

# OVERVIEW OF KEY CHILD DEPRIVATIONS *in Malawi*



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# INTRODUCTION

## CHILD DEPRIVATIONS

*in Malawi*





Malawi<sup>1</sup> is one of the poorest countries in the world



out of 189 countries listed on the Human Development Index in 2019.<sup>2</sup> Some

**70.8%**  
of the population



live on less than US\$1.90 per day<sup>3</sup> and most people in rural communities are subsistence farmers.

**AN ESTIMATED 60.5%** of children aged 0-17 years in Malawi are now considered multi-dimensionally poor



(deprived of two or more essential services) compared to 63 per cent in 2012-13.<sup>4</sup>

Only 10 per cent of households have electricity.<sup>5</sup> Less than one half (46 per cent) of the households use basic sanitation facilities.<sup>6</sup> Three in every four of the household population had basic drinking water services<sup>7</sup>. More than one third of under-5 Malawian children (boys 39 per cent than girls 32 per cent) suffer from stunting with related health issues that can include cognitive impairment.<sup>8</sup>

According to Malawi's 2018 census,



**978,293**

children are orphans (paternal, maternal or both)



Among these

**113,941**

children are orphaned by both parents.<sup>9</sup>

**33%**

ONLY OF CHILDREN



complete primary school. Children living in urban areas (65 per cent) and richest households (67 per cent) have a higher chance of completing primary school than males (29 per cent), children in rural area (27 per cent) and children in poorest households (11 per cent).<sup>10</sup>

**One in five girls**



**One in seven boys**



experienced at least one incident of sexual abuse before turning 18. For girls aged 13-17 years most perpetrators are their peers.<sup>11</sup> Some 40,000 children under five years of age die every year from preventable or easily treatable diseases.<sup>12</sup> Boys have a higher probability of dying before their fifth birthday than girls (62 deaths per 1,000 live births compared to 50).<sup>13</sup>

1 With support from all programme sections of UNICEF Malawi, this overview has been prepared in January 2022, using the most recent available data from various reports, mainly the Multiple Indicators Cluster Survey (MICS) released in Dec. 2021. This short report is updated every year based on the available national and international surveys and research reports.  
2 <http://hdr.undp.org/en/content/2019-human-development-index-ranking>  
3 World Bank, 2016. The completion of the IHS5 in December 2020 will provide new poverty metrics in the course of 2021.  
4 UNICEF, 2018. The completion of the IHS5 in December 2020 will provide new multidimensional poverty metrics in the course of 2021.  
5 Malawi Growth & Development Strategy III, 2017.  
6 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
7 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
8 Malawi Demographic and Health Survey (MDHS) 2015/2016  
9 2018, Malawi Population and Housing Census Main Report  
10 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
11 Violence Against Children and Young Women in Malawi, 2013.  
12 Global Health Observatory, <http://apps.int/gho/data/node.country.country.MWI>  
13 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.



**HEALTH**

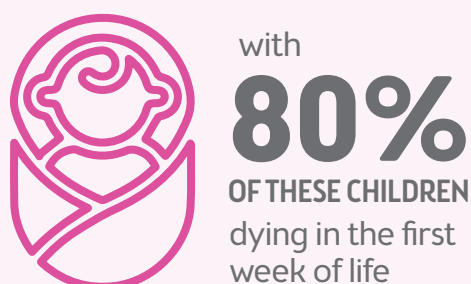
**CHILD DEPRIVATIONS**  
*in Malawi*



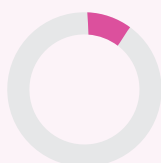


years of age **die every year** from preventable or easily treatable diseases<sup>14</sup>,

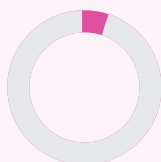
including neonatal causes **43 per cent**,



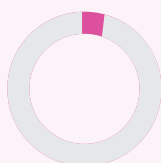
**PNEUMONIA**  
**14%**



**DIARRHEA**  
**8%**



**MALARIA**  
**7%**



However, under-5 mortality dropped from 232 per 1,000 live births in 1990 to 55 per 1,000 live births in 2016,<sup>15</sup> a remarkable decline. About

40 per cent of the under-five deaths occur during the first 28 days of life. These neonatal deaths are largely attributed to premature births, infection and asphyxia, all of which have low-cost solutions. According to the Malawi Multiple Indicator Cluster Survey 2019-20 under-5 mortality rate is highest among the poorest and second wealth quintile (62 deaths per 1,000 live children) compared to the richest quintile (39 deaths per 1,000 live children.)<sup>16</sup>

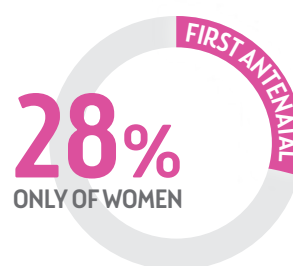
Maternal mortality in Malawi is among the highest in the world,

despite declining from



maternal **deaths per 100,000** live births over the period of the MDGs (2000-estimates-2015).<sup>17</sup>

This is in part the result of particularly high rates of early sexual debut, child marriage and adolescent birth rates with adverse maternal and neonatal outcomes.



had their first antenatal care visit before four months of pregnancy. Some 84 per cent of mothers and 88 per cent of newborn babies received postnatal care within two days of delivery.<sup>18</sup>

<sup>14</sup> Global Health Observatory, <http://apps.int/gho/data/node.country.country.MWI>

<sup>15</sup> Malawi Demographic and Health Survey (MDHS), 2010, 2015-2016.

<sup>16</sup> National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

<sup>17</sup> MDHS 2015-2016.

<sup>18</sup> National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

## Skilled birth attendance has dropped to

# 75%

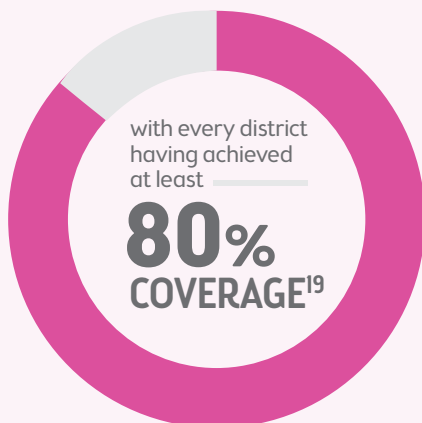


from a high at about **90 per cent in 2019**, due to people avoiding health facilities fearing **COVID-19**.

WHO and UNICEF estimate infant pentavalent vaccination coverage was above



**90%**  
nationally for **five**  
consecutive years  
(2008–2012)



But during the past five year the downward trend of vaccination has put the focus on increasing coverage. Challenges include ensuring that children have adequate vaccines and receive the full schedule of immunizations.

Some 7 per cent of children aged 12–35 months were not vaccinated for any preventable childhood diseases by their first birthday.<sup>20</sup> However, 90 per cent of children aged 12–35 months were vaccinated for TB by their first birthday.<sup>21</sup>

Despite the success of the HIV prevention of mother-to-child transmission programme (transmission reduced by 84 per cent from 2000 to 2022), children's access to antiretroviral therapy (ART) is only 74 per cent, compared to 79 per cent for adults.<sup>23</sup> Thirty per cent of children living with HIV who are not on ART will die before their first birthday while 50 per cent by their second birthday. Yet only 31 per cent of HIV-exposed infants in the general population are diagnosed within the first three months of life.<sup>24</sup> The proportion of individuals 15–49 years of age tested for HIV in the 12 months preceding the 2019–20 cluster survey and knew their results was 56 per cent among women and 47 per cent among men.<sup>25</sup> The pattern was similar among the 15–24 years of age with women being 51 per cent and men at 38 per cent. Condom use among men is lower in the age group 15–49 (39 per cent) compared to age group 15–24 (66 per cent).<sup>26</sup>

<sup>19</sup> Tsega, A. et al. *Vaccination coverage and timely vaccination with valid doses in Malawi*, Vaccine Reports, Vol. 6, December 2016, pgs. 8–12.; MDHS, 2015–2016.

<sup>20</sup> National Statistical Office. 2021. *Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report*. Zomba, Malawi: National Statistical Office.

<sup>21</sup> National Statistical Office. 2021. *Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report*. Zomba, Malawi: National Statistical Office.

<sup>22</sup> MDHS 2015–2016

<sup>23</sup> 2020 HIV Estimate dashboard-Malawi

<sup>24</sup> UNICEF 2017 HIV Estimates.

<sup>25</sup> National Statistical Office. 2021. *Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report*. Zomba, Malawi: National Statistical Office.

<sup>26</sup> National Statistical Office. 2021. *Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report*. Zomba, Malawi: National Statistical Office.



**NUTRITION**

**CHILD DEPRIVATIONS**  
*in Malawi*



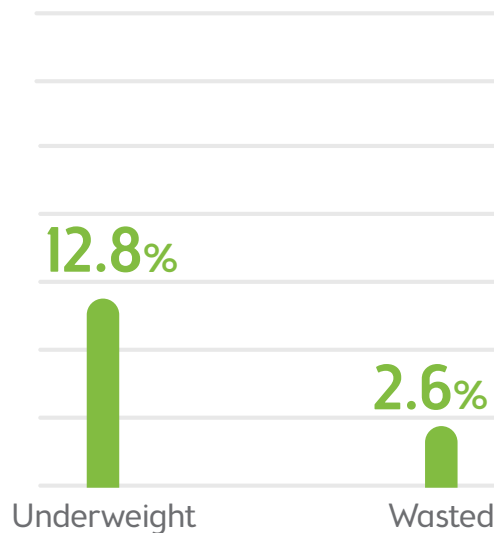


Although Malawi has made significant strides in reducing chronic malnutrition, stunting (low height for age) remains steady for children under-5 boys (39 per cent) and girls (32 per cent).<sup>27</sup>

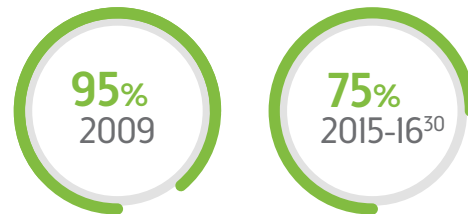
Stunting has a negative impact on children's growth and wellbeing, with its effects persisting through a person's life cycle and, on a wider scale, has implications for the country's long-term development.

Inadequate infant and young child feeding practices are major contributors to acute and chronic malnutrition.

The percentage of children under age 5 who were underweight (weight for age) was 12.8 per cent<sup>28</sup> while the percentage of children under age 5 who were wasted (weight for height) was 2.6 per cent.<sup>29</sup>



While vitamin A deficiency is no longer a public health problem in Malawi, an unacceptably high prevalence of anaemia remains. Sixty per cent of primary school children are zinc deficient, while consumption of iodized salt has been reduced from



27 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
 28 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
 29 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
 30 Malawi Micronutrient Survey (MMNS), 2015-2016.

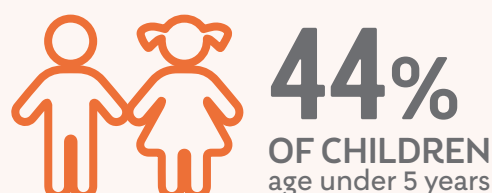
**EDUCATION**

**CHILD DEPRIVATIONS**

*in Malawi*

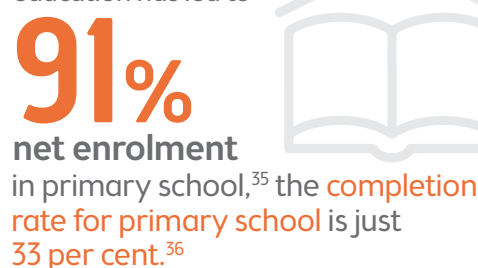


Attendance at early childhood education programmes is low at 34 per cent.<sup>31</sup> Attendance at ECE is much more likely among urban children (51 per cent) than rural (31 per cent) and high from the richest (51 per cent) than the poorest households (21 per cent).<sup>32</sup> Only 1 per cent of children have access to three or more children's books. Almost half



were left at home with inadequate supervision in the week prior to the cluster survey.<sup>33</sup> Only 17 per cent of children aged 3-4 years are developmentally on track in literacy-numeracy.<sup>34</sup>

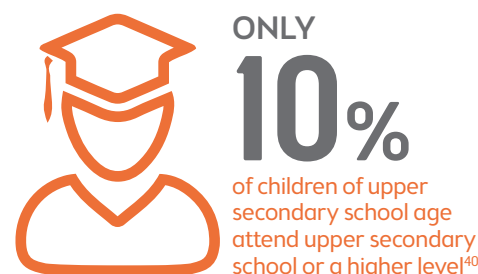
While free primary education has led to



Girls (38 per cent), children living in urban area (65 per cent) and richest households (67 per cent) have a higher chance of completing primary school than males (29 per cent), children in rural area (27 per cent) and children in poorest households (11 per cent).<sup>37</sup>

Some 12 per cent of children of lower secondary school age attend lower secondary

school or a higher level.<sup>38</sup> Lower secondary school completion rate is low (23 per cent), especially for children living in poorest households (3 per cent).<sup>39</sup>



Upper secondary completion rate is very low (4 per cent), especially for poor households (less than 1 per cent for children living in households in the first three quintile).<sup>41</sup>



while 14 per cent of children attending class 2/3 were able to read a short story at that class level, 11 per cent were able to correctly answer literal comprehension questions related to the story, and 9 per cent were able to correctly answer inferential comprehension questions related to the story.<sup>42</sup> Thirteen percent of the children aged 7-14 have foundational numeracy skills.<sup>43</sup>

31 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

32 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

33 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

34 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

35 EMIS 2015/16.

36 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

37 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

38 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

39 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

40 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

41 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

42 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

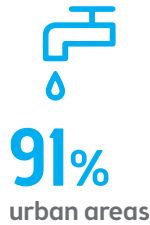
43 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.



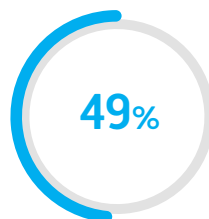
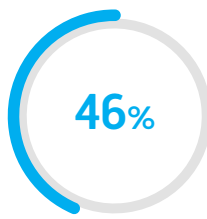
# WATER, HYGIENE AND SANITATION CHILD DEPRIVATIONS *in Malawi*



Malawi has vast water resources centred on lakes and rivers, but their spatial and seasonal distribution has led to significant challenges. Three in every four households has basic drinking water services:

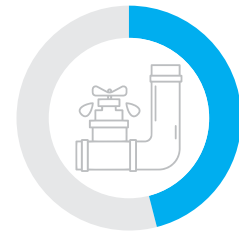


At the same time, 46 per cent of the household population use basic sanitation facilities while the proportion of the urban population using limited sanitation services is 49 per cent.<sup>45</sup>



Of the households without water on premises,

**26%**  
in urban areas, spent  
over 30 minutes fetching  
water per day



compared to almost half (48 per cent) in the rural areas.<sup>46</sup> Twenty eight percent of the population had basic hygiene services: slightly above 1 in 2 urban and 1 in 4 in rural areas.<sup>47</sup> Over half of the urban population (53 per cent) used shared sanitation facilities and 37 per cent in the rural areas.<sup>48</sup>

<sup>44</sup> National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
<sup>45</sup> National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
<sup>46</sup> National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
<sup>47</sup> National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.  
<sup>48</sup> National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

# CHILD PROTECTION

## CHILD DEPRIVATIONS

*in Malawi*





The Life Cycle (Situation) Analysis of Children and Women in Malawi and the UN Root Cause Analysis highlight strongly entrenched harmful social norms and beliefs as one of the key root causes hampering the realization of children's rights in the country.

**Gender-based violence among adolescents is unacceptably high as**

**One in five girls**



**One in seven boys**



experienced at least **one incident of sexual abuse** before the age of 18.

For girls aged 13–17 years the large majority of perpetrators are peers.<sup>49</sup>

Fourteen percent of children aged 5–17 years are engaged in child labour.<sup>50</sup> Twenty percent of adolescent girls aged 15–19 years reported having been excluded from activities (social activities, school or work) due to their last menstruation in the last 12 months.<sup>51</sup> Men and boys are more likely to feel safe walking alone in their neighbourhood after dark, as well as when at home alone, as compared to women and girls in the same circumstances.<sup>52</sup>

Malawi has historically had one of the highest rates of child marriage in the world, with

**09% of women interviewed married before the age of 15**



**42% married before the age of 18**



According to the Traditional Practices Survey the primary reasons early marriage were the desire to form a family, poverty, and unwanted pregnancies.<sup>53</sup>

Women are twice as likely to marry before the age of 18 in rural (41 per cent) than in urban (22 per cent) area;



for marriages before the age of 15, it is 8 per cent for rural and 4 per cent for urban.<sup>54</sup> Among married adolescent girls aged 15–19 years, 6 per cent have a partner who is at least ten years older.<sup>55</sup>

Birth registration rates are extremely low, at 2 per cent for children under 5.<sup>56</sup> A national effort in 2017 registered more than 4.5 million children under 16 years of age, but the potential for substantially increasing birth registration coverage has yet to be realized. With birth registration a child's vulnerability to violence, abuse, and exploitation, from birth to adolescence, increases. Malawi's revised age of criminal responsibility – going from seven to 10 – remains below the UN Committee on the Rights of the Child's minimum recommendation of 12 years. Although the law provides comprehensive protection for children in conflict with the law, compliance has been weak. There is limited adherence to the 48-hour rule for the deprivation of liberty for children, measures that enhance alternatives to detention such as child panels and diversion programs are yet to be rolled out.

49 Violence Against Children and Young Women in Malawi, 2013

50 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

51 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

52 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

53 Traditional Practices Survey (Government of Malawi/National Statistical Office, University of Malawi, University of Zurich, UNICEF), 2019.

54 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

55 National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019–20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

56 Malawi, Ministry of Home Affairs and Internal Security, National Registration Bureau, 2016.

# SOCIAL POLICY

## CHILD DEPRIVATIONS

*in Malawi*

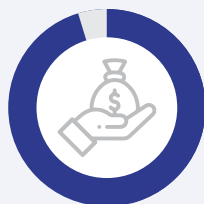


The 2020/21 Mid-year Budget Statement shows how Malawi still extensively relies on donor funding to support interventions in social protection, WASH and nutrition, but also in education and health when it comes to capital budgets (infrastructure etc.). Furthermore, child protection services remain underfunded, particularly the preventive actions. Despite a very good outturn in terms of revenue collection

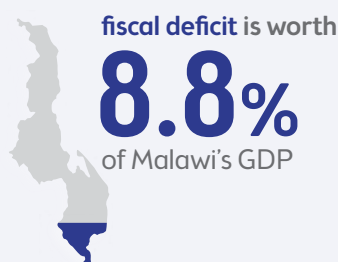
and debt charges are worth 4 per cent of it and over 17 per cent of the Total Government Expenditure (second only to the expenditure for Education, at about 18 per cent).

Malawi is adversely affected by lean season impacts. Malawi's agricultural cycle leads to seasonal social and environmental stressors, affecting millions of Malawians. During the lean season, in the months before the annual harvest, food shortages disproportionately affect children due to their heightened vulnerability. Food insecurity and disease prevalence peak during this time leading to increases in acute malnutrition. In Malawi, seasonal food scarcity and climate shocks such as droughts have long been shown to drive short-term malnutrition, morbidity, and mortality in vulnerable populations. The lean season, which encompasses two of Malawi's three school terms, also affects educational outcomes as education expenditure is reduced and school enrolment/attendance drops. Moreover, the lean season has several implications for child labour, with peaks not only in the prevalence of child labour at this time of year, but also in hazardous and exploitative work.

**97%**  
of the forecasted  
mid-year amount



and influx of grants (over three times the budgeted amount), expenditures remain twice the level of domestic revenue and even with grants, Government still needs to resort to domestic and international borrowing. As it stands,





# EMERGENCIES

## CHILD DEPRIVATIONS *in Malawi*



# COVID 19 PANDEMIC

By January 2022, Malawi has experienced 82,975 cases of COVID-19 including 2,480 deaths. COVID-19 continues to have a profound effect on the wellbeing of children and adolescents in Malawi. During 2020, for example, the pandemic stagnated Malawi's growth momentum and brought about a steep deterioration of the public finances. The impact of COVID-19 on children's poverty, survival and health, learning, and safety have been far-reaching, but its effects have been disproportionately severe among the most disadvantaged. When it came to school closers, more than six million students were deprived of quality learning for several

months. As reported by the Telegraph in August 2020, COVID-19 induced school closures resulted in doubling of child marriages and teen pregnancies in some parts of Malawi exacerbating an already grim picture where close to half of girls were marrying before 18 years of age. Furthermore, there is additional evidence showing that COVID-19 has resulted in families consuming unhealthy diets contributing to the triple burden of malnutrition. The full socio-economic impacts of the COVID-19 pandemic on children and adolescents' well-being are yet to be fully determined.

## OTHER EMERGENCIES

Increased frequency of droughts and flooding, caused by climate change, are putting pressure on vulnerable families, disrupting livelihoods, and increasing the risk of household displacement.<sup>57</sup> Severe weather such as cyclones can also damage and destroy infrastructure critical to child wellbeing including schools, health facilities and transport methods. Droughts and flooding can decimate crops, disrupt water systems, and contaminate water reserves.<sup>58</sup>

Women and girls are most affected as constraints on access to land and natural resources mean their livelihoods are especially precarious, as the burden of

securing shelter, food, water, and fuel largely falls on them.<sup>59</sup>

Malawi's agricultural cycle leads to seasonal social and environmental stressors, affecting millions of Malawians. During the lean season, in the months before the annual harvest, food shortages disproportionately affect children due to their heightened vulnerability. Food insecurity and disease prevalence peak during this time leading to increases in acute malnutrition. In Malawi, seasonal food scarcity and climate shocks such as droughts have long been shown to drive short-term malnutrition, morbidity, and mortality in vulnerable populations.

57 UNICEF Malawi SitAn 2017

58 UNICEF Malawi SitAn 2017

59 UNICEF Malawi SitAn 2017





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