



Malawi Gender-Based Violence Assessment:

Scope, Programming, Gaps and Entry Points



WORLD BANK GROUP

Malawi Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points

Report No: AUS0002721

© 2017 The World Bank
1818 H Street NW, Washington DC 20433
Telephone: 202-473-1000; Internet: www.worldbank.org

Some rights reserved

This work is a product of the staff of The World Bank. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of the Executive Directors of The World Bank or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of The World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries.

Rights and Permissions

The material in this work is subject to copyright. Because The World Bank encourages dissemination of its knowledge, this work may be reproduced, in whole or in part, for noncommercial purposes as long as full attribution to this work is given.

Attribution—Please cite the work as follows: “World Bank. March 2022. Malawi GBV Assessment. © World Bank.”

All queries on rights and licenses, including subsidiary rights, should be addressed to World Bank Publications, The World Bank Group, 1818 H Street NW, Washington, DC 20433, USA; fax: 202-522-2625; e-mail: pubrights@worldbank.org.

March 2022

Table of Contents

<i>Acknowledgements</i>	6
<i>Abbreviations</i>	7
<i>Glossary of Terms</i>	9
<i>Executive Summary</i>	11
1. Background to the Gender-Based Violence Assessment	15
1.1 Purpose of the Assessment	15
1.2 Methodology of the Assessment	15
2. Gender and Development in Malawi	17
2.1 Development Context	17
2.2 Gender Inequality	17
3. Scope of the Problem of GBV	21
3.1 Existing Data	22
3.2 Groups Particularly at Risk of GBV	26
3.3 GBV and COVID-19	28
4. Legislative and Policy Environment	29
4.1 Key Gender Equality Legislation and Policies	29
4.2 Key GBV Legislation and Policies	31
4.3 Key Gaps in Legislation and Policies	34
4.4 Key Opportunities in Legislation and Policies	36
5. GBV Systems and Coordination Mechanisms	38
5.1 National Systems	38
5.2 Subnational Systems	40
5.3 Key Gaps in Systems and Coordination	41
5.4 Key Opportunities in Systems and Coordination	43
6. GBV Response and Prevention Programming	44
6.1 Response Programming and Referral Pathways	44
Health Sector Response	44
Psychosocial Sector Response	46
Legal/Justice Response	48
Security (Police) Response	51
Other Response Actors	52
Referral Pathways for Safe and Ethical Survivor Care	54
6.2 GBV Prevention Programming	55

6.3	Key Opportunities in Response and Prevention Programming	57
7.	<i>Recommendations</i>	58
7.1	Legislation and Policies	58
7.2	Systems and Coordination	58
7.3	Response and Prevention Programming	58
	BIBLIOGRAPHY	60
	<i>Appendix 1. National, International, and Regional Laws and Policies</i>	64
	<i>Appendix 2: Key Actors</i>	70
	<i>Appendix 3. Key Informant Interview Guide</i>	72
	<i>Appendix 4. Key Leading Participants</i>	74

Acknowledgements

This report was prepared by a joint World Bank team of Sustainable Development and Human Development Global practices. The team was led by M. Yaa Oppong, Sector Leader, SD; Inaam ul Haq, Program Leader, HD, (both of the Tanzania CMU) and Violette Mwikali Wambua, Sr. Social Development Specialist.

Initial research and drafting was conducted by Dr. Anthony Malunga and Charlotte Wezi Mesikano-Malonda, GBV Consultants, and report writing was undertaken by Jeanne Ward, GBV Specialist and a Consultant with the World Bank. The following core team members contributed immensely to the development, review, and finalization of the assessment and are gratefully acknowledged: Tanya Lynn D'Lima, Social Development Specialist; Pamela Chebiwott Tuiyott, Sr Social Development Specialist; Elita Thokozani Chayala, GBV Consultant; Blessings Nyanjagha Botha, Sr. Agriculture Economist; Chiho Suzuki, Sr. Health Specialist; Francisco Obreque, Sr. Agriculture Specialist; Efrem Zephnaph Chilma, Sr. Private Sector Specialist; Odete Duarte Muximpua, Water Supply and Sanitation Specialist; Francis Samson Nkoka, Sr. Disaster Risk Management Specialist; Esther Angellah Lozo, Operations Analyst, and Chikondi Clara Nsusa-Chilipa, Transport Specialist.

The World Bank is grateful for the contribution of colleagues from the Department of Gender in the Ministry of Gender, Children, Disability and Social Welfare of Malawi, Joseph Kalelo, Principle Gender Development Officer, GBV & Women's Rights; Peter Yelesani, Chief Gender Development Officer, Women, Politics & Decision Making; and Ronald Phiri, Gender Development Officer.

We would also like to appreciate technical input by colleagues from UN Women, Yemi Falayojo, Head of Programs, and Pamela Mkwamba, National Program Officer.

Judith Elimhoo Matemba, Program Assistant provided administrative support and coordination of the entire process. Priscilla Simbisayi Zengeni, Program Assistant, and Gloria Pamela Chinguo, Team Assistant, provided additional administrative support.

The team acknowledges the Government of Malawi Ministries and Departments, UN agencies in Malawi, women's rights and gender justice organizations and all the stakeholders who shared valuable knowledge and experience on GBV prevention and response in Malawi over the course of the consultations undertaken for the assessment.

The work was conducted with oversight from Helene Carlsson Rex, Practice Manager, Social Sustainability and Inclusion. Mara K. Warwick, Country Director for Tanzania, Malawi, Zambia and Zimbabwe, and Hugh Riddell, Country Manager for Malawi, provided strategic guidance and leadership throughout the preparation of this report.

Abbreviations

ADC	Area Development Committee
AGYW	adolescent girls and young women
AIDS	acquired immune deficiency syndrome
CAVWOC	Centre for Victimized Women and Children
CBCC	Community-Based Care Centers
CBCM	Community-Based Complaints Model
CBM&E	Community-Based Monitoring and Evaluation
CCJP	Catholic Commission for Justice and Peace
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEWAG	Coalition for the Empowerment of Women and Girls
CID	Criminal Investigation Departments
CHRR	Centre for Human Rights and Rehabilitation
CMU	Country Management Unit
CSO	civil society organizations
CVSUs	Community Victim Support Units
DAGG	Development Assistance Group on Gender
DEC	District Executive Meetings
DHRMD	Department of Human Resource Management and Development
DSWO	District Social Welfare Office
DV	domestic violence
EHS	Essential Health Services
EPD	economic planning and development
EQUALs	Equity with Quality and Learning at Secondary
FBO	faith-based organizations
FGD	focus group discussions
FGM/C	Female genital mutilation/cutting
GBV	gender-based violence
GDP	gross domestic product
GEA	Gender Equality Act
GENET	Girls Empowerment Network
GEWE	gender equality and women's equality
GRMC	Grievance Redress Mechanism Committee
HCI	Human Capital Index
HIV	human immunodeficiency virus
HSA	Health Surveillance Assistant
HTP	harmful traditional practices
INGO	International non-governmental organization
IPV	intimate partner violence
JPAG	Joint Program on Adolescent Girls in Malawi
KII	Key Informant Interviews
MDFR	Marriage Divorce and Family Relations Act
MDGs	millennium development goals
MDHS	Malawi Demographic Health Survey
MEAL	monitoring, evaluation, accountability, and learning
MEGEN	Men for Gender Equality Now
MESIP	Malawi Education Sector Improvement Project
MGDS	Malawi Growth and Development Strategy

Malawi Gender-Based Violence Assessment:

MHRC	Malawi Human Rights Commission
MHRRC	Malawi Human Rights Resource Centre
MICS	Multiple Indicator Cluster Surveys
MIS	management information system
MoEST	Ministry of Education, Science and Technology
MoF	Ministry of Finance
MoGCDSW	Ministry of Gender, Children, Disability, and Social Welfare
MoH	Ministry of Health
MoJCA	Ministry of Justice and Constitutional Affairs
MoTPW	Ministry of Transport and Public Works
MPS	Malawi Police Service
MSME	micro, small, and medium-sized enterprises
NGO	non-governmental organization
NGO-GCN	NGO gender coordinating network
NGP	National Gender Policy
NPA	National Plan of Action to Combat Gender-Based Violence
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPC	Office of the President and Cabinet
OSC	One Stop Centre
PDVA	Prevention of Domestic Violence Act
PEW	political empowerment of women
PHC	Population and Housing Census
PLHA	people living with HIV and AIDS
PSEA	prevention of sexual exploitation and abuse
PSS	Psychological Support Services
RGAP	Regional Gender Action Plan
SCCA	Savings and Credit Cooperative Associations
SEA	sexual exploitation and abuse
SH	sexual harassment
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
TWG	technical working group
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Vulnerability Assessment Committee
VACS	Violence Against Children and Young Women in Malawi Survey
VAWG	violence against women and girls
VSLO	Village Savings and Loan Organizations
VSLAs	village savings and loan associations
VSU	Victim Support Unit
WB	World Bank
WOJAM	Women Judges and Magistrates Association
WORLEC	Women's Legal Resources Centre
YONECO	Youth Net and Counselling

Glossary of Terms

Gender: Refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities, and relationships are socially constructed and learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context.¹ The term is also used more broadly to denote a range of identities that do not correspond to established ideas of male and female.

Gender Analysis: A systematic way of looking at the different impacts of development, policies, programs, and legislation on women and men that entails, first and foremost, collecting sex-disaggregated data and gender-sensitive information about a population.

Gender Equality: Refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities, and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs, and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.²

Gender Mainstreaming: A strategy that aims to bring about gender equality and advance women's rights by building gender capacity and accountability in all aspects of an organization's policies and activities, thereby contributing to a profound organizational transformation.³ It involves making gender perspectives—what women and men do and the resources and decision-making processes they have access to—more central to all policy development, research, advocacy, development, implementation and monitoring of norms and standards, and planning, implementation and monitoring of projects.⁴

Gender-Based Violence: Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against

1 UN Women, 2001. <https://www.un.org/womenwatch/osagi/pdf/factsheet1.pdf>

2 Ibid.

3 Oxfam. 2013. 'Minimum Standards for Gender in Emergency', <https://www.oxfam.org/en/research/minimum-standards-genderemergencies>

4 UN Women, 2001. <https://www.un.org/womenwatch/osagi/pdf/factsheet1.pdf>

women and girls. The United Nations Declaration on the Elimination of Violence against Women (DEVAW) defines violence against women as *“any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women.”* DEVAW emphasizes that the violence is *“a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women.”* Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence—so that perpetrators are not held accountable, and survivors are discouraged from speaking out and accessing support.⁵

Sex: Either of the two main categories (male and female) into which humans and most other living things are divided on the basis of their reproductive functions.⁶

Sexual Violence: Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.⁷ Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Sexual Exploitation: Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.⁸

Sexual Abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.⁹

Sexual Harassment: Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.¹⁰

5 See Inter-Agency Standing Committee Gender-Based Violence Guidelines, 2015, pg. 5, and DEVAW, 1993.

6 Oxford English Dictionary, 2021.

7 WHO 2002 World Report on Violence and Health, <www.who.int/violence_injury_prevention/violence/world_report/en>

8 United Nations Secretariat. 2003. ‘Secretary-General’s Bulletin on Special Measures for Protection for Sexual Exploitation and Abuse’. ST/SGB/2003/13, <www.pseataforce.org/uploads/tools/1327932869.pdf>

9 Ibid.

10 US Department of State. n.d. Sexual Harassment Policy, <www.state.gov/s/ocr/c14800.htm>

Executive Summary

Assessment Objectives

The objective of this assessment is to provide background information about GBV issues, policies, programming, and gaps in Malawi, for the purpose of assisting the World Bank (WB) to 1) consider how to directly support efforts to address GBV in Malawi; 2) inform strategies for integrating attention to GBV in development programming; and 3) understand the extent of GBV response programming.

In addition to providing an overview of data on the scope of GBV in Malawi, the assessment investigates: legislative and policy protections related to GBV; systems and coordination mechanisms in place for addressing GBV in Malawi; and GBV response and prevention programming. The assessment analyzes key gaps across these areas of investigation based on inputs from key stakeholders as well as the desk review and concludes with several recommendations for WB to consider assisting in addressing these key gaps.

Assessment Methodology

The report is informed by a desk review as well as by key informant interviews (KIIs) and focus group discussions (FGDs) undertaken April-June 2021. The desk review focused primarily on GBV prevalence and the legal and policy environment in Malawi. The research team also conducted consultations with 25 key government and non-governmental officials involved in GBV prevention and mitigation to understand their perspectives and priorities.

Key Findings

Areas of Investigation	Progress	Key Gaps
GBV Legislation and Policies	• With more than 12 laws, 10 policies, and nine international or regional treaty obligations related to the regulation of women's issues, Malawi has a relatively progressive framework anchored on a progressive Constitution and relevant pieces of legislation. • The National Gender Action Plan and the National Plan of Action to Combat GBV are central to advancing national efforts to address GBV.	• Weak enforcement of legislation. • Low and fragmented allocation of resources in support of the implementation of existing laws, policies and programs including the action plan on GBV. • Weak monitoring frameworks and limited evaluation of their impact exacerbated by low levels of funding.

GBV Systems and Coordination	• The National Gender Policy (NGP) highlights that to ensure gender equality in the national development system, the existing public sector, the private sector, media, development partners and CSOs should be harnessed. At the apex of the machinery is the MoGCDSW, which has a network of offices in all districts and extension staff down to the community level in many areas. • Technical working groups (TWGs) function at the national and sub-national level should be maintained to coordinate GBV activities. The MoGCDSW is responsible to coordinate these TWGs with technical and financial support of some UN agencies and other stakeholders.	• As already noted, the National Gender Machinery is not sufficiently resourced to meet its responsibilities. Stakeholders interviewed for the assessment, including the MoGCDSW, recognize that the ministry lacks operational support necessary to do their work on GBV. • A challenge of limited funding to the MoGCDSW affects the coordination of GBV response, especially at the district level. • There are also information gaps in terms of GBV data and response. Since most stakeholders are working in silos, GBV data is not collected systematically, harmonized, and properly integrated to inform decision making. • Poor coordination and harmonized reporting systems on GBV not only contribute to lack of proper follow-up on cases, but inadequate capacity in the institutions across the entire sector, e.g., police, judiciary, health, and relevant line ministries.
GBV Response and Prevention Programming	• Response programming exists across all key sectors of the multi-sectoral response (health, psychosocial, legal/justice and security (police). • The MoGCDSW has approved and launched government-approved National Referral Pathways Guidance Notes which harmonize the messaging and information in most Referral Pathways documentation. • There have been a number of social norms initiatives undertaken in Malawi, but it is not clear whether these have been evaluated for impact and/or can be taken to scale.	• There are key gaps across all sectors of response, particular in terms of access to services in remote areas. Quality of services is also inconsistent within and across sectors at district level. • Nationally owned referral protocols share low absorption among multi-sectoral duty bearers (the police, courts, health service providers, psychosocial service providers, informal service providers, women's rights organizations, community victim support units). • Overall, there remains limited information and awareness on what constitutes GBV in Malawian communities. Studies conducted with communities have found that community members have varied understandings of GBV, including general hesitation by communities to label acts they consider "normal" as GBV, e.g., wife battering and verbal abuse are described by respondents as being part of normal life, so the need to report such instances is not recognized.

Recommendations

Legislation and Policies

- Support development of a successor National Plan of Action to Combat Gender-Based Violence (NPA) to ensure that it is informed and designed in a way that cuts across all the priority sectors of the WB. This will come with a blueprint for all stakeholders (both state and non-state actors) to strengthen their efforts to coordinate and implement GBV prevention and response, building on the previous NPA, as well as other notable national efforts such as the Spotlight Initiative.
- Strengthen the Ministry of Gender, Children, Disability, and Social Welfare (MoGCDSW) through technical support with the purpose of effective implementation of gender and GBV policies. Also consider salary support for placing trained gender officers in the Ministry of Education, Science and Technology (MoEST), Ministry of Health (MoH) and other key ministries with a view to building a sustainable budgeting model across ministries for these officers.
- Support efforts to promote harmonization of laws and policies to make it easier for survivors to access justice.

Systems and Coordination

- Invest in building out the current information management systems for GBV to support better national data collection and monitoring across all service delivery sectors, including exploring potential partnerships with the Spotlight Initiative to expand beyond the six districts where it currently operates to improve informational management and monitoring at the national level.
- Support the development and implementation of a plan for dissemination of the national GBV referral guidance. Ensure this reaches all districts and engages all key stakeholders. Also ensure that the dissemination plan has a strategy for engaging survivors and those at risk with information about access to services, including survivor rights under the law.
- Support efforts of the MoGCDSW to strengthen sustainable GBV coordination structures from national to community levels through the GBV TWGs by providing financial support to designated coordination leads, as well as technical support on coordination responsibilities including information management, referral pathways, and standard operating procedures. Support the MoGCDSW in mapping all relevant multi-sector actors in the districts and in promoting these partners' participation in and accountability to coordination.

Response and Prevention Programming

- Increase investments in development or capacity strengthening of systems, structures, and mechanisms for GBV response/service delivery to ensure the availability, accessibility, usability, responsiveness, and accountability of such services across the entire service delivery chain, i.e., justice sector, health sector, and social welfare sector. Support service providers with capacity building to enable them to provide survivor-centered approaches in GBV.

Malawi Gender-Based Violence Assessment:

- Support the development of a national system to monitor the quality and sustainability of service provision in One Stop Centres (OSCs), including staff capacity assessments and quality-of-care feedback by survivors receiving care. Invest in staff training on survivor-centered approaches and expanding access to care for rural women through evidence-based models of service-provision.
- Develop a strategy to enhance availability of staff to provide GBV services to ensure access to justice. The Legal Aid Bureau and police need adequate staffing with trained staff who understand application of statutory law using a survivor-centered approach. Assist legal systems with the resources to explore ways to be accessible to survivors in the rural areas, such as through mobile services. Critical attention should be paid to informal justice delivery structures.
- Intensify support for interventions through community mechanisms for GBV response as these are often the most accessible mechanisms. This may be through strengthening capacities and improving linkages between informal support in the communities—particularly through women-led organizations and women’s networks—and access to formal response and services.
- Enhance social norms change through programming oriented towards long-term interventions as opposed to short-term interventions. Conduct a review of existing social norm change interventions (or a meta review of those that have been evaluated) with an eye to taking interventions such as *SASA! Faith* to scale.
- Support economic empowerment of GBV survivors and those at risk, as well as education initiatives for girls, that enable women and girls to have the skills and tools needed to integrate into society after experiencing violence. Link these initiatives to case management services to ensure that survivors can access empowerment programming; however, do not limit these programs to survivors only.

1. Background to the Gender-Based Violence Assessment

1.1 Purpose of the Assessment

The objective of this assessment is to provide background information about GBV issues, policies, programming, and gaps in Malawi, for the purpose of assisting the WB to 1) consider how to directly support efforts to address GBV in Malawi; 2) inform strategies for integrating attention to GBV in development programming; and 3) understand the extent of GBV response programming. This will not only allow the WB to focus their support on GBV programming more strategically (beyond a project-to-project basis) in order to maximize investment, but also assist in understanding the nature and extent of GBV services that can be made available to survivors of sexual exploitation and abuse (SEA) and/or sexual harassment (SH) in WB-funded infrastructure and development projects.¹¹ More specifically, the assessment investigates:

- Existing data on the scope of different types of GBV in Malawi
- Legislative and policy protections related to GBV
- Key leadership, coordination and institutional arrangements and mechanisms in place for addressing GBV in Malawi
- GBV response programming, specifically focusing on the multi-sectoral model of response (i.e., health, psychosocial, legal/justice and security sectors) as well as community structures; and
- GBV prevention programming, including social norms work with communities.

The assessment analyzes key gaps across these areas of investigation based on inputs from key stakeholders as well as the desk review and concludes with several recommendations for WB to consider support in addressing key gaps.

1.2 Methodology of the Assessment

The report is informed by a desk review as well as by KIIs and FGDs undertaken April-June 2021.

- **Desk Review:** A desk review of legislation, policies, research reports, and other literature obtained online and through consultation with experts in Malawi was undertaken. The review focused primarily on GBV prevalence and the legal and policy environment in Malawi. Stemming from the desk review, a list of key laws and policies relevant to addressing GBV in Malawi are discussed briefly below and also outlined in appendix 1.

11 This assessment does not focus on SEA or SH in WB-funded projects. Nevertheless, recognizing that survivor care and support is a key responsibility of any SEA/SH action plan, the information in this report can be used as a reference for projects to understand availability of and gaps in GBV services in Malawi. This assessment also does not investigate the extent to which WB development projects are integrating GBV risk mitigation strategies as part of reducing the risk of GBV occurring at the community level during project implementation. This report will be followed by a portfolio review of WB investments in Malawi that will provide specific guidance on improving project capacity to address SEA and SH, including survivor referrals, and will also consider potential strategies for GBV risk mitigation in select development projects.

- **Stakeholder Consultations:** The research team conducted consultations with key government and non-governmental officials involved in GBV prevention and mitigation to understand their perspectives and priorities; these included KIIs and FGDs. Participation was determined purposively by the research team. As the assessment was commissioned when the second phase of COVID-19 was peaking, KIIs and FGDs were largely virtual, using Zoom and Microsoft Team platforms. The discussion with key informants utilized open-ended questions. The key informant interview script is included in appendix 3.

Box 1: Summary of Key Informant Interviews

A total of 25 key respondents were interviewed: 19 females (76 percent) and 6 males (24 percent). The key informants were experts, with leadership and knowledge on GBV policies and programs in Malawi. They were drawn from relevant government ministries and departments including:

- Ministry of Gender, Children, Disability, and Social Welfare (MoGCDSW)
- Ministry of Transport and Public Works (MoTPW)
- Malawi Human Rights Commission (MHRC)
- Ministry of Health (MoH)
- And the Ministry of Education, Science, and Technology (MoEST).

Key informants also included UN Agencies, local women's rights organizations, and other non-governmental organizations (NGOs) involved in gender justice work in Malawi. See appendix 2 for a summary of key informants.

- **Limitations:** There is limited up-to-date data available on the prevalence of multiple forms of GBV in Malawi, particularly at the level of Malawi's 28 districts. Due to the limitation of the scope of the assessment, key informant Interviews were conducted with only four government ministries currently doing the most work on GBV issues in Malawi. Interviews with local implementing partners were also limited due to the rapid nature of the review.

2. Gender and Development in Malawi

2.1 Development Context

Malawi's development challenges are significant. In the last two decades, real per-capita gross domestic product (GDP) has remained relatively flat, lagging behind regional peers. Poverty levels have remained largely unchanged with modest reduction from 52.4 percent to 51.5 percent over a ten year period.¹² Natural assets are increasingly under pressure as the population continues to grow by around three percent per year, and Malawi is highly vulnerable to climate shocks. Meanwhile, the potential for job creation in the services and manufacturing sectors is constrained by market restrictions and unreliable access to information and communication technology, electricity, and finance. Poverty is mainly a rural phenomenon and growth has not translated into shared prosperity, with the vast majority (95 percent) of poor Malawians located in rural areas.¹³

2.2 Gender Inequality¹⁴

Malawi ranks 145th of 188 countries on the United Nations Gender Inequality Index and 116th of 153 countries on the Global Gender Gap Index.¹⁵ While Malawi has made impressive gains on the Human Capital Index (HCI), rising to 0.41 from 0.36 over the last 10 years, population growth reinforces the exclusion of women from opportunities and affects learning outcomes for girls.¹⁶

Box 2: Malawi Gender Inequality by the Numbers

- Of girls aged 15-19, 1 in 3 have completed more than primary school
- In rural areas, 3 in 4 girls have left school and are not likely to re-enroll
- By age 18, 1 in 2 girls are married
- By age 18, 1 in 3 women are pregnant.

Source: USAID. U.S. assistance in Malawi: promoting gender equality and girls' and women's empowerment. https://www.usaid.gov/sites/default/files/documents/1860/Gender_Fact_Sheet_FINAL_DRAFT.pdf

Economic empowerment for females is acutely constrained by relatively high levels of early dropouts among girls in upper primary school.¹⁷ Almost two-thirds of the labor force has not completed primary education, and another 25 percent have not progressed past primary school. Educational attainment is particularly low among girls, with attrition increasing as girls approach adolescence, due in large part to high rates of early marriage and childbearing.

12 'The World Bank. Country Partnership Framework of the Republic of Malawi 2021'

13 The World Bank. <https://www.worldbank.org/en/country/malawi/overview>

14 For more detailed information on gender issues in Malawi, see World Bank, 2021, Gender Assessment of Malawi.

15 UNDP 2019. Human Development Report 2019: Inequalities in Human Development in the 21st Century; WEF. 2020. Global Gender Gap Report 2020. See also: <https://evaw-global-database.unwomen.org/en/countries/africa/malawi>.

16 Ibid.

17 Dropout rates remain similar across genders until upper primary school. In Malawi, the dropout rate for Grade 7 females was, on average, 19.5 percent over the past five years, compared with 11.2 percent for males.

Girls do not perform as well as boys in school.¹⁸ Data from the 2018 National Census shows that in Malawi, female literacy rates (65.9 percent) remain lower than male rates (71.6 percent).¹⁹ Further, the proportion of female-headed households with at least one member of the household having completed primary or secondary school is lower than that of male counterparts.²⁰ The inequality in access to education at higher levels contributes to the female productivity disadvantage. Although it is difficult to have data by gender, Human Capital Index (HCI) data does show girls doing better on under five mortality and expected years of schooling.

A significant proportion of girls in Malawi have experienced early marriage and childbearing. World Development Indicators (WDI) show that Malawi has one of the highest rates of adolescent fertility in the world, with 132 births per 1,000 women between the ages of 15 and 19 in 2018. Early marriage is widespread, with 28 percent of adolescent girls reporting that they were currently or previously married. Out of every 100 girls who begin Standard 1 of primary school, only three will enter secondary education. Of those three, only one will enter university.²¹ The *Malawi Economic Monitor: Investing in Girl's Education* notes significant negative impacts resulting from the persistently high rate of child marriage and the lack of education for girls, with these impacts including lower earnings for women; higher rates of population growth; substantial health risks; higher rates of intimate partner violence; and higher levels of poverty.²²

Malawi has a significantly high number of females who are stuck in a vicious cycle of school drop-out, poor health, and reduced economic opportunities. Malawi's high rate of early marriage and childbearing and its impact on maternal and child health and nutrition outcomes is associated with factors such as low household wealth and lower decision-making power once girls become adults. Low secondary completion reduces the number of girls eligible to enter technical and vocational education and training and university education, contributing to weaker employment outcomes for young women.

High levels of fertility threaten development gains and require an integrated response. Malawi has made excellent progress in reducing fertility with total fertility rate dropping from 6.5 in 1995 to 4.25 in 2020, but the population is still growing at 2.7 percent per year and is anticipated to double by 2047.²³ Malawi is already one of the 10 most densely populated countries in Africa. Fertility rates remain high, particularly among rural women and those in the lowest income quintile of households (which average 6.1 persons per household, as compared to 4.5 in the least poor quintile).²⁴ High fertility rates and shorter birth intervals are associated with poor maternal and infant health and nutrition outcomes and subsequently

18 National Statistical Office of Malawi, United Nations Population Fund (UNFPA). Malawi Population and Housing Census 2018.

19 Ibid.

20 Ibid.

21 World Bank. 2021. "Malawi World Development Indicators". <https://data.worldbank.org/country/MW>

22 World Bank. 2018. Malawi Economic Monitor, November 2018: Investing in Girls' Education. World Bank, Lilongwe, Malawi. World Bank. <https://openknowledge.worldbank.org/handle/10986/30902> License: CC BY 3.0 IGO.

23 <https://www.worldometers.info/world-population/malawi-population/>

24 Ibid.

higher levels of stunting, which has negative effects on educational attainment and lifetime earnings.²⁵ Increasingly, integrated approaches are being introduced that address family planning within a wider set of interventions to support the empowerment of women and girls through agriculture, nutrition, water, sanitation, hygiene, and sexual and reproductive health.²⁶ The United Nation's Spotlight Initiative, together with the WB's Adolescent Nutrition-Sensitive Agriculture Pilot Project, have demonstrated the potential for impact at scale (see more information on the Spotlight Initiative).

The poverty headcount rate for female-headed households is around five percent higher than for male-headed households. The gender gap in poverty at the household head level likely reflects the degree to which women rely on spouses and other adult male family members for access to certain assets, as many of these female-headed households are widows or divorced/separated women. And despite a higher participation in agriculture, women tend to be less productive than men in agriculture and in the non-farm sectors because of their limited ownership of assets and their limited access to credit and other inputs.²⁷ Agriculture labor activity is, on average, 44 percent lower on female-managed plots, with 34 percent of this gap explained by differences in access to labor markets and 29 percent explained by differences in access to credit.²⁸ Other research finds that female-managed plots in Malawi are 25 percent less productive than male-managed plots, with the gender gap explained mostly by women's lower participation in export crop farming and lower use of male adult labor.²⁹ The gender gap in returns to household size and child dependency ratio are also significant, hinting at the disproportionate burden of childcare on women.³⁰

Female-headed households have fewer assets and lower access to infrastructure and services. This in turn lowers their productivity. This is not only important for the women themselves, but for economic development, considering that women in Malawi feature prominently in small-scale enterprise, representing 84 percent of microenterprises. Low productivity is particularly evident in farming, as female-managed plots are estimated to be 25 percent less productive.³¹ It has been estimated that closing Malawi's 28 percent agricultural productivity gap could contribute 100 million USD to GDP annually, lifting an estimated 238,000 people out of poverty.³²

The 2019 FinScope Survey estimates that there are 11 percent female owners of micro, small, and medium-sized enterprises (MSMEs) in Malawi as compared to 89 percent male

25 Ibid.

26 <https://www.worldometers.info/world-population/malawi-population/>

27 The Fifth Integrated Household Survey report, 2020, National Statistics Office.

28 https://www.researchgate.net/publication/282990756_The_Gender_Gap_in_Agricultural_Productivity_The_Role_of_Market_Imperfections

29 A recent paper in the Food Policy Journal that suggests that women are disproportionately likely to be farming with lower quality seeds and less fertilizer on lower quality soils, but there is no yield gap after controlling for these factors. In other words, when women and men have equal access to production factors there is no yield difference. The gender gap is not at the level of yield, but at the level of quality production factors. (Burke and Jayne, 2020: *Disparate access to quality land and fertilizers explain Malawi's gender yield gap*. Food Policy, January 2021, 102002).

30 Talip Kilic, Edward Whitney, Paul Winters, Decentralised Beneficiary Targeting in Large-Scale Development Programmes: Insights from the Malawi Farm Input Subsidy Programme, Journal of African Economies, Volume 24, Issue 1, January 2015, pages 26–56.

31 Gender Innovation Lab and UN Women. THE COST OF THE IN AGRICULTURAL PRODUCTIVITY in Malawi, Tanzania, and Uganda. 2015. <https://www.unwomen.org/en/digital-library/publications/2015/10/the-cost-of-argricultural-productivity>

32 Ibid.

owners.³³ It also identifies that most women and youth-led entrepreneurs are not aware of the process or the importance of formalizing, which is expected given that they mainly operate as a micro and small business. Savings and Credit Cooperative Associations and Village Savings and Loan Organizations (VSLs) provide easier access to finance, particularly for women and youth-led businesses.³⁴ The product offerings are however limited by the tenure of loans and loan amounts.³⁵ Even among microenterprises where women are relatively better represented compared to among larger enterprises, significant gender gaps exist.³⁶ Research estimates a 31 percent gender gap in the profits of microenterprises in Malawi, with women's businesses less likely to be formal and smaller than those owned by men.³⁷ The gender profit gap among microenterprises is still sizeable (22 percent) after controlling for key individual and firm characteristics.³⁸ Women's lower application of capital (partly, though not fully, explained by sector choice) is important in explaining the gender gap in profits, as is their greater domestic responsibilities which reduce the amount of time women spend working on their businesses.

33 FinMark Trust, Imani Development and AESA. FinScope Micro, Small and Medium Enterprises (MSME) Malawi Survey 2019. 2019. <https://imanidevelopment.com/wp-content/uploads/2020/07/Finscope-MSME-2019-survey-Full-Report.pdf>

34 Ibid.

35 Ibid.

36 Ibid.

37 World Bank, 2019

38 FinMark Trust, Imani Development and AESA. FinScope Micro, Small and Medium Enterprises (MSME) Malawi Survey 2019. 2019. <https://imanidevelopment.com/wp-content/uploads/2020/07/Finscope-MSME-2019-survey-Full-Report.pdf>

3. Scope of the Problem of GBV

Key Evidence

- 42 percent of girls in Malawi experience physical violence before the age of 18
- 3.5 percent of girls nationwide experience **FGM/C**, but the percentage is as high as 13.6 in areas of the southern region.
- 42 percent are **married** before the age of 18 and 9 percent are married before 15.
- 38 percent of ever-partnered women aged 15-49 years experienced **intimate partner violence** at least once in their lifetime, and 24 percent in the last 12 months.
- 13 percent of women feel that a husband/partner is **justified in hitting or beating his wife** under certain circumstances.
- 1 in 5 women have experienced **sexual violence**; 14 percent have experienced sexual violence in the past year.
- 49 percent of women who experienced physical or sexual violence have **never sought help** nor told anyone about the violence they experience.

Source: National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.

Given the high levels of gender inequality in Malawi, it is not surprising that women and girls are subject to high levels of GBV.³⁹ The term ‘GBV’ is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. Women and girls experience violence throughout the life cycle from childhood to old age, and the following section is organized to reflect this, drawing on a range of sources, including the Malawi Demographic and Health Survey (DHS 2015-2016), the Violence against Children and Young Women Survey (VACS 2013), and other research in order to describe the scope and prevalence of GBV across the life stage.

As the data below illustrate, harmful traditional practices, religious beliefs, and social norms can reinforce patriarchal systems that support or condone different forms of GBV in Malawi, and also make it challenging for survivors to access care and support.⁴⁰ While gender inequality is always at the root of GBV, other contributing factors exist which may exacerbate this risk in Malawi, including high rates of early marriage and childbirth, low levels of economic independence and lower earnings among women, low levels of education among women, significant age gaps between husbands and wives, and polygamy. These factors, in combination with other differences in urbanicity, agriculture, economic conditions, and traditional practices, contribute to many of the regional variations in the prevalence of GBV described below.

39 National Gender Policy 2015. Malawi Government, National Plan of Action to Combat Gender-Based Violence.

40 For additional information on inequitable gender norms and practices in Malawi, see Lovell, E, 2021, Gender Equality, Social Inclusion and Resilience in Malawi. https://reliefweb.int/sites/reliefweb.int/files/resources/Gender%20equality%20social%20inclusion%20and%20resilience%20in%20Malawi_BRACC%20July%202021.pdf

3.1 Existing Data

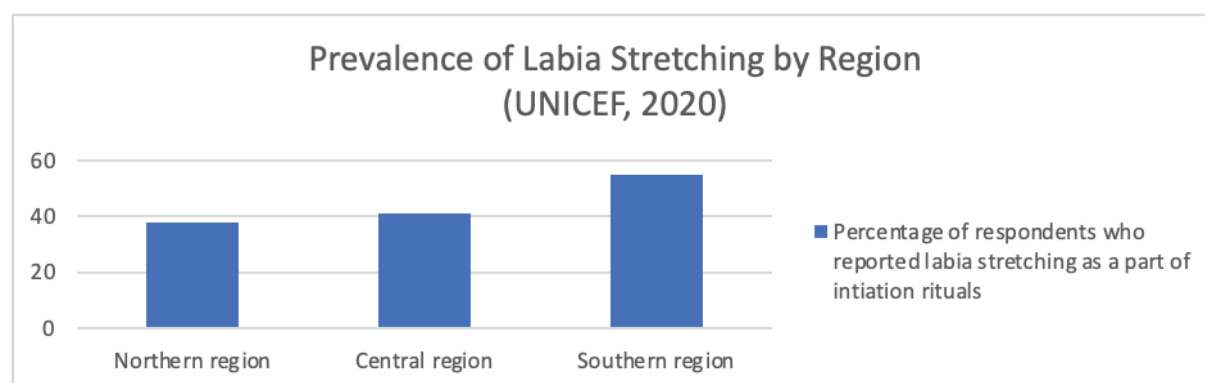
There is growing evidence on the scope of the problem of different forms of GBV in Malawi. The following section outlines existing data on different forms of GBV that girls and women in Malawi experience during their lifetime as well as regional differences in their prevalence.

Childhood Sexual Abuse: According to VACS 2013, 42 percent of young girls face physical violence before their 18th birthday, while one-third of all children aged 13-17 witness violence in the home.⁴¹ Two-thirds (61.2 percent) of children who were sexually abused in childhood told someone about the abuse (usually a friend), but only 9 percent received professional services, clearly showing a lack of use of referral services by young GBV survivors, with preferential use of family structures to report GBV cases.⁴²

FGM/C: Female genital mutilation/cutting (FGM/C), as defined by the World Health Organization (2017), comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Traditional chiefs in parts of Malawi have confirmed that FGM/C is practiced, but not significant enough for its prevalence to be known.⁴³ A 2018 national survey on traditional practices found a national prevalence of FGM/C of 3.5 percent -- up to 4.3 percent in the southern region, with Phalombe having the highest concentration at 13.6 percent.⁴⁴

Initiation practices involving female genitalia: Related practices, such as labia stretching, are part of initiation rituals and have a higher prevalence than FGM/C, estimated to occur in over 50% of communities.⁴⁵ According to a 2020 study by UNICEF and the Spotlight Initiative, the prevalence of labia stretching varies by region, with the highest rates reported in the Southern region (see figure 1 below).⁴⁶

Figure 1: Regional Differences in the Prevalence of Labia Stretching in Malawi



41 Violence Against Children and Young Women in Malawi Survey (VACS) 2013, Malawi Government.

42 Ibid.

43 Nyasa Times, "Female genital mutilation silently practiced in Malawi – traditional chiefs", November 26, 2015: <https://thisisafrica.me/female-genitalna-chiefs-say/>

44 UNICEF Malawi (2020) Ending violence against women and girls in Malawi: What do we know? United Nations Children's Fund (UNICEF), 2020, Lilongwe, Malawi.

45 National Statistical Office, University of Zurich, Centre for Social Research, 2019.

46 Ibid.

Child Marriage: Malawi has one of the highest rates of child marriage in the world, mostly fueled by harmful cultural practices and poverty.⁴⁷ Approximately 42 percent of girls get married before the age of 18, and 9 percent below the age of 15.⁴⁸ In some instances, girls as young as nine years of age are offered by parents as payment for debt.⁴⁹ Child marriage results in school dropouts, which affects future livelihood opportunities, especially for girls. It also has negative impacts on the health of the girls.⁵⁰ Worldwide, complications from early pregnancy and childbearing are the greatest cause of death among teenage girls.⁵¹ In Malawi, teenage pregnancies are on the rise, with girls in rural Malawi more vulnerable to pregnancy (31 percent) than their urban peers (21 percent). The percentage of women aged 15-19 years who have begun childbearing ranges from 25 percent in the Central Region to 32 percent in both Northern and Southern Regions.⁵² Figures 2 and 3 below highlight differences in child marriage in Malawi according to region, residence, and gender.

Figure 2: Regional Differences in the Prevalence of Child Marriage

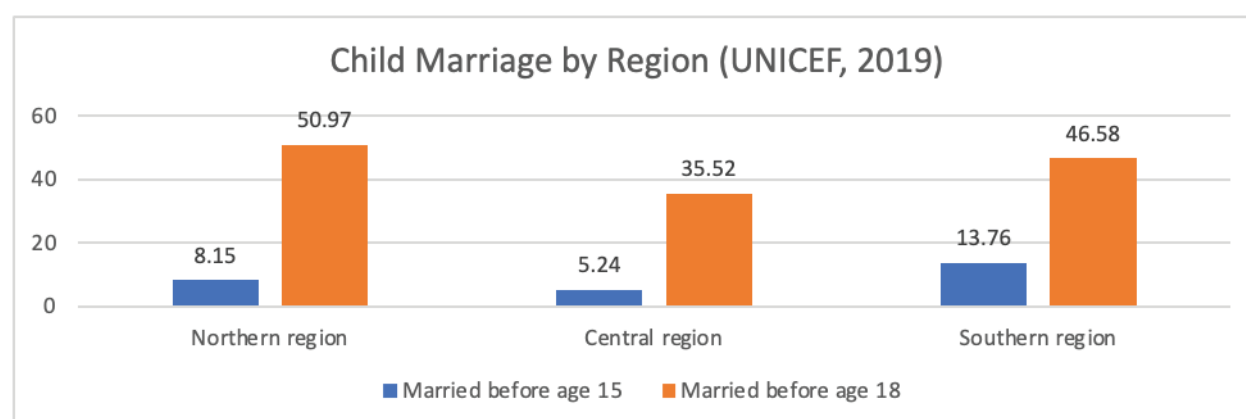


Figure 3: Child Marriage by Gender, Region, and Residence in Malawi

	Region			Residence	
	Northern	Central	Southern	Rural	Urban
Females					
Married before age 15	8.15	5.24	13.76	9.14	9.55
Married before age 18	50.97	35.52	46.58	41.62	37.34
Males					
Married before age 15	0.34	0.72	1.99	1.17	2.95
Married before age 18	4.99	5.06	8.04	6.25	5.88

Source: UNICEF, 2019.

47 Medson Makwemba, Blessings Chinsinga, Chrissie Thakwalakwa Kantukule, and Alister Munthali, Mekonnen Woldegorgis, Simon Haenni and Qingyang Lin. Survey Report: Traditional Practices in Malawi. Center for Child Well-Being & Development, UNICEF. 2019.

48 Ibid.

49 Malawi Human Rights Commission, 2005.

50 Traditional Practice Survey 2019

51 <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

52 Malawi Demographic and Health Survey (2015-16 MDHS) <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

Intimate Partner Violence: Malawi features among the 20 countries with the highest incidence of Intimate Partner Violence (IPV) in the world.⁵³ According to the 2015-2016 Malawi Demographic Health Survey (MDHS), 38 percent of ever-partnered women aged 15-49 years experienced intimate partner physical and/or sexual violence at least once in their lifetime, and 24 percent in the last 12 months.⁵⁴ This is higher than both the 2018 global estimate of the prevalence of lifetime IPV among women 15-49 of 27 percent and the regional average for Sub-Saharan Africa of 33 percent (Within the past 12 months, these figures are 13 percent and 20 percent, respectively).⁵⁵ While the methodologies and timeframes of different survey instruments investigating IPV vary and comparisons in prevalence should therefore be done cautiously, estimates from the WHO studies suggest that IPV is more common in Malawi than in some other countries where WHO has undertaken the same research. In fact, comparing the WHO data to other countries, Malawi ranks in the top 20 highest-prevalence countries in the African region.⁵⁶

The most common form of physical violence experienced by females in Malawi is beating, hitting, or battering.⁵⁷ Forty-seven percent of women in the northern and central regions of Malawi reported experiencing IPV, compared to 37 percent in the southern regions.⁵⁸ Thirteen percent of women feel that a husband/partner is justified in hitting or beating his wife under certain circumstances, such as if the female partner burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him.⁵⁹ The 2013 VACS illustrated similar gender biases were held by nine out of 10 females and eight out of 10 males aged 18 to 25, suggesting that even among a younger demographic gender discriminatory beliefs are fairly widespread in Malawi.⁶⁰

The 2015-16 Malawi DHS included the domestic violence module in one-third of the sampled households, and information was obtained from never-married women on their experience of violence committed by anyone and from ever-married women on their experience of violence committed by their current and former husbands/partners and by others. This data (see figure 4 below) reveals important regional distinctions in the prevalence of IPV, with the highest rates in the northern regions and lowest in the southern regions of Malawi.

Notably, 40 percent of all women who have ever experienced any type of physical or sexual violence have sought help to stop violence; however, 49 percent have never sought help nor

53 This refers to ongoing or past violence and abuse by an intimate partner or ex-partner — a husband, boyfriend, or lover, either current or past. Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook. (2014). (UN WOMEN, UNFPA, WHO)-WHO/RHR/14.26

54 Malawi Demographic and Health Survey (2015-16 MDHS) <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

55 WHO: Violence Against Women Prevalence Estimates, 2018 Global, regional, and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women pp. 22, 24. <https://www.who.int/publications/i/item/9789240022256>

56 WHO Sexual and Reproductive Health and Research. Accessed December 11, 2021, https://srhr.org/vaw-data/data?region=Africa®ion_class=WHO&violence_type=ipv&violence_time=lifetime&age_group=15_49.

57 MDHS: Physical spousal violence defined as: push you, shake you, or throw something at you; slap you; twist your arm or pull your hair; punch you with his/her fist or with something that could hurt you; kick you, drag you, or beat you up; try to choke you or burn you on purpose; or threaten or attack you with a knife, gun, or any other weapon; Sexual spousal violence: physically force you to have sexual intercourse with him even when you did not want to; physically force you to perform any other sexual acts you did not want to; force you with threats or in any other way to perform sexual acts you did not want to; Emotional spousal violence: say or do something to humiliate you in front of others; threaten to hurt or harm you or someone close to you; insult you or make you feel bad about yourself.

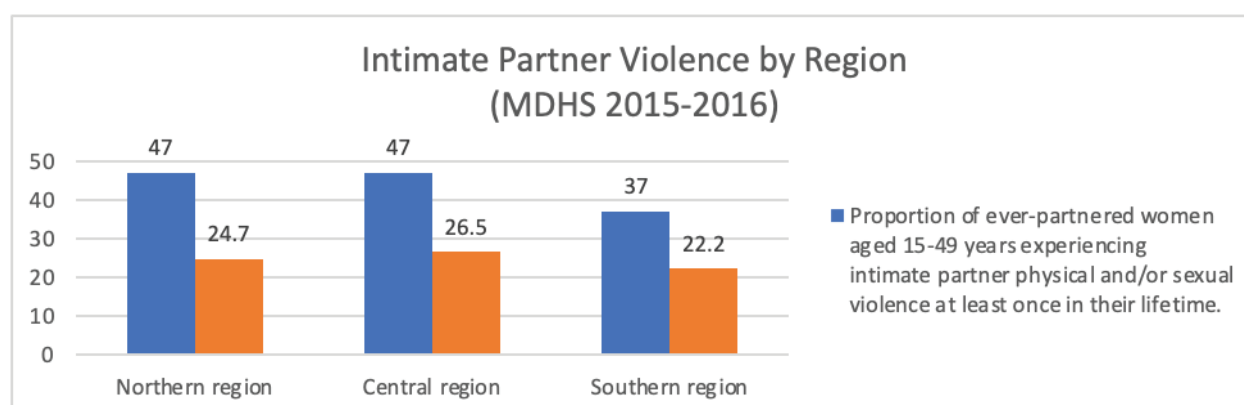
58 Malawi Demographic and Health Survey (2015-16 MDHS) – Page 285. <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

59 Ibid.

60 Violence Against Children and Young Women in Malawi Survey (VACS) 2013, Malawi Government.

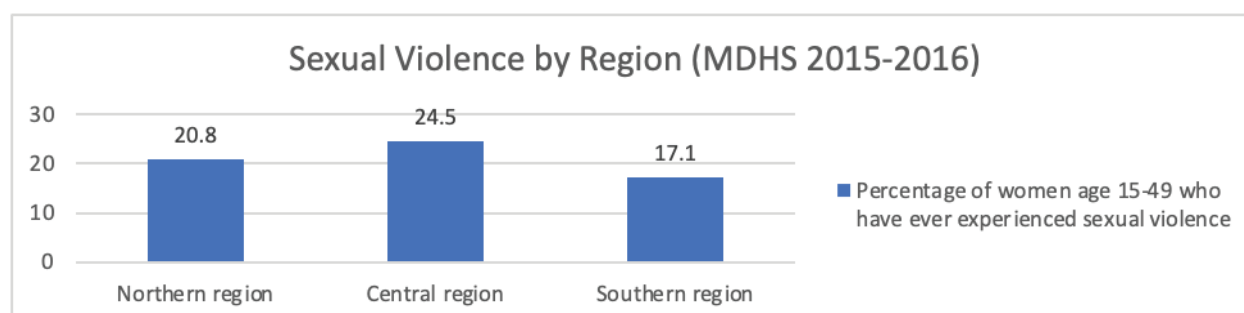
told anyone about the violence they experience.⁶¹ Women who are employed (45 percent) tend to report or seek help when they experience violence compared to those who are not employed (36 percent).⁶² This links lack of economic empowerment to low help-seeking behavior.⁶³

Figure 4: Regional Differences in the Incidence of Intimate Partner Violence in Malawi



Sexual Violence: One-in-five women have experienced sexual violence; according to MDHS, 14 percent have experienced sexual violence in the past year.⁶⁴ Notably, divorced, separated, and widowed women are most at risk (31 percent) compared to never-married women (10 percent).⁶⁵ This category includes women as employees in the workplace facing sexual harassment and other forms of violence.⁶⁶ The prevalence of sexual violence also varies by region with the highest rates reported in Central Malawi, followed by the Northern Region and Southern Region, respectively.

Figure 5: Regional Differences the Incidence of Sexual Violence in Malawi



61 Malawi Demographic and Health Survey (2015-16 MDHS)

62 Ibid.

63 Ibid.

64 Malawi Demographic and Health Survey (2015-16 MDHS) – Page 285. <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

65 Ibid.

66 Ibid.

Harmful Cultural Practices: In addition to customary practices such as child marriage and FGM/C referenced above, there are several other harmful traditional practices in Malawi that prevent women and girls from fully realizing their human rights.⁶⁷ Polygamy is still practiced among some sub-cultures in Malawi. According to the 2015-2016 MDHS, 13 percent of currently married women reported that their husband had multiple wives.⁶⁸ Wife inheritance—where a widow is inherited by a younger brother of a deceased husband—is also reportedly still practiced among ethnic groups in northern Malawi, as is the practice of *kulowa kufa* among the Sena in Nsanje,⁶⁹ in which a widow is forced to have sex with the deceased husband’s brother as a cleansing ritual. Other rituals similarly require sexual intercourse with women as a form of cleansing to appease spirits when calamity has befallen a community. Among the Chewa tribes of the Central Region of Malawi, it is part of traditional etiquette to provide visiting chiefs with young girls to keep them company and force them to provide sex.⁷⁰

3.2 Groups Particularly at Risk of GBV

Key Evidence

- Of children in Malawi between the ages of 13 and 17, 1 in 5 have experienced physical violence, and the figure is likely higher for orphans and children living on the streets.
- Women who are divorced, separated, or widowed are three-times as likely to experience sexual violence compared to never-married women in Malawi.
- Of people with disabilities in Malawi who reported ever having sex, 83 percent did not consent to their first sexual encounter.⁷¹

While females irrespective of age and economic status may suffer from GBV at all stages of their lives, certain groups are disproportionately affected due to intersectional issues including poverty, illiteracy, sexual orientation, gender identity, age, etc.⁷² There is limited data on these specific groups in Malawi. However, this assessment lists some categories highlighted by the Spotlight Initiative.⁷³ The National Gender Policy (NGP) calls for the need for the protection of vulnerable persons.⁷⁴ Malawi’s NGP classifies women as a vulnerable group as well as orphans, widows, people living with HIV and Aids (PLHA), people with disabilities, and the elderly.⁷⁵ The Spotlight Initiative and other studies added sex workers, young women 25-49,⁷⁶ and refugees to the list.⁷⁷

67 See, for example, Malawi Human Rights Commission 2005; Bisika 2008; National Statistical Office 2012, Kanyongolo and Malunga 2011, Lomba 2014; Kalilani Phiri and Taulo, 2009; and Kaufulu, 2016.

68 Malawi Demographic and Health Survey (2015-16 MDHS) <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

69 See: https://www.researchgate.net/publication/305541342_A_NON-ACADEMIC_DOCUMENTARY_OF_A_SEXUAL_CLEANSING_RITUAL_CALLED_KULOWA_KUFA

70 Medson Makwemba, Blessings Chinsinga, Chrissie Thakwalakwa Kantukule, and Alister Munthali, Mekonnen Woldegorgis, Simon Haenni and Qingyang Lin. Survey Report: Traditional Practices in Malawi. Center for Child Well-Being & Development, UNICEF, 2019.

71 Munthali, A.C., M.G. Tsoka, P.M. Mvula and J.A.G. Milner. (2013). From exclusion to inclusion: promoting the rights of children with disabilities in Malawi. Lilongwe: Government of Malawi and UNICEF.

72 Spotlight Initiative. “Spotlight Initiative. 2021. <https://spotlightinitiative.org/fr/node/17535>

73 Spotlight, UNICEF Malawi (2020) Ending violence against women and girls in Malawi: What do we know? While the Spotlight Initiative will target the general population, special attention will be paid to population groups that are left further behind including persons with disabilities, persons with albinism, HIV+ persons, the LGBTIQ, refugees, prisoners, and young widows.

74 Republic of Malawi. Ministry of Gender, Children, Disability, and Social Welfare. *National Gender Policy*, 2015. <https://cepa.org.mw/Library/government-publications/Nationalpercent20Genderpercent20Policypercent202015.pdf/view>

75 Ibid.

76 Age range covered by the Malawi Demographic and Health Survey (2015-16 MDHS).

77 Primary target groups for economic empowerment programs to prevent GBV and HIV under the NPA.

Table 1: Particularly Vulnerable Groups at Risk of GBV

Category	Vulnerability
Young Girls, especially those orphaned and living on the streets	Of children 13-17 years, one in five experience violence. Street children are at high risk for GBV, ⁷⁸ trading sex for food, lodging, and other basic needs to survive. Apart from home, most females first experience of sexual violence is at school. ⁷⁹
Women living with disabilities	Globally, girls and young women with disabilities may face up to 10 times more violence than women and girls without disabilities. Many girls with disabilities never have a birth certificate. The lack of legal registration means they are not able to access health care, education, and social services. It also renders them more vulnerable to violence and abuse. ⁸⁰
Sex workers	Sex workers are also subject to different forms of abuse – including physical sexual abuse or rape. ⁸¹ Sex workers are especially vulnerable since sex work is not recognized as work. ⁸² Since there are no laws to protect sex workers from violence and abuse, ⁸³ they are at higher risk of violence from clients, bar owners, and partners. ⁸⁴
Lesbian, bisexual, transgender, and intersex (LGBTI) women and girls	The National HIV and AIDS Policy acknowledges the need to reform or repeal laws criminalizing same sex conduct to enable equal access to health services. ⁸⁵ The government, however, has not been bold in taking the next logical step of decriminalizing same sex sexual relations and recognizing the human rights of LGBTI Malawians. ⁸⁶

78 Mandalazi, Phillip & Banda, Chancy & Umar, Eric. (2013). Street children's vulnerability to HIV and sexually transmitted infections in Malawian cities. *Malawi medical journal: the journal of Medical Association of Malawi*, p. 25. 1-4.

79 VACS (2013)-The most common location reported among 18-24-year-old females who experienced sexual abuse prior to age 18 was in the perpetrator's home (28.3percent), followed by her own home (22.1 percent), in school (20.4 percent), and on a road (15.6 percent).

80 <https://blogs.worldbank.org/sustainablecities/five-facts-know-about-violence-against-women-and-girls-disabilities>

81 UNAIDS, 2019. "Be the change": creating a voice for male sex workers in Malawi [WWW Document]. URL https://www.unaids.org/en/resources/presscentre/featurestories/2019/may/20190527_male-sex-workers-malawi(accessed 8.13.20).

82 Ibid.

83 Ibid.

84 MSF, 2019. The sex workers on the frontlines of the HIV response in Malawi | MSF [WWW Document]. Médecins Sans Frontières (MSF) International. URL <https://www.msf.org/sex-workers-frontlines-hiv-response-malawi> (accessed 8.13.20).

85 Malawi Government. Malawi National HIV/AIDS Policy, 2003. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_125540.pdf

86 The Centre for Human Rights and Rehabilitation (CHRR), a leading human rights non-governmental organization, notes that the statutory Malawi Human Rights Commission (MHRC) has remained silent on LGBTI issues, and the United Nations Human Rights Committee has expressed concern over the MHRC's reluctance to speak up for sexual minorities.

Divorced, separated, widowed and elderly women	Women who are divorced, separated, or widowed are three-times as likely to experience sexual violence compared to never-married women.⁸⁷ Elderly women are also at risk of violence: in Malawi, 11 percent of women aged 50-64 and 13 percent of women 65+ surveyed in a rapid assessment indicated they had experienced violence in the community since the onset of COVID-19.⁸⁸
--	--

3.3 GBV and COVID-19

Economic shocks brought about by COVID-19 have put vulnerable women and girls at increased risk of abuse and exploitation.⁸⁹ During an emergency, they may be forced to exchange sex for essential services, e.g., access to markets, jobs, etc.⁹⁰ Some frontline staff and others in decision-making positions may abuse their power to harass and sexually exploit women and girls as casual jobs are scarce, curfews are in effect, and access to protections is limited.⁹¹ Young women are also at risk of sex and labor trafficking.⁹² The limited social protection and increasing unemployment may lead to an increase in the number of women turning to sex work as a survival mechanism.⁹³ As noted above, elderly women are also at risk of violence.

The rates of child marriage and unintended pregnancy have increased in Malawi as a result of the COVID-19 pandemic. Malawi has recorded 13,000 cases of child marriages and over 40,000 cases of teen pregnancies during COVID-19 (from March to July 2020), which is an 11 percent increase in teenage pregnancies compared to 2019.⁹⁴ Anecdotal data suggests that this increase is the result of lockdown measures, school closures, and economic stress caused by COVID-19.⁹⁵

At the same time, sexual and reproductive health services for women and girls have been more difficult to access. Sexual and reproductive health workers have been reassigned to managing COVID-19 cases.⁹⁶ Since March 2020, many referral services used by GBV survivors have closed down because organizations are experiencing reduced capacity or have been repurposed to COVID-19 responses.⁹⁷

87 Malawi Demographic and Health Survey (2015-16 MDHS) – Page 285. <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

88 UN Women and UNDP, (2020) COVID-19 Rapid Gender Assessment: Gendered Perspective. Malawi cited in HelpAge, July 2021: Confronting the Shadow Pandemic: Covid-19 and violence, abuse, and neglect of older people. <https://www.helpage.org/silo/files/vancovid19violence-abuse-and-neglectbriefing.pdf>

89 IPAS, 2020. Putting women at the center of the COVID-19 response in Malawi | Ipas [WWW Document]. URL <https://www.ipas.org/news/putting-women-at-the-center-of-the-covid-19-response-in-malawi/> (accessed 8.13.20).

90 Ibid.

91 Ibid.

92 Ibid.

93 Tithetse Nkhanza, 2020

94 MALAWI COVID-19 Situation Report- UNICEF Reporting Period: 08 - 21 October 2020, MoGCDSW -Rapid Assessment of Child Marriages and Teenage Pregnancies During COVID-19 in Malawi, September 2020.

95 Chakwana, C., Malera, G., Malunga, A., Mkwamba, P., Molosoni, B., 2020. Malawi Violence Against Women and Girls Prevention and Response Programme: Rapid Gender Analysis. Tithetse NKhanza Programme.

96 Ibid.

97 Tithetse Nkhanza, 2020

4. Legislative and Policy Environment

With more than 12 laws, 10 policies, and nine international or regional treaty obligations related to the regulation of women's issues, Malawi has a relatively progressive framework anchored on a progressive Constitution and relevant pieces of legislation.⁹⁸ International conventions have also been adopted by the government.⁹⁹ Policies and plans of action are key entry points for all development-oriented interventions.

This chapter provides a brief overview of the Malawi government's gender and GBV legislative and policy environment to ensure that the work of the WB strategically fits into the national operating environment; however, it is not exhaustive. Appendix 1 provides a more detailed list of the policy and legal documents related to gender and GBV. The chapter also offers a brief summary of some of the key gaps in legislation and policies, and opportunities related to addressing those gaps.

4.1 Key Gender Equality Legislation and Policies

Malawi Constitution and Gender Equality Act (2013): Malawi has a section in its Constitution dedicated to gender.¹⁰⁰ The Constitution prohibits discrimination of persons in any form and obliges the State to promote gender equality.¹⁰¹ In addition, Malawi passed the Gender Equality Act (GEA) in 2013 which attempted to incorporate gender equality into the fabric of Malawi's legal system.¹⁰² Its aim is to:

*"Promote gender equality, equal integration, influence, empowerment, dignity and opportunities, for men and women in all functions of society, to prohibit and provide redress for sex discrimination, harmful practices and sexual harassment, to provide for public awareness on promotion of gender equality, and to provide for connected matters."*¹⁰³

Malawi Gender Policy: To fulfill its commitments under the Gender Equality Act, Malawi established a National Gender Policy (NGP) and a National Gender Program for the implementation of the policy.¹⁰⁴ The most recent NGP (2015) is a successor of the NGP 2002-2005, after it was noted that the persistence of gender inequalities and under-representation of women in decision-making positions at all levels continued, to provide the need for a gender policy to provide the policy framework for addressing them.¹⁰⁵

98 National Gender Policy January 2015, National Sexual and Reproductive Health and Rights (SRHR) Policy (2017-2022), National Plan of Action to Combat Gender-Based Violence in Malawi 2014 – 2020, National HIV and AIDS Workplace Policy, National HIV/AIDS Policy, National Policy on Equalization of Opportunities for Persons with Disabilities 2007, National Policy on Early Childhood Development 2003, National Youth Policy 2013, National Strategy on Ending Child Marriages (2018-2023), National Child Policy 2019.

99 Malawi has ratified The United Nations Convention on the Elimination of All Forms of Discrimination Against Women, African Charter on Human and Peoples' Rights, Convention on the Rights of the Child, Vienna Declaration on Human Rights, SADC Declaration on Gender and Development, SADC Protocol on Gender and Development, Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, African Youth Charter, and African Charter on the Rights and Welfare of the Child.

100 Republic of Malawi. Constitution of the Republic of Malawi. [https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/162d151af444ded44125673e00508141/4953f2286ef1f7c2c1257129003696f4/\\$FILE/Constitutionpercent20Malawi percent20percent20EN.pdf](https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/162d151af444ded44125673e00508141/4953f2286ef1f7c2c1257129003696f4/$FILE/Constitutionpercent20Malawi percent20percent20EN.pdf)

101 Ibid.

102 MalawiLII. Gender Equality Act, 2013. 2021. <https://malawilii.org/mw/legislation/act/2013/3>

103 Ibid.

104 National Gender Policy, Malawi Government.

105 Ibid.

The Malawi Growth Development Strategy (MGDS) III provides mid-term planning tools for the implementation of the NGP.¹⁰⁶ In addition to the MGDS III, the NGP links with several other major sectoral policies, including the National Reproductive Health Policy, the National Education Policy, the National HIV and AIDS Policy, the National Youth Policy, as well as agriculture and environmental policies.¹⁰⁷ The explicit linkage of the policy with the national and international legal instruments is important, ensuring that the goals and actions/strategies outlined in the policy are derived from legally binding international, continental, and regional instruments.¹⁰⁸ Further, the reference to relevant sectoral policies provides a critical premise for ensuring policy coherence at sector level in the implementation of the policy's strategies.¹⁰⁹

The purpose of the policy is to mainstream gender in the national development process to enhance participation of women, men, girls, and boys for sustainable and equitable development for poverty eradication.¹¹⁰ The NGP has provided for a gender transformative approach, which aims to create opportunities to actively challenge gender norms and to address inequities between persons of different gender. This approach includes increasing equitable access to, and control and utilization of, social and economic services by women.

Based on its problem statement, broad objectives, and expected outcomes, the Malawi NGP stipulated the following eight priority areas under which it presented clear strategies for actions: 1) gender-related education and training; 2) health; 3) agriculture, food security, and nutrition; 4) natural resources, environment, and climate change management; 5) governance and human rights; 6) economic development; 7) GBV; and 8) national gender machinery. The NGP envisaged a multi-sectoral approach to implementation of the activities given the cross-cutting nature of gender issues, drawing on the public sector, the private sector, media, development partners, and civil society organizations.

Implementation and Institutional Arrangements

The policy identifies key stakeholders for its implementation: MoGCDSW, the Office of the President and Cabinet (OPC), the Department of Human Resource Management and Development, Ministry of Finance and Economic Planning, MoH, the MoEST, the Ministry of Agriculture, the Ministry of Justice and Constitutional Affairs (MoJCA,) District Councils, development partners, and NGOs. The roles of each of these stakeholders in the implementation of the institutional framework for the NGP are clearly spelt out in the policy.

The NGP holds the MoGCDSW responsible for establishing a structure at the national level. This includes 11 positions, with the implementation of gender issues through gender focal points in the public sector, the media, and civil societies, as well as the Development Assistance Group on Gender (DAGG), the Gender, Culture, HIV and AIDS and Human Rights TWG, and the GBV Thematic Working Group. The institutional framework for implementation of the NGP is comprised of the Gender, Youth Development and Sports Sector Working Group and Gender TWG.

106 Malawi Government, The Malawi Growth and Development Strategy (MGDS) III. 2017.

<http://www.reforms.gov.mw/psrmu/sites/default/files/Malawipercent20Growthpercent20andpercent20Developmentpercent20Strategypercent20III.pdf>

107 Malawi Government Laws of Malawi, 2021. https://malawilii.org/consol_leglist/consolidated_legislation/c

108 National Gender Policy, 2015. Malawi Government

109 Ibid.

110 Ibid.

The MoGCDSW is also responsible for monitoring and evaluation processes and ensuring timely reporting and dissemination of results on implementation of activities laid out in the NGP through its planning and research department. A Gender Monitoring and Evaluation Report is meant to be published annually with data that is gender and sex disaggregated. All agencies implementing programs related to the policy are expected to report periodically on their activities.

In addition to the routine monitoring reports, the Integrated Household Survey; Welfare Monitoring Survey, and the Demographic Health Survey are identified within the NGP as sources of information for monitoring. The NGP proposes a review during implementation to assess progress made and at the end of the implementation period in 2020 after monitoring key milestones and targets, with the reviews being coordinated by the MoGCDSW. The review is currently underway and will likely be completed mid-year 2022.¹¹¹

Key informants engaged during the analysis from both state and non-state actors demonstrated keen awareness of the NGP and participation in ongoing efforts to review it. This shows that there are high levels of engagement with the policy and its contents.¹¹² A key informant interviewed from the MoEST acknowledged that, as provided for in the NGP, the education sector sets up gender focal points at various levels, i.e., at ministry, division, and school levels.¹¹³ Further, to integrate or mainstream gender issues into the education sector as stipulated in the policy, the MoEST developed the National Girls Education Strategy and National Communication Strategy which helps duty bearers focus on gender issues in the MoEST.¹¹⁴ The examples coming out of the MoEST demonstrate positive strides with respect to a level of policy and program coherence critical for tackling gender inequality and GBV. However, as is discussed further below, key informants suggest that the challenges with implementation of the NGP mean that it has not met some of its ambitious goals.

4.2 Key GBV Legislation and Policies

As noted previously, Malawi has ratified most of the key conventions at regional and international levels related to the rights of women and children.¹¹⁵ Notably, however, laws that provide for protection against GBV are not found in one piece of legislation.¹¹⁶ Survivor's face complexities when seeking justice because they must navigate various laws to identify which legal provisions are applicable to their case.¹¹⁷

111 KII, MoGCDSW.

112 Key Informant Interview - Malawi Police Service, NGO-GCN, Malawi Human Rights Commission, MoH, MoGCDSW, MoEST, NGOs.

113 Key Informant Interview - MoEST

114 Ibid.

115 Appendix 1 provides a list of all key conventions ratified by Malawi which relate to the rights of women and children.

116 Appendix 1 provides a list of key GBV related laws, https://malawilii.org/consol_leglist/consolidated_legislation/laws-of-malawi

117 The Constitution, Prevention of Domestic Violence Act, Marriage Divorce and Family Relations Act, Legal Aid Bureau Act, Gender Equality Act, Child Care Protection and Justice Act, Employment Act, Trafficking in Persons Act, HIV/AIDS Prevention Management Act, Deceased Estates Wills and Inheritance Act, National Registration Act, and National Children's Commission Act.

Almost all types of GBV are criminal offenses attracting penalties of between one-year imprisonment to maximum prison terms such as life in prison.¹¹⁸ A Penal Code amendment has widened the net to criminalize consenting or non-consenting sex with girls under 16 years.¹¹⁹ Sexual offenses such as rape, indecent assault, transactional sex/prostitution and other aspects of sexual exploitation and abuse are also covered under the Penal Code. These include both intimate and non-intimate partner violence.¹²⁰ Sexual harassment, harmful cultural practices, child marriages, and forced marriages are covered by the Gender Equality Act, the Constitution, and the Child Justice Care and Protection Act.¹²¹ For example, Malawi signed the Child Care, Protection and Justice Act in 2010 that provides protections for girls against early and forced marriage.¹²² In 2017, the Parliament voted to amend the Constitution to end marriage below the age of 18 and remove the provision for girls to marry at age 15 with parental consent.¹²³

The Marriage Divorce and Family Relations Act (MDFR) addresses gaps in other marriage laws. For example, this law introduces the concept of marital rape in marriage laws, protecting a woman from marital rape and saying that she can withhold sex from her husband under certain circumstances.¹²⁴ The Prevention of Domestic Violence Act was passed in 2006 and provides a civil framework for responding to all types of domestic violence, including IPV.¹²⁵ In addition, the Deceased Estates, Wills, and Inheritance Act (passed in 2011) gave female spouses and children the right to inherit the marital estate in the case of the death of a husband.¹²⁶

The National Plan of Action to Combat Gender-Based Violence (2014-2020): The National Plan of Action (NPA) to Combat Gender-Based Violence was a statement of Government priority actions to address GBV in Malawi in the five-year period from mid-2014 to the end of 2020.¹²⁷ It succeeded the 2002-2006 Strategy to Combat GBV and the 2008-2013 National Response to GBV.¹²⁸ It was developed to address the Government's concern on the consistent prevalence and the high level of non-disclosure or non-reporting of incidences of GBV, especially among women and children.¹²⁹ The NPA set out a plan of action for a more effective and robust system to prevent GBV that aligned with the Constitution, the MGDS II, NGP, and other applicable laws and policies.¹³⁰

118 Ibid.

119 A child is under the age of 18 years in Malawi under section 23 (6). However, the age of consent is 16 for both boys and girls. Malawi Government, Penal Code: https://malawilii.org/system/files/consolidatedlegislation/701/penal_code_pdf_14611.pdf

120 Ibid.

121 Appendix 1 provides a list of key GBV related laws which relate to such offences, https://malawilii.org/consol_leglist/consolidated_legislation/laws-of-malawi

122 MalawiLII. Child Care, Protection and Justice Act.,2010. <https://malawilii.org/mw/legislation/act/2010/7>

123 Constitute Project. Malawi Constitution, 2017. https://www.constituteproject.org/constitution/Malawi_2017.pdf

124 Section 48 MDRF Act- reasonable grounds for refusal of sex to a spouse: (a) poor health; (b) post-natal recuperation; (c) post-surgical convalescence; (d) reasonable fear that engaging in sexual intercourse is likely to cause physical or psychological injury or harm to either spouse; or (e) reasonable respect for custom.

125 UN Women. The Prevention of Domestic Violence Act. 2006. <https://evaw-global-database.unwomen.org/fr/countries/africa/malawi/2006/the-prevention-of-domestic-violence-act>

126 MalawiLII. Deceased Estates (Wills, Inheritance and Protection) Act, 2011 <https://malawilii.org/mw/legislation/act/2011/14>

127 Malawi Government. National Plan of Action to Combat Gender-Based Violence in Malawi 2014 – 2020. <http://www.togetherforgirls.org/wp-content/uploads/2017/10/Summary-of-the-National-Plan-of-Action-to-Combat-Gender-Based-Violence-in-Malawi-2014-2020.pdf>

128 Ibid.

129 Ibid.

130 Ibid.

The NPA set out the following vision/objectives to be achieved by 2020: clearer social acknowledgment of the unacceptability of GBV; greater recognition and a broader understanding of GBV; greater confidence in high-quality and consistent services; improved services for survivors; increased accountability and rehabilitation of the perpetrator; improved data collection for future action; and structured and improved planning and monitoring to ensure continued effectiveness.¹³¹

The NPA's aim was to provide a strong framework for sustainable intervention to prevent and effectively respond to GBV.¹³² This goal was to address the confusion that comes with many governments and non-state actors working on the prevention, early referral, action, and alleviation of GBV.¹³³ The NPA drew on experiences from previous national responses on GBV, learning from gaps and sustaining best practices. The NPA coordinated with other national and international interventions, including the VACS 2014 campaign, Men for Gender Equality Now (MEGEN) campaign, HeForShe Campaign, Ending Child Marriage campaign, Unite2Act campaign and 16 Days of Activism.

Implementation and Institutionalization

The MoGCDSW was responsible for facilitating implementation and institutionalization of the NPA in the public sector to ensure accountability measures were in place and resources allocated to the implementation of the NPA.¹³⁴ The MoGCDSW was also responsible for monitoring and evaluating the implementation of the NPA to ensure lessons for future programs, as well as facilitating linkages with other existing plans and programs by other ministries and partners.¹³⁵ It led on capacity building of line ministries and other stakeholders on GBV, on resource mobilization from government and partners to fund the NPA, and on mass dissemination of the NPA.¹³⁶

The NPA ended in 2020. However, much as a successor NPA has not yet been designed and launched by the MoGCDSW, some stakeholders have continued to implement their activities guided by the NPA.¹³⁷ The interviews from stakeholders for this review highlighted the Ministry's important role coordinating all stakeholders implementing the NPA in addressing GBV and providing overall policy and technical guidance for its implementation. The MoH applauded the critical role the NPA (and the NGP) has played in coordinating programming:

*"The Gender Policy and NPA have been of use to the One Stop Centres as these policies provide coordination and the One Stop Centre is an example of coordination relevant for the GBV work in the context of MoH."*¹³⁸

131 Malawi Government. National Plan of Action to Combat Gender-Based Violence in Malawi 2014 – 2020. <http://www.togetherforgirls.org/wp-content/uploads/2017/10/Summary-of-the-National-Plan-of-Action-to-Combat-Gender->

132 Ibid, 7.

133 Ibid- The goal of collaborative efforts in the NPA is to create synergy among all stakeholders and to avoid the duplication of efforts. Pg. 7 & 32.

134 Ibid, 21.

135 Ibid, 36.

136 Ibid, 21.

137 Key Informant interview - MPS.

138 Key Informant Interview – MoH.

This observation exemplifies the implementation of what was envisaged in the NPA with respect to coordination of all stakeholders involved in data collection, e.g., coordination between the police, the judiciary, and OSCs, leading to the harmonization of data collection in providing data on the number of complaints received, prosecuted, resulting in a conviction or otherwise and the type of assistance rendered by the OSCs.¹³⁹

As with the NGP, the review of the NPA is currently underway with stakeholder consultations by the MoGCDSW. The results of the review will provide a more accurate picture of its implementation, resourcing, successes, and recommendations on how to take further it further after 2021. Overall, the NPA made progress in pioneering a successful multi-sectoral approach towards GBV response, increasing capacity of GBV community-level response structures which were integrated into local government day-to-day work, sharing of GBV best practices with multiple stakeholders including information sharing and data collection, increasing visibility of GBV work, and converging stakeholders in GBV prevention and response innovations, including campaigns.¹⁴⁰ Although, as is discussed further below, impressions from key stakeholders indicate that while progress has been made in implementation of the NPA, much remains to be done.

4.3 Key Gaps in Legislation and Policies

Legislation and policies have advanced significantly over the last 20 years, illustrating a high-level of commitment to the prevention of and response to GBV in Malawi, at least in terms of rhetoric. However, stakeholders identified a number of gaps in both legislation and policy.¹⁴¹

Gaps in Legislation: In terms of content, one major gap is the issue that the Penal Code does not explicitly criminalize rape in marriage.¹⁴² In addition to the Penal Code, sexual offenses are in various statutes, and this brings confusion among actors such as prosecutors to formulate proper offenses for sexual-related acts.¹⁴³ This results in injustices to GBV survivors. For instance, section 7 of the Gender Equality Act criminalizes sexual harassment¹⁴⁴ whose interpretation would conflict with the provision of indecent assault under the Penal Code. This poses challenges for the prosecutors to draft charges as they need access to all statutes which touch on sexual assault, as opposed to focusing on a stand-alone statute. Most prosecutors have little or no knowledge of other existing sexual offenses in other statutes other than the Penal Code.¹⁴⁵ Additional concerns related to specific acts are further outline in Table 2, below, and have often to do with challenges with compliance due to lack of enforcement by the judiciary and police, as well as prevailing gender norms and cultural practices at the community level.

139 National Gender Policy, p. 16.

140 NPA- P.9, 31, Operation matrix.

141 Additional gaps in legislation and associated recommendations are captured in a review conducted by the Spotlight Initiative: Male, J, 2020. *Consultancy to Review Legal and Policy Frameworks for SGBV/GBV*.

142 Malunga. A, Malunga.B, Chome. T, & Soko.H. (2020). CEDAW Shadow Report for Malawi, <https://www.mwnation.com/malawi-criminalise-marital-rape/> (accessed on 30th September 2021). In 2016 marriage laws evolved and now protect a woman from marital rape and provide that she can only withhold sex from her husband under certain circumstances- Section 48 MDR Act provides - reasonable grounds for refusal of sex to a spouse: (a) poor health; (b) post-natal recuperation; (c) post-surgical convalescence; (d) reasonable fear that engaging in sexual intercourse is likely to cause physical or psychological injury or harm to either spouse; or (e) reasonable respect for custom

143 Chimwaga.J, Review of existing laws and protocols related to the handling and referral of VAWG cases.

144 Section 6 GEA- Sexual harassment is any form of unwanted verbal, non-verbal or physical conduct of a sexual nature in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated, or intimidated. Section 137 (1) of the Penal Code- Indecent assault -Any person who unlawfully and indecently assaults any woman or girl shall be guilty of a felony.

145 Chimwaga, J. 'Review of existing laws and protocols related to the handling and referral of VAWG cases.'

According to some key informants, the pace of review of policy and legal frameworks is slow. Law review has taken long, and there have been repeated calls for a review of the Gender Equality Act to include protection of women based on sexual orientation, and other calls to decriminalize same sex relationships.¹⁴⁶ The Termination of Pregnancy Bill has been under discussion since 2015 and in March 2021, Parliament threw it out after it was tabled due to low acceptance of its provisions to allow abortion on demand.¹⁴⁷ Malawi also has a substantial backlog in terms of its UN treaty reporting obligations, with two reports overdue by 20 years and one by over 10 years.¹⁴⁸

Table 2: Challenges with Implementation of Specific GBV-Related Laws

Marriage Divorce and Family Relations Act	• Low levels of compliance of provisions by communities resulting in continued acts of violence, especially early child marriages and defilement.¹⁴⁹ • Frustration with the Gender Equality Act, which has seen slow implementation of provisions of the law as the Malawi Human Rights Commission—which is responsible for its implementation—is not well funded to implement it.¹⁵⁰ • No regulations have been implemented to smooth out enforcement of the Act.¹⁵¹
Prevention of Domestic Violence Act (PDVA)	• CSOs noted technical challenges that were being faced in implementation of the PDVA. The special Law Commission conducted a review of the PDVA in 2017 to address some of these challenges. The gaps identified included: the recommendation that the definition of domestic violence (DV) should be amended to include aspects that are not criminal offenses; definition of a ‘child’ should be within the definition in the Constitution, strengthening the consequences for breach of a court order; creation of an offense for failure to report DV, and making the forms used in DV processes user friendly, among other gaps.
Deceased Estates, Wills, and Inheritance Act	• The implementation of the legislation is still limited due to prevailing gender norms and cultural barriers. This leads to women’s inability to own, dispose of, and inherit property, which in turn results in women’s economic dependence on men, entrapping them in polygyny and abusive relations, which, amongst other negative impacts, increases the risk of HIV infection and reduces their ability to get treatment.

146 NGO- Gender Coordination Network, CEDAW Shadow report, October 2020.

147 <https://www.voanews.com/africa/malawi-parliament-rejects-debate-liberalizing-abortion-law> (accessed 23 May 2021)

148 Malawi has not yet reported under the UN Convention against Torture or the International Covenant on Economic, Social and Cultural Rights, and its report to the Committee on the Elimination of All Forms of Racial Discrimination is overdue by a decade. Extract from Malawi SPOTLIGHT country document.

149 Malunga. A, Malunga.B, Chome. T, & Soko.H. (2020). CEDAW Shadow Report for Malawi, Pg.7, 13-14.

150 CEDEP, CHRR (2018). Recommendations- Shadow Report on the Implementation of the African Charter on Human and Peoples Rights by Malawi: Submitted to the African Commission on Human and Peoples’ Rights at the 63rd Ordinary Session.

151 Malawi Human Rights Commission, 2015 ANNUAL REPORT, p.78.

Gaps in Policies: As noted above, the NGP and NPA are currently under review by the MoGCDSW, which will produce more detailed findings about the extent to which the policies have met their targets. **In general, this review found that implementation of the NGP and NPA falls short of effectively delivering on the stated objectives, outputs, and outcomes spelled out in the policies.** Challenges in effectively enforcing the relatively strong gender framework manifest in the form of:

- Weak enforcement of legislation
- Low and fragmented allocation of resources in support of the implementation of existing laws, policies, and programs; and
- Weak monitoring frameworks and limited evaluation of their impact, exacerbated by low levels of funding.¹⁵²

One observation made by a key informant was that:

“There was no deliberate process to link the actual policy and programs. The linkage was only thought after when we needed to present what we have been doing on Gender. The National Gender Policy of 2015 was not publicized as much as compared to the 2000 one, and as such most partners did not have the policy readily available as a tool to guide the implementation of their Gender programs. As compared to the period before 2015, it was put as mandatory by donor partners for NGOs to show how their proposed projects would contribute towards the implementation of the National Gender Policy. This time around partners were not obligated to show such linkages, and as a result, the policy was not regarded as a guiding tool in the implementation of Gender programs. Similarly, the Action plan on GBV was also not publicized.”¹⁵³

Other concerns raised by key stakeholders regarding implementation of the NGP and NPA include:

- **Low levels of awareness of the Gender Policy and NPA across the gender sector and related sectors.** *“The NPA was considered as a government document isolated somewhere when stakeholders are not supposed to be in their own corner. NPA was costed – hence partners should have come in to adopt them and implement accordingly. For example, some partners indicated they were not aware of [the] NPA and we wonder how they planned GBV activities without referencing to NPA. Coordination was still a challenge especially with some MDAs and other government and non-government stakeholders. As a result, some activities have not been implemented as expected due to coordination.”¹⁵⁴*
- **Low acceptance and buy-in of NGP principles and strategies:** *“...community level awareness was weak. The Policy was not fully understood at local level and dissemination to communities was not as good.”¹⁵⁵* These views raise questions about the extent to which the policy development process followed a participatory process.
- **Poor coordination and insufficient funds to coordinate implementation of the policies,** described in the next section.

152 Malera.G, Chisala-Tempelhoff. S. (2018), *Feminist Contextual Socio-Economic and Political Analysis for Malawi*, unpublished, study commissioned by Justice Association Inc, South Africa

153 Key Informant - WOLREC

154 Key Informant –MoGCDSW

155 Ibid.

4.4 Key Opportunities in Legislation and Policies

There is need for harmonization of laws—for example, in terms of what has been done for all marriage and family relations laws, which are now in one piece of legislation.¹⁵⁶ Moreover, **it is critical that laws are known by people who are meant to serve them**, e.g., prosecutors and judicial officials.

In terms of policies, challenges and questions point to issues of **ensuring that the adoption of policies such as the NGP and the NPA are followed up with robust, comprehensive and structured capacity building of all multi-sectoral actors who are expected to play a role in the attainment of key outputs of the policies.**¹⁵⁷ This includes ensuring that policies are accompanied by rigorous monitoring and evaluation approaches at a multi-sectoral level to allow for learning and adaptation of interventions where necessary.

While the implementation of the two policies shows that there is some progress, **stakeholders felt Malawi still requires support to come up with a comprehensive GBV prevention and response strategy.**¹⁵⁸ This could entail a follow up NGP which will provide sound, authoritative, coherent, and strategic mechanisms and most importantly, practical approaches to implementation of these strategies to consolidate all the gains made this far. Stakeholders emphasized the importance of ensuring that the successor to the NGP is premised on comprehensive gender assessment exercises in the following critical areas: HIV and AIDS; reproductive and other health issues; human trafficking; child labor; increased environmental degradation; climate change; and high levels of poverty.

Stakeholders also emphasized the importance of upholding government accountability through strengthened reporting and monitoring of global and regional human rights frameworks, especially follow up on recommendations/conclusions made at the Universal Periodic Review before the Human Rights Council of the United Nations.¹⁵⁹

156 Malawi CEDAW Report 2015 details how Malawi has reviewed gender related laws in light of international commitments.

157 The MoGCDSW, for example, pointed out that further programming should focus on capacity building for effective implementation and enforcement of the laws and policies.

158 Key Informant- MoGCDSW, NGO-GCN

159 Draft report of the Working Group on the Universal Periodic Review- Human Rights Council Working Group on the Universal Periodic Review Thirty-sixth session, Geneva, 2–13 November 2020, A/HRC/WG.6/36/L.3

5. GBV Systems and Coordination Mechanisms

This chapter identifies key systems responsible for the redress of GBV in Malawi developed at the national level that then cascade to the local level. Working on gender and GBV requires a multi-sectoral approach as these issues cut across all areas of development.¹⁶⁰ The NGP highlights that to ensure gender equality in the national development system, the existing public sector, the private sector, media, development partners and CSOs should be harnessed.¹⁶¹

At minimum, the NGP has identified the following key stakeholders are crucial for coordinated action to address GBV in Malawi: MoGCDSW, MoH, MoEST, and MoJCA. The network of actors also includes other government ministries, district councils, and NGOs. Key additional leading participants are UN agencies and the private sector.

Some of the most critical GBV-related systems and coordination mechanisms in Malawi are highlighted below. For more information on key stakeholders and their responsibilities related to addressing GBV, see appendix 4.

5.1 National Systems

The National Gender Machinery: The Government of Malawi established an institutional structure charged with the promotion of women's empowerment in 1993 called the National Gender Machinery.¹⁶² The government then proposed policies, strategies, and programs aimed at delivering gender equality and women's empowerment.¹⁶³ GBV is one of the issues addressed in the National Gender Machinery for Malawi. At the apex of the machinery is the MoGCDSW, which has a network of offices in all districts and extension staff down to the community level in many areas, described further below.¹⁶⁴

The National Gender Machinery is (at least theoretically) a strong coordinating structure that brings state and non-state actors together including actors in the judiciary, legislative, executive branch of government, CSOs, and development partners as well as independent bodies to monitor compliance.¹⁶⁵ Structures such as the National Gender Machinery are expected to be institutionalized by an act of parliament or decree so that they do not suffer from frequent changes brought about by any form of individual and/or changes in government development priorities which may seek to marginalize gender-related issues.¹⁶⁶ However, in Malawi, the National Gender Machinery is unstructured, has weak and fragmented coordinating bodies, and suffers from frequent changes in government priorities.¹⁶⁷

Ministry of Gender, Children, Disability and Social Welfare: As highlighted previously, the MoGCDSW's mandate is to provide policy direction and lead the formulation, implementation,

160 Interview with Ministry of Gender, MoH.

161 Malawi Government. National Gender Policy, 2015.

162 Susuyu E.A and Mbilizi MA (2011) White Paper for Strengthening National Gender Machinery, Malawi.

163 Ibid.

164 Michael Chasukwa (2016): The Gender Machinery Women in Malawi's Central Government Administration Bergen: Chr. Michelsen Institute (CMI Brief), p. 4.

165 Susuyu E.A and Mbilizi MA (2011) White Paper for Strengthening National Gender Machinery, Malawi.

166 Ibid.

167 Susuyu E.A and Mbilizi MA (2011) White Paper for Strengthening National Gender Machinery, Malawi.

coordination, monitoring, and evaluation of the National Gender Policy and NPA across all sectors.¹⁶⁸ In addition to providing policy direction and leading the formulation of GBV interventions, the MoGCDSW provides coordination leadership for the gender sector in the country and bears national accountability for gender equality and women's empowerment efforts for Malawi.¹⁶⁹ It also leads the Gender and Social Protection Cluster, sub clusters and TWGs of GBV, political empowerment of women (PEW) among others, at a national level.¹⁷⁰ As noted previously, the MoGCDSW has gender officers, social welfare officers, and child protection officers in the districts and they work hand-in-hand with other district officials to deliver gender related, social welfare including social cash transfer programs and activities related to child and disability affairs.¹⁷¹ They also have community development officers and child protection officers at community level who champion work at that level with community stakeholders.¹⁷² The officials work together with district level gender and protection networks and CSOs network on gender issues.¹⁷³

National One Stop Centre Health Services Task Force: In the OSC, which is run under the MoH, there is a mechanism to coordinate through the National One Stop Centre Health Services Task Force, which coordinates the OSCs' work.¹⁷⁴

The National GBV Technical Working Group: This is one of the collaborative TWGs of stakeholders comprising government and civil society representatives from various sectors (i.e., health, social welfare, education, justice, police, and faith).¹⁷⁵ It coordinates the activities of all relevant stakeholders to improve and support the prevention of and response to GBV amongst Malawians in line with the national response to GBV.¹⁷⁶

The MoGCDSW is responsible for coordinating these TWGs with technical and financial support of some UN agencies and other stakeholders.¹⁷⁷ In times of humanitarian disasters, 'cluster' initiatives are established or revived, in particular the GBV sub-cluster, chaired by UNFPA and MoGCDSW, as well as the Protection from Sexual Exploitation and Abuse (PSEA) network. To ensure coordination, the stakeholders prioritize information sharing related to programs, tools, training resources, awareness-raising materials, research reports, advocacy, and capacity building to prevent and respond to GBV.¹⁷⁸ While these TWGs are effective in bringing collaborative efforts, especially during disasters, they suffer from lack of consistency and predictability. In addition, there is limited effort to follow through key actions due to challenges of coordination expected from the MoGCDSW.¹⁷⁹

168 Malawi Government, MoGCDSW. <https://www.devex.com/organizations/ministry-of-gender-children-disability-and-social-welfare-malawi-127434>

169 National Gender Policy 2015

170 Interviews with Min. of Gender.

171 Ibid.

172 Ibid.

173 Ibid.

174 Interview with Min of Health (MoH).

175 Interview with UNFPA and Min. of Gender.

176 Mellish, M., S Settergren, and H. Sapuwa. 2015. Gender-Based Violence in Malawi: A Literature Review to inform the National Response. Washington, DC: Futures Group, Health Policy Project.

177 Interviews with Min. of Gender and UNFPA.

178 Mellish, M., S. Settergren and H. Sapuwa. 2015. "Gender-Based Violence in Malawi: A Literature Review to Inform the National Response." Washington, DC: Futures Group, Health Policy Project, p.1.

179 Interviews with Tithetse Nkhanza and Women Lawyers Association.

NGO-Gender Coordination Network: The NGO Gender Coordination Network (NGO-GCN) is a network responsible for enhancing gender interventions in Malawi.¹⁸⁰ The Network started in 1998 and has a membership of 51 active CSOs who jointly work together to strengthen their capacity to actively promote gender equality in the country.¹⁸¹ It receives funding from UN agencies and other international development organizations and has several gender issue mandates, including GBV.¹⁸² Their GBV mission is to eradicate GBV through co-ordination, lobbying, advocacy information sharing, and capacity-building of its members.¹⁸³ Within the NPA to respond to GBV, they coordinate activities of NGOs dealing with GBV issues.¹⁸⁴

Beside key national structures, there are other national entities and networks that provide additional support, redress efforts, and legal services.¹⁸⁵ These include non-state actors such as the Malawi Law Society, Women Lawyers Association, Women Manifesto Movement, Women's Rights NGOs, and NGO-GCN. There are also other constitutional structures that provide oversight functions such as the Malawi Parliament, Women Caucus of Parliament and Ministry of Information, Communication and Technology among others.¹⁸⁶ The Ministry of Finance, National Audit Office; Finance Committees; Parliamentary Committees are also supposed to provide oversight on budgetary allocation to services that prevent and respond to GBV.¹⁸⁷ Their efforts support gender-responsive budgeting to ensure quality services and results, reporting and adequate financing on all gender and GBV efforts in Malawi.¹⁸⁸

5.2 Subnational Systems

District GBV Thematic Working Group: At district level there is typically a multi-disciplinary committee made of personnel from the MoH, MoGCDSW, Police, and MoJCA, and in some districts there are Sexual and Reproductive Health (SRH)/Gender sub-TWGs at district level.¹⁸⁹ According to a key informant, there is also the Adolescent Girls and Young Women Steering Committee (AGYW Steering Committee) and the members are the Principal Secretaries for Gender/Youth/Health.¹⁹⁰ While there have been efforts for these various coordination structures to meet, the challenge has been to make time as most members have many commitments. Another gap is that the meetings have not been consistent.¹⁹¹

The MoGCDSW pointed out that,

“There have been broader gender sector working groups and the GBV TWG ensured coordination of GBV programs. At district level there is a gender TWG and GBV is usually on the agenda. Coordination has also been through various service points in the MoGCDSW VCU, general district, and community level stakeholders.”¹⁹²

180 Interview with NGO-GCN and see also: <https://www.ngogcnmw.org/>

181 Ibid.

182 Ibid.

183 Ibid.

184 NAP 2014-20

185 Interviews with NGO-GCN

186 Ibid.

187 Interviews with Ministry of Gender, See also: <https://www.finance.gov.mw/>

188 Ibid.

189 Interview with UNFPA and Tithetse Nkhanza.

190 Interview with Ministry of Health.

191 Ibid.

192 Key Informant – MoGCDSW.

The assessment verified the structures and co-ordination through key informants from various ministries. Stakeholders collaborate in their work of implementing GBV programs through TWG meetings, partner meetings, and District Executive Meetings (DEC).¹⁹³ These structures have proved sustainable, except the issue of lack of funding to hold meetings is ongoing.¹⁹⁴

Local Councils, Cities, and Municipalities: These coordinate GBV programming at the district and regional level.¹⁹⁵ They include cities and municipalities. They are central to GBV response as they work directly with various other stakeholders both from government and non-government entities.¹⁹⁶ Their role within the NPA to combat GBV includes coordinating GBV stakeholders at district level and leading on mainstreaming GBV issues within existing programs.¹⁹⁷ They implement, monitor, and report on various aspects of the NPA and efforts and provide ongoing monitoring and technical support to community GBV structures.¹⁹⁸ The ministry is tasked with conducting follow-up with implementing entities to ensure that information for the NPA M&E system is generated and collated on a continuous basis.¹⁹⁹ They are responsible for coordinating data and information-gathering for GBV indicators at the district level and support implementing agencies with data analysis.²⁰⁰ The ministry is meant to ensure that the data collected for GBV indicators is accurate and reliable.²⁰¹ Lastly, the ministry ensures that communities that are benefiting from the GBV initiatives are involved in community-based monitoring and evaluation (CBM&E) activities.²⁰²

5.3 Key Gaps in Systems and Coordination

As already noted, **the National Gender Machinery is not sufficiently resourced** to meet its responsibilities. Stakeholders interviewed for the assessment, including the MoGCDSW, recognize that the ministry lacks operational support necessary to do their work on GBV. Ministerial GBV focal points do not have authority as part of their job description in the Ministry to monitor GBV issues. In some cases, they cannot provide training as they are not gender experts by training, hence they cannot train other officers in their ministry on GBV issues. In some cases, as well, gender is combined with HIV and nutrition, so there is no specialized focus.²⁰³ In addition, **the challenge of limited funding to the MoGCDSW** affects the coordination of GBV response, especially at the district level. There were inadequate funds and no trained gender experts at the district level until 2020, when gender officers improved district level presence.²⁰⁴

193 Key Informant - Gender Expert, Key Informant Interview- NGO-GCN.

194 Key Informant – Gender Expert, Key Informant Interview- NGO-GCN.

195 NPA 2014-2020, Interviews with NGO-GCN and CEWAG.

196 Ibid.

197 Ibid and Interview with Min. of Gender.

198 NPA 2014-2021

199 Ibid.

200 Ibid.

201 Ibid.

202 Ibid.

203 Key Informant - MoTPW, Key Informant – MoEST.

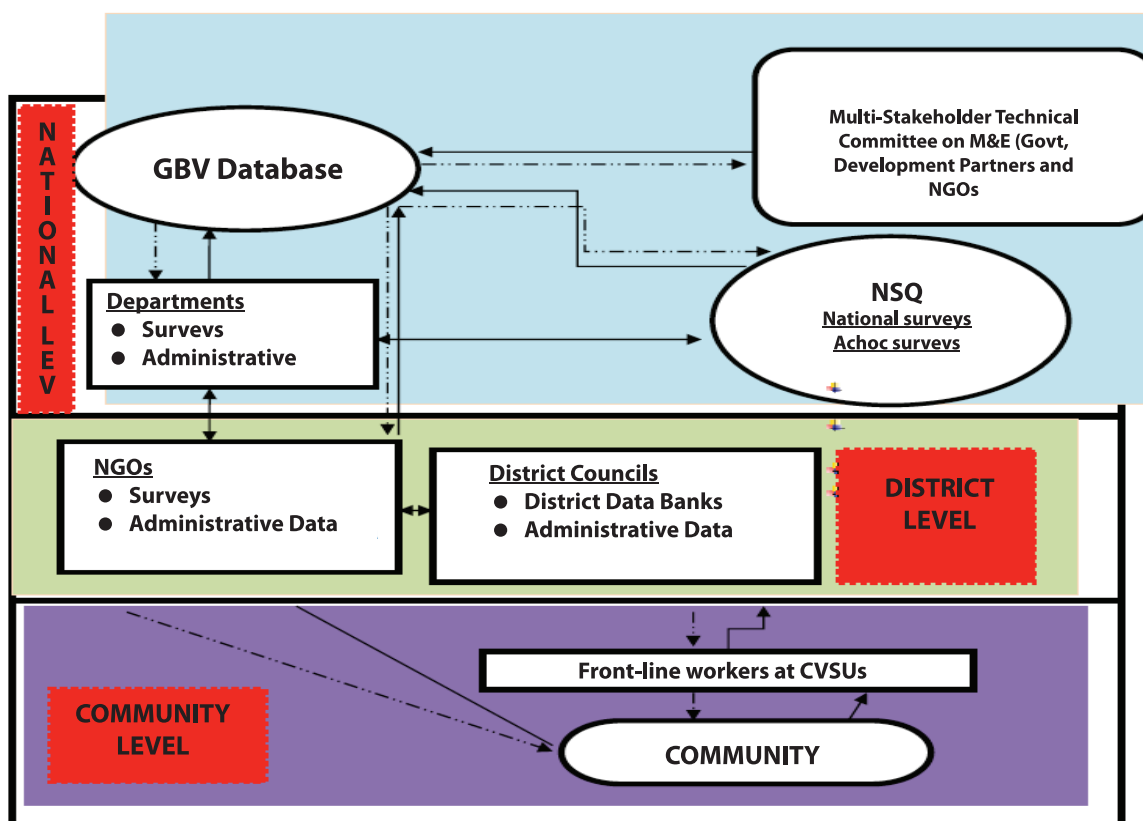
204 Key Informant - NGO-GCN.

There are also information gaps in terms of GBV data and response.²⁰⁵ Since most stakeholders are working in silos, GBV data is not collected systematically and properly integrated for it to inform decision-making. Currently there is no up-to-date data on GBV trends across the country in all 28 districts since the UNFPA/NSO 2012 GBV survey, which covered 17 districts only. While the NGP laid down clear mechanisms for data collection and information management (see figure 1 below), in some sectors data-capturing is still paper-based.²⁰⁶

There were notable gaps with respect to availability of information on GBV as it relates to different sectors:

*“There is little information on GBV- are health workers able to treat GBV-related elements of cases presented to them, e.g., screening for GBV and making appropriate referrals to other service providers, does sector-specific data exist on GBV prevalence, who collects data and how.”*²⁰⁷

Figure 6: Diagrammatic Representation of Data Flow as Laid Out in the GBV NPA 2014-2020



Poor coordination and reporting systems on GBV not only contribute to lack of proper follow-up on cases, but inadequate capacity in the institutions across the entire sector, e.g., police, judiciary, and relevant line ministries.²⁰⁸ Notably, over two reporting periods on the

²⁰⁵ Interviews with UNFPA, MoH.

²⁰⁶ Key Informant - MoH - Though some Spotlight Initiative districts have reporting mechanism, some districts do not have these effective monitoring tools.

²⁰⁷ Ibid.

²⁰⁸ Ibid.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Malawi government has been served with UN Committee recommendations on the need to address issues of gender and GBV data and statistics in the country.²⁰⁹

5.4 Key Opportunities in Systems and Coordination

The MoGCDSW pointed out:

“The WB needs to come in to address some of the challenges especially relating to systems and structures. Further programming should focus on capacitation for effective implementation and enforce what we have especially the laws and policies as well as capacitation of existing structures such as CVSUs, VSU, OSC- to model these structures - can we not have Bank support infrastructure for GBV responses/OSC? Donors do not seem to invest in infrastructure that support GBV process. In addition, the referral pathways need to be evidently supported and issues of data collection mechanism.”²¹⁰

The demand for coordinated efforts around GBV and for capacity building is a need across many GBV sectors. Referral protocols/pathways/SOPs have already been approved and launched by the MoGCDSW. However, there is need to popularize them. This presents an opportunity to advance discussion and clarification of mandates, roles, and responsibilities, hence creating a robust coordination and accountability framework (including mass training nationwide of government-approved referral protocols) to ensure high quality of services for GBV survivors (justice, health, and social services).

209 CEDAW Shadow Report, 2015.

210 Key Informant Interview – MoGCDSW.

6. GBV Response and Prevention Programming

This chapter summarizes some of the core elements of GBV response and prevention programming in Malawi. It is not meant to be exhaustive, but rather to provide a general overview of the major structures in place to ensure services for survivors, as well as provide some sense of the programming in place to address prevention of GBV. This section focuses primarily on government-led actors and initiatives carried out by civil society under the implementation plan articulated in the NPA as a starting point for the WB to engage with additional national partners.

6.1 Response Programming and Referral Pathways

The review of the current GBV response programming in Malawi is based on a multisectoral approach that includes, but is not limited to, the areas of Health, Psychosocial Support, Legal/Justice response, and Security, based on Malawi's child protection and GBV referral guidelines (below, from GoM Community-based Complaints Mechanisms Guidelines, 2019).

Figure 7: CP/GBV REFERRAL GUIDELINES FOR MALAWI

1 A SURVIVOR AND/OR REPORTING PARTY OTHER THAN THE SURVIVOR DISCLOSES VIOLENCE TO SOMEONE SHE/HE TRUSTS	
GUIDELINES - Be patient, be a GOOD LISTENER, and be NON-JUDGEMENTAL show CARE, and BELIEVE HIM/HER. - NEVER BLAME THE SURVIVOR: reassure him/her he/she is not to blame. - Always follow the guiding principles of CONFIDENTIALITY, SAFETY, RESPECT, and DIGNITY. - Conduct discussions with the survivor in a safe and private setting with same-sex staff - DON'T talk to him/her in public where others can hear - Ask only relevant questions; avoid the survivor having to repeat his/her story multiple times: DO NOT press for information the survivor does not want to share; DO NOT ask him/her why it happened: DO NOT try to investigate - you are not the police. Your role is to believe her/him and support her/him. - At all times, prioritise the health, safety and security of the survivor, as well as involved staff, volunteers and service providers. - Remain aware of the increased risk associated with survivors reporting GBV and best ensure no actions taken increase risk or do harm - Work with the survivor to identify someone in his/her life that he/she trusts (such as a friend, relative and community member) who he/she can turn to for support. - Provide reliable and comprehensive information on the available services and support to survivors of GBV.	
FOR ADULTS	FOR CHILDREN (1)
- No decision is made without the INFORMED CONSENT of the Survivor- without consent, DO NOT share ANY information with any person. - Allow the survivor to make ALL decisions about accessing services and sharing information regarding his/her case and support him/her to make those decisions.	- The best interest of the child shall always have highest priority. - Participation in decision making must be based on the age and maturity of the child. - According to Child Care, Protection and Justice Act (Section 36), all cases of abuse of children should be reported to the relevant authorities.
2 FOR ADULTS (18) IF THE SURVIVOR HAS GIVEN HIS/HER INFORMED CONSENT	FOR CHILDREN (<18) IMMEDIATE RESPONSE
PRIORITISE URGENT HEALTH CARE	PRIORITIZE SAFETY & SECURITY!
SEXUAL VIOLENCE Ensure immediate access to available medical care (within 3 days / 72 hours for PEP; within 5 days for EC and STI prevention).	PHYSICAL VIOLENCE Seek medical care if he/she is experiencing pain, bleeding or requires treatment for non-sexual violence injuries
IF THERE IS AN IMMEDIATE RISK OF SAFETY TO THE SURVIVOR AND IT IS A LIFE-THREATENING CONCERN Contact competent authorities (police, camp security, or other appropriate emergency support i.e. available safe house - community based or external - ONLY IF this option WILL NOT increase risk.	

3 AFTER URGENT NEEDS ARE MANAGED. -OR SURVIVOR DOES NOT HAVE URGENT MEDICAL OR SAFETY NEEDS. CONSIDER OTHER SERVICES BASED ON OTHER NEEDS, REFER TO AVAILABLE SERVICES AND SUPPORT			
			
SURVIVOR-CENTERED MULTI-SECTORAL RESPONSE Survivor-centered approach means ensuring survivors can access appropriate. Accessible and good quality multi sectoral services including health care, psychological and social support, security and legal services.			
HEALTH	CASE MANAGEMENT AND PSYCHOLOGICAL SUPPORT	SECURITY & SAFETY	LEGAL ASSISTANCE & JUSTICE
• District Hospital • One Stop Centre • Community Hospital • Health Centre • Clinic	• DSWO • CPW • PVSU • CVSU • National Child Helpline - 116 • National GBV Helpline - 5600 • NGO/CBO/FBO	• District Police • Community Policing	• Magistrate Court • Child Justice Court • Paralegals • NGO/CBO/FBO

The information provides an overview of the current programs and actors working on responding to GBV and supporting survivors across the key sectors, as well as projects working on response that are outside of these specific sectors but nevertheless important to GBV response. Each sector summary includes a brief analysis of some of the key gaps within each sector that limit effective response. Information is also included on national and sub-national referral pathways for survivor care across all these sectors of response.

Health Sector Response

The MoH, along with the Malawi Police Service, the Judiciary and MoGCDSW through social welfare, provide direct GBV survivor services through OSCs in Malawi.²¹¹ The OSCs are available at select district hospitals and in some districts they are available in health centers.²¹² They support provision of health, social, legal and police services in one place for GBV survivors.²¹³ Ideally, a survivor is supposed to find a police officer, a nurse, a social welfare officer, an officer from judiciary and trauma counsellors at an OSC.²¹⁴ Properly trained GBV staff provide services at these centers based on the Malawi *National Guidelines for Provision of Services at OSCs*.²¹⁵ They undertake medical evaluation, obtain consent, and do forensic interviews among other services. The effectiveness of OSCs depends on the availability of culturally competent trained staff, proper coordination, timeliness, and the commitment to a survivor-centered approach in the discharge of services.²¹⁶ As is highlighted under the key gaps below, a challenge is that OSC services are not particularly accessible to many survivors, especially in the rural communities, as they are situated in cities and select district hospitals.²¹⁷

211 Interviews with Min. of Health.

212 Interviews with Ministry of Health and UNFPA.

213 Ibid.

214 Ibid.

215 MoGCDSW (2020) Malawi National Referral Pathways Guidance Notes. These provide a guide in handling GBV and sexual violence survivors at OSCs, and the protocols guide health workers to conduct medical examinations, proper investigation by police, child protection officers to prepare file for prosecution, and trauma counselling services by social welfare.

216 Interviews with Ministry of Health, MoGCDSW and UNFPA.

217 Ibid.

The MoH conducts studies to assess the health sector response to VAWG in Malawi, covering policies, guidelines, and protocols related to GBV human resources capacity, scope and coverage of preventive and responsive services and information management systems.²¹⁸ It also provides guidance for helping GBV survivors access medical, social, and legal services,²¹⁹ including information on procedures and referral and reporting mechanisms for cases.²²⁰ The MoH also supports data collection related to GBV activities and performance indicators in line with their ministry.²²¹ They collate data from various implementing entities and prepare M&E reports.²²²

Key Gaps in Health Sector Response

- **There are insufficient OSCs set up across the districts.** In some cases, OSCs have been multi-purposed to be used for COVID response and are no longer used as OSCs. OSCs may be located in places far from where the survivors are located.
- **There is inadequate staffing of officers from social welfare and police departments as officers are overwhelmed with other tasks.** In a Tithetse Nkhanza study, key informants indicated that frequent transfers, especially among officers from the police, affects the workings of the OSCs. Police officers lack motivation to stay at OSCs and would rather work in more active departments or in jobs that enable them to attend workshops.
- **Health systems (inclusive of health workers and structures) both at health facilities and through community work carried out by Health Surveillance Assistants (HSAs) are not equipped to respond to GBV cases.** *“There is need to find out...how can the health system be strengthened to respond to GBV when they appear on their premises. Are the service delivery points equipped? There is also a need to look into this.”* Another key informant questioned, *“...are health care workers properly trained, health facilities equipped with medicinal supplies and questions around the health system readiness to respond to GBV?”* This was validated by the MoH which highlighted that there are very few trained OSC service providers.
- **Health worker’s reception of GBV clients may not encourage GBV survivors to seek health services, especially if assistance is not survivor centered.** There are issues around norms, including recognition of GBV as a problem, and they affect how GBV cases are handled in different sectors, including help-seeking behavior by survivors of GBV. *“Are there social welfare officers to help, are there hotlines to allow women seek care? The reception at the hospital also affect women who try to seek support.”* How people are received at health facilities also affects access to Sexual Reproductive Health (SRH) services, especially for women and youth, who may start shunning such services if they perceive them being neither user-friendly nor survivor centered.

218 Mellish, M., S. Settergren, and H. Sapuwa. May 2015. “Gender-Based Violence in Malawi: A Literature Review to Inform the National Response. Washington, DC”: Futures Group, Health Policy Project, p.36.

219 Key Informant Interview- MoH.

220 Ibid, 45.

221 Ibid.

222 Ibid.

Psychosocial Sector Response

Under the MoGCDSW, there are district social welfare officers, social welfare assistants, and community child protection officers that are part of the referral pathways to address GBV.²²³ They work together with other stakeholders at district and community levels to provide GBV response services.²²⁴ They assess survivors' safety, offer family support, and services such as counselling.²²⁵ Together with the police and other NGOs they provide referrals to GBV shelters, and support and facilitate court process for the survivors.²²⁶ Their services coordinate with other government and community institutions such as faith, traditional leaders, community leaders, beneficiary household members, and other stakeholders.²²⁷

FBOs and other localized NGOs often have focal persons dealing with GBV who make appropriate referrals when cases are reported.²²⁸ The FBOs are crucial to providing psychosocial support to GBV survivors.²²⁹ Other non-faith NGOs in Malawi also have programs and focal persons on violence against women and children.²³⁰ They can provide counselling, information about where to seek additional services, support on issues with police and make necessary referrals when needed.²³¹

There are also community volunteers in some communities trained in response to GBV.²³² They support victims of violence and abuse to access protection services. These include mother groups/mentors who are part of the primary school education structure, and each school committee has a representative from the mother group.²³³ They provide counselling and mentorship to girls and assist them in case of any abuse or harassment.²³⁴

Tithandizane Helpline (Child Helpline)/GBV Helpline is a helpline service with nationwide coverage that is managed by the Youth Net and Counselling Organization (YONECO).²³⁵ The helpline toll free number 116 is accessible in all the districts and on all mobile network operators in Malawi (MTL, TNM, Airtel and Access subscribers).²³⁶ The GBV Helpline (5600) is for cases of GBV, and it is also accessible through all the mobile providers.²³⁷ The helplines allow both children and adults a place to call and seek help, counselling, and information.²³⁸ It is also an early referral mechanism for children who have experienced abuse where they (or

223 Interviews with Min. of Gender, UNFPA, Min. of Health.

224 Ibid.

225 MoGCDSW (2020) Malawi National Referral Pathways Guidance Notes.

226 Ibid, 12.

227 Ibid.

228 Ibid.

229 Ibid.

230 Ibid and Interview with UNFPA and Min. of Gender.

231 Ibid.

232 Interviews with Min. of Gender and UNFPA, see also: <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjH-IG-6q7zAhXQivwKHf1dDX4QFnoECB4QAQ&url=https%3A%2F%2Fwww.unicef.org%2Fmalawi%2Fmedia%2F1956%2Ffile%2FCommunity-Based%2520Complaints%2520Mechanisms%2520in%2520Malawi.pdf&usg=AOvVaw3oUqgokIri4euQcTeujyqm>

233 Ibid.

234 Ibid.

235 <https://yoneco.org/2018/02/16/youth-net-and-counselling-yoneco-2/>

236 Ibid.

237 Ibid.

238 Ibid.

their caregiver/parent/service provider) will be referred by a helpline counsellor to appropriate services in their local area at the earliest possible opportunity.²³⁹ There is also a national health helpline (Chipatala Phone Helpline) with capacity to help GBV callers. The effectiveness of these services is dependent on the accessibility of phones by women and children.²⁴⁰ The men who are common perpetrators of GBV have control over the phone and this can prevent the surviving women from access to the helpline.

Key Gaps in Psychosocial Response

- There are limited shelter services for survivors and their children across all districts.
- Availability and quality of community safe spaces is inconsistent.
- District-level structures for Psychological Support Services (PSS) lack adequate resourcing for service delivery and coordination.
- Economic empowerment programming and life skills are not consistently available as part of PSS referrals.

Legal/Justice Response

The Malawi Judiciary is an arm of government that, led by the chief justice, is divided into three categories: the Supreme Court of Appeal, the High Court, and Magistrate Courts.²⁴¹ The Malawi judiciary serves both rural and urban areas through the courts system.²⁴² The subordinate courts or Magistrate Courts, which are courts of first instance for most GBV matters, serves most of the women who seek remedies in courts throughout the country.²⁴³ Matters heard from subordinate court can be committed to the High Court which is the court of unlimited jurisdiction.²⁴⁴ All the verdicts and sentences of all criminal cases start from the Magistrate Court to High Court to be confirmed by the judge who can either confirm a conviction or reverse it; on the other hand, the judge can reduce or increase sentences.²⁴⁵

Under the MoJCA, the government established the Legal Aid Bureau as a mechanism to provide free legal aid services for poor people in both civil and criminal matters.²⁴⁶ Most VAWG and GBV survivors requiring civil remedies in courts rely on the Legal Aid Bureau lawyers to

239 Ibid.

240 Marron, O., Thomas, G., Burdon Bailey, J.L., Mayer, D., Grossman, P.O., Lohr, F., Gibson, A.D., Gamble, L., Chikungwa, P., Chulu, J., Handel, I.G., de C Bronsvoort, B.M., Mellanby, R.J., Mazeri, S., 2020. Factors associated with mobile phone ownership and potential use for rabies vaccination campaigns in southern Malawi. *Infect Dis Poverty* 9, 62. <https://doi.org/10.1186/s40249-020-00677-4>

241 <https://www.judiciary.mw/>

242 Ibid.

243 <https://www.judiciary.mw/>

244 Ibid.

245 Ibid.

246 Ibid.

represent them.²⁴⁷ The Legal Aid is an important structure for the GBV services. It often serves survivors who are in urban and urban-rural areas since their offices are in major cities.²⁴⁸

Efforts to mitigate some of the challenges of reaching rural survivors include the introduction of mobile courts.²⁴⁹ This has reduced distances to the services and increased opportunity for GBV survivors and child-related cases to be heard on time.²⁵⁰ There are operational, resource, and time demand issues that generally affect the effectiveness of mobile courts.²⁵¹ The Spotlight Initiative has contributed support to mobile courts in all of the districts in which is operating in order to better facilitate survivors' access to the justice system.²⁵² The key activities include provision of funds to enable GBV survivors to access courts, facilitating mobile courts that brings justice to hard-to-reach GBV survivors, and working with local GBV prevention structures at community level (also see box 3, on the Spotlight Initiative).²⁵³

Stakeholders and literature document other justice support actors, which include the Ombudsman and Malawi Human Rights Commission.²⁵⁴ These offices act as a watchdog for the mainstream justice response.²⁵⁵ There are also some NGOs and CSOs such as Irish Rule of Law, Malawi Human Rights Resource Center, Women Lawyers Association, and Women and Law in Southern Africa Malawi that provide GBV response services including free legal representation for VAWG and GBV survivors.²⁵⁶

According to national referral protocols, the role of informal justice duty bearers is largely negotiation and mediation in civil matters, providing psychosocial support including counselling to the survivors and family, and accompanying and referring the survivor to other service providers.²⁵⁷ There are capacity and resource constraints issues that affects the discharge of duties by duty bearers in the informal justice system. There are usually no fees or a prescribed timeframe in handling the civil cases for most stakeholders, but those stakeholders are encouraged to work on cases with speed and refer unresolved civil matters and criminal matters to formal law enforcement structures.²⁵⁸

247 Ibid.

248 <https://www.judiciary.mw/> and Interviews from WOJAM, Tithetse Nkhanza.

249 Interviews with WOJAM and Women Lawyers Association.

250 Tithetse Nkhanza (2019) Malawi Violence Against Women and Girls Prevention and Response Programme. Inception Report, Lilongwe, and Interviews with UNFPA.

251 Ibid.

252 Spotlight Initiative, 2021. <https://spotlightinitiative.org/fr/node/17535>

253 Ibid.

254 Tithetse Nkhanza (2019) Malawi Violence Against Women and Girls Prevention and Response Programme. Inception Report, Lilongwe.

255 Ibid.

256 Ibid.

257 Ibid.

258 Ibid.

Key Gaps in Legal/Justice Response

The effectiveness of the legal framework depends on a vigilant and robust enforcement mechanism, which is currently hampered by several structural as well as technical impediments. These include:

- Limited sensitization on the laws and low levels of legal literacy on the part of the citizenry. Gender-related laws have been translated by MoGCDSW into Chichewa and Tumbuka.²⁵⁹ The UNDP has supported the translation and dissemination of gender-related laws to enforcement bodies.²⁶⁰ However, the laws remain at national level and are not accessible or understandable to community members.
- There is no MoGCDSW-defined grassroots dissemination strategy for GBV laws and policies.
- There is the issue of the continued disempowerment of women and lack of education about legal rights, which has implications for the ability of women to have recourse to the various remedial measures that are available under the laws.
- Limited capacity exists on the part of relevant service providers in relation to the laws and lack of collaboration across police, health personnel, and judicial officers.

Important as it is, MoJCA also faces multiple challenges, including:

- Inadequate lawyers to meet the demand
- Limited services due to concentration of the offices in major cities
- Inaccessibility to some GBV survivors due to high transport costs to access services
- Intimidating nature of the court system
- Inadequate publicity of their services to the rural areas; and
- Delayed court hearing process which erodes survivors' trust and may also affect evidence as facts may be lost in the waiting period.

The MHRC services can be critical to complainants; however, the MHRC offices are only in the major cities and thus inaccessible to most rural Malawians. The MHRC is also challenged in its work due to lower funding which affects its operation.

Informal justice providers lack knowledge of the laws and are heavily influenced by cultural norms that are patriarchal and discriminatory. By-laws used by chiefs and grassroots community members are powerful legal tools but are often not aligned with formal laws and policies (e.g., chiefs come up with revised rules that instate legal consequences for men who marry under-aged girls). This is because of lack of training or updates on law and policy change and by-laws formulated by traditional leaders do not correspond to formal law.

259 CEDAW/C/MWI/7, <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=16723&LangID=E>

260 SPOTLIGHT Country Program document, 2018.

Security (Police) Response

The Malawi police participate in GBV response through arresting perpetrators and participating in the prosecution of GBV perpetrators before the courts.²⁶¹ Their role is however affected by many factors including limited resources and limited capacity of some officers on gender issues, as noted below.²⁶² There is a national, district, and community level GBV Police Victim Support initiative.²⁶³ Malawi Police Service (MPS) outlines roles, responsibilities, and procedures to be followed by service providers working in Victim Support Units (VSUs) in supporting GBV survivors and perpetrators.²⁶⁴ These VSUs are a component of the Community Policing Department, and are housed at police stations across the country.²⁶⁵

These units act as entry points into the justice sector response services after a GBV incident has occurred, and in addition to working with the survivor, they are responsible for pre-trial activities, facilitating disclosure, and obtaining court dates to ensure the GBV case is adjudicated properly for those cases that go to court. VSUs handle different cases pertaining to various forms of GBV such as unlawful divorce, intimate partner violence, physical violence, emotional violence, lack of maintenance of the family, and others. Many VSU cases are referred from Community VSUs, while others are lodged at the VSUs as first place of contact. Other complaints are referred to VSU by the courts, particularly in instances where the courts determine that the matter is amenable to counselling and mediation. Broadly, Police VSUs are helpful in the GBV response even though their work is also challenged.

The VSUs also link their services with the Criminal Investigation Departments (CIDs) of police.²⁶⁶ The CIDs provide investigation, safety, and security protection of survivors and witness tracing, among other responsibilities.²⁶⁷ The CIDs work with the police prosecution team.²⁶⁸ The VSUs are responsible for ensuring the assistance provided to victims and survivors is guided by principles of do no harm; confidentiality; safety and non-discrimination.²⁶⁹ Survivors have the right to decide what assistance they need, and information is provided regarding their full range of options.²⁷⁰ The effectiveness of the VSUs depends on their accessibility to survivors, availability of adequate staff, staff that are properly trained in survivor-centered approach to GBV, and a conducive environment with resources for them to deliver their services.²⁷¹

261 Ibid.

262 Interview with Malawi Police.

263 Ibid.

264 Ibid.

265 Ibid.

266 https://en.wikipedia.org/wiki/Malawi_Police_Service

267 Interviews with Malawi Police and see also: Malawi Government with support from UNICEF, 2019, "Community-Based Complaints Mechanisms in Malawi."

268 Ibid.

269 Ibid.

270 Ibid.

271 Ibid.

Key Gaps in Security Sector Response

Stakeholders report that while the VSU model is a step in the right direction, the Police response is fragmented and underfunded.²⁷² Challenges include:

- Inadequate capacity by officers to handle matters in a gender-sensitive manner
- Lack of resources that affect proper and timely documentation of cases
- Weak coordination between community and police to respond to survivors' needs; and
- Lack of transport to respond to GBV cases that occur in remote places.

In addition, inadequate witness protection such as safe houses and shelters (noted above) result in secondary victimization of GBV survivors.²⁷³ Sometimes those who report end up withdrawing their complaints due to family or social pressure.

Other Response Actors

Area Development Committees: There are many organizations that have trained focal persons within committees on GBV support services.²⁷⁴ According to national referral guidance, the community system comprising of community leadership such as traditional, religious, political and cultural leaders are very influential in the response to GBV.²⁷⁵ This is because families of GBV survivors as well as survivors themselves are more likely to first report incidents of GBV to traditional leaders and community policing forums which are made up of prominent community members.²⁷⁶ In cases of a GBV incident, the Area Development Committee's (ADC's) first task is to identify the nature of the report incident.²⁷⁷ If it is a criminal matter such as rape, defilement, assault, grievous bodily harm, they must immediately refer the matter to a service provider who is mandated to deal with such issues, i.e., health services or the police. At that level, there may be community level victim support structures to deal with GBV as recognized in the community-based complaints model (CBCM). The CBCM recognizes cases of emotional abuse; sexual abuse; physical abuse and economic abuse.²⁷⁸ The CBCM is a system that blends both formal and informal community structures.²⁷⁹ It is built on community engagement where individuals are able and encouraged to safely report grievances, including SEA incidents, which are then referred to the appropriate organizations for follow-up.²⁸⁰ The relevance of community level GBV prevention and response mechanisms are well documented as they provide immediate direct support, and are accessible and user-friendly to community

272 Key Informant Interview - NGO-GCN, Malawi Police Service.

273 Key Informant Interview – Malawi Police.

274 Interview with Min. of Gender and Malawi Police, See also: Malawi Government with support from UNICEF, 2019, "Community-Based Complaints Mechanisms in Malawi."

275 MoGCDSW (2020) Malawi National Referral Pathways Guidance Notes.

276 Malawi Government with support from UNICEF, 2019, "Community-Based Complaints Mechanisms in Malawi."

277 Ibid.

278 Malawi Government with support from UNICEF, 2019, "Community-Based Complaints Mechanisms in Malawi."

279 Ibid.

280 Malawi Government with support from Unicef, 2019, "Community-Based Complaints Mechanisms in Malawi" p.2.

members since they are known and readily available to the survivors.²⁸¹ However, communities face challenges in relation to capacity of the response structures. Some community leaders are gender insensitive and not survivor-centered in their approach.²⁸²

NGOs, Community-Based Groups and Faith-Based Organizations: There are many stakeholders involved as NGOs, CBOs, and FBOs. They largely work as advocates, lobbying and implementing gender mainstreaming, GBV, women empowerment programs.²⁸³ Some work at national level, others at regional and districts/community level. They work on GBV through programs or projects which are often of limited duration.²⁸⁴ Their mandate within the NPA to combat GBV includes implementing the NPA at all levels and providing reports to the MoGCDSW as per guidelines developed.²⁸⁵ They advocate and lobby various stakeholders on GBV issues and mobilize resources for GBV.²⁸⁶ They collect data on GBV activities and performance indicators and submit to district and national-level coordinating entities in the MoGCDSW.²⁸⁷ Finally, they support regular review meetings to assess the GBV sector performance at all levels to analyze data to compare progress against plans on GBV activities.²⁸⁸ The work of CSOs in Malawi depends on the availability of funding from development partners and donor institutions.²⁸⁹ Often their work is expected to be coordinated by MoGCDSW and NGO-GCN for the local organizations.²⁹⁰ The UN entities of UNICEF, UNFPA and UN Women largely coordinates and supports the MoGCDSW to coordinate gender related work with local CSOs and other international organizations.²⁹¹

Spotlight Initiative: In Malawi, the Spotlight Initiative is in six districts and implemented by six local CSOs. It focuses on GBV, sexual and reproductive health and rights (SRHR) and harmful practices, and how these are linked to access to SRHR services. The Spotlight initiative contributes to GBV response by providing trainings on Essential Health Services (EHS) and OSCs.²⁹² These trainings have been offered to police officers, magistrates, health personnel and social welfare officers.²⁹³ There have also been renovations of some community VSUs.²⁹⁴ However, the renovations program is restricted to areas with existing VSU structures.²⁹⁵ The Initiative also supports mobility and coordination efforts by providing vehicles to the districts

281 Interviews with WOJAM, Tithetse Nkhanza and CEWAG.

282 NPA 2014-2020

283 Interviews with Min. of Gender, UNFPA, CEWAG, Min. of Health. Actors include local NGOs, Women's Legal Resources Centre (WORLEC), Malawi Human Rights Resource Centre (MHRRC), YONECO, Coalition for the Empowerment of Women and Girls (CEWAG), Girls Empowerment Network (GENET), Gender Justice Unit, Catholic Commission for Justice and Peace (CCJP), Centre for Victimized Women and Children (CAVWOC) and NGO- Gender Coordinating Network, among others. There are also international NGOs like Oxfam, Action Aid, Save the Children, Plan Malawi, United Purpose, Dan Church Aid and Norwegian Church Aid, among others.

284 Ibid.

285 Ibid.

286 Ibid.

287 Ibid.

288 Ibid.

289 Ibid.

290 Ibid and Interviews with Min. of Gender.

291 Ibid.

292 Spotlight Initiative. "Spotlight Initiative. 2021. <https://spotlightinitiative.org/fr/node/17535>

293 Key informants - MCGDSW, UNFPA and MoH.

294 Ibid.

295 Ibid.

and motorcycles and bicycles to frontline community-level GBV response structures.²⁹⁶ Further efforts on GBV data management and systems are also being done by upscaling the gender equality and women's equality (GEWE) work on operationalizing the Management Information System (MIS) to capture GBV data in collaboration with the MoGCDSW.²⁹⁷

Box 3: A Closer Look at the Spotlight Initiative in Malawi

The Spotlight Initiative is a global partnership between the UN and the EU to eliminate all forms of VAWG. The Initiative's aim is to provide large-scale, targeted support, leverage multi-stakeholder partnerships, reinforce political commitments at the highest levels and contribute to achieving the SDGs. The multi-donor funded Malawi Spotlight Initiative is in its second phase in the country and likely offers many lessons for the WB. The Initiative has invested in a comprehensive prevention strategy that addresses structural issues and linkages to sexual and reproductive health and rights. The program aims to work in harmony and coordination with numerous UN agencies and development partners as well as civil society.

The key components of this project are:

- Improving protective legislation and policies
- Supporting key national and local institutions to deliver evidence-based programming
- Promoting prevention through social norms interventions
- Ensuring women and girls at risk of violence can access quality and integrated essential health services (included but not limited to safe spaces for survivors GBV, VSUs that provide emergency accommodation)

Referral Pathways for Safe and Ethical Survivor Care

Referral pathways for GBV establish a flexible mechanism that safely links survivors to supportive and competent services.²⁹⁸ GBV service providers are expected to observe the guiding principles in the referral system.²⁹⁹ These principles include do not harm, informed consent, privacy, respect, confidentiality, and survivor safety.³⁰⁰ The referral system comprises all cadres and structures involved in providing GBV services: communities, health services like OSCs, the MoGCDSW, social welfare, VSUs, criminal investigation division, prosecution, the judiciary and NGOs.³⁰¹

Most referral pathway trainings have been among impact areas for specific projects such as Spotlight, Tithetse Nkhanza, and UNFPA.³⁰² Tithetse Nkhanza is a Malawi-based VAWG prevention and response program that draws funding from UK Aid and resources from

296 Key informant - MCGDSW, UNFPA.

297 Ibid.

298 MoGCDSW (2020) Malawi National Referral Pathways Guidance Notes.

299 MoGCDSW (2020) Malawi National Referral Pathways Guidance Notes.

300 Ibid.

301 Ibid.

302 Ibid.

TetraTech International Development, Social Development Direct and Plan International Malawi.³⁰³ Engender Health supported the National Referral System by training and improving tools for the system.³⁰⁴ The Engender Health project then supported the development and dissemination of harmonized reporting and referral forms which made it easier to report and follow-up on cases.³⁰⁵ To further strengthen the referral pathways, key stakeholders at the district level were trained on effective referral systems and the new tools.³⁰⁶ The referral system cuts across all the service providers and structures.³⁰⁷ Currently the MoGCDSW has approved and launched government-approved *National Referral Pathways Guidance Notes* which harmonize the messaging and information in most Referral Pathways documentation.³⁰⁸

In Malawi, nationally-owned referral protocols share low absorption among multi-sectoral duty bearers (the police, courts, health service providers, psychosocial service providers, informal service providers, women's rights organizations, community victim support units).³⁰⁹ Moreover, sector-specific guidelines/policies do not provide sufficient guidance or mandate related to addressing GBV.³¹⁰ Referral pathways and protocols have been a challenge to follow in the case where service providers do not understand where their mandate begins and ends.³¹¹ This is the case especially between formal and informal service providers.

6.2 GBV Prevention Programming

Since GBV is rooted in power inequalities between men and women, GBV prevention strategies must be situated in the context of addressing gender inequalities.³¹² The NGP, NPA, together with the Gender Equality Act among other laws earlier reviewed, are the proclamations of the government's priority actions to address gender inequality and GBV in Malawi.³¹³ The NPA sets out a plan for wide-scale action to prevent GBV.³¹⁴

Interviews with stakeholders identified different GBV prevention programming happening in the country.³¹⁵ Primary prevention interventions targeting social norms inform people about the dynamics of GBV as a problem, its root causes, aggravating factors, influencing factors, its triggers and impact and seek to change community beliefs and behaviors related to GBV.³¹⁶

303 Tithetse Nkhanza, 2021. <https://www.tithetsenkhanza.com/index.php/elementor-2664/>

304 Engender Health (2020) Essential GBV Prevention and Services Project, Malawi.

305 Ibid.

306 Ibid.

307 Ibid.

308 Ibid.

309 Key Informant, Malawi Police, Min. of Health and Women Lawyers Association.

310 Key Informant – MoEST.

311 In some cases, informal service providers such as traditional and religious leaders resolving criminal cases through mediation, as opposed to referring these cases to the Police for arrest and prosecution of GBV perpetrators.

312 https://www.unicef.org/malawi/sites/unicef.org.malawi/files/2020-07/Spotlight_Ending_Violence_Against_Women_andGirls_v2_15062020_WEB_0.pdf

313 Original analysis for this publication.

314 NPA 2014-2020

315 Interviews with stakeholders: MoGCDSW, MoH, UNFPA, Tithetse Nkhanza.

316 NPA 2014-2020

Social norms programs such as SASA Faith, STAR, Reflect and SAA have been rolled out in Malawi. In addition, the Spotlight initiative has several activities focused on community engagement around the prevention of GBV.³¹⁷ These include moderating dialogue sessions on tackling harmful practices with communities and engagement of gatekeepers on norms and beliefs.³¹⁸

There are mentorship activities for girls on issues of SRH, GBV, referral processes and the need for timely reporting of GBV cases.³¹⁹ Another example of a prevention intervention is community-based mother's groups. These mother's groups are linked to other community level GBV prevention structures where they can refer any GBV, exploitation, and harassment case for action.³²⁰ Male champions work hand-in-hand with the mother groups and they advise boys and challenge fellow men against GBV.³²¹ Just like mother's groups/mentors, the male or gender champions act as role models and they can refer GBV incidents to other structures for redress.³²² Since they operate at community level, they are reportedly accessible and trusted by the GBV survivors.³²³

Other GBV community-based prevention programs use trainings to build capacity of stakeholders on issues including root causes of GBV, helping community to work on action plans to respond and prevent GBV, among other efforts.³²⁴ These trainings often target religious and traditional leaders, community action groups and other gatekeepers. There are also prevention programs that help to track progress on addressing GBV. They involve gatekeepers in monitoring and documenting best practices on prevention of GBV through learning visits and implementation of routine review meetings.

Overall, however, there remains limited information and awareness on what constitutes GBV in Malawian communities.³²⁵ Studies conducted with communities have found that community members have varied understandings of GBV, including general hesitation by communities to label acts they consider "normal" as GBV, e.g., wife battering and verbal abuse are described by respondents as being part of normal life, so the need to report such instances is not recognized. At the same time, adults and children – both male and female – tend to classify other acts of violence, such as theft, as GBV.

317 <https://www.spotlightinitiative.org/news/creating-safe-spaces-girls-thrive-malawi-under-spotlight-initiative>

318 Ibid.

319 <https://www.unicef.org/malawi/media/1956/file/Community-Based%20Complaints%20Mechanisms%20in%20Malawi.pdf>

320 Ibid.

321 <https://www.unicef.org/malawi/media/1956/file/Community-Based%20Complaints%20Mechanisms%20in%20Malawi.pdf>

322 Ibid and interviews with Min. of Gender.

323 Ibid.

324 NPA 2014-2020

325 Interviews with Malawi Police, NGO-GCN.

6.3 Key Opportunities in Response and Prevention Programming

The evidence from stakeholders points to the need for capacity building across all the key sectors on GBV response. As noted previously, one critical opportunity for this work is in the rollout of the referral protocols and pathways that respond to the needs of survivors of GBV. Improving data collection is part of this process.

However, **additional sector-specific capacity building will also be key.** The most immediate opportunity is for increasing capacity of the health sector to handle GBV cases, including by expanding the skills and reach of the OSCs. There is also an opportunity for training social workers and HSAs as they need capacity to address GBV. The MoGCDSW pointed out that further programming should focus on capacity building for existing structures such as CVSUs, VSU, OSC.³²⁶

It would also be paramount for laws and policies to trickle down to the grassroots level and for by-laws at community level to reflect formal laws as a way of protecting survivors and those at risk of GBV. Working with customary leaders will be an opportunity to address the trickle-down effect of formal laws to community level.³²⁷ Besides investment in other gap areas highlighted, there is untapped opportunity to invest in addressing negative socio-norms, beliefs, attitudes, and practices as they expose women and girls to GBV. Due to the high occurrence of GBV driven by harmful traditional practices, there is an opportunity to work with traditional village tribunals who dispense informal justice, and with faith leaders who provide frontline response to GBV victims. A good example is the positive uptake by traditional leaders on the elimination of child marriages. This has resulted in some chiefs not allowing child marriages in their communities.³²⁸

“WB needs to have close collaboration with government to invest in areas of addressing negative socio-norms, but it has to be a long-term investment due to gradual nature of changes of norms and beliefs.”³²⁹

326 Interview with Min. of Gender.

327 Interview with Min. of Gender.

328 <https://www.unicef.org/stories/malawi-local-chief-leads-effort-end-child-marriage-community>, <https://malawi.unfpa.org/en/news/female-chiefs-vow-end-child-marriage-malawi>

329 Key Informant – MoGCDSW.

7. Recommendations

Informed by the findings from this review as well as the World Bank Group Africa Region Gender Action Plan,³³⁰ this section provides several high-level recommendations organized in terms of the core areas of investigation for this review: legislation and policies; systems and coordination; and GBV response and prevention programming. The recommendations offer key considerations for how the WB can support GBV-specialized programming efforts in Malawi and are meant to inform future strategies for building out attention to GBV in WB's development portfolio.

7.1 Legislation and Policies

Support development of a successor NPA to ensure that it is informed and designed in a way that cuts across all the priority sectors of the WB. This will come with a blueprint for all stakeholders (both state and non-state actors) to strengthen their efforts to coordinate and implement GBV prevention and response, building on the previous NPA, as well as other notable national efforts such as the Spotlight Initiative.

Strengthen the MoGCDSW through technical support with the purpose of effective implementation of gender and GBV policies. Also consider salary support for placing trained gender officers in the MoEST, MoH and other key ministries with a view to building a sustainable budgeting model across ministries for these officers.

Support efforts to promote harmonization of laws and policies to make it easier for survivors to access justice.

7.2 Systems and Coordination

Invest in building out the current information management systems for GBV to support better national data collection and monitoring across all service delivery sectors, including exploring potential partnerships with the Spotlight Initiative to expand beyond the six districts where it currently operates, as well as improve information management and monitoring at the national level.

Support the development and implementation of a plan for dissemination of the national GBV referral guidance. Ensure this reaches all districts and engages all key stakeholders. Also ensure that the dissemination plan has a strategy for engaging survivors and those at risk with information about access to services, including survivor rights under the law.

Support efforts of the MoGCDSW to strengthen sustainable GBV coordination structures from national to community levels through the GBV TWGs by providing financial support to designated coordination leads, as well as technical support on coordination responsibilities including information management, referral pathways, SOPs. Support the MoGCDSW in mapping all relevant multi-sector actors (in the districts) and in promoting these partners' participation in and accountability to coordination.

7.3 Response and Prevention Programming

Increase investments towards development or capacity strengthening of systems, structures, and mechanisms for GBV response/service delivery to ensure the availability, accessibility,

330 World Bank Regional Gender Action Plan FY18-22: The Gender Strategy and IDA 18 commitments both articulate a corporate commitment to increase GBV prevention and response programming across sectors in FCS and non-FCS alike.

usability, responsiveness, and accountability of such services across the entire service delivery chain, i.e., justice sector, health sector, and social welfare sector. Support service providers with capacity building to enable them to provide survivor-centered approaches in GBV.

- Support the development of a national system to assess the quality and sustainability of service provision in OSCs, including staff capacity assessments and quality-of-care feedback by survivors receiving care. Invest in staff training on survivor-centered approaches and expanding access to care for rural women through evidence-based models of service provision.
- Develop a strategy to enhance availability of staff to provide GBV services to ensure access to justice. The Legal Aid Bureau and police need adequate staffing with trained staff who understand application of statutory law using a survivor-centered approach. Assist legal systems with the resources to explore ways to be accessible to survivors in the rural areas., such as through mobile services. Critical attention should be paid to informal justice delivery structures.
- Intensify support to interventions through community mechanisms for GBV response as these are often the most accessible mechanisms. This may be through strengthening capacities and improving linkages between informal support in the communities—particularly through women-led organizations and women’s networks--and access to formal response and services.
- Enhance social norms change through programming oriented towards long-term interventions as opposed to short-term interventions. Conduct a review of existing social norm change interventions (or a meta review of those that have been evaluated) with an eye to taking interventions such as SASA Faith to scale.
- Support economic empowerment of GBV survivors and those at risk, as well as education initiatives for girls, that enable women and girls to have the skills and tools needed to integrate into society after experiencing violence. Link these initiatives to case management services to ensure that survivors are able to access empowerment programming; however, do not limit these programs to survivors only.

BIBLIOGRAPHY

CARE. (2019). Rapid Gender Analysis: A Commitment to Addressing Gender and Protection Issues in Cyclone- and Flood-Affected Malawi, Mozambique and Zimbabwe.

CEDEP, CHRR, (2018). Shadow Report on the Implementation of the African Charter on Human and Peoples Rights by Malawi: Submitted to the African Commission on Human and Peoples' Rights at the 63rd Ordinary Session.

Chakwana. C and others (2020). Malawi Covid-19 Rapid Gender Analysis. Ministry Of Gender in Malawi, <https://weshare.unicef.org/Share/lt62283775g53108f7e2v53028b41buf>

Chasukwa.M, (2016): The Gender Machinery Women in Malawi's Central Government Administration Bergen: Chr. Michelsen Institute (CMI Brief) 4 p.

Chimwaga. J, Review of existing laws and protocols related to the handling and referral of VAWG cases.

Deveroux. S, (1999). Making less last longer, Informal safety nets in Malawi. Institute of Development studies. UK, Discussion paper 373. <https://www.eldis.org/document/A28381>.

Eerdewijk. A, and others. (2018). State of African Women.

Engender Health. (2020). Essential GBV Prevention and Services Project, Malawi.

FAO. (2017). How Can Food Security Interventions Contribute to Reducing Gender-Based Violence?

FINMARK, (2019), Micro, Small and Medium Enterprise (MSME) Survey.

Fleischman, J and Peck, K . Addressing HIV in Adolescent Girls and Young Women in Malawi: The DREAMS Partnership.

Freeman. (1984). Strategic Management: A stakeholder Approach.

Jeffery. N, (2009). Stakeholder Engagement: A Road Map to Meaningful Engagement, Doughty Centre, Cranfield School of Management.

JK Consultants (2020). A Rapid Assessment Study of Teenage Pregnancies and Child Marriages During COVID 19 In Malawi, Malawi Ministry of Gender, Community Development and Social Welfare.

Kerr-Wilson. A, (2019) Prevalence, drivers and impact of Violence against Women, Girls and Boys in Malawi. (Original VAWG Helpdesk version by Jessica Jacobson, January 2016)

Lawson. D, Dubin. A, Mwambene. L, (2019) . Ensuring African Women's Access to Justice Engendering Rights for Poverty Reduction in Sub-Saharan Africa. Policy Note no 2:2019.

Leach, F, Fiscian, V., Kadzamira, E., Lemani, E., & Machakanja, P. (2003). An investigative study of the abuse of girls in African schools (No. 12849). Department for International Development (DFID)(UK). Retrieved from: <http://ageconsearch.umn.edu/bitstream/12849/1/er030054.pdf>

Malawi Human Rights Commission, 2015 ANNUAL REPORT.

Malawi Government, (2019), Community-Based Complaints Mechanisms in Malawi.

Malawi Government. National Sexual and Reproductive Health and Rights (SRHR) Policy (2017-2022).

Malera. G, Chisala-Tempelhoff. S. (2018). Feminist Contextual Socio-Economic and Political Analysis for Malawi.

Malunga. A, Malunga. B, Chome. T, & Soko. H. (2020). CEDAW Shadow Report for Malawi.

Marron, O and others, (2020). Factors associated with mobile phone ownership and potential use for rabies vaccination campaigns in southern Malawi. <https://doi.org/10.1186/s40249-020-00677-4>

MSF Médecins Sans Frontières, (2019). The sex workers on the frontlines of the HIV response in Malawi. <https://www.msf.org/sex-workers-frontlines-hiv-response-malawi> (accessed 8.13.20)

Muller. M, Gross. M, Cassabone. U (2020). Malawi Poverty Assessment, Gender Chapter, Draft Outline by MHRC, Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi.

National Planning Commission. (2021). Cost Benefit Analysis of Interventions to Reduce Early Child Marriage in Malawi. Draft as of April 7.

National Statistical Office. (2019). Survey Report Traditional Practices in Malawi. Centre for Social Research, University of Malawi.

Naxiluva Consulting. (2020). Feminist Macro Economics Alliance – Malawi (FEAM). Feminist research on gendered impacts of macro-level economic policy environment in Malawi: Study Report.

Oxfam International (2015). A Dangerous Divide: The State of Inequality in Malawi

Pendleton. J, Mellish. M, Sapuwa. H(2015). PEPFAR, MALAWI Gender Assessment Report.

Scottish Government, (2019). Contribution to International Development Report 2018-2019.

Southern Africa Trust. (2021). The Impact of the Covid-19 Pandemic on Women in the Informal Economy: The Case of Malawi.

Southern Africa Trust. (2018). The Experiences and Challenges of Women in the SADC Region. The case of Trade and Agriculture Sectors.

Spotlight Initiative. Annual Narrative Progress Report Global, 01 January 2019 – 31 December 2019.

Spotlight Initiative. Annual Report 1 July 2017 - 31 March 2018.

Spotlight Initiative. (2018). Country Programme Document Malawi.

Malawi Gender-Based Violence Assessment:

Susuyu E.A, Mbilizi MA, (2011). White Paper for Strengthening National Gender Machinery, Malawi.

Tithetse Nkhanza, (2020). Malawi Violence Against Women and Girls Prevention and Response Programme GIPP Research Report June – September 2020.

UN Women. (2018). Perceptions Study on Social Norms around Violence against Women and Girls In Malawi FINAL REPORT.

UNAIDS, (2019). “Be the change”: creating a voice for male sex workers in Malawi. https://www.unaids.org/en/resources/presscentre/featurestories/2019/may/20190527_male-sex-workers-malawi (accessed 8.13.20).

UNFPA Operationalization of the United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners: Assessment Process and Technical Guidance, 2020

UNFPA. Evaluation of UNFPA Support to the Prevention, Response to and Elimination of Gender-Based Violence, and Harmful Practices 2012–2017.

UNICEF. (2013). Report on Violence Against Children and Young Women in Malawi: Findings from a National Survey.

UNICEF Malawi. (2020). Ending violence against women and girls in Malawi: What do we know?

United Nations Development Programme (2019), Assessment of Joint Sector Strategic Plan for the Gender, Children, Youth and Sports Sector and Development of a New Joint Sector Strategic Plan Draft Inception Report

United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners. Aligned with UN General Secretary’s Bulletin, 2003 <http://www.un.org/Docs/journal/asp/ws.asp?m=ST/SGB/2003/13>

United Nations. (2020). Human Rights Council, Working Group on the Universal Periodic Review, Thirty-sixth session, Geneva, 2–13 November 2020, Draft report of the Working Group on the Universal Periodic Review Malawi. A/HRC/WG.6/36/L.3.

United Nations. (2014). Health care for women subjected to intimate partner violence or sexual violence A clinical handbook.

USAID. (2015). Gender-Based Violence on Public Transportation a Review of Evidence and Existing Solutions.

USAID. U.S. assistance in Malawi: promoting gender equality and girls’ and women’s empowerment. https://www.usaid.gov/sites/default/files/documents/1860/Gender_Fact_Sheet_FINAL_DRAFT.pdf

World Bank Group, (2020). Environmental & Social Framework for IPF Operations: Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Human Development sector projects.

World Bank Group. (2014). Violence Against Women and Girls Resource Guide Social Protection BRIEF.

World Bank Group. (2015). Violence Against Women and Girls Resource Guide Education Sector BRIEF.

World Bank Group. (2015). Violence Against Women and Girls Resource Guide Health Sector BRIEF.

World Bank Group. (2015). Violence Against Women and Girls Resource Guide Transport BRIEF.

World Bank Group. (2015). Violence Against Women and Girls Resource Guide: Disaster Risk Management Brief.

World Bank Group. (2017). Working Together to Prevent Sexual Exploitation and Abuse: Recommendations for World Bank Investment Projects. Report of The Global Gender-Based Violence Task Force.

World Bank Group. (2018) Good Practice Note on Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works.

World Bank Group. (2018). Good Practice Note Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works.

World Bank Group. (2019). Making inroads for Women: A Qualitative Study on Constraints and Opportunities of Women's Equal Participation in the Roads Sector in Malawi. © 2019 International Bank for Reconstruction and Development.

World Bank Group. Gender Strategy (FY16-23): Gender Equality, Poverty Reduction and Inclusive Growth. <https://openknowledge.worldbank.org/handle/10986/23425>.

World Bank Group. Regional Gender Action Plan FY18-22

World Bank Group. (2019). The Impacts of Labor Influx from Road Projects on Women and Girls in Rural Malawi- Hopes, Costs and Uneven Burden.

Appendix 1. National, International, and Regional Laws and Policies

Legislation	Year Passed	Brief Description – what the laws cover
Constitution	1994	The Constitution represents the supreme law to which all other laws must comply. Section 24 directs the State to enact legislation to eliminate customs and practices that discriminate against women, particularly practices concerning: • Sexual abuse, harassment, and violence • Discrimination in work, business, and public affairs • Deprivation of property The Constitution also prohibits child marriages. Section 23 was amended by Parliament on 14 February 2017 to state that the minimum age of marriage is 18.
Child Care Protection and Justice Act	2010	This act protects children from child trafficking; harmful cultural practices; forced marriage or betrothal; and the pledge of a child as security; and provides for child maintenance. It also establishes Child Panels, the Child Justice Court and the Child Case Review Board and details the membership, roles, and responsibilities of these bodies. Legal procedures to keep children safe are outlined and section 75 specifies the Duty to report infringement of a child's right. This includes procedures on what to do in cases of suspected or known violence, including sexual abuse, child trafficking, abduction, harmful cultural practices, and forced marriage. This law stipulates that any member of the community has a duty to report the matter to the local government authority of the area.³³¹ This duty extends to contractors, staff and persons working in these communities.

³³¹ CCJPA-s. 75- (1) It shall be the duty of any member of the community who has evidence that a child's rights are being infringed or that a parent, guardian, or any person having custody of a child, who is able to but refuses or neglects to provide the child with adequate food, shelter, clothing, medical care or education, to report the matter to the local government authority of the area. (2) The Secretary for Children's Affairs may, upon receiving the report, summon the person against whom the report was made under subsection (1) to discuss the matter; and a decision shall be made by the Secretary for Children's Affairs in the best interests of the child.

National Children's Commission Act	2019	This law was passed in 2019 and provides that a Child is anyone under the age of 18 years. In terms of operations, it and provides for the establishment of a National Children Commission (NCC). The NCC is responsible for policy guidance to Government and multi-sectoral coordination of children's issues and programs, including making children more visible in Government plans and budgets, investigating cases on issues affecting children including violence and sexual exploitation. ³³² The Commission is not yet set up.
Marriage, Divorce and Family Relations Act	2015	The Act establishes the minimum marriageable age as 18, complementing the constitutional minimum age of marriage without parental consent. The Marriage, Divorce, and Family Relations Act treats forced marriage as one of the grounds for nullifying a marriage. GBV is also treated as cruelty which is a valid ground for divorce.
Legal Aid Act	2010	This Act establishes an independent Legal Aid Bureau to address the huge gap of provision of legal aid services in Malawi, especially targeting accessibility for vulnerable groups. The Legal Aid Bureau provides legal aid services to persons of insufficient means to hire private lawyers. Priority for legal aid is given to vulnerable groups such as women, children, the elderly and the sick. ³³³
Penal Code (Amendment) Act	1974 and 2010	The law establishes punishments and legal definitions for various forms of GBV. These include rape, attempted rape, abduction, abduction of girls under sixteen, indecent assaults on females, insulting the modesty of a woman, defilement of a girl under thirteen, attempt of defilement of a girl under thirteen, defilement of the mentally handicapped, prostitution (obtaining or forcing a girl into), detention with intent or in brothel, conspiracy to defile, attempt to procure abortion, incest, and assault. The Penal Code was amended in 2010 and enacted into law in 2010. The amendments also revised the age under which a girl may be defiled from 13 years to 16 years in line with the constitutional provision of protection of rights of children under section 23.

332 NCC- s.12- Powers of the Commission

333 <http://legallaidbureau.org/lab-mission-vision.html> (accessed on 20 May 2021)- So far, the Bureau has opened thirteen (13) out of 28 districts, district legal offices in Nsanje, Mwanza, and Mulanje (south), Mangochi, Machinga (east), Dedza, Salima, Mchinji, Nkhota Kota, and Kasungu (center), Chitipa, Mzimba and Karonga (north). The district offices are one way of ensuring access to justice at the local level by reducing the time and effort the public must invest to access justice in the country. The Bureau plans to open all district offices by 2024. PRESS RELEASE THE MALAWI LEGAL AID BUREAU ACCESS TO JUSTICE REJUVENATED? – SIX YEARS ON

Gender Equality Act	2013	GBV is addressed in the context of prohibiting harmful practices, along with sexual harassment. ³³⁴ The act also mandates that the government ensure that employers create and implement policies to comply with the law regarding sexual harassment.
Prevention of Domestic Violence Act	2006	A broad definition of domestic violence is used to encompass not only violence between man and wife, but also violence between persons living in the same household (e.g., including family members) and violence toward persons who are socially or financially dependent. It recognizes physical, sexual, emotional, psychological, and financial abuse as forms of violence. The PDVA was reviewed in 2015 and the review was published by the Law Commission in 2017.
Employment Act	2000	Section 21 prohibits employment for young persons under the age of 14. In the Law of contract, a minor, being a person under the age of 21 cannot sign a contract. The disparities around the age of a child in different statutes is overridden by the Constitution which places a child as anyone below 18 years. Hence employing anyone below 18 years is legally considered child labor and becomes a legal concern as the child is entitled to protection against child labor.
The Trafficking in Persons Act	2015	This law imposes penalties of imprisonment for up to fourteen years without the option of a fine; and for trafficking in children imprisonment for twenty-one years also without the option of a fine. ³³⁵
The HIV and AIDS Prevention and Management Act	2018	This law criminalizes harmful practices that expose women and girls to contracting HIV and AIDS. ³³⁶ Schedule I of the Act provides a list of unlawful practices found in Malawi making them recognized by the law.

334 GEA-s. 6. (1) A person commits an act of sexual harassment if he or she engages in any form of unwanted verbal, non-verbal or physical conduct of a sexual nature in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated, or intimidated. (2) A person who sexually harasses another in terms of subsection (1) commits an offense and is liable to a fine of one million Kwacha (K1,000,000) and to a term of imprisonment for five (5) years. Harmful practices are social, cultural, or religious practices that, "on account of sex, gender or marital status" [are likely to, or do] "undermine the dignity, health or liberty of any person," or "result in physical, sexual, emotional or psychological harm" are criminalized. The law specifically prohibits child betrothal and forced child marriage.

335 TIP-s.2- "trafficking in persons" means recruiting, transporting, transferring, harboring, receiving or obtaining a person, within or beyond the territory of Malawi, through__ (a) threats or use of force or coercion; (b) abduction; (c) fraud or deception; (d) abuse or threats of abuse of power or position; (e) abuse or threats of abuse of position of vulnerability; (f) abuse or threats of abuse of the law or legal process; or (g) giving or receiving of payments to obtain consent of a person having control of the trafficked person, for the purpose of exploitation of that person.

336 The Act defines "harmful practice" as: 'any social, religious or cultural practice that: (a) puts a person at risk of HIV infection or re-infection; or (b) may catalyze progression of HIV infection to AIDS.

The National Registration Act	2018	This law is important in its contribution to resolving problems on age determination in sexual offenses, especially defilement, for the future, as children are now being provided with birth certificates and officially registered.
Deceased Estates Act	2011	This law protects the deceased's spouse's and children's estate share and makes property grabbing a criminal offense.
International Treaties and Conventions		
Convention on the Rights of the Child	1990	This was ratified by the government of the Republic of Malawi on 2 January 1991. Article 1. For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.
The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1979	This was ratified by the government of Malawi on 12 March 1987. CEDAW Articles 2, 5, 10 and 11 have addressed issues of violence against women and the girl-child. While CEDAW was adopted in 1979, the CEDAW Committee adopted General Recommendation No. 19 in 1992 on violence against women (VAW), recognizing GBV as a form of discrimination and recommending that states take measures to prevent and respond to VAW.
Vienna Declaration on Human Rights	1993	This declaration states that GBV must be eliminated and calls on governments to take various measures to address it, including legal measures, national action, and international cooperation efforts.
Regional Treaties		
African Youth Charter	2006	The Charter was ratified by the government of Malawi on 13 August 2010. Among other relevant provisions. Article 23: states as follows: 1. States parties acknowledge the need to eliminate discrimination against girls and young women according to obligations stipulated in various international, regional, and national human rights conventions and instruments designed to protect and promote women's rights.
African Charter on the Rights and Welfare of the Child	1990	This Charter was ratified by the government of Malawi on 16 September 1999.

African Charter on Human and Peoples' Rights	1986	Article 18 states, <i>"The State shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions."</i>
SADC Declaration on Gender and Development	1997	The declaration reaffirms commitments and resolves to <i>"[take] urgent measures to prevent and deal with the increasing levels of violence against women and girl child."</i>
SADC Protocol on Gender and Development	2008	The government of Malawi ratified the protocol on 17 June 2013.
Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa	2005	The protocol ensures several rights protecting women, it also stipulates those states shall take measures to prevent and respond to all forms of violence against women.
Policies Related to Gender		
National Gender Policy January	2015	The policy speaks of an increasing number of cases of GBV under the main problem statement. One of the four policy outcomes is <i>"reduced gender-based violence at all levels"</i> (p. 10). One of the seven policy objectives is to reduce GBV. The policy also states that, i. Laws and policies shall be formulated and enforced to eliminate GBV and human trafficking; ii. Response and access to socio economic services are improved to address GBV and human trafficking.
Policies Related to GBV		
National Plan of Action to Combat Gender-Based Violence	2014-2020	The Policy highlights a number of priority areas which include : (i) Prevention of violence against women by addressing its root causes and promoting transformation of harmful social norms; (ii) Promotion of an early referral system that identifies violence and thus reduces its impact and continuation; (iii) Creation of an effective response mechanism supporting the survivors of violence; (iv) Coordination, implementation and sustainable financing of the NPA; (v) Research, data collection, monitoring and evaluation. The NPA includes an operation matrix with outputs, focus actions and responsible partners for each priority area with activities allocated to different Government Ministries, Departments and Agencies (MDA). A deeper analysis and details on the NPA are provided in chapter 3 of this Assessment.

Policies Related to HIV		
National HIV and AIDS Workplace Policy	2010	This policy states that employers must have procedures in place for women to submit sexual abuse or harassment claims safely, and that employers must not condone sexual violence or harassment in the workplace.
National HIV/AIDS Policy	2003	The policy contains various strategies to address GBV, including ensuring that women and girls are protected against violence and harmful traditional practices, protecting women's rights to have control over issues of sexuality free from violence, protecting prisoners from sexual violence, providing victims of sexual violence with free PEP and other support services.
Policies Related to Sexual Reproductive Health Rights		
National Sexual and Reproductive Health and Rights (SRHR) Policy	2017-2022	One of the ten policy themes of this policy is harmful practices/domestic violence, also under the theme of family planning, the goal is to reduce unsafe abortions within the permits of the law as the current law does not permit abortion on demand. The goal for harmful practices and DV is "To reduce the incidence of harmful practices and domestic violence among women, men, and young people". Another component of the plan is the positioning of adolescent sexual and reproductive health as a strategy for empowerment.
Policies Related to Children, Youth, People Living with Disabilities		
National Policy on Early Childhood Development	2003	Two main objectives of the policy are <i>"to protect children against any form of abuse or discrimination"</i> and <i>"to protect and safeguard children who are in difficult circumstances, i.e., orphans, street children, children with disabilities, abused and exploited children."</i>
National Youth Policy	2013	The policy states that protection against <i>"exploitation, discrimination and abuse"</i> is one of the rights of all youth. It also references the vulnerability of youth to sexual harassment and the need to inform them of laws that protect them.
National Strategy on Ending Child Marriages	2018-2023	The strategy is a guiding tool for MDAs, NGOs and other development partners on how to approach Early Child Marriage interventions and provide a framework for interventions aimed at reducing the prevalence of child marriage in Malawi by 20percent by 2023.

National Child Policy	2019	The policy was launched in 2019 and subsequently facilitated the enactment of the National Children's Commission Act (2019) and regulatory framework for child protection. Its operationalization is relatively new.
National Policy on Equalization of Opportunities for Persons with Disabilities	2007	GBV is not specifically referenced, however, a strategy is included to <i>"Enforce systems ... to protect the rights of persons with disabilities against any form of discrimination and abuse in society,"</i> and people living with disabilities are vulnerable to GBV hence they require special protection.

Appendix 2: Key Actors

No.	Name	Institution	Position	Contact Details
1.	Chikondi Clara Nsusa Chilipa	World Bank Group	Transport Specialist- Malawi Country Office	cnsusachilipa@worldbank.org
2.	Beatrice Kumwenda	UNFPA/ Spotlight Initiative	National Gender Specialist	bkumwenda@unfpa.org
3.	Almas Araru	UNFPA/ Spotlight Initiative	GBV Analyst	almas.araru@unwomen.org
4.	Gift Nangwale	National Roads Authority	Social Safeguard Specialist	gnangwale@ra.org.mw gnangwale@gmail.com
5.	Ethel Luhanga	MoTPW	Chief Nutrition HIV/Aids Officer	nyaluhanga@yahoo.co.uk
6.	Beatrice Mateyo	CEWAG	Executive Director	bcmateyo@gmail.com
7.	Priscilla Mkwapatila	CEWAG	Program Manager	pmkapatila@yahoo.co.uk
8.	Emmaculate Maluza	Women Lawyers Association	President	emma.maluza@gmail.com
9.	Grace Mtawali	Malawi Human Rights Commission	Legal Counsel/ Women Rights	weziegrace@gmail.com
10.	Atusaye Zgambo	MoTPW	Economist	atuzgambo09@gmail.com
11.	Patricia Njawali	Malawi Police	Regional Coordinator Community Policing	pnjawali@gmail.com

12.	Jean Kayira	Women Judges and Magistrates Association/ Chief Resident Magistrate (South)	Vice President/ Project Leader Spotlight	jrmthiko@gmail.com
13.	Francis Samson Nkoka	World Bank	Senior Disaster Risk Management Specialist	fnnkoka@worldbank.org
14.	Joseph Njala	NGO-GCN	National Coordinator	josephnjala00@gmail.com
15.	Grace Malera	Tithetse Nkhaza Program	Team Leader/GBV Expert	Grace.Malera@Tetrattech.com gracelipatomalera@gmail.com
16.	Fiona Nguluwe	MoEST	Principal Gender Officer-School Health and Nutrition	kalizangomarosed@yahoo.com
17.	Rose Kalizang`oma	MoEST	Chief Education Officer (Higher Education)	fionanguluwe@gmail.com
18.	Grace Kafulatira Mulima	MoEST	Chief Education Officer (Girls Education: Secondary)	gmulima@yahoo.co.uk
19.	Rose Bilesi	MoH	SRHR GBV Desk Officer	rozbilesi@gmail.com
20.	Mary M. Phiri	MoH	Reproductive Health Unit Officer	mmulombephiri@yahoo.com
21.	Joseph Kalelo	MoGCDSW	Principal Gender Officer	kalelojp1@gmail.com
22.	Laura Campbell	World Bank	Social Protection Specialist	lcampbell1@worldbank.org
23.	Laura Marston	World Bank	YP Education Specialist	lmarston@worldbank.org
24.	Chiho Suzuki	World Bank	Senior Health Specialist	csuzuki@worldbak.org
25.	George Chapotera	National Construction Industry Council	IDPM	georgechapotera@gmail.com,george.chapotera@ncic.mw

Appendix 3. Key Informant Interview Guide

Name of Institution: _____

Name & Position of Respondent: _____

Date of Interview: _____

National Gender Policy and National Action Plan to Combat GBV in Malawi.

- Who were the key actors in the implementation of the National Gender Policy at Ministry level and Partner level?
- how did they collaborate in implementing the Action Plan, which structures were put in place to enhance this collaboration?
- what worked well and why?
- what challenges did you face during the implementation?
- What are the future plans of taking the National Action Plan further in light of its expiry?

Barriers and Gaps in addressing GBV

- Key barriers and gaps to addressing GBV prevention and response in a few sectors³³⁷ where the World Bank has critical engagement.
- Strengthening prevention and response to GBV for the World Bank
- Which sectors is the WBG working in³³⁸ ?
- Mention 3 key sectors which the WBG is working in where GBV is most prevalent?
- What are the major challenges in addressing GBV prevention and response in your/this sector?
- What are the current programs in place to address GBV in this specific sector?
- What gaps are there in the sector and how can they be filled in the future?
- What key measures can be put in place to strengthen GBV response in these sectors and why?

GBV response and prevention

- Would you list any GBV response and prevention structures at? National level? District levels? Community level?
- How are each of these structures at a given level coordinated?
- Are there any gaps in coordination, if yes-what are they?
- How are the structures at the three levels funded, supported financially? who supports them? Is the support adequate?
- What other stakeholders may be useful in GBV redress, prevention, and response at any the three levels?

³³⁷ Sectors to be identified in close collaboration with the Bank team. So far from the discussion and literature the following sectors we propose the following sector, Transport sector (Including infrastructure), Health, and Education. We also propose Disaster and Risk Management as a cross cutting sector.

³³⁸ WBG question only.

World Bank Focus Areas

- Which program/initiatives do the WBG already focus on?
- Of each of these initiatives, how can you describe has been the status of the following issues:
- The relevance of the initiative to addressing GBV from WBG perspective
- What lessons have you/ WBG learnt from implementing this initiative?
- What are the key gaps in the initiative in addressing GBV issues and what may need to be done?

Spotlight Initiative and others

- In your assessment, what has been the contribution of the Spotlight Initiative as GBV program in Malawi in line with a) access to GBV services, b) addressing social norms, c) GBV redress for survivors and d) service provider capacity gaps?
- What key lessons can you share this far in the implementation of the Spotlight Initiative in Malawi
- Are there any gaps that are not being addressed by the Spotlight Initiative or being felt in the cause of implementing the initiative? list them?
- In line with the World Bank focus areas what are the opportunities the bank can draw from the Spotlight Initiative for scale up?
- What other GBV program may be relevant to the WBG focus areas (in the discussion share some of the Lit. reviewed initiatives from literature).

GBV Stakeholders

- What are major GBV stakeholders and what do they focus at:
- National level (give examples)
- District level (give specific examples)
- Community level (give specific examples)
- In what ways are stakeholders relevant at each level?
- What has been their contribution to the GBV sector in terms of prevention and protection?

Thank you

Appendix 4. Key Leading Participants

Participant	Function
Government Ministries	
Office of the President and Cabinet (OPC)	As the highest executive arm of government office with policy direction responsibility, the OPC is tasked to provide policy direction and guidance in gender mainstreaming.
Department of Human Resource Management and Development	The Department of Human Resource Management and Development (DHRMD) sits under the OPC and ensures that gender is mainstreamed in recruitment, selection, and training across all sectors by: • Enforcing compliance in tackling GBV at workplaces and the prevention of sexual exploitation and abuse among the civil service establishments. • Ensuring that government departments and establishments have anti-sexual harassment policies as demanded by the Gender Equality Act
Ministry of Gender Children, Disability and Social Welfare³³⁹	The MoGCDSW's mandate is to provide policy direction and lead the formulation, implementation, coordination, monitoring, and evaluation of the National Gender Policy. It is responsible for coordinating and providing oversight in the implementation of the Gender Policy and NPA across all sectors. The interviews from stakeholders highlighted the ministry's roles on GBV, most of which relate to what is specifically covered as their responsibilities within the NPA which are to coordinate all stakeholders implementing the NPA in addressing GBV and provide overall policy and technical guidance for its implementation. The MoGCDSW also facilitates implementation and institutionalization of the NPA in the public sector and ensures accountability measures are in place for the resources allocated to the implementation of the NPA. The MoGCDSW monitors and evaluates the implementation of the NPA to ensure lessons for future programs as well as facilitate linkages with other existing plans and programs by other ministries and partners. It leads on capacity building of line ministries and other stakeholders on GBV, on resource mobilization from government and partners to fund the NPA, and on mass dissemination of the NPA.
Ministry of Justice and Constitutional Affairs³⁴⁰	The MoJCA of Malawi provides legal advice and services to the government's ministries and departments, as well as the public. The ministry represents the government in civil litigation cases and prosecute criminal cases on behalf of the state, drafts legislation, and vets' agreements and treaties on behalf of the government. The human rights section in the ministry coordinates human rights issues. The section is responsible for state party reporting to United Nations treaty bodies and African Union human rights system.³⁴¹ This includes on the state's performance on the protection and promotion of women's rights including addressing GBV.³⁴² Since response to GBV is a human rights requirement, the human rights section in the MoJCA coordinates and collaborates with other government ministries, departments, and agencies, and CSOs in dealing with this through prosecution of related cases to ensure secondary prevention and response to GBV.³⁴³

339 Malawi Government. MoGCDSW. <https://www.devex.com/organizations/ministry-of-gender-children-disability-and-social-welfare-malawi-127434>

340 Malawi Government. Ministry of Justice. 2021. <https://www.justice.gov.mw/>

341 Ibid.

342 Ibid.

343 <http://www.justice.gov.mw/index.php/departments/attorney-general/human-rights>

Ministry of Health	The Malawi Ministry of Health's (MoH) conducts studies to assess the health sector response to violence against women and children in Malawi, covering policies, guidelines, and protocols related to violence against women and children, human resources capacity, scope and coverage of preventive and responsive services and information management systems. The MoH, along with the Malawi Police Service and MoGCDSW through social welfare, provide direct GBV survivors services through One Stop Centres in Malawi.
Ministry of Education, Science and Technology	The MoEST plays a role in GBV response through various multi-sectoral programs. Various structures at school level like mother groups, community school management committees, clubs and societies in the schools are there to tackle GBV occurrence, child sexual abuse, school based GBV among others.
Ministry of Finance	The MoF has a mandate to ensure that adequate resources are allocated and disbursed for gender specific programs across all sectors. This includes GBV work in the MoGCDSW. It also must ensure that sectoral budgets are gender responsive so that different needs of all gender groups are met. The MoGCDSW developed the Gender Mainstreaming Guidelines in early 2000s to be adopted by all ministries including MoF and departments.
Ministry of Local Government and Rural Development	This ministry has a mandate on decentralization and working with local level structures and districts. In line with GBV efforts, the ministry is expected to, among others, provide guidance on decentralization and how the decentralized structures can be used to tackle GBV. It facilitates integration of the NPA on GBV priorities into local government policies and programs. It also creates linkages of the NPA to the local development fund mechanism at district council level. It builds capacities of district councils on GBV, disseminate and advocate for the implementation of community activities on GBV and behavior change activities with traditional leaders.
Department of Economic Planning and Development	Within the MoF, the Department of Economic Planning and Development (EPD) incorporates GBV elimination components in its mandate by: • Ensuring that all the development plans of Malawi like the MGDS, the National Transformation 2063, sectoral M&E frameworks and projects are gender responsive. • Facilitating linkages between the MoGCDSW and development partner's programs which help to fund GBV work. • Highlighting GBV indicators in the national M&E systems and provides technical guidance in the development of a children, youth, and gender-responsive M&E systems.

The Malawi Judiciary	The Malawi Judiciary is an arm of government that, led by the chief justice, is divided into three categories: the Supreme Court of Appeal, the High Court, and magistrates' courts. The Supreme Court of Appeal Act provides for the structure, powers, and functions of the Supreme Court of Appeal, while the Courts Act provides for the structure, powers, and functions of the High Court of Malawi and Subordinate Courts. The judiciary facilitates justice delivery and hears and rules over both criminal and civil matters. Through their judgements and conviction of offenders i.e., GBV perpetrators, they both participate in primary and secondary prevention and response of GBV in Malawi. The Malawi judiciary serves both rural and urban areas through the courts system. The subordinate courts or Magistrate Courts, which are courts of first instance for most VAWG and GBV matters, serves most of the women who seek remedies in courts throughout the country. Matters heard from subordinate court can be committed to the High Court which is the court of unlimited jurisdiction. All the verdicts and sentences of all criminal cases starts from the magistrate court to High Court to be confirmed by the judge who can either confirm a conviction or reverse it; on the other hand, the judge can reduce or increase sentences.
Malawi Police Service	The Malawi Police Service is an independent branch of the executive that is mandated by the Constitution to protect public safety and the rights of persons in Malawi. Its mission is to provide quality policing services in partnership with the community and stakeholders.³⁴⁴ The Malawi police participate in GBV response through arresting perpetrators and participating in the prosecution of GBV perpetrators before the courts.³⁴⁵ There is a national, district, and community level GBV Police Victim Support initiative.³⁴⁶ Malawi Police Service outlines roles, responsibilities, and procedures to be followed by service providers working in Victim Support Units (VSUs) in supporting GBV survivors and perpetrators. In terms of service, VSUs are a component of Community Policing Department of the Malawi Police Service (MPS) which are housed at police stations across the country. These units act as entry point into the justice sector response services after GBV has occurred. VSUs handle different cases pertaining to various forms of GBV such as unlawful divorce, intimate partner violence, physical violence, emotional violence, lack of maintenance of the family, and others. Many VSU cases are referred from Community VSUs while others are lodged at the VSUs as first place of contact. Other complaints are referred to VSU by the courts where the courts judge that the matters are amenable to counselling and mediation. Broadly, Police VSUs are helpful in the GBV response even though their work is also challenged.
Malawi Human Rights Commission	The MHRC is an independent national human rights institution established by the Constitution of the Republic of Malawi under section 129, with the primary function of protecting and investigating violations of the rights accorded by the Constitution or any other law. The duties and functions are further specified in the Human Rights Commission Act, the Gender Equality Act, and the Access to Information Act. Among others, MHRC conducts investigations on human rights issues including GBV, handles complaints on GBV and other human rights violations, provides human rights education, research and monitoring including raising awareness on rights issues.³⁴⁷ In this regard, MHRC plays the role of alternative dispute resolution service provider and legal aid service provider. MHRC also plays strategic roles in advocacy and strategic litigation, including on issues of VAWG. Under the Gender Equality Act, MHRC is mandated to act as a Gender Equality Commission.

344 https://www.rightofassembly.info/assets/downloads/Malawi_Operating_Procedures_Use_of_Force_and_assemblies_.pdf

345 Ibid.

346 Child Protection and Victim Support Services, UNICEF Malawi

347 Ibid.

International Institutions	
United Nations Children's Fund (UNICEF)	UNICEF has been central in Malawian gender justice and GBV work, including: • Preventing and responding to GBV in emergencies • Focusing on the unique needs of girls and women and recognizing their systematic exposure to GBV • Coordinating with governments and stakeholders to provide survivors with clinical health services, dignity kits, psychosocial support, and safe spaces they need to access care and protection
United Nations Development Programme (UNDP)	The UNDP has been a champion in the Malawi Gender sector and GBV response, including: • Working with national partners on legal and policy frameworks to combat GBV and support national capacities to prevent violence and end impunity for perpetrators • Ensuring access to justice and protection of women and girls • Providing survivors of GBV with multi-sectoral support and services • Supporting violence prevention initiatives and behavior change campaigns including through community-based conversation and engagement with men and boys • Working with private sector and public institutions to harness efforts on gender justice work and GBV work
UN Women	UN Women is another champion stakeholder to work with on GBV and all gender justice work in Malawi, including: • Supporting women and girls' access to quality, multi-sectoral services essential for their safety, protection, and recovery • Partnering with governments and other institutions to find ways to prevent violence against women and girls, focusing on early education, respectful relationships, and working with men and boys • Enhancing data collection to provide a better understanding of the nature, magnitude, and consequences of violence against women and girls • Supporting the coordination, technical and financial support to government and stakeholders working in the gender and GBV sector
United Nations Fund for Population Activities (UNFPA)	The UNFPA has been a champion and central to Malawi's gender, sexual reproductive health, population, and youth's efforts. It has worked on GBV issues from a broad range of areas, including • Strengthening the capacity of health services to address violence against women • Providing services to respond to GBV, including psycho-social support and legal aid • Raising community awareness on GBV issues and services by disseminating information through educational materials • Supporting the engagement of men and boys in combating GBV

