Child Poverty in Malawi

POLICY BRIEF

December 2018

This brief summarizes the key findings of the 2018 Child Poverty Study undertaken by the National Statistical Office in collaboration with the Department for Economic Planning and Development in the Ministry of Finance and UNICEF to measure multidimensional child poverty. This is the second time a study of this nature is undertaken in Malawi. The first was conducted in 2016. The brief also outlines topline recommendations on what could be done to tackle child poverty in Malawi in line with the 2030 Agenda for Sustainable Development (Sustainable Development Goal 1), and the Malawi Growth and Development Strategy III (MGDS III).

1. Why Measure Multidimensional Child Poverty?

Ending child poverty in all its dimensions is crucial for fulfilling the rights of every child and for the future of Malawi, as outlined in the MGDS III. If not comprehensively addressed, poverty keeps children from reaching their full potential and as a result undermines the nation's development. To measure child poverty effectively, aside from monetary income, other needs that are key to child wellbeing should be considered; hence the need to measure multidimensional child poverty.

A multidimensional approach to child poverty adopts a holistic definition of child wellbeing, concentrating on access of children to various goods and services which are crucial for their survival, protection and development. This definition goes beyond access to income by a child in each household. Access to income at the household level may not fully address multi-dimensional child poverty as often children do not have a say on how household income should be distributed. In addition, children have unique needs that cannot be necessarily fulfilled by increased household income alone. In this regard, several studies have shown that children experience poverty differently than adults. the current population growth rate, the overall population in Malawi is projected to reach 30 million by 2030, with the number of children almost doubling to 16.2 million.

This demographic boom is likely to affect social service delivery. It can, however, be the country's greatest resource if properly supported through improved investments in human capital development – especially in health, nutrition, protection, education, water and sanitation.

2. How is Child Poverty Defined and Measured in Malawi?

In Malawi, a child is considered multi-dimensionally poor when he or she is deprived in two or more dimensions. A dimension refers to a specific right, under which he/ she is expected to access certain goods and services. Eight dimensions were considered for the analysis: Health, Nutrition, Protection, Education, Information, Water, Sanitation and Housing. The choice of all dimensions was informed by the Convention on the Rights of the Child (1989). Specific indicators were selected under each dimension, based on relevance and availability of data¹. Those indicators refer to goods and services which a child should be able to access in order to enjoy each right (dimension).

Children and young people are the majority in Malawi. Nearly half (48%) of Malawians is under the age of 15, with 51% under the age of 18, and 60% below the age of 24. At

The analysis utilized data from the Fourth Integrated Household Survey (IHS4) (2016/17). Although there are some data gaps – in adolescence health for instance – IHS data is considered to be comprehensive, representative at the district level and flexible, allowing to tailor indicators to the Malawian context.

A cut-off was decided for each indicator, beyond which a child is considered to be deprived.² For example, under the health dimension, a child is considered multidimensionally poor if delivered without the assistance of a skilled birth attendant and if not sleeping under a bed net.

The analysis follows a life cycle approach, in that it acknowledges that children's needs change as they grow from early childhood to adolescence and to adulthood. Therefore, deprivations were analysed according to the following age groups: 0-23 months; 24-59 months; 5-14 years and 15-17 years.

3. What are the Levels and Trends of Child Poverty in Malawi?

An estimated 60.5% of children aged 0-17 years in Malawi are multi-dimensionally poor, compared to 63% in 2012/13. Children who live in multidimensional poverty experience, on average, deprivations in 46% of all dimensions. Multidimensional child poverty is still highest amongst children aged 15-17 years (66%), despite being the group showing the greatest progress, and lowest amongst 0-23 months (42%). However, children aged 24-59 months exhibit the greatest intensity rate because, on average, they are deprived in four dimensions (51%) whilst the other three groups are deprived in three. An estimated 57.7% of children live below the national monetary poverty line compared to 51.5% for the total population. Ultra-poverty amongst children (24%) is also higher than the national estimate (20.1%).³

3 The national poverty line is MK 137,428 per person per year, whilst the ultra-poverty line is MK85,260



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Figure 1 Percentage (%) of Multidimensionally Poor Children by Age Group

² The percentage of children which are deprived in a given dimension was calculated first. This first step was followed by an assessment of the number of dimensions in which each child is deprived in to measure the intensity of child poverty. This was done for the entire sample (27,806 children). Lastly, findings from the above were analyzed together to come up with a multidimensional child poverty index (MCPI). It is this index which was used to measure the percentage of multi-dimensionally poor children.

able 1 Monetary poverty by area of residence and age group									
Children	National		Urban		Rural				
Age	Poor	Ultra-poor	Poor	Ultra-poor	Poor	Ultra-poor			
0-23 months	56.4	24.0	21.0	4.7	63.2	27.7			
24-59 months	56.9	24.3	19.3	5.1	63.9	27.9			
5-14 years	59.6	25.3	21.5	5.5	66.7	29.0			
15-17 years	53.8	20.9	17.9	3.5	61.6	24.7			
All children 0-17 years	57.7	23.9	22.6	5.5	27.6	27.6			
Total population	51.5	20.1	17.7	4.1	59.5	23.8			

Table 1 Monetary poverty by area of residence and age group

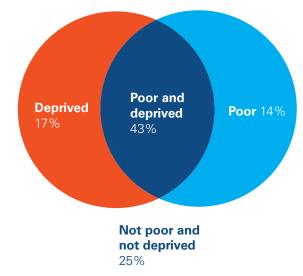
The highest monetary poverty rate is amongst children 5-14 years, with 60% of them being monetarily poor and 25% being ultra-poor. For the same age group residing in urban areas, 22% are poor and 6% are ultra-poor compared to 67% and 29% respectively amongst children residing in rural areas. The child poverty rate in urban areas is considerably higher than the overall urban poverty rate with 23% of children being poor compared to 18% of the overall population (Table 1).

Approximately 43% of children aged 0-17 years in Malawi are both multi-dimensionally and monetarily poor. About 17% of children who are multi-dimensionally poor live in households which are not monetarily poor, suggesting that income alone is not a good predictor of poverty among children. An estimated 14% of children in Malawi are monetarily poor only, with 25% of children being neither multidimensionally nor monetarily poor (Figure 2).

4. In which Dimensions are Children Deprived the Most?

The highest levels of deprivations in Malawi are found in the area of housing (60%) for all age groups, except for the 15-17 years age group, where the highest dimensional deprivation rate is in education (87%). Amongst the age group 0-23 months, the deprivation rate in housing is 60%, followed by sanitation (33%). The lowest rates are observed in nutrition (10%) and water (14%). Amongst children aged 24-59 months the highest deprivation is in housing (59%) and nutrition (57%) and the lowest in water (13%) and health (14%). In the 5-14 age group, the highest dimensional deprivation rate is in housing (52%) followed by education (44%). For children aged 15-17 years, the highest deprivation rate is in education (87%) followed by housing (46%). In this age group, deprivation rates are lowest in the dimensions of protection and water (Table 2).

Figure 2 Overlap between monetary and multidimensional poverty

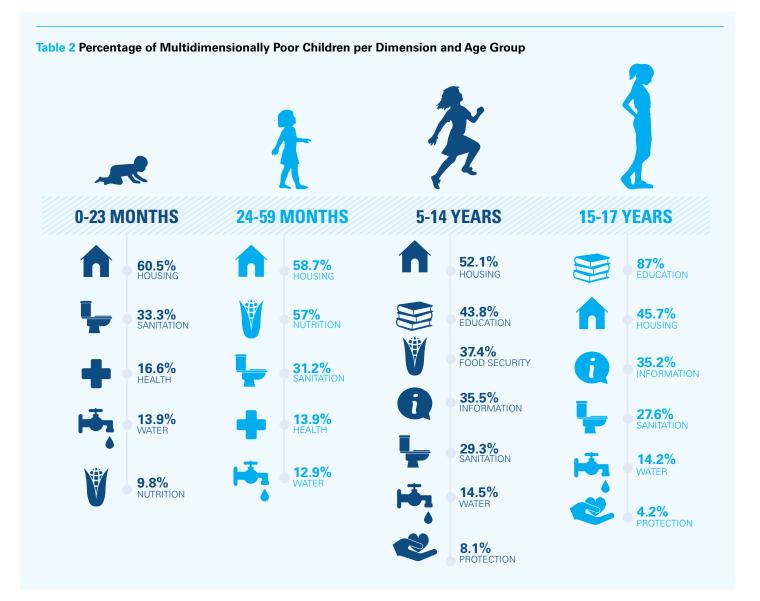


Key

Deprived: Lacking in two or more dimensions (Multi-dimensional poverty). **Poor**: Living in household with income below poverty line (Monetary Poverty)



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5. Where are the Most Deprived Children?

The proportion of children who are multi-dimensionally poor is remarkably higher in rural than urban areas. About 70% of children who live in rural areas are multidimensionally poor compared to 25% in urban areas (Figure 3). In rural areas, nearly 50% of children are both monetarily and multi-dimensionally poor, compared to 13% in urban areas. The rural/urban divide is highest in the dimensions of housing (61% vs 17%), nutrition (36% vs 16%), education (40% vs 26%) and information (30 % vs 8%). Children in rural areas are three times more likely to be deprived in housing and four times more in information.

Children in the Northern Region are less poor than those from Central and Southern Regions (Figure 4). About

45.3% of children from the North are multi-dimensionally poor compared to 63% in the Central Region and 61.2% in the Southern Region. Ultra-poverty is highest in the South (28.5%), followed by the North (21.7%) and lastly in the Central Region (19.7%).

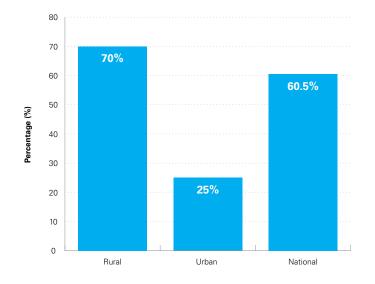
There are also District level disparities in deprivation rates. In 8 of the 28 rural districts in Malawi, the percentage of children who are multi-dimensionally poor is above 70%, including Dedza (78%), Machinga (76%), and Salima (74%). The lowest rates are found in the districts of Mzuzu City (18%) and in Blantyre City (20%). Monetary poverty rates are highest in Phalombe (87%), Chitipa (80%), and Machinga (79%) and lowest in Blantyre (10%) and Mzuzu City (12%).

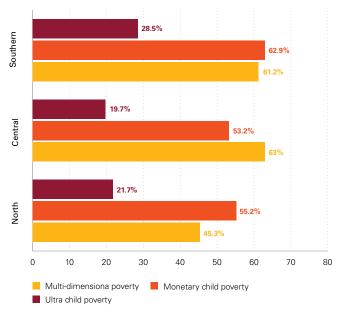
Table 3 Child Poverty by District

District	Deprived	Poor	Overlap between multidimensional and monetary poverty				
			Poor only	Deprived only	Both poor and deprived	Not poor and not deprived	
Chitipa	57.0	80.3	30.4	7.0	49.9	12.6	
Karonga	45.3	67.4	27.2	9.0	36.2	27.5	
Nkhatabay	52.4	64.9	25.2	16.6	35.8	22.4	
Rumphi	48.1	60.0	27.4	15.6	32.5	24.5	
Vizimba	49.3	48.0	15.5	17.8	31.5	35.2	
Likoma	29.3	33.4	22.7	18.4	10.9	47.9	
Vizuzu City	17.5	11.6	7.1	11.1	6.4	75.4	
Kasungu	70.2	59.3	12.1	23.2	46.9	17.8	
Vkhotakota	60.8	61.0	15.8	15.4	45.4	23.4	
Vtchisi	63.3	60.4	14.8	18.3	45.0	21.9	
Dowa	70.1	54.5	9.3	25.8	44.3	20.6	
Salima	73.7	65.0	10.0	19.6	54.1	16.3	
liongwe	69.6	53.0	7.3	25.1	44.5	23.1	
Vichinji	71.6	55.0	10.6	26.3	45.3	17.9	
Dedza	77.6	68.9	10.1	17.2	60.3	12.4	
Vtcheu	63.5	61.9	13.3	16.8	46.7	23.2	
Lilongwe City	22.4	18.6	10.1	10.3	12.1	67.5	
Vlangochi	69.3	66.3	17.8	20.6	48.7	12.9	
Vlachinga	75.9	78.6	14.4	12.6	63.3	9.7	
Zomba Non-City	69.3	61.3	13.5	21.5	47.8	17.2	
Chiradzulu	60.2	70.7	23.5	12.5	47.8	16.3	
Blantyre	58.1	46.2	10.2	23.0	35.0	31.7	
Mwanza	65.0	57.7	11.9	18.6	46.4	23.1	
Thyolo	67.8	70.8	18.2	12.9	54.9	14.0	
/lulanje	57.3	74.2	24.4	8.8	48.5	18.2	
Phalombe	72.8	86.9	21.5	7.2	65.6	5.7	
Chikwawa	65.8	69.1	16.9	14.3	51.5	17.3	
Vsanje	73.0	79.7	17.5	9.7	63.3	9.5	
Balaka	62.6	67.9	19.1	13.9	48.6	18.3	
Veno	66.7	52.6	11.2	26.3	40.5	22.1	
Zomba City	19.3	17.8	11.0	10.1	9.2	69.7	
Blantyre City	20.4	10.3	4.7	14.3	6.1	75.0	

Figure 3 Multi-dimensional Child Poverty (Rural vs Urban)







6. What Factors are Driving Child Poverty the Most?

Child poverty reflects education, gender, age and other key socio-economic characteristics of households. The analysis shows that children are more likely to be deprived in households where the head (i) is female, (ii) has no Primary

School Leaving Certificate of Education (PLSCE), (iii) is older than 60 years, and when (iv) the household is located in a rural area, or (v) the household has five or more members. Children in female-headed households, especially in rural areas, experience higher multi-dimensional poverty than those living in male-headed households. Children living in households headed by persons with less than primary education are more likely to be multi-dimensionally poor than those in households headed by someone with secondary and/ or tertiary education. Multidimensional child poverty is also high among children living in larger households (6 or more persons).

7. Strategic Policy and Programmatic Implications

- a. Child poverty is more than lack of money, it is complex and multi-faceted. Therefore, considering the multiple and overlapping nature of deprivations experienced by children, in order to address child poverty, strategies that are multisectoral and broad-based must be used.
- b. Considering the multidimensionality of child poverty, different ministries, departments and agencies (MDAs) must implement a mix of complementary interventions. These may include direct sector-specific initiatives such as early childhood development, free primary education, immunization and micro-nutrient supplementation as well as income support through programs such as cash transfers targeting the poorest and labour-constrained households.
- c. Sector-specific poverty eradication programs should take into consideration age-specific vulnerabilities and deprivations. As children grow from birth through adolescence and ultimately to adulthood, their needs change, which warrants age-appropriate interventions in line with deprivation patterns.
- d. Strategies to tackle multi-dimensional child poverty should focus on the individual child as well as the household. Whilst some deprivations reflect the socioeconomic status of households, others are specific to the individual. This report shows that a sizeable number of children (17%) are still deprived despite living in households that are not monetarily poor (a child living with wealthy parents or guardians can still suffer abuse and violence, for instance). Girls are more likely to be deprived in protection than boys, for example through early marriages. Lastly,



The Government of Malawi

Department for Economic Planning and Development, Ministry of Finance



children living with disabilities face unique development and protection challenges compared to those without.

- e. Poverty eradication strategies and budgets should be more responsive to geographic disparities. To address geographic disparities, resource allocation decisions should be informed by the latest data about the situation of children, demographics and other place-specific drivers of deprivation(s). Reducing geographic disparities may require the adoption of affirmative action policies and strategies, as well as a reform of resource sharing formulas – The supply of education, information and health services in rural areas requires special focus.
- f. A comprehensive dataset is needed to effectively institutionalize multi-dimensional child poverty measurements in Malawi. The IHS is a very rich dataset which allows for a detailed understanding of both monetary and multi-dimensional child poverty. However, it does not contain comprehensive information on some dimensions such as health (especially for the 6-17 age group). Thus, the analysis in this study was limited by the available data. There is therefore a need to find ways of bridging identified data gaps, for instance through the addition of questions in future IHSs, or utilize data from other social sector surveys.
- g. There is need to enhance domestic resource mobilization and improve efficiency and effectiveness of public spending on child focused sectors and programs. Addressing multi-dimensional child poverty requires that government budgets be pro-poor, child-friendly and also economic growth-oriented. It is only through sufficient, equitable and effective public spending on sectors and programs supporting the development of children that the Government can eradicate multi-dimensional child poverty and build the much needed-human capital to achieve its growth and development objectives.

In summary

Although multi-dimensional child poverty has declined from 63% in 2012/13 to 60.5% in 2016/17, most children in Malawi still suffer from multiple and overlapping deprivations. Significant work still needs to be done to ensure that every child can access essential services to which she/he is entitled. The study showed that child poverty is complex. It is not enough to simply count the number of children living in poor households. There is an urgent need to holistically look at child wellbeing, focusing on a range of goods and services that children require in order to learn, survive, develop and be protected. This will help us piece together a more detailed and comprehensive picture of a child's quality of life. Measurement of multidimensional child poverty provides the basis for designing policies and programmes that can effectively address child poverty and thereby promote the development of the country.





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