seropositivity do not appear to be positively correlated. While this warrants further research, sustained findings of this nature would lead the mission to revise this indicator.

Finally, much effort has been expended on developing and disseminating information for wide understanding of HIV transmission:

- radio advertising for AIDS education and condom promotion was stepped-up in 1992 after Government gave approval for more explicit and frequent messages;
- a special curriculum on AIDS and STD prevention has been developed for primary and secondary school youth. Books and teaching guides have been published and distributed to schools; and,
- a new series of posters and promotional materials has been developed and disseminated.

Program Logframe: Strategic objective No. 5--Control the Spread of AIDS

		Baseline	----Actual----		Predicted
		1985	1990	1992	1995
Strategic objective	Indicator				
Control the spread of AIDS	1. Reduce HIV prevalence among urban antenatal clients (percent)	2	23	27	15
	2. Reduce HIV prevalence among rural antenatal clients (percent)	1992 8			8
	3. Reduce HIV prevalence among high risk groups (percent)		62		40
Target 1	Indicator	1988	1990	1991	1995
Increase condom use	1. Increase percent of men using condoms	5	9 <u>a/</u>	N/A	40
	2. Increase total number of condoms distributed and sold annually free (thousands) social marketing (thousands)	0	6	5,000	13
		0	0	158	2
Target 2	Indicator	1985	1990	1992	1995
Reduce incidence/prevalence of classical STDs	1. Reduce percent of pregnant women infected with syphilis	.	11	9 <u>b/</u>	7
	2. Percent male reported STDs in past 6 months	.	14 <u>a/</u>	N/A	7

a/ The source for indicator 1.2 and 2.2, reported last year, was a SOMARC survey. These results overrepresented the urban, higher income strata of the population and are therefore not nationally representative.

b/ Seroprevalence by Rapid Plasma Reagin test.

Data sources

Strategic Objective no. 1

All indicators came from routine reporting by the Ministry of Agriculture except the following:

Indicator Source

- 1.1.2 National Seed Company of Malawi
- 1.1.3 Economic Report
- 1.2.1 Ministry of Trade and Industry, SFFRFM
- 1.2.3 Auction Holdings Limited
- 1.2.4 ADMARC
- 1.4.1-3 Ministry of Finance Budget Documents

Strategic Objective no. 3

Indicators generally came from NSO 1977 Population Census and NSO 1984 Family Formation Survey and other routine reporting by the Ministry of Health. Projections come from the EP&D PHRDU target model projections. Indicator for target no. 3.3 came from Ministry of Education and Culture Education Statistics.

Strategic Objective no. 4

Infant and child mortality -- Baseline rates are from the 1984 Family Formation Survey. No nationally representative survey of mortality has been done since 1984. Estimates provided for actual are based on MOH/AIDSTECH projections assuming an average between low and high AIDS scenario. By early 1993, new survey based figures will be available from the DHS. Targets are based on MOH/AIDSTECH projections and aim for the best-case AIDS scenario.

Malaria and malaria-related morbidity and mortality -- Data come from the Ministry of Health's Health Information System. Since the MOH switched to a new system of data collection at the beginning of 1991, no statistical reports have been made available.

Access to potable water -- Baseline date water come from USAID. Data for the current year come from UNDP.

Budget statistics -- Ministry of Finance budget documents.

Strategic Objective no. 5

Indicator Source

- 5.1 Antenatal clinic in Blantyre, JHU project
- 5.2 Rural seroprevalence study
- 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 SOMARC study of 'middle income' men.