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MALAWI



PRE-FIELD BRIEFING PACKET

MALAWI



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ABOUT THIS PACKET

This packet has been created to serve as a resource for the MALAWI Medical Team.

This packet is information about the country and can be read at your leisure or on the airplane. The first section of this booklet is specific to the areas we will be working near (however, not the actual clinic locations) and contains information you may want to know before the trip.

The contents herein are not for distributional purposes and are intended for the use of the team and their families. Sources of the information all come from public record and documentation. You may access any of the information and more updates directly from the World Wide Web and other public sources.





BACKGROUND

Malawi, a largely agricultural country, is making efforts to overcome decades of underdevelopment, corruption and the impact of an HIV-Aids problem, which claims the lives of tens of thousands every year.

A program to tackle HIV-Aids was launched in 2004, with the then-President Bakili Muluzi revealing that his brother had died from the disease.

Malawi is one of the world's worst-hit by HIV-Aids and home to more than one million children orphaned by the disease.

For the first 30 years of independence Malawi was run by an authoritarian and quixotic President Hastings Kamuzu Banda, but democratic institutions have taken a firm hold since he relinquished power in the mid-1990s.

Most Malawians rely on subsistence farming, but the food supply situation is precarious because of the climate. In recent years the country has achieved economic growth.

EXTENDING YOUR STAY

Often dismissed as 'Africa for beginners', Malawi has historically been overlooked as an interloper at the table of great safari destinations. That is until a lion reintroduction program commenced in 2012 and travel editors suddenly started salivating.

Aside from its animals, what immediately captures you about this vivid country is its geographical diversity. Slicing through the landscape in a trough formed by the Great Rift Valley is Africa's third largest lake - Lake Malawi; a shimmering mass of glittering clear water, its depths are swarming with colorful cichlid fish. Whether it's diving, snorkeling, kayaking or chilling out on one of its desert islands, a visit to the lake is a must.

Suspended in the clouds in Malawi's deep south are the dramatic peaks of Mt Mulanje and the mysterious Zomba Plateau; both are a trekker's dream, with mist-cowled forests and exotic wildlife. Head further north and you'll witness the otherworldly beauty of Nyika Plateau, its rolling grasslands resembling the Scottish Highlands.

#1: NKHATA BAY

There's something distinctly Caribbean about this place; with banana-colored fishing boats buzzing across the green bay, vivid market stalls hawking barbecued fish, and music filling the air. For backpackers there's a clutch of perfectly positioned guesthouses perched on cliffs tumbling down to the lake, plus a few upscale family options. Be careful not to entirely give yourself over to lotus eating though, for there are loads of activities to enjoy before you hammock flop; be it snorkeling, diving, fish-eagle feeding, kayaking, or forest walks.

Strung along the coast from the town center, most lodges are secreted in small bays. All are reached via a road that climbs up and down a hill to the next bay. Be careful of walking between town and your lodge at night; the road is unlit and muggings are not infrequent (though thanks to a heightened police presence they are getting less). Walk in numbers or take a guard from your lodge with you.





#2: MAJETE WILDLIFE RESERVE

Majete Wildlife Reserve is a rugged wilderness of hilly miombo woodland and savannah, hugging the west bank of the Shire River. Poaching in the 1980s and 1990s left the park utterly depleted and dilapidated, but since it was taken over by African Parks (www.africanparks-conservation.com) in 2003, things have really been looking up. A perimeter fence has been erected around the whole reserve (the only completely fenced park in Malawi) and is patrolled constantly by

guards, while accommodation and roads have been massively upgraded. With journalists flocking from top international magazines and newspapers to cover its lion reintroduction program, and the establishment of the sumptuous Mkulumadzi Lodge, Majete may soon be the top park in Malawi .

#3: LIVINGSTONIA

Built by missionaries, Livingstonia feels sanctified, special and otherworldly; its tree-lined main street is graced with old colonial-style buildings and smartly attired folk who look as if they're all en route to church. But for the stunning mountain views, there's not much to do in town but visit the Stone House. Staying at the latter or at one of the nearby permaculture farms will make for a magical, peaceful chapter in your journey.



#4 LIKOMA ISLAND

Likoma and Chizumulu Islands are on the Mozambican side of Lake Malawi, but are part of Malawi. Blissful Likoma measures 17 sq. km and is home to around 6000 people.

Likoma's flat and sandy south is littered with baobabs, and offers a constant panoramic view of Mozambique's wild coast only 40km away. The island's main drawcard is an abundance of pristine beaches and the activities revolving around them, but there's a healthy dose of other activities, both cultural and physical, to fill several days here.

#5: MOUNT MULANJE

Mount Mulanje is a must-see when visiting the country. Found near the southern tip of Malawi, the mountain is the tallest in the country, with its peak standing at 3000m high. Hikeable and drivable - in 4x4 vehicles, Mount Mulanje is not only home to incredible panoramic views that stretch all the way across the border of Mozambique, but has a number of other surprises. The ascent up any part of the mountain is simply stunning, with waterfalls, streams, grassy plains, rock formations and forests scattered across its sloped edges. Many visitors choose to camp up Mulanje and spend their nights surrounded by the nature and wildlife of the mountain, including klipspringer, a small species of antelope.



PUBLIC HEALTH OVERVIEW

OVERVIEW

Malawi is characterized by a heavy burden of disease evidenced by high levels of child and adulthood mortality rates and high prevalence of diseases such as tuberculosis, malaria, HIV/AIDS and other tropical diseases. Furthermore, evidence suggests that there is a growing burden of non-communicable diseases.

With a total fertility rate of 5.7 the country has one of the highest population densities in sub-Saharan Africa. Malawi faces a number of challenges including inadequate finances to support poverty reduction programs; high levels of illiteracy; and critical shortage of capacity in institutions implementing development programs.

In Malawi 10.6% of the population aged 15-49 years is living with HIV/AIDS: 13% among women and 8% among men. It is estimated that 55 000 new HIV infections occur every year. The prevalence of tuberculosis has decreased by 50% between 1995 and 2010, while the HIV co-infection rate among TB patients has declined by 18% from 2000 to 2012. The MDR-TB prevalence in Malawi is still low at 4.8% among retreatment cases and 0.4% among new cases (DRS 2011).

Malaria accounts for about 34% of all outpatient visits, about 40% of all hospitalization of children under five years old and 40% of all hospital deaths. Since 2010 there has been a 30% decline in Malaria incidence.

Non-communicable diseases (NCDs) are on the increase. It is estimated that 33% of adults aged 25-64 have hypertension and 5.6% are diabetic. About 5 000 new cases of cancer are registered annually. The common neglected tropical diseases are schistosomiasis, lymphatic filariasis, onchocerciasis, human African trypanosomiasis, trachoma, leprosy and soil transmitted helminths.

Maternal mortality is still among the highest in Africa. Obstetric complications contribute significantly to maternal deaths. Other indirect causes include delays in seeking care, poor referral system, and lack of appropriate drugs, equipment and staff capacity.

HEALTH POLICIES AND SYSTEMS

The Malawi Growth and Development Strategy II (2011-2016) is the overarching medium term strategy designed to attain Malawi's long term aspirations as spelt out in the Vision 20:20. The MGDS II is built around six broad thematic areas namely: Sustainable Economic Growth; Social Development; Social Support and Disaster Risk Management; Infrastructure and Improved Governance; and Cross Cutting Issues. The National Health Bill is under review to replace the Public Health Act of 1948, while the National Health Policy is still in draft form. The Health Sector Strategic Plan (HSSP) 2011-2016 is aligned with the MGDs and guides the implementation of the health interventions. The HSSP emphasizes increasing coverage of high quality Essential Health Package

(EHP) services and strengthening performance of the health systems to improve equity, efficiency and quality of EHP services in Malawi. The health care delivery system mainly consists of government facilities (63%), Christian Health Association of Malawi (26%) and some private for-profit providers. Malawi is developing a health financing strategy to help in improving the funding available for health and move towards the universal health coverage. As part of resource tracking, the government has been conducting National Health Accounts (NHA) assessment since 1998. WHO is providing support to institutionalize the NHA and the round for 2009-2012 is underway. In order to strengthen timely reporting and use of data at all levels, the country has introduced a web-based District Health Information System (DHIS2) since 2011. This is expected to strengthen monitoring of the disease burden in the country. Some of the notable challenges in the health care delivery system are to do with inadequate human resources coupled with skewed distribution favoring the urban areas; Despite the 50% increase in the health workforce that was achieved through the implementation of the 6- year Emergency Human Resources Plan (2005-2010), the challenge still remains to sustain the gains. On the other hand there is inadequate financing, infrastructure and equipment.

MALARIA



In Malawi, 57% of households have at least one insecticide-treated mosquito net (ITN). ITN ownership is highest in Zomba (67%) and lowest in Dedza and Lilongwe, where half of households own at least one ITN. Additionally, 41% of all households have at least one long-lasting insecticidal net (LLIN). ITN ownership in

Malawi has increased dramatically since the 2004 MDHS when only 27% of households owned an ITN.

Overall, 39% of children under five slept under an ITN the night before the survey. Among children with an

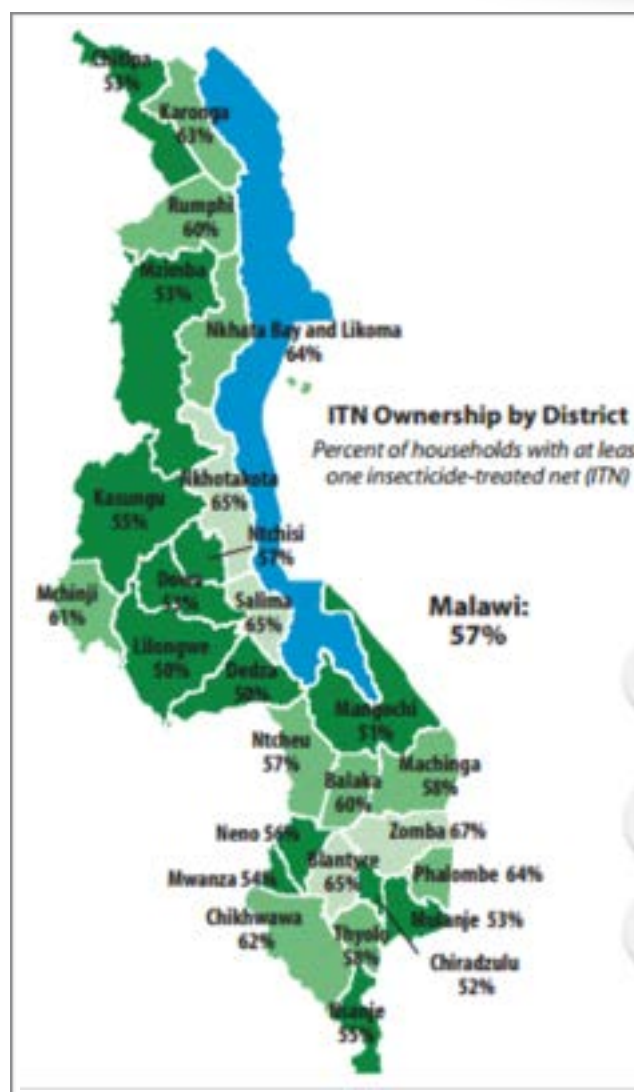
ITN in their household, 59% slept under

an ITN the night before the survey. Thirty-five percent of pregnant women slept under an ITN the night before the survey.

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as

intermittent preventive treatment (IPT). Overall, 89% of pregnant women received any antimalarial drug during their last pregnancy and more than half (54%) of pregnant women received two doses of SP/Fansidar, at least one of which was taken during an ANC visit, as recommended.

More than one-third (35%) of children under age five had a fever in the two weeks preceding the survey. Among these children, 43% were given antimalarial drugs, while 28% were given antimalarial drugs the same day or the day following the onset of the fever. The majority of children took lumefantrine and artemether (LA), an artemisinin-based combination therapy (ACT) drug, which is the recommended course of treatment for malaria in children in Malawi.



HIV/AIDS

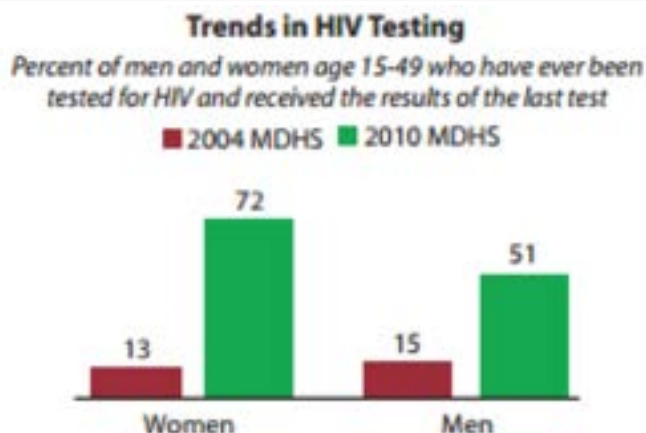
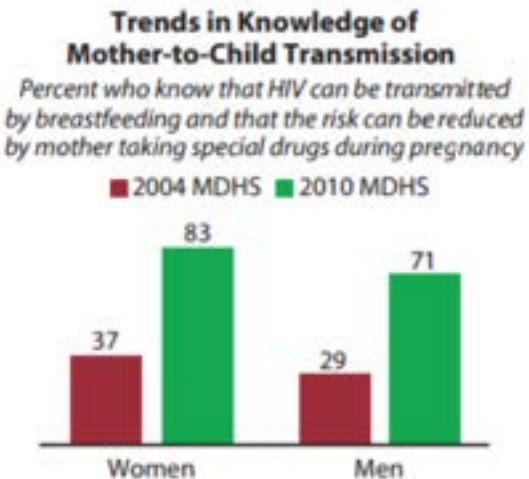
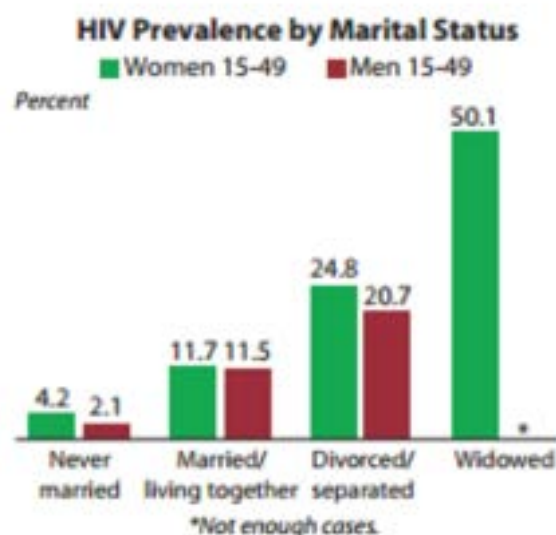
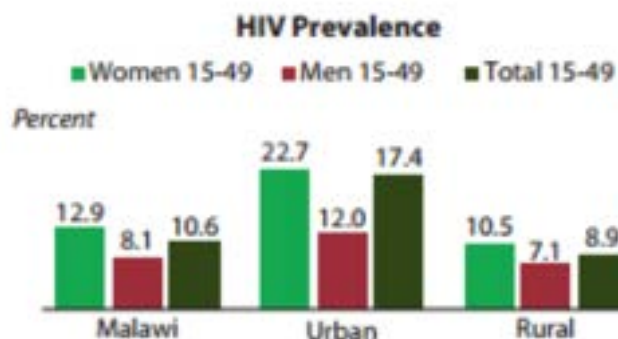
According to the 2010 MDHS, two-thirds of women and men age 15-49 know that the risk of HIV infection can be reduced by using condoms and limiting sex to one faithful, uninfected partner. This knowledge varies by region, from only 60% of women in the Central Region to 74% of women in the Southern Region. Eighty-three percent of women and 71% of men know that HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy. Knowledge of prevention of mother-to-child transmission has more than doubled since the 2004 MDHS.

One percent of women and 9% of men age 15-49 report that they had sex with two or more partners in the past 12 months. About one in four of these women and men reported using a condom at last sexual intercourse. Among the women who had two or more partners in the past 12 months, almost half (46%) had overlapping (concurrent) sexual partnerships. Concurrent sexual partnerships may increase the risk of HIV transmission because they allow the virus to pass quickly through multiple individuals. Nearly 8 in 10 men who had two or more partners in the past 12 months had concurrent sexual partnerships. HIV testing is increasing rapidly in Malawi. Currently, 72% of women and 51% of men have ever been tested and received their test results. Among

young women and men age 15-24, 81% of women and 53% of men have ever been tested and received the results.

Nearly 8 in 10 (79%) women who were pregnant in the two years before the survey received HIV counseling, were offered and accepted an HIV test and received their test results. HIV testing during antenatal care is more common in urban areas (89%) than rural areas (77%). The 2010 MDHS included HIV testing of over 7,000 women age 15-49 and over 6,800 men age 15-54. Ninety-one percent of women and 84% of men agreed to be tested for HIV.

In Malawi, HIV prevalence has not changed significantly since 2004. According to the 2010 MDHS, HIV prevalence is 10.6% for women and men age 15-49, compared with 11.8% in the 2004 MDHS. In Malawi, HIV prevalence is 12.9% for women and 8.1% for men. HIV prevalence is twice as high among women living in urban areas (22.7%) than among women living in rural areas (10.5%). HIV estimates vary by age, with HIV prevalence highest among women age 35-39 and men age 40-44. HIV prevalence also varies by region; in the Southern Region HIV prevalence is 14.5%, compared with 6.6% in the Northern Region and 7.6% in the Central Region. HIV prevalence is particularly high among widows and those who are divorced or separated; half of widowed women are HIV-positive.

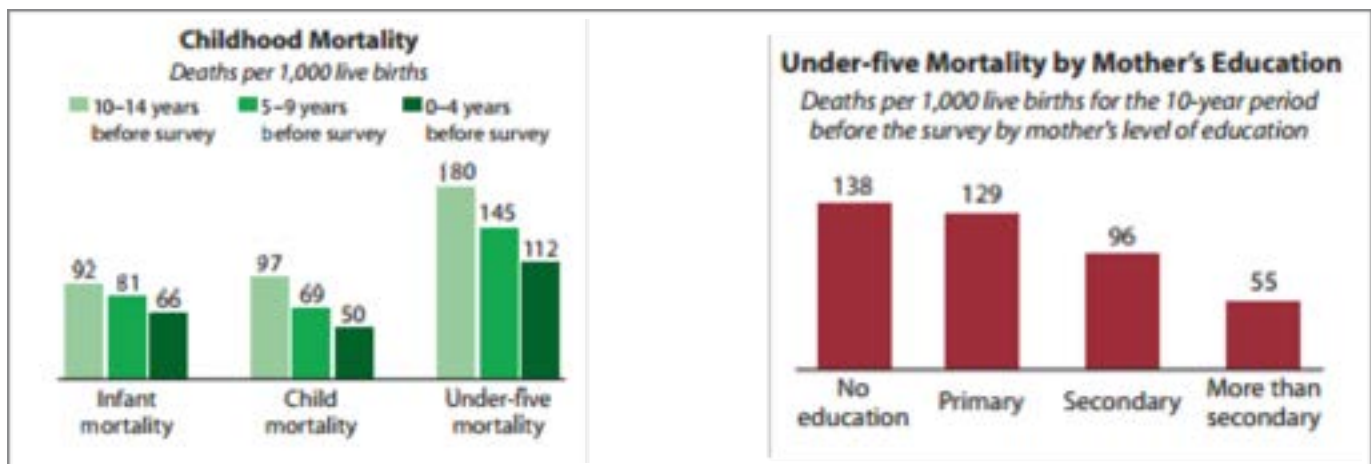


NON-COMMUNICABLE DISEASE

Layered on the continuing prevalence of communicable diseases are societal changes that predispose to non-communicable diseases: smoking, alcohol consumption, and overeating. By 1994 in Dar es Salaam, cardiovascular diseases ranked fourth among leading causes of death; and in 2004, these diseases were estimated to contribute 4 per cent of the national disease burden. The clinical health workforce will need preparation to treat increasingly common non-communicable diseases, such as Type 2 diabetes, hypertension, and chronic obstructive pulmonary disease. If the trends prove to be similar to other developing countries, Malawi will see rising road accidents, death and injury from firearms, workplace injuries, and toxic exposures. Road traffic accidents are already the most common reason for hospital admissions accident-related injuries in the country. Malawi may also find that other diseases, or those with a significant latent period, may change our understanding of the disease profile and suggest additional targets for intervention and preparation of the workforce.

INFANT AND CHILD MORTALITY

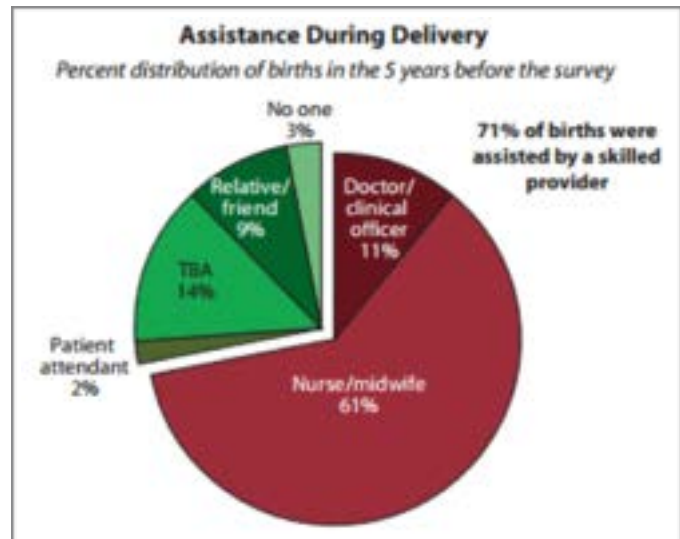
Childhood mortality levels are decreasing in Malawi. Currently, infant mortality is 66 deaths per 1,000 live births for the five-year period before the survey compared with 81 deaths for the five-to-nine-year period before the survey. Under-five mortality levels have also decreased from 145 deaths per 1,000 live births to 112. Mortality rates differ slightly by region. The under-five mortality rate for the ten-year period before the survey ranges from 108 deaths per 1,000 live births in the Northern Region to 130 in the Southern Region. Under-five mortality differs dramatically by a mother's level of education. Children born to a mother who has more than secondary education are markedly less likely to die before their fifth birthday than children whose mothers have received no education (55 and 138 deaths per 1,000 live births, respectively). Spacing children at least 36 months apart reduces the risk of infant death. In Malawi, the median birth interval is 36 months. Infants born less than two years after a previous birth have particularly high under-five mortality rates (200 deaths per 1,000 live births compared with 94 deaths per 1,000 live births for infants born three years after the previous birth). Fifteen percent of infants in Malawi are born less than two years after a previous birth.



MATERNAL HEALTH

Almost all (95%) Malawian women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse or trained midwife (83%). Only 12% of women, however, had an antenatal care visit by their fourth month of pregnancy, as recommended. Forty-six percent received the recommended four or more ANC visits. Nine in ten (91%) women took iron supplements during pregnancy; 27% took intestinal parasite drugs. Eight in ten women were informed of signs of pregnancy complications during an ANC visit. Eighty-nine percent of women's most recent births were protected against neonatal tetanus.

Almost three-quarters (73%) of Malawian births occur in health facilities, primarily in public sector facilities. Home births are twice as common in rural areas (26%) as in urban areas (13%). Seventy-one percent of births are assisted by a skilled provider (doctor, clinical officer, nurse, or midwife). Another 14% are assisted by a traditional birth attendant and 9% by untrained relatives or friends.



Postnatal care helps prevent complications after childbirth. Forty-three percent of women received a postnatal checkup within two days of delivery. Almost half (48%) of women did not have a postnatal checkup. The 2010 MDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Malawi is 675 deaths per 100,000 live births. The 95% confidence interval for the 2010 maternal mortality ratio ranges from 570 to 780 deaths per 100,000 live births.

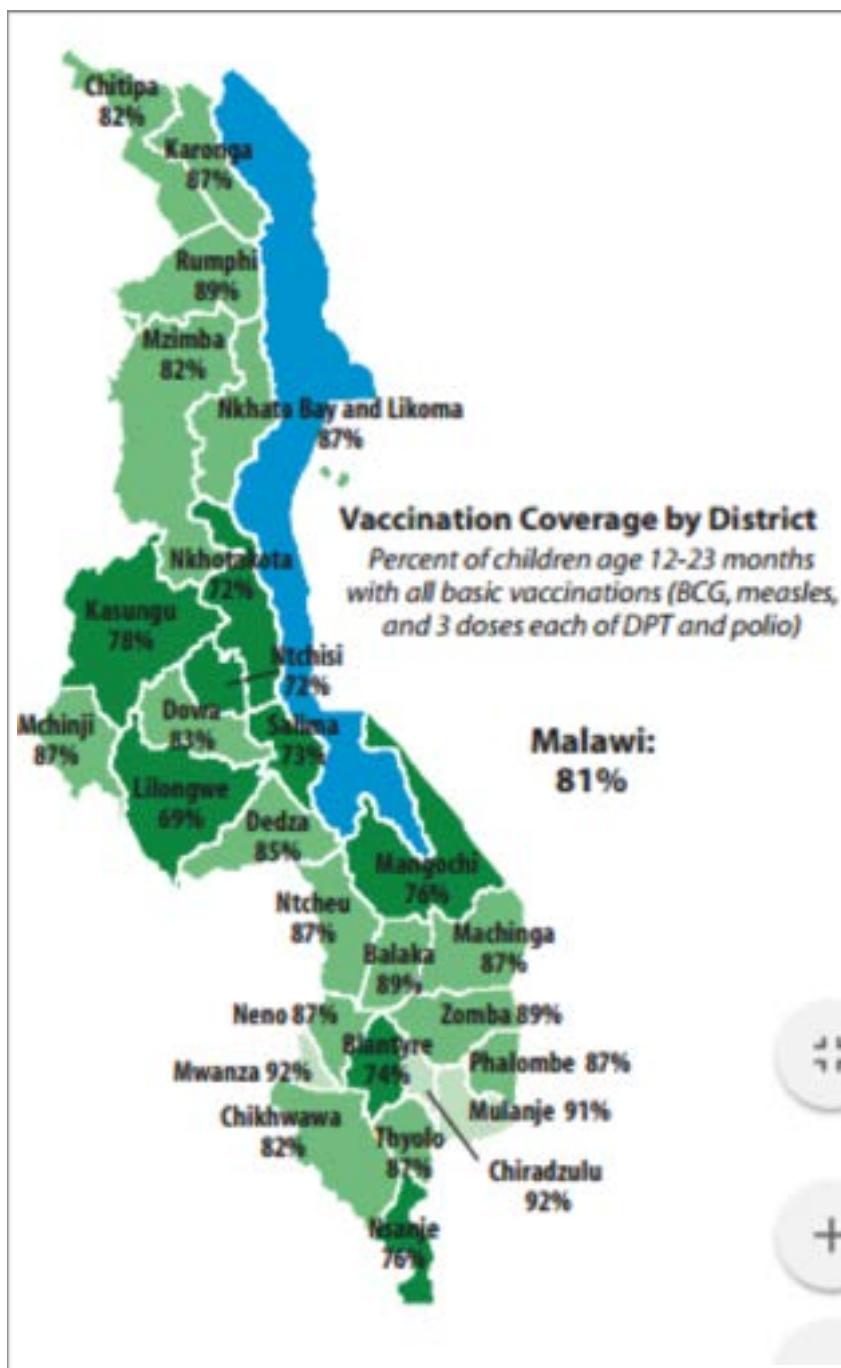


CHILD HEALTH

According to the 2010 MDHS, 81% of Malawian children age 12-23 months have received all recommended vaccines—one dose each of BCG and measles, and three doses each of DPT or pentavalent (DPT-HepB-Hib) and polio. Only 2% of children did not receive any of the recommended vaccines. Vaccination coverage is higher in rural areas than urban areas (82% versus 76%). There is also variation in vaccination coverage by district, ranging from only 69% of children fully vaccinated in Lilongwe to 92% in Chiradzulu and Mwanza.

Coverage increases with mother's education; 84% of children whose mothers have more than secondary education were fully vaccinated compared with 75% of children whose mothers have no education. Vaccination coverage continues to increase gradually over time. Vaccination coverage has increased from 64% in the 2004 MDHS and 70% in the 2000 MDHS. In the two weeks before the survey, 7% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, 70% were taken to a health facility or provider.

During the two weeks before the survey, 18% of Malawian children under five had diarrhea. The rate was highest (39%) among children 6-11 months old. Sixty-two percent of children with diarrhea were taken to a health provider. Children with diarrhea should drink more fluids, particularly through oral rehydration salts (ORS). Nearly 3 in 4 children with diarrhea were treated with ORS or increased fluids. However, 15% received no treatment (from a medical professional or at home) at all.



NON-COMMUNICABLE DISEASE

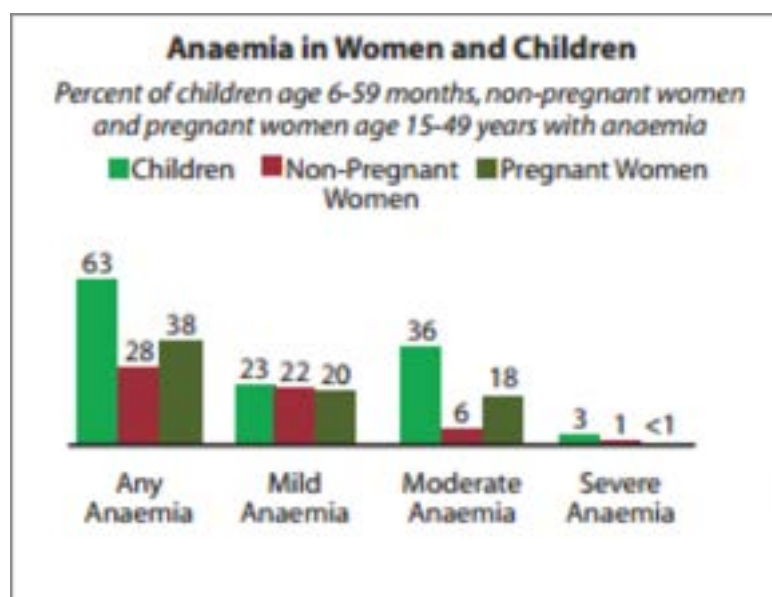
Layered on the continuing prevalence of communicable diseases are societal changes that predispose to non-communicable diseases: smoking, alcohol consumption, and overeating. By 1994 in Dar es Salaam, cardiovascular diseases ranked fourth among leading causes of death; and in 2004, these diseases were estimated to contribute 4 per cent of the national disease burden. The clinical health workforce will need preparation to treat increasingly common non-communicable diseases, such as Type 2 diabetes, hypertension, and chronic obstructive pulmonary disease. If the trends prove to be similar to other developing countries, Malawi will see rising road accidents, death and injury from firearms, workplace injuries, and toxic exposures. Road traffic accidents are already the most common reason for hospital admissions accident-related injuries in the country. Malawi may also find that other diseases, or those with a significant latent period, may change our understanding of the disease profile and suggest additional targets for intervention and preparation of the workforce.

NUTRITION

Breastfeeding is very common in Malawi, with 99% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Seven in ten children under six months in Malawi are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 19% of Malawian infants under six months receive complementary foods. On average, children breastfeed until the age of 24 months and are exclusively breastfed for 3.7 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Malawi, 87% of children ages 6-9 months are eating complementary foods. The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months be fed four or more other food groups daily. Non-breastfed children should be fed milk or milk products, in addition to four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.* However, only 2 in 10 breastfed

children in Malawi are receiving four or more food groups daily and receive the minimum number of feedings. Just 5% of non-breastfed children are being fed in accordance with IYCF recommendations.



The 2010 MDHS tested over 4,500 children age 6 to 59 months, over 6,660 non-pregnant women and over 600 pregnant women for anaemia. More than six in ten children are classified as having any anaemia, most of whom have moderate anaemia. Anaemia has decreased from 73% of children in the 2004 MDHS to 63% of children in 2010. Anaemia is higher among pregnant women (38%) than among non-pregnant women (28%). Mild anaemia is the most common form of anaemia among both groups of women.

The MDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2010 survey, 47% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children age 18-23 months (61%). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common, only 4%. Thirteen percent of Malawian children are underweight, or too thin for their age.

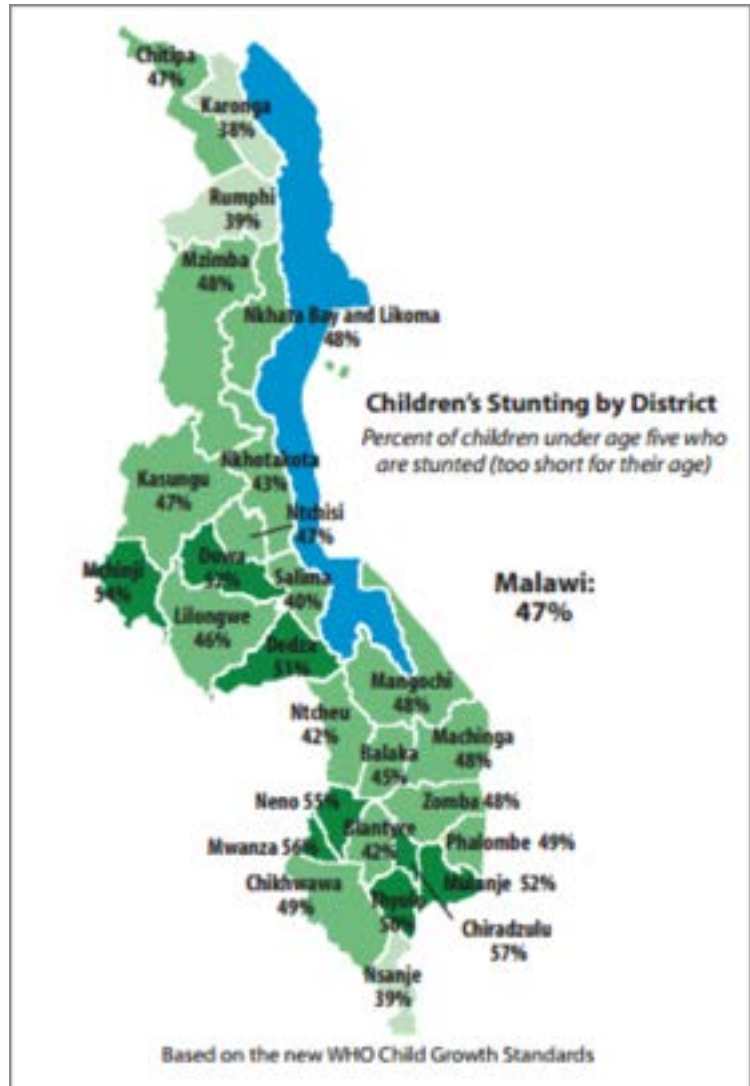
The 2010 MDHS also took weight and height measurements of women age 15-49. Few Malawian women are too thin (9%), and 17% of women are overweight or obese. Overweight and obesity is twice as high in urban areas as in rural areas (28% compared with 14%) and increases with age, education, and wealth. Women in Lilongwe are most likely to be overweight or obese (26%).

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 77% of children age 6-23 months ate fruits and vegetables rich in vitamin A. Eighty-six percent of children age 6-59 months received a vitamin A supplement in the six months prior to the

survey.

Over half

(57%) of women received a vitamin A supplement postpartum. Vitamin A supplementation has increased since the 2004 MDHS, when 65% of children age 6-59 months received a vitamin A supplement in the six months prior to the survey and 41% of pregnant women received a vitamin A supplement postpartum. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Thirty-two percent of women took iron tablets or syrup for at least 90 days during their last pregnancy.



HEALTH STATISTICS

Fertility		Total
Total fertility rate (number of children per woman)		5.7
Women age 15–19 who are mothers or currently pregnant (%)		26
Median age at first marriage for women age 25–49 (years)		17.8
Median age at first intercourse for women age 25–49 (years)		17.2
Median age at first birth for women age 25–49 (years)		18.9
Married women age 15–49 who want no more children (%)		47
Family Planning (married women, age 15–49)		
Current use		
Any method (%)		46
Any modern method (%)		42
Currently married women with an unmet need for family planning ^a (%)		26
Maternal and Child Health		
Maternity care		
Pregnant women who received antenatal care from a skilled provider ^a (%)		95
Births assisted by a skilled provider ^a (%)		71
Births delivered in a health facility (%)		73
Child vaccination		
Children 12–23 months fully vaccinated ^a (%)		81
Nutrition		
Children under 5 years who are stunted (moderate or severe) (%)		47
Children under 5 years who are wasted (moderate or severe) (%)		4
Children under 5 years who are underweight (%)		13
Malaria		
Households with at least one insecticide-treated net (ITN) (%)		57
Children under 5 years who slept under an ITN the night before the survey (%)		39
Pregnant women who slept under an ITN the night before the survey (%)		35
Childhood Mortality		
Infant mortality (between birth and first birthday) ^a		66
Under-five mortality (between birth and fifth birthday) ^a		112
HIV/AIDS-related Knowledge		
Knows ways to avoid HIV (women and men age 15–49):		Women/Men
Limiting sexual intercourse to one uninfected partner (%)		87/85
Using condoms (%)		72/73
Knows HIV can be transmitted by breastfeeding (%)		91/86
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (%)		85/78
HIV Prevalence		
HIV Prevalence for women age 15–49 (%)		12.9
HIV Prevalence for men age 15–49 (%)		8.1

Basic statistics

Indicators	Statistics	Year
Population (thousands)	16363	2013
Population aged under 15 (%)	45	2013
Population aged over 60 (%)	5	2013
Median age (years)	17	2013
Population living in urban areas (%)	16	2013
Total fertility rate (per woman)	5.4	2013
Number of live births (thousands)	651.7	2013
Number of deaths (thousands)	147.6	2013
Birth registration coverage (%)	2	2011
Cause-of-death registration coverage (%)	---	
Gross national income per capita (PPP int \$)	750	2013
WHO region	African	2013
World Bank income classification	Low	2013

... Data from 2007 onwards not available.

Source:
Country statistics and global health estimates
by WHO and UN partners

For more information visit the Global Health Observatory
(<http://www.who.int/gbo/en/>)

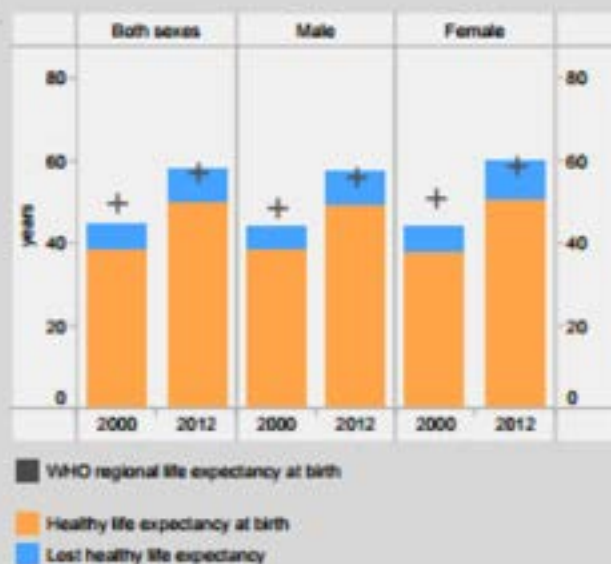
Last updated: January 2015

Life expectancy (years), 2012

		Country	WHO region	World Bank income group
Life expectancy	At birth	59	58	62
	At age 60	16	17	17
Healthy life expectancy	At birth	50	50	53

Life expectancy at birth for both sexes increased by 14 year(s) over the period of 2000-2012; the WHO region average increased by 7 year(s) in the same period.

In 2012, healthy expectancy in both sexes was 8 year(s) lower than overall life expectancy at birth. This lost healthy life expectancy represents 8 equivalent year(s) of full health lost through years lived with morbidity and disability.



Top 10 causes of death

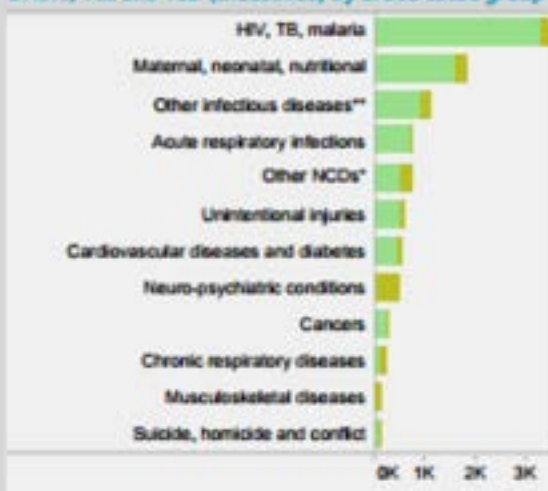
HIV/AIDS was the leading cause of death, killing 40.8 thousand people in 2012



Burden of disease, 2012

Disability-adjusted life years (DALYs) are the sum of years of life lost due to premature mortality (YLL) and years of healthy life lost due to disability (YLD).

DALYs, YLL and YLD (thousands) by broad cause group



*Other noncommunicable diseases (NCDs) including non-malignant neoplasms; endocrine, blood and immune disorders; sense organ, digestive, genitourinary, and skin diseases; oral conditions; and congenital anomalies.

** Infectious diseases other than acute respiratory diseases, HIV, TB and malaria.

YLL YLD

GENERAL OVERVIEW



The Republic of Malawi is a landlocked country in southeast Africa that was formerly known as Nyasaland. It is bordered by Zambia to the northwest, Tanzania to the northeast, and Mozambique on the east, south and west. The country is separated from Tanzania and Mozambique by Lake Malawi. Its size is over 118,000 km with an estimated population of more than 13,900,000. Its capital is Lilongwe, the second largest city is Blantyre and the third largest city is Mzuzu. The name Malawi comes from the Maravi, an old name of the Nyanja people that inhabit the area. The country is also nicknamed, "The Warm Heart of Africa".

Malawi was first settled during the 10th century and remained under native rule until 1891 when it was colonized by the British, who ruled the country until 1964. Upon gaining independence it became a single-party state under the presidency of Hastings Banda, who remained president until 1994, when he was ousted from power. Bingu Mutharika, elected in 2004, is the current president. Malawi has a democratic, multi-party government. Malawi has a small military force that includes an army, a navy and an air wing. Malawi's foreign policy is pro-Western and includes positive diplomatic relations with most countries and participation in several international organizations.

Malawi is among the world's least developed countries. The economy is heavily based in agriculture, with a largely rural population. The Malawian government depends heavily on outside aid to meet development needs, although this need has decreased since 2000. The Malawian government faces challenges in building and expanding the economy, improving education, health care, environmental protection, and becoming financially independent. Malawi has several programs developed since 2005 that focus on these issues, and the country's outlook appears to be improving, with improvements in economic growth, education and healthcare seen in 2007 and 2008.

Malawi has a low life expectancy and high infant mortality. There is a high prevalence of HIV/AIDS, which is a drain on the labor force and government expenditures, and is expected to have a significant impact on gross domestic product by 2010. There is a diverse population of native peoples, Asians and Europeans, with several

languages spoken and an array of religious beliefs. Although there was tribal conflict in the past, by 2008 it had diminished considerably and the concept of a Malawian nationality had begun to form. Malawi has a culture combining native and colonial aspects, including sports, art, dance and music.

GEOGRAPHY

Malawi is situated in southeastern Africa. It is bordered by Tanzania to the north, Zambia on the northwest, and Mozambique on the east, south, and west. The Great Rift Valley traverses the country from north to south. In this deep trough lies Lake Malawi (also called Lake Nyasa), the third-largest lake in Africa, comprising about 20 percent of Malawi's area and stretching along most of its eastern border.



The Great Rift Valley runs through the country from north to south, and to the east of the valley lies Lake Malawi (also called Lake Nyasa), making up over three-quarters of Malawi's eastern

boundary.[6] The surface of Lake Malawi is located at 1,500 feet (457 m) above sea level, with a maximum depth of 2,300 feet (701 m), which means the lake bottom is over 700 feet (213 m) below sea level at some points. The Shire River flows from the south end of the lake and joins the Zambezi River 250 miles (400 km) farther south in Mozambique.

East and west of the Rift Valley, the land forms high plateaus. In the north, the Nyika Uplands rise as high as 8,500 feet (2,600 meters); south of the lake lie the Shire Highlands, rising to Mount Zomba and Mount Mulanje, 7,000 and 10,000 feet (2,130 and 3,048 meters). In the extreme south, the elevation is only 200-300 feet (60-90 meters) above sea level.

The islands of Likoma and Chisumula belong to Malawi but lie entirely within Mozambique territorial waters, forming maritime enclaves

Malawi is one of Sub-Saharan Africa's most densely populated countries with a population of 12 million. The population of Lilongwe —Malawi's capital since 1971— exceeds 400,000. All government ministries and the Parliament are located in Lilongwe. Blantyre remains Malawi's major commercial center and largest city. Malawi's climate is generally subtropical. A rainy season runs from November through April. There is little to no rainfall throughout the rest of the year.

HISTORY

Hominid remains and stone implements have been identified in Malawi dating back more than one million years, and early humans inhabited the vicinity of Lake Malawi fifty thousand to sixty thousand years ago. Human remains at a site dated about 8000 B.C.E. show physical characteristics similar to peoples living today in the Horn of Africa. At another site, dated 1500 B.C.E., the remains possess features resembling Bushman people.



DAVID LIVINGSTONE

active.

Although the Portuguese reached the area in the sixteenth century, the first significant Western contact was the arrival of David Livingstone along the shore of Lake Malawi in 1859. Subsequently, Scottish Presbyterian churches established missions in Malawi. One of their objectives was to end the slave trade to the Persian Gulf that continued to the end of the nineteenth century. In 1878, a number of traders, mostly from Glasgow, formed the African Lakes Company to supply goods and services to the missionaries. Other missionaries, traders, hunters, and planters soon followed.

In 1891, the British established the British Central Africa Protectorate, and by 1907, the Nyasaland Protectorate (Nyas is the Yao word for "lake"). Although the British remained in control during the first half of the 1900s, this period was marked by a number of unsuccessful Malawian attempts to obtain independence. A growing European and U.S.-educated African elite became increasingly vocal and politically

During the 1950s, pressure for independence increased when Nyasaland was joined with Northern and Southern Rhodesia to form the Federation of Rhodesia and Nyasaland. In July 1958, Dr. Hastings Kamuzu Banda returned to the country after a long absence. He assumed leadership of the Nyasaland African Congress (NAC), which later became the Malawi Congress Party (MCP), and in 1960 participated in a constitutional conference in London. In a second constitutional conference two years later, the British agreed to give Nyasaland self-governing status the following year. The Federation of Rhodesia and Nyasaland was dissolved late in 1963, and Malawi became fully independent the next year. In 1966, Malawi became a republic, with Dr. Banda as its first president, and was also declared a one-party state.

In 1970 Dr. Banda was declared president for life of the MCP, and in 1971 he consolidated his power and was named president-for-life of Malawi itself. The paramilitary wing of the MCP, the Young Pioneers, helped keep Malawi under authoritarian control until the 1990s. Increasing domestic unrest and pressure from Malawian churches and the international



community led to a referendum in 1993 in which the Malawian people were asked to choose between a multiparty democracy or a one-party state. They voted overwhelmingly in favor of multiparty democracy.



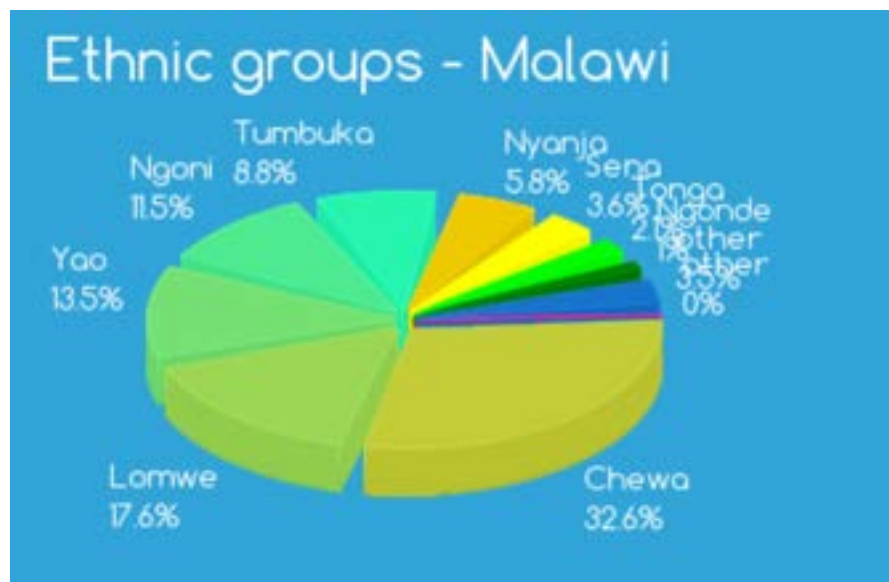
Bakili Muluzi, leader of the United Democratic Front (UDF), was elected president in the elections held the next year. Malawi's new constitution (1995) eliminated special powers previously reserved for the MCP. Accelerated economic liberalization and structural reform accompanied the political transition. Muluzi was re-elected in 1999 for a second five-year term. Malawi saw its first transition between democratically elected presidents in 2004, when the UDF's presidential candidate, Bingu wa Mutharika, won. Mutharika left the UDF in 2005—citing differences, particularly over his anti-corruption campaign—and formed the Democratic Progressive Party.

DEMOGRAPHICS

Malawi derives its name from the Maravi, a Bantu people who came from the southern Congo about 600 years ago. On reaching the area north of Lake Malawi, the Maravi divided. One branch, the ancestors of the present-day Chewas, moved south to the west bank of the lake. The other, the ancestors of the Nyanjas, moved down the east bank to the southern part of the country.

By AD 1500, the two divisions of the tribe had established a kingdom stretching from north of the present-day city of Nkhosha to the Zambezi River in the south, and from Lake Malawi in the east, to the Luangwa River in Zambia in the west.

Migrations and tribal conflicts precluded the formation of a cohesive Malawian society until the turn of the 20th century. In more recent years, ethnic and tribal distinctions have diminished. Regional distinctions and rivalries, however, persist. Despite some clear differences, no significant friction currently exists between tribal groups, and the concept of a Malawian nationality has begun to take hold. Predominately a rural people, Malawians are generally conservative and traditionally nonviolent.



The Chewas constitute 90% of the population of the central region; the Nyanja tribe predominates in the south and the Tumbuka in the north. In addition, significant numbers of the Tongas live in the north; Ngonis--an offshoot of the Zulus who came from South Africa in the early 1800s--live in the lower northern and lower central regions; and the Yao, who are mostly Muslim, live along the southeastern border with Mozambique.

The Malawi people are of Bantu origin and comprise of many different ethnic groups. These include Chewa, Nyanja, Yao, Tumbuka, Lomwe, Sena, Tonga, Ngoni, Ngonde, Asian and European. The Chichewa (Chewa) people form the largest part of the population group and are largely in the central and southern parts of Malawi. The Yao people are predominately found around the southern area of Lake Malawi and the Tumbuka are found mainly in the north of the country. (There are small populations of Asian and European people living mainly in the cities.

Malawi is often called the "Warm Heart of Africa." because of the warmth and friendliness of the people. Malawians typically live with their extended families in huts that are grouped together in villages. A spirit of cooperation prevails as family members share both work and resources. As you drive through Malawi you can see the small villages of huts and people at work in the fields or collecting water for their families.

CHEWA TRIBE:

People from Chewa tribe are known as Achewa. The Chewa Tribe is an African culture that has existed since the beginning of the first millennium, A.D. Their local language is called Chichewa, Malawi national language. There are presently over 1.5 million Chewa throughout Malawi and Zambia, however the Chewa are not considered people of Malawi or Zambia; instead they are people from the Nyanja group of Bantu. In Malawi, the Chewa are predominantly concentrated within the central region, surrounding the capital city of Lilongwe.

The Chewa believe that living things were created by God. "Gule Wamkulu" (Big Dances associated with masks), has become a sort of title for secret societies of traditional Chewa religious practices. The Gule Wamkulu ceremonies consist of formally organized dances to admire the remarkable physical abilities of these individuals (called "Nyau"). If one has the misfortune of passing a Gule on the road, traditional behaviour consists of dropping a few coins for the Gule - never handing them the money directly for fear they will grab you and take you to the cemetery for ritual purposes. Masks worn by the Gule Wamkulu include thousands of different representations - generally each developed hundreds of years ago by unique tribes, and accented with their own individual touch. Today, these masks, with their different origins, are part of what is now the Chewa culture.

YAO TRIBE:

People from Yao tribe are known as Ayao. Most people from Liwonde and the southern lakeshore are from the Yao tribe; their language is called Chiyao. The Yao came to Malawi from Mozambique to escape conflict with the Makua tribe. The Makua tribe had become enemies of the Yao because of the wealth the Yao were amassing through trading ivory and slaves to Arabs from Zanzibar. The Yao began attacking both the Chewa and the Ngoni people to capture prisoners who they later sold as slaves.



The Yao were the first group to use firearms in conflict with other tribes. In 1870 the Yao ruling class chose to follow Islam like their Arab trading partners rather than the traditional animism ('animism' is a philosophical, religious or spiritual idea that souls or spirits exist not only in humans and animals but also in plants, rocks, natural

phenomena and geographic features such as mountains or rivers). As a benefit of their conversion to Islam, the Yao were provided with sheikhs who promoted literacy and founded mosques. This led to many Yao people believing in Islam, therefore, any person from a Yao tribe or anyone whose name is from Yao language is considered as a Muslim by Malawians. The Arab traders also introduced the cultivation of rice, which became a major crop in the lake region of Malawi.

TUMBUKA TRIBE:

People from this tribe are called Atumbuka. Tumbuka is the main tribe found in the northern region of Malawi (Viphya and Nyika). The Tumbuka are a Bantu ethnic group. Their language is Chitumbuku, a Bantu language similar in structure to Swahili. The chief god of Tumbuka traditional religion is Chiuta, an all-powerful, omniscient, self-created being. Chiuta literally translates as 'Great Bow of Heaven' or 'Owner of All' or 'The Creator'. This tribe has got a higher percentage of educated people. Its people believe there is a direct link between dancing and the healing process; these curative dances are called Vimbuza. Traditional Doctors (Witchcraft Doctors) among the Tumbuka people use these dances to cure some diseases.

TONGA TRIBE:

People from this tribe are called Atonga. The Tonga people live in Northern Malawi especially in Nkhata Bay. Their language is known as Chitonga. Traditionally, Tonga society was based on fishing, and cassava was their staple food. During colonial times, mission education enabled them to earn higher wages than other tribes and they often worked as porters and skilled or semi-skilled workers.

Before Christianity their traditional religion was a religion of the dead, centered on the worship of ancestral spirits. They believed in diviners and spirit- possession, and they sought out those who communicated with the dead. The Tonga of Lake Malawi say that by taking certain medicines, a person can ensure his changing after death into whichever animal he wishes.



The Tonga have adopted the Ngoni custom of marriage payment of cattle. Traditionally males can't divorce their wives without a hearing of public repudiation, while she and her family, however, could dismiss him without formality, unless he had a wealthy or otherwise powerful family. Tonga people are said to be very smart and decent. People say that a Tonga would wear a jacket and a shirt which has only the front part and the collar without the whole back side (which has been worn out); in other words, wearing a jacket, tie and well fastened shirt is most important to them!

NGONDE AND NYAKYUSA TRIBE:

People from this tribe are called Angonde. The Ngonde and Nyakyusa migrated from the north, like other Bantu tribes and settled at the extreme north of Malawi near Karonga where they are still found today. The area was remote and as a result they did not suffer from Ngoni and Yao raids. The centre for the Ngonde people is the sacred Hill of Mbande, which stands in the bed of the Rukulu River, about 13 km from Lake Malawi. Their language is known as Kyangonde. There are approximately 300,000 Ngonde in Malawi (Johnstone 1993).

LOMWE TRIBE:

The Lomwe people are known as Alomwe. Many people living in Mulanje and Thyolo are from the "Lomwe" ethnic group and their main income generating activity is farming. The Lomwe are one of the four largest ethnic groups living in Malawi. Many Lomwe moved into Malawi in the 1930's due to tribal wars in Mozambique. 90-95% of the Lomwe live in rural areas and in Mozambique many are concentrated in the Zambezi Province.



The Lomwe language is called Chilomwe and it is written using the Roman alphabet and there are reported to be nine different dialects of Lomwe determined by location. Sadly the language is now dying out, with only the eldest still speaking it as a main language, many of the younger Lomwe tribe now speak in the Chichewa.

The Lomwe people are well known for their talkativeness, their beliefs in the spirits of the dead and witchcraft. Many people therefore believe that the best Traditional Doctors are those from Mulanje. The famous Mulanje Mountain is also believed to be associated with Spirits of the dead especially at the highest peak of Sapitwa (which means

"where you cannot go"). It is believed that people used to find food in the mountain of which one was not expected to tell anyone or invite a friend to eat as this would make the food disappear. During some of Lomwe traditional dances girls are supposed to wear only beads and nothing else to cover their breasts.

NGONI TRIBE:

People from this tribe are called Angoni. The Ngoni fled from Shaka Zulu who defeated many Ngoni Chiefs in South Africa in 1819. The Ngoni that entered Malawi came in two groups. After their defeat, Zwangendaba Jere fled with his followers and settled at Mabiri in Mzimba District. The group that was led by Ngwane Maseko arrived in Malawi and settled in Ntcheu, near Dedza, in 1837. After a short stay, they left for Songea in southern Tanzania where they lived for some time before returning to Malawi. They finally settled in Ntcheu in 1867. Today, the Ngoni of Ntcheu have spread to other districts such as Mchinji and Dedza in the centre, and Mwanza and Neno in the south. The Ngoni language is known as Chingoni and its people are well known when it comes to eating meat and drinking African Beer. Eating meat and drinking beer are considered as the most important Ngoni principles. During their traditional dances, Ngoni people wear animal skins, showing that they are real hunters. In the past they were famous for their passion for war.

SENA TRIBE:

Asena is the name given to people from this tribe. The Sena came from Mozambique, entering Malawi through the south and settled in the Lower Shire area in Chikwawa and Nsanje Districts where they are still found today. Their language of communication is Chisena. It is said that people from the Sena tribe use other people's eyes as a charm for catching more fish in Shire River; therefore local people believe that most beggars who are blind in towns of Blantyre and Limbe (major towns in southern region of Malawi) belong to this tribe. During some of their traditional dances, girls from this tribe do not wear anything to cover their breasts.

ECONOMY

Malawi is a landlocked, densely populated country. Its economy is heavily dependent on agriculture. Malawi has few exploitable mineral resources. Its three most important export crops are (in order) tobacco, tea, and sugar. Malawi's president recently urged farmers to consider growing other crops, such as cotton, as an alternative to the country's principal crop, tobacco, as cigarette consumption in the West continues to decline.

Traditionally Malawi has been self-sufficient in its staple food, maize, and during the 1980s exported substantial quantities to its drought-stricken neighbors. Agriculture represents 38.6 percent of the Gross Domestic Product (GDP), accounts for over 80 percent of the labor force, and represents about 80 percent of all exports. Nearly 90 percent of the population engages in subsistence farming. Smallholder farmers produce a variety of crops, including maize (corn), beans, rice, cassava, tobacco, and groundnuts (peanuts). The agricultural sector contributes about 63.7 percent of total income for the rural population, 65 percent of manufacturing sector's raw materials, and approximately 87 percent of total employment. Financial wealth is generally concentrated in the hands of a small elite. Malawi's manufacturing industries are situated around the city of Blantyre.

Malawi's economic reliance on the export of agricultural commodities renders it particularly vulnerable to external shocks such as declining terms of trade and drought. High transport costs, which can comprise over 30 percent of its total import bill, constitute a serious impediment to economic development and trade. Malawi must import all its fuel products. Paucity of skilled labor; bureaucratic red tape; corruption; and inadequate

and deteriorating road, electricity, water, and telecommunications infrastructure further hinder economic development. However, recent government initiatives targeting improvements in the road infrastructure, together with private-sector participation in railroad and telecommunications, have begun to render the investment environment more attractive.

Malawi has undertaken economic structural adjustment programs supported by the World Bank,



the International Monetary Fund (IMF), and other donors since 1981. Broad reform objectives include stimulation of private-sector activity and participation through the elimination of price controls and industrial licensing, liberalization of trade and foreign exchange, rationalization of taxes, privatization of state-owned enterprises, and civil service reform. Malawi qualified for Highly Indebted Poor Country (HIPC) debt relief.

Real GDP increased by an estimated 3.9 percent in 2004. Inflation has been largely under control since 2003. Malawi has bilateral trade agreements with its two major trading partners, South Africa and Zimbabwe, both of which allow duty-free entry of Malawian products into their countries.

GOVERNMENT AND POLITICAL CONDITIONS

The Government of Malawi has been a multi-party democracy since 1994. Under the 1995 constitution, the president, who is both chief of state and head of the government, is chosen through universal direct suffrage



every 5 years. Malawi has a vice president who is elected with the president. The president has the option of appointing a second vice president, who must be from a different party. The members of the presidentially appointed cabinet can be drawn from either within or outside of the legislature. Malawi's National Assembly has 193 seats, all directly elected to serve 5-year terms. The constitution also provides for a second house, a Senate of 80 seats, but to date no action has been taken to create the Senate. The Senate is intended to provide representation for traditional leaders and the different geographical districts, as well as various special interest groups, such as women, youth, and the disabled.

The constitution provides for an independent judiciary. Malawi's judicial system, based on the

English model, is made up of magisterial lower courts, a High Court, and a Supreme Court of Appeal. Local government is carried out in 28 districts within three regions administered by regional administrators and district commissioners who are appointed by the central government. Local elections, the first in the multi-party era, took place in on November 21, 2000. The UDF party won 70% of the seats in this election.

In the third multiparty presidential and parliamentary elections, European Union and Commonwealth observers noted "serious inadequacies" in the poll. The authorities at times interfered with opposition party functions or used violence to disperse crowds. Individuals, however, were generally free to criticize the government without fear of reprisal. The government-owned radio and television stations dominate media coverage and clearly favor the president and his party, but a broad spectrum of opinion is available in newspapers and other independent media.

EDUCATION

The Republic of Malawi follows the British educational system that has the 8-4-4 levels known as the Primary education, Secondary education and University or Higher education under the control of the government's Ministry of Education. The primary education is free and compulsory to all children aged six years old and lasts for eight years in government-financed and privately run primary schools. Among the private primary schools are the Kamuza Academy and the St. Andrews School, which also offer courses for the secondary education. In some primary schools, the entry age varies among many children because of various reasons, one of which is their multiple grade or first grade repetitions.



The secondary education consists of two cycles of two years each and is offered by conventional public and private secondary schools and by Community Day Secondary Schools (CDSS) and some private schools for students who are not selected into the formal secondary schooling for failure to pass the nationwide primary school certificate examinations. The government has also designated certain primary and secondary schools for children of expatriates or self-exiled foreign nationals and foreign mission personnel in the country.

Higher education is offered to secondary school graduates by the University of Malawi, the country's largest tertiary institution, and the Mzuzu University. The other institutions that also offer collegiate courses are located in Lilongwe and Blantyre.

RELIGION

Christianity is the majority religion of the Republic of Malawi with Protestantism and Roman Catholicism as its largest denominations. With 80% of the country's population as its adherents, Christianity is the most important religion evidently because of its impact on the life of the people, making them believe that old beliefs are inferior. Islam is another significant religion with 13%, and those with indigenous beliefs and even atheists who do not believe in the existence of God or Supreme Being with 4% of the population.



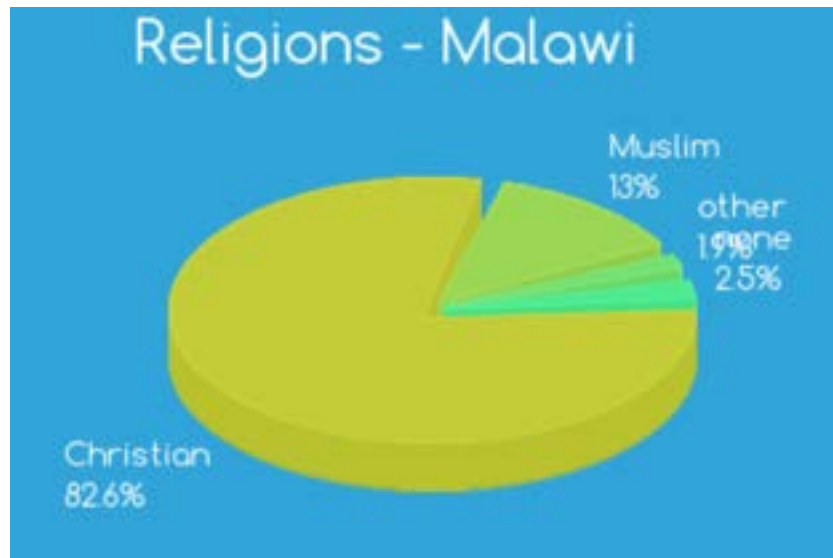
The other Christian denominations include the Church of Central Africa,

Presbyterians, Anglicans, Baptists, Evangelicals, and Seventh-Day Adventists.

Smaller religious groups include the Jews, Rastafarians, Hindus, and Bahai'Is. The Europeans and Americans, along with the missionaries from South Africa and Australia, are responsible for bringing Christianity and

Protestantism to the country, while the Arab traders had brought the Muslim faith from the Middle East. The Hindu religion, meanwhile, was brought to the country by Indian and East Asian traders.

As a denomination of Christianity, the Roman Catholic Church in Malawi has an archdiocese in Blantyre and six dioceses in Chikawawa, Dedza, Lilongwe, Zomba, Mzuzu, and Mangochi. Most of the Muslims are found in the southern lakeshore of the country, with their mosques built in Balaka, Machinga and Mangochi. Several schools in the country also teach the Arabic and Kiswahili languages enabling children to read and understand the Koran or take further education about Islam.



Culture

Malawi's culture is rich and fascinating due to the country's ethnic mix of tribes, all of which have unique customs and traditions. Most Malawians live outside the cities in traditional villages based on agriculture, with each family working as a group. Housing, languages, dress, song, dance, and beliefs are as varied as the tribes themselves. The style and decoration of clothing denotes the individual's tribe, with the most important garment the chitenge, a wrap-around skirt worn by women over a regular skirt to be used as a baby-carrier, apron, basket, and more.

The dominant religion is Christianity, seen in various forms including Jehovah's Witnesses and more conventional sects. However, traditional beliefs still flourish, with Malawians seeing no conflict between the two extremes. Many Christians consult with local healers and take part in ancient animistic rituals led by spiritual chiefs. Religious persuasion, tribal identity and political affiliation are closely intertwined in Malawi, along with tolerance of all beliefs including Islam, the second most prominent religion.



Music and dance are an essential part of cultural life, both urban and rural communities, with a-capella gospel songs and reggae from the country's Rastafarian community the most-loved. The oldest forms of music and dance are found in the mysterious Gule Wamkulu region with its unique, ancient beliefs. Gule dancers are believed to have the power to summon the spirits of ancestors and animals through their movement, while Chitelele dances are performed across the country at inter-village contests by young girls.

Batik and carving are highly-respected art forms in Malawi, with designs representing stylized pictures of village life and animals. Teak, ebony and mahogany carvings including masks, figurines, traditional three-legged tables, and chiefs' chairs are highly coveted souvenirs. Literature is via oral tradition, although nowadays ancient legends and tales are written down for posterity. Traveling performers are welcomed into the villages for shows of morality and slapstick comedy based on stock characters and interpreting the events of daily life.

NATIONAL DRESS

MEN

There is no specific national dress for Malawian men as such - they mainly wear western clothes such as jeans and t-shirts. There are a number, however, who will wear religious robes or clothing.

WOMEN

Women, on the other hand, traditionally wear a Chitenje (phonetically pronounced chi-ten-jay), similar to a large sarong, often with an elaborate pattern or design. They also often wear a matching headcloth and blouse if they can afford it. The great thing about the Chitenje is it has all sorts of ingenious uses such as a baby carrier, head scarf, oven mitts, and the list goes on!

There are different designs for different occasions, and many women will get their finest clothes on for a trip to church on a Sunday.



RELATIONSHIPS

Generally Malawians do not show affection in public. It is quite common, however, for men or women who are friends to openly hold hands while walking down the street - something which can feel quite strange for people from a western culture.

FOOD

Malawian hospitality revolves around the food that they feed you so don't be surprised if you are fed first and the most!

The basic food of life in Malawi is Nsima (phonetically en-see-ma), which is maize flour mixed with water to make a thick porridge. This is generally served with beans, or vegetables (such as spinach or 'greens' in a tomato-and-onion sauce, and if the family is well-off, sometimes meat. Along with cassava and rice (a sometimes expensive commodity), carbohydrates or stodge is the cornerstone of any Malawian meal, along with a minimal amount of sauce - so anyone on a low carbohydrate diet is going to struggle!



Relatively free from outside influences, the food of Malawi remains rustic and traditional. Outside of the big cities, it's likely the food you eat will have been grown locally by those serving you.

Dishes are centered on starchy carbohydrates, which are still often served at all three daily meals, with side dishes of vegetables and meat, particularly chicken and goat.

Fresh fish from Lake Malawi is the country's speciality, and is both tastily cooked and easy to come by. Dairy products are plentiful thanks to cattle farming, and tropical fruits such as bananas, mangoes and pineapples are abundant in season.

Chickens, goats, and an occasional pig are used to supplement the standard dish of boiled cornmeal called nsima. Nsima is eaten twice a day, usually at lunch and dinner, and is preferred by most people to rice or potatoes. Fruits are plentiful, including mangoes, melons, oranges, bananas, and pineapples. Vegetables are cultivated but are not popular.

Soft drinks are quite prevalent, especially Coca-Cola. Alcoholic beverages are mainly beer (there is a large brewery in Blantyre), a homemade brew called chibuku, that is usually produced by women and served in cut-off milk cartons, and a more potent distilled liquor that often causes severe health problems.

Read more: <http://www.everyculture.com/Ja-Ma/Malawi.html#ixzz4Jng9eFNJ>

FOOD SPECIALITIES:

- Nsima: Traditional thick carbohydrate staple made from maize flour.
- Ndivo: Sauce or stew made with either vegetable leaves or meat that is added to nsima for flavor.
- Utipa: A small fish like whitebait or sardines.
- Chambo: Often curried with carrots, onion and lemon juice, this fish is also known as tilapia.
- Nkhwanitwotendera: Pumpkin leaves in peanut powder stew.
- Dziwala: Fried grasshopper sprinkled with onion, salt and tomatoes.
- Nthochi: Bread made from mashed banana.
- Waliwasamaki: Salmon served with vermicelli, onions, carrots, rice and seasoning.
- Mbatata: Biscuits made with sweet potato and cinnamon.
- Mandasi: Type of plain local deep-fried doughnut.
- Mawehu: Refreshing unsweetened non-alcoholic drink made from maize meal.
- Chibuku: Served in a milk carton this beer is made from fermented maize and has the consistency of porridge.
- Kuche Kuche: A light local beer.
- Malawi Gin: Serve with tonic and a slice of lemon.

Tipping:

Generally not expected, but some employees who are very poorly paid might appreciate a small tip for good service.

LAND TENURE AND PROPERTY

Malawi has an agricultural economy, and even in urban areas, each home generally has a small plot of corn. Land is treated as part of the public domain. A person may settle on a piece of ground, build a home, and grow crops as long as he gets the approval of his neighbors. After a certain period, he is permitted to register the plot with the government and is given legal title.

In 1990, the tallest building in the country was seven stories and the country had only four traffic signals. The vast majority of homes are constructed of sticks and mud with either a thatched roof or a roof of corrugated iron held down by stones. Families tend to build their



homes close to each other in a small compound.

A typical home might consist of such a house with separate rooms for sleeping, eating, and storage. Cooking is done over a wood or charcoal fire in a separate building with a smoke hole in the roof. Furnishings are very simple, often homemade, with few decorations. Cow dung often is used to create the floor of the house. Bathing is done outside, often within a circular thatched shield with an open roof. Water is carried, often over great distances, from a lake, river, or well for cooking and bathing. In the larger cities, the water is potable.

CLASSES AND CASTES

People from the northern region have a reputation for being better educated and more skilled in business. For this reason, they are mistrusted by people from the southern two-thirds of the country and efforts are made to keep them out of government positions. Men dress in a Western style, wearing shirts and trousers, women often wear traditional costumes consisting of two or three chitenjes, which are large pieces of colored fabric used as a skirt, a headdress, and a saronglike wrap that holds a small infant on the woman's back. One way to distinguish between the three regions is by the color of the dress; red, blue, and green represent the north, central, and southern regions, respectively.

SYMBOLS OF SOCIAL STRATIFICATION

Shoes are expensive and often the local people are barefoot even in the cities.

GENDER ROLES AND STATUSES IN THE RURAL AREAS

Men do most of the work outside the home but women are being encouraged to start their own businesses and many do.

Marriages often are arranged, particularly in rural areas. Dowries are presented by the bride's parents to the husband to be and play a significant role in the selection of a partner. Dowries are usually in the form of livestock, such as cattle, goats, or chickens, but may consist of grain or land. Larger women often are favored as brides because they appear to come from a well-to-do family that can provide a significant dowry and seem strong enough to carry heavy loads. Polygamy is practiced occasionally by those who can afford it. On occasion, the co-wives will share the same house with the husband.

Females undergo an initiation ceremony at the onset of puberty or menstruation and just before marriage. It often consists of very explicit instructions on the sexual aspect of marriage. Divorce is becoming more common and is very difficult on the wife, who must go back to her family and hope it will take her in. The husband receives all the couple's possessions.

Families are quite close and often live in adjoining houses. Elderly persons are taken care of by their children, and usually the oldest members of a family have a strong voice in running the household and raising the children. Especially important is the uncle; male adolescents ask advice first of the uncle, who is also influential in the selection of a bride.

Infants usually are carried on the mother's back, facing inward. Mothers conduct many activities with their babies in attendance: shopping, carrying water, hoeing a garden, and dancing in a ceremony. Separate rooms or cribs for infants are almost nonexistent because most houses are small and include many family and extended family members.

The average woman will bear five to six children, less than half of whom will live past the age of five years. Children are raised under strict family control, usually by the mother, until they leave home. They are

expected to help with the chores of daily living. Most tasks are done by female children, such as carrying water, cleaning the home and washing dishes, and going to the market. Half the population over the age of fifteen can read and write, but education is reserved for those who can afford school fees and uniforms. Most children have to end their education before high school to help tend the fields or care for younger siblings.

College or even vocational training is rare in the rural areas, although Chancellor College has a good reputation and Queen Victoria Hospital, the largest in the country, has a school of nursing. Recently, a medical school was opened in Blantyre. However, those able to afford it usually send their children abroad for higher education. The preferred destinations are the United Kingdom, the United States, and Germany. Advanced degrees are often obtained overseas with financial help from Western organizations.

POVERTY

Malawi is one of the world's poorest countries, ranking 160th out of 182 countries on the Human Development Index. Progress towards reaching the Millennium Development Goal of eradicating extreme poverty has been limited. According to the United Nations Development Program's Human Development Report for 2009, about 74 per cent of the population still lives below the income poverty line of US\$1.25 a day and 90 per cent below the US\$2 a day threshold. The proportion of poor and ultra-poor is highest in rural areas of the southern and northern parts of the country.

Access to assets, services and economic opportunities is profoundly unequal across the population. Larger households are more likely to be poor, particularly those with many children. Access to education, a major driver of relative wealth, is highly inequitable as well. Almost 30 per cent of poor children do not even start primary school, which is free in Malawi. Secondary and higher education is largely confined to non-poor households, mainly due to the required enrollment fees. Limited access to markets and services is another constraint. Poor rural people tend to live in remote areas with few roads and means of transport, which limits their economic opportunities. Access to financial services is severely restricted, especially for smallholder farmers. Only 12 per cent of households have access to credit.

Poor rural people in Malawi are unable to diversify out of agriculture and tend to remain underemployed for part of the year. More than a third of rural households earn their livelihood only from farming or fishing. An additional 25 per cent combine work on their farm with other jobs, largely in agriculture. Other income sources tend to be limited to poorly paid agricultural labour. Few economic opportunities combined with the marked seasonality of rain fed agriculture leads to labour shortages during the critical phases of the cropping season, with underemployment for the rest of the year.

The recurrence of shocks frustrates attempts to escape rural poverty. The most common shocks are weather-related, such as crop failures and increases in the price of food. Illness or injury is also very common, as are shocks associated with death of family members, heightened by the HIV/AIDS epidemic, which has affected 11.9 per cent of the population. Shocks often force households to sell assets, thereby undermining their ability to engage in productive activities. As a result, poor households have to adopt costly coping strategies such as selling assets, withdrawing children from school and reducing food consumption.



Agriculture is the most important sector of the economy, employing about 80 per cent of the workforce. The sector is dualistic, comprising smallholders and estates. More than 90 per cent of the rural population (2.5-3 million households) are smallholder farmers with customary land tenure. They cultivate small and fragmented landholdings over approximately 2.4 million hectares, with low yields, and are mainly subsistence-oriented. Average landholding size has fallen from 1.5 hectares in 1968 to around 0.8 hectares today. Over 80 per cent of this land is planted with maize. The estate land is mainly under freehold or leasehold tenure and the main crops are tobacco, tea, sugar and coffee. Tobacco is Malawi's largest export cash crop, accounting for over 50 per cent of export earnings, followed by tea and sugar. Malawi is able to produce around 3 million tonnes of maize, which is above the self-sufficiency level of 2.3 million tonnes. However, in poor seasons widespread food shortages are experienced. Many households with large families and small plots suffer chronic food insecurity and malnutrition.



Despite the availability of better technologies, the productivity of most crops has not improved since the 1970s, largely as a result of declining soil fertility. Also contributing to the low yields are poor access to financial services and markets, unfavorable weather, small landholdings and nutrient-depleted soils, coupled with limited use of fertilizers. The use of improved varieties, together with fertilizers, better crop husbandry and irrigation, has the potential to greatly improve yields. Post-harvest losses are estimated to be around 40 per cent of production.

Livestock ownership is very low by regional standards. Performance of the livestock sector is affected by low productivity of the cropping sector: as cropping extends into grazing areas, the number of ruminant livestock has been decreasing. Per capita meat consumption and animal protein intake are low, contributing to poor nutrition among children.

NATIONAL FLAG

Significance:

- Black represents the people of the Continent of Africa.
- The Rising Sun represents the dawn of hope and freedom for the whole Continent of Africa.
- Red represents the blood of the martyrs of African freedom.
- Green represents the ever green nature of Malawi.

The flag of Malawi was officially adopted on 6 July 1964 when the colony of Nyasaland became independent from British rule and renamed itself Malawi. A new flag was adopted on 29 July, 2010 and was rescinded in 2012 because it was felt that the Malawian people did not have enough input into the flag. This action came with its own controversy, due in part to the struggling Malawi economy and the undue burden of purchasing new flags on the people of the country.



SURVIVAL GUIDE

ETIQUETTE

Malawi is a unique land-locked country filled with many tribes, languages and customs. International travel can present its own challenges and difficulties in adjusting to customs and practices different from your own. This guide is meant to be used as a general overview of the cultural etiquette in Malawi. If you should have any questions about etiquette during your time in Malawi, it is always best to seek advice from your Team Leader or those with whom you are working with.

In Malawi, although the sense of personal space differs from place to place based on tribal and religious influences, people tend to speak to each other at close range; an arm's length is considered appropriate. Personal space tends to be smaller for members of the same gender and greater for members of opposite genders. It is common for men to touch each other when speaking and, two men may walk hand-in-hand in public. Two women may do likewise. Such contact is considered a sign of friendship or closeness and has no implication on sexual preference.

Despite these open attitudes to physical closeness, as in most of sub-Saharan Africa, in Malawi homosexuality is a taboo subject. As of 2010, homosexuality is also illegal. In a recent case, a couple perceived as homosexual were convicted and sentenced to the maximum 14 years in gaol with hard labour. They were freed, two weeks later following the personal intervention of United Nations General Secretary General Ban Ki-moon.

Despite active pursuit of gender equality over several decades, as in most parts of the world, gender inequality is a fact of life in Malawi. Women, are not considered equal to men; whether in the villages, where they do the bulk of the work in the home and fields, or in the cities, where they are employed or work in the home.

In Malawi, it is considered unbecoming for women to show their knees in public. It is unacceptable for women to drink or smoke. Generally, men don't wear shorts and women don't wear trousers. Although dress is more casual in urban environments, foreigners are advised to dress more formally than they might be accustomed to. An October 2008 travel brochure notes:

Under the rule of Dr .Banda there were numerous restrictions in place, however these have been relaxed. Ladies may wear trousers and men may have long hair! At the lakeshore resorts beach wear is allowed, however when visiting rural areas it is advisable to cover up so as not to cause offense. The country is fairly conservative.

Foreign women should be careful how they present themselves. In the villages, women who drink and smoke and reveal their knees in public are considered prostitutes. Although most local men will make allowances based on the fact that foreign women come from a different culture, such behavior may draw unwanted attention.

The importation of recreational drugs is illegal. Recreational drug use, including cannabis, is also illegal. Those convicted face stiff penalties including lengthy imprisonment in local jails. Medication may only be imported in its original packaging accompanied by a prescription or medical certificate.

It is illegal to import pornographic materials, counterfeit items, explosives, endangered species or any product thereof including ivory. Weapons and ammunition may be imported only when in possession of the requisite authorization.

In many parts of the world there are bans on photographing any building or site with security overtones. In Malawi, it is advisable to ask for permission before photographing public buildings or persons in uniform. Contrary to the advice one finds in many travel briefs, it is not illegal to photograph places of worship in Malawi.

A lot of misunderstandings date from the period of one-party rule under Malawi's first president Dr. Hastings Kamuzu Banda. One of Banda's official residences was State House, a historic building dating from the period of British colonial rule. During his presidency, it was closed to the public and for obvious security reasons, any form of photography in the immediate vicinity was not permitted.

With regards to people, common courtesy dictates that before you photograph any person, you ask for permission.

GREETINGS

Greetings can be quite formal in the Malawian culture and can vary in form between men and women.

GREETINGS BETWEEN MEN:

A handshake with the right hand is appropriate in most situations. Handshakes tend to be firm and very often linger a bit. Often people will hold their wrist with their left hand while shaking to show respect. When greeting a chief, it may be appropriate to get down on the ground and kneel depending on the chief's position.

GREETINGS BETWEEN WOMEN:

A handshake and/or bow is appropriate in most situations. If you would like to show great respect you may also place your left hand over your right elbow when handshaking and bowing. Handshakes tend to be energetic and very often linger a bit. Good friends and family may engage in light hugs as well.

Greetings between men and women:

Appropriate greetings depend on the nature of the relationship. If the man is Muslim a woman may bow and greet but handshakes are not appropriate. For all others a handshake and/or bow is appropriate but it is best to wait for the woman to extend her hand, otherwise a bow or a nod of acknowledgment will suffice. In certain areas, women will kneel when greeting a man. If they are older and the man is younger then they might just shake his hand.

COMMUNICATION STYLE

- Some things to consider when communicating with a Malawian:
- Malawians do not tend to be direct in their communication style. It is usually considered rude when someone is too direct in their speech.

- Most people choose a roundabout way to explain things assuming that the listener will understand what the speaker is trying to communicate.
- People usually don't want to disappoint so they will tell someone what they think that they want to hear instead of what they actually want to say.
- It is a good idea to ask the same question in a variety of ways in order to make sure you are getting the whole truth.
- Public displays of anger and frustration are rare and considered bad form.
- It is important to be humble and polite. Most Malawians are sensitive to arrogance.

DAY-TO-DAY INTERACTIONS

- Personal space differs from place to place based on tribal and religious influences, but people tend to speak to one another at very close distances. Generally, an arm's length is appropriate.
- Personal space tends to be less between members of the same gender and considerably greater between members of opposite genders.
- It is common for men to touch each other when speaking; sometimes on the arms hands and legs no matter what the relationship; business, family, stranger, etc.
- Men and women rarely touch in public.
- It is also appropriate for two men to walk hand in hand in public. This does not have any implication on their sexual preferences; it's just a sign of friendship and closeness. This is the same for women.
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GESTURES AND EYE CONTACT

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- People gesture to one another with the palm facing out and fingers shifting up and down in a scratching motion. It generally means come here.
- People will hit an open palm to a closed fist as an action expressing "full" or "a lot."
- People may often hiss (as in saying psst) to get someone's attention.
- They often use both hands to give and receive objects.
- It often tends to be rude to make too much eye contact with elders, chiefs or anyone you're trying to respect. Many times the speaker won't look the listener in the eyes while s/he is speaking and the listener will also avoid eye contact.
- Women generally don't look at men when they talk to them.
- Eye contact among peers is common.
- **Important: The use of the "ok" sign, with the thumb and index finger forming a circle is seen as an obscene gesture and should never be used in public.**
-

PERCEPTIONS OF TIME

The perception of time is one of the biggest differences between Malawians and the west. Below are some things to consider when scheduling meetings or setting appointments.

- It is common for people to be late. For example: if someone tells you to be somewhere at 8 am, they most likely mean around 10 am. If they tell you noon it's more likely to be 2 pm. Often times it's not considered rude to not show up at all.
- While people tend to be more punctual in business settings vs. social ones, deadlines are often not met.
- Generally speaking, people are relaxed when it comes to time and give their time freely, living in the present rather than the future.

ISSUES ON GENDER

- In the villages it is a traditional common belief that women are not equal to men despite the fact that women tend to do most of the work at home and in the fields. This belief is still common in modern society and tends to be the case in urban environments as well.
- Women in the villages never show their knees in public and often wear a 'chitenje' or a wrap.
- It is also socially unacceptable for women to smoke or drink. Foreign women must be cautious on how they present themselves in public, as women who smoke, drink and show their knees are considered to be prostitutes in the villages. However, most men will understand that foreign women are coming from a different culture; it could still present unwanted attention.
- The dress is usually more relaxed in urban environments; however volunteers should consider dressing more formally than they are used to.
- Usually, men do not wear shorts and women do not wear pants. Also, if someone is underdressed or appear messy in form, it could change the way they are treated by the locals.

Language

English is the official language of Malawi while Chichewa is its national language spoken by about 57% of the population, followed by Chinyanja at 12.8%, Chiyao, 10.1%, and Chitumbuka. 9.5%. The other native languages, which are among the 16 individual, living languages in the country, are the Malawian Lomwe, which is spoken by 250,000 in the southeast and the south of Lake Kilwa and Yap; Kokola, 200,000 in the southeast border and south of Manje and Cholo, and north of Chiromo; Lambya by 45,000 in the northwest; Ndali, 70,000; Nyakyusa-Ngonde, 300,000 in the north; Malawian Sena, 270,000 in the south; and Tonga, 17,000 in the north.

Chichewa belongs to the Bantu language family also spoken in the East, Central and South Africa and Mozambique. In Zambia, it is one of the country's seven official African languages, while in Zimbabwe, it follows Shona and Northern Ndebele as the most widely used language locally. In Malawi, 65% of the population has either a functional literacy or active command of the language, which is further promoted by the government through various educational programs, research activities and media usage under the government-supported Chichewa Board, which is now known as the Center for Language Studies.

The government has prepared a list of common and simple Chichewa words with English meanings which can be available to tourists upon arrangement with concerned government officials.



USEFUL TUMBUKA PHRASES

ENGLISH	TUMBUKA
Welcome	Tempokani
Hello (General greeting)	Monile; Monire a mama (>f); Monire a dada (>m); Monire a gogo (>eld); Monire mose (>pl)
How are you?	Muli uli?
Reply to 'How are you?'	Nili makola, kwali imwe?
What's your name?	Zina linu ndimwe njani?
My name is ...	Zina lane ndine ...
Pleased to meet you	Chatowa kuwonana namwe
Good morning (Morning greeting)	Mwagona uli? (How did you sleep?); Nauka makola, kwali imwe? (Fine, and you?)
Good afternoon (Afternoon greeting)	Mwatandala uli? (How has your day been?); Natandara makola, kwali imwe? (I had a fine day, how about you?)
Good night	Usiku uwemi (good night); Mugone makola (sleep well)
Goodbye (Parting phrases)	Paweme; Mwende makola (travel well)
Good luck	Viwemi vyose
I don't understand	Nkhupulika yayi
Do you speak Tumbuka?	Kasi mukhuyowoya ChiTumbuka?
Yes, a little (reply to 'Do you speak ...?')	Nkhuyowoya ChiTumbuka pachoko
I don't speak Tumbuka	Ine nkhuwowa chiTumbuka yayi
How do you say ... in?	Mukuti uli ...?
Excuse me	Phepani
How much is this?	Nizilinga ichi?
Sorry	Phepani; Phepani chomene (very sorry)
I don't understand	Sielewi
Please	ChondeNabeya
Thank you	Nawonga chomene (I thank you); Tawonga chomene (We thank you); Yewo chomene (Thank you very much); Yewo
Reply to thank you	Ndimwe wakupokeleka; Palije suzgo
Where's the toilet?	Chimbuzi chili nkhu?
I love you	Nkhukutemwa
Leave me alone!	Ni lekani!
Help!; Fire!; Stop!	Novwire!

SAFETY

Traveling to a foreign country such as Malawi can offer the experience of a lifetime. However, in the midst of all this excitement you must also be cognizant of your surroundings and take certain precautions to ensure your safety. Like many of the countries in Africa and around the world, Uganda has certain neighborhoods you might be wise to avoid, and the country is currently experiencing a higher than average crime rate due to an increase in gang activity in certain regions of the country.

To help you safely enjoy all that Malawi has to offer, below we have outlined a few travel safety tips you may want to keep in mind while visiting the country.

Travel in Groups

As the old saying goes, “there is safety in numbers.” Truer words have never been spoken. As you make your way through beautiful Uganda, en route to the various sites and attractions you’ve mapped out on your itinerary, always try to travel with at least one other person (even more if you can). Research shows that criminals are less likely to approach you when they feel outnumbered.

Make Copies of all Your Important Documents

Documents can easily be misplaced or even stolen in the hustle and bustle of foreign travel, creating a nightmarish situation you just don’t need. This is why you should make copies of all your important papers. This includes copies of your passport, visa, driver’s license, social security card and medical insurance card. Travel experts suggest you keep one copy of these documents on your person at all times, and at least one other copy locked in the hotel safe.

Beware of the Night

Sightseeing is an activity that should be limited to the daylight hours, as unsavory types tend to be hard at work during the nighttime, often preying on unsuspecting tourists. Enjoy your hotel during the nighttime hours, and if you must go out, try to stay in the immediate area.

Watch the Strays

Malawi has many stray dogs and cats roaming the streets, many of which are feral and quite dangerous. Even if the animal looks friendly, resist the temptation to pet him/her, as many of these strays are infected with diseases, including rabies.

Get Vaccinated

Although only people who have traveled to certain regions of the world are legally required to be vaccinated (for yellow fever) prior to entering Uganda, you may want to be on the safe side and receive certain vaccinations anyway. Check with your doctor regarding the vaccinations that would be appropriate when traveling to Malawi and don’t let a serious illness of some type ruin your long-awaited getaway.

Malawi is, overall, a safe country to visit. All the more so if your visit is primarily an organized safari. Many tourists visit Uganda every year and most visits are trouble-free. There have been several terrorist attacks in the past. Unfortunately, terrorism has become part of life and it is very difficult, if not impossible, to safeguard against it. Fortunately, incidents are very rare and the chance of being a random victim is almost negligent. As with many third-world countries, theft and muggings are relatively common, but most incidents are in cities, Kampala in particular. Walking alone around the city is not recommended. An overnight stay at a reputable hotel or an organized visit to one of the many attractions in or around the city is fairly risk-free.

The following are general safety tips for traveling anywhere in the world, including Malawi:

- Don't wear valuables like jewelry, expensive watches or money belts visibly.
- Buy good travel and health insurance and check that all activities on your trip are covered.
- Check the entry requirements for the country you are visiting, including: number of empty pages and months left before your passport expires, visa requirements, if holding a return ticket is required, etc.
- Get all the required vaccinations, preventive malaria medication and insect repellent. Insect repellent should contain at least 20-30% DEET.
- Lock all bags before handing them over at check-in at the airport. Keep all valuables in your hand luggage or money belt, including your passport and bank cards.
- Make photocopies of important documents like tickets, insurance papers, passport, and visa and keep them separate. It is also recommended to scan these documents and email a copy to yourself and somebody at home, along with your flight other travel details. If you don't have a scanner, you can leave photocopies with somebody at home.
- Put your valuables in the safety deposit box of the hotel and make sure to take at least one bag that you can lock.
- Check with your tour operator what to pack for your trip. It is important to be protected against the sun and have suitable clothing for wildlife watching (see the Wildlife watching safety precautions page for more info).
- When small charter flights are part of your trip, check the luggage weight limits, since you often aren't allowed to bring a lot of luggage.
- Don't drive at night as it is harder to see the road conditions. They are often poor and people frequently walk on the road, sometimes drunk.
- When driving in areas known for car hijackings (like in and around Johannesburg) you should lock all doors and keep your windows closed. Don't stop at hijacking hotspots, like empty parking lots or the emergency lane of highways. The risk is significantly higher after dark.
- Don't offend or irritate police officers. Always show respect. Police officers might try their luck getting a bribe. If so, don't get aggressive, but also don't give in and stand your ground. A light attitude and a joke might well get you off the hook.
- Don't take photos of government or military buildings and constructions
- Keep a small stash of cash at hand separately so you don't have to reveal where you keep the rest of your money when paying for small things on the street.
- It's always safer to walk in the city with at least two or more people.
- Don't walk around at night; take a taxi.
- When taking a taxi without a meter, always get information about the trip price up front, before you get in.
- Try not to look too much like a typical tourist by wearing special safari clothing, a money belt, a camera, etc. It will make you look like an inexperienced traveler who can easily be tricked.
- Reading a guidebook or looking at a map on a street often attracts unwanted attention from people who offer transport or want something else from you.
- Don't be afraid to be firm with people who sell things on the street. An effective approach is not to look at their merchandise at all, say 'no' once or twice and ignore them after that.
- Without being paranoid, be skeptical of people outside the hospitality industry approaching you out of a normal context. Especially if they have a sad story that plays on your emotions. These stories usually aren't true and, in most cases, end in asking for money.
- It is always good to be aware of people around you or following you (Again, without being too paranoid about it).

- Be very careful when drawing money from an ATM. Go elsewhere if suspect people hang around. Don't let anybody help you or talk with you at the ATM. Always cover the number keys with one hand while entering your personal code with the other.
- Keep any bags safely grasped under your arm and don't put anything down at any point. When having a meal or a drink you can tie your bag to your chair or secure it by putting the bag handle under a chair leg while sitting on the chair.
- In busses, don't put your bag under your seat, since the person behind you can grab it, take valuables out of it, and put it back without you noticing.
- When traveling with all your luggage and belongings, always carry your passport and bank cards on you using a money belt and make sure you wear it underneath your clothes, not visible to outsiders. This way, in case your bags get lost or stolen, you'll still have what's most important. Traveling this way is also recommended for domestic and international flights, since luggage can get lost.
- Always lock your car doors and close windows when driving in busy towns. Never leave a car unattended with valuables or luggage visible. If somebody walks up to your car unexpectedly and wants to talk to you, open your window just enough to be able to communicate, but not far enough for them to put their hand in.
- Ask the hotel if it is safe to walk along the beach and only bring the valuables you need for the day.
- Don't engage with any beach boys.

Currency



Currency information:

Kwacha (MWK; symbol Mk) = 100 tambala. Notes are in denominations of Mk500, 200, 100, 50, 20, 10 and 5. Coins are in denominations of Mk1 and 20, 10, 5, 2 and 1 tambala.

Credit cards:

Acceptance of credit and debit cards is very limited, although in Lilongwe and Blantyre and in main hotels, American Express, Diners Club, MasterCard and Visa can be used.

Travelers cheques:

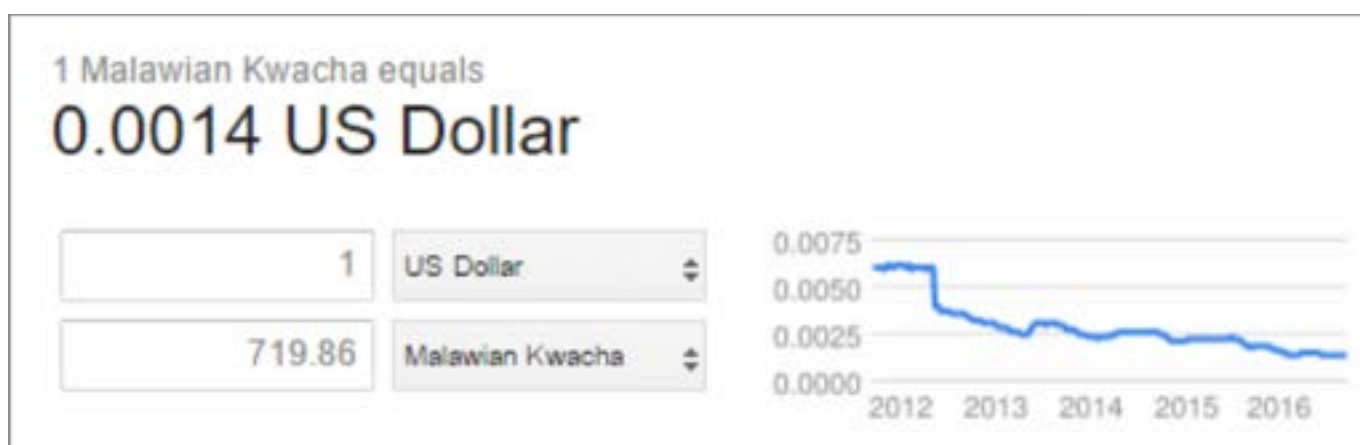
Traveler's cheques can be exchanged in banks, hotels and other institutions. In remote areas, the Treasury Office of Local District Commissioner's offices will cash traveller's cheques. To avoid additional exchange rate charges, travelers are advised to take traveler's cheques in US Dollars, Euros, Pounds Sterling or South African Rand.

Banking hours:

Mon-Fri 0800-1400.

Currency restriction:

The import of local currency is unlimited. The export of local currency is limited to K3,000. The import of foreign currency is unlimited. The export of foreign currency must not exceed the amount imported and must be declared on departure.

**IMR RECOMMENDATIONS ON PERSONAL FUNDS**

- Please bring the amount that you are comfortable spending on gifts or small personal articles, including snacks.
- To determine if the currency of the country you are visiting is traded in the United States, please visit www.travelex.com. Travelex has offices in all major airports and cities and you may change money before the trip for a small fee.
 - Trading in the United States is the easiest way for you to trade money.
- If the currency is not traded in the United States, you will usually be able to trade in the airport upon arrival or the team leader will arrange to change money for the team once during the trip. We do not guarantee that you will be able to change money in small towns or during clinic.
- You must bring currency newer than 2006 and in perfect condition - no tears, folds, old bills.
- New bills are preferred by the international banks, as are denominations larger than \$20. The best rate is obtained trading \$100 bills.
- If you are joining us from another country, please check the trading rules of your home currency.
- Credit cards may not be accepted outside of major cities, hotels, and large restaurants.
- IMR does not pay for alcohol. If you intend to purchase alcohol, you are required to obtain and pay with a separate bill. Please have local currency for these transactions.


TIME IN MALAWI

 <p>Time zone</p> <p>CAT (Central Africa Time) UTC/GMT +2 hours</p>	 <p>No DST</p> <p>No Daylight Saving Time in 2016</p>	 <p>Difference</p> <p>6 hours ahead of New York</p>
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EMBASSY INFORMATION

Assistance for U.S. Citizens

U.S. Embassy Lilongwe
Area 40, City Center
Lilongwe, Malawi
Mailing Address: PO Box
30016
Lilongwe 3, Malawi

 **Telephone**
+(265) 1-773-166, 1-773-342 and 1-773-367 (Dial "0" before the "1" within Malawi)

 **Emergency After-Hours Telephone**
+(265) (0) 999-591024 or + (265) (0) 888-734-826

 **Fax**
+(265) 1-774-471 (Dial "0" before the "1" within Malawi)

 **Email**
consularlilong@state.gov

NOTE: For your safety, this information is also available on the back of your IMR badge.

ASSISTANCE

American Citizens should call the Embassy as soon as practical in the event of an arrest, death, hospitalization, or other emergency involving a U.S. citizen. In an emergency, Embassy personnel can assist in talking with medical personnel, police, or other officials on behalf of the U.S. citizen and his or her family.

A duty officer is always available outside normal office hours to assist American citizens who have serious emergencies. U.S. citizens with emergencies should call the Embassy's main number, +(265) (0) 999-591024. Please note that routine matters such as visa inquiries or replacement pages for passports do not constitute emergencies.

Callers in the United States can also contact the U.S. Department of State's Office of Overseas Citizen Services toll free at 1-888-407-4747.

WEBSITES

The following websites provide information on the country you are visiting. IMR highly recommends and encourages you to view these sites prior to departure. They are frequently updated and are a tremendous resource:

- ❖ Embassy of the United States for Malawi: <http://Malawi.usembassy.gov/>
- ❖ State Department Travel Warnings: <https://travel.state.gov/content/passports/en/country/Malawi.html>
- ❖ Travel Health online: <http://www.tripprep.com/>
- ❖ World Health Organization: <http://www.who.int/>
- ❖ Center for Disease Control: <http://www.cdc.gov/travel/>
- ❖ CDC Travel Medicine for Malawi: <http://wwwnc.cdc.gov/travel/destinations/traveler/none/Malawi>
- ❖ CNN Weather Report: <http://www.cnn.com/WEATHER>
- ❖ Official Malawi Tourism Site: <http://www.visitmalawi.mw/>
- ❖ UNICEF Statistics: http://www.unicef.org/infobycountry/malawi_statistics.html
- ❖ Lonely Planet: <https://www.lonelyplanet.com/malawi>
- ❖ Wikipedia_Malawi : <https://en.wikipedia.org/wiki/Malawi>
- ❖ CIA publication: <https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>

