

**Excerpts from the World Bank's HIPC
Decision Point Document¹**

Table 4: Indicative Use of HIPC Resources: 2000/01 – 2001/03
(in millions of U.S. dollars)

	2000/01	2001/02	2002/03	Total
Health	3.6	11.1	15.4	30.1
Drugs	3.6	7.3	8.9	19.8
Primary Health Care	...	2.7	3.7	6.4
Nurses Training	...	1.1	2.7	3.8
Education	2.4	9.9	12.8	25.2
Teaching Materials	2.4	6.1	7.7	16.2
Teacher Training	...	3.8	5.1	8.9
Water				
Borehole Construction and Maintenance	...	4.2	6.2	10.4
Agriculture				
Extension	...	2.7	2.6	5.2
Gender, Youth and Community Services	...	1.9	2.6	4.5
Rural Roads	...	2.7	4.6	7.3
Savings for Priorities not yet Identified	8.7			8.7
Total	14.7	32.5	44.2	91.4

¹ The Memorandum and Recommendation of the President of the International Development Association to the Executive Directors on Assistance to the Republic of Malawi under the Enhanced HIPC Debt Initiative, December 5, 2000

Box 2: Policy Areas to be Monitored for the Floating Completion Point

Poverty reduction

- The full PRSP has been prepared and satisfactorily implemented for one year, as evidenced by the joint staff assessment of the country's progress report

Macroeconomic and structural reforms:

- Maintenance of macroeconomic stability and satisfactory implementation of the PRGF-supported program.
- Quarterly expenditure reporting as per format jointly developed by MOF/IDA
- Implement IFMIS in four pilot ministries
- Micro finance: (i) Approval by Cabinet of the "Micro-finance Policy", (ii) establishment of a monitoring system covering all micro-finance institutions and (iii) increase by 20% in the number of micro-finance clients.
- Submission of draft Land Law to parliament.

Governance:

- Separation of fiscal management and audit functions under new legislation.

Social sectors:

- Safety nets: Progress in the implementation of the National Safety Net Strategy, in particular (i) a Targeted Input Program for 2001/02 (ii) a rationalization and prioritization of existing and new programs and (iii) establishment of a monitoring and evaluation of the National Safety Net Strategy.
- Health: Progress towards a reduction of the human resource, drugs and medical equipment constraints through (i) a share of health expenditure of at least 13% of discretionary recurrent budget; (ii) recruitment, training and deployment of at least two hundred nurse technicians, fifty new medical assistants and twenty radiography technicians per annum, (iii) completion of "phase one" reforms of the Central Medical Stores (CMS) and a budget for drugs and medical supplies in line with BHA standard.
- HIV/AIDS: Progress in implementation of the National Aids Strategy, in particular (i) fully staffed, functional and autonomous National AIDS Control Secretariat; (ii) 75% of all condom outlet points with condoms in stock at any given time; (iii) continuous availability of testing kits at all blood transfusion sites by increasing blood testing kits from 1500 to 2500; (iv) implementation of an effective Behavior Change Communication Strategy; and (v) Syndromic Management of sexually transmitted infections (STI) in all Central, District and major CHAM hospitals.
- Education: Progress towards raising the quality of education through (i) share of education sector⁴⁰ expenditure in discretionary recurrent budget of at least 23%; (ii) yearly enrolment of 6000 students for teacher training and institution of in-service training for primary teachers (at least once each year); (iii) reallocate budgetary resources from secondary school boarding (except for special needs education) to teaching and learning materials; and (iv) pre-packaging of donor-supplied primary textbooks for each school and direct supply directly from the supplier to the schools.

⁴⁰ Min of Education, Universities, MANEB, MIE, scholarship fund and Polytechnic Bd of