



# Malawi COVID Rapid Gender Analysis

## The State of women and COVID in Malawi

While WHO declared COVID-19 as a world pandemic on 30th January 2020, Malawi declared a state of disaster on 20th March 2020 and this was followed with some restrictions including closure of schools. While countries in Southern Africa have imposed lockdowns and other restrictions, as of 7th May Malawi was yet to go on lockdown which was stopped through a court decision.

Women in Malawi are facing special risks. Maternal mortality, child marriage, Gender Based Violence, and girls dropping out of school are all likely to rise. Women have not been included in decisions related to COVID-19 and are generally excluded from household and community decisions as well.

This Rapid Gender Analysis (RGA) provides information about the potential different impacts, needs, capacities and coping strategies of women, men, girls and boys and other vulnerable groups in Malawi. It seeks to influence among others the National Preparedness and Response Plan for Malawi on Covid-19. This research was undertaken from 27th April to 7th May 2020. The analysis provides recommendations for the humanitarian system to create a better COVID-19 response for all people, especially women.

## Key Findings

- **Adolescent girls are at special risk:** with a 50% child marriage rate, a 29% teenage pregnancy rate, and 20% of girls experiencing sexual abuse before age 18, girls in Malawi are in a very precarious position. With schools closed and few additional resources, all of these factors are expected to get worse. As child marriage and pregnancy rise, girls will have an even harder time going back to school when it reopens, undoing precious gains in girls' education Malawi had been making.
- **Women are locked out of decision making:** 44% of Malawian women say their husbands control all major financial decisions, and 1 in 3 women says her husband makes the final decisions about her health care. This extends to the national level, where the initial COVID-19 task force had zero women in it, and eventually had only one woman added.
- **Maternal mortality—already high—is likely to rise.** Malawian health centers are already prone to stockouts of essential medical supplies, and any mobility restrictions Malawi enacts will make that

worse. In the 11 quarantine centers set up for potential COVID-19 cases, there are no provisions for pregnant women or obstetric care.

- **Women have a high unpaid care burden.** Women and girls spend 8.7% of their time in unpaid care work—compared to 1.2% for men. 51% of women must go out to collect firewood and water, and 27% of them have to travel more than 30 minutes to collect water. As schools close and women spend more time collecting water, these burdens are rising.
- **Families are unlikely to respect handwashing measures:** only 10.5% of families in Malawi have soap and water at home—making it impossible to abide by handwashing recommendations.
- **Women are struggling to access information.** Only 16% of families in Malawi have access to the internet, and women’s access to and control over mobile technology is much lower than men’s. Additionally, 33% of women in Malawi cannot read. At the same time, the social networks that women depend on—such as savings groups—are largely suspended in this crisis.
- **Access to GBV services has practically halted.** While 45% of women experience GBV in the best circumstances in Malawi, and those rates are likely to rise, 65% of Malawians say that they will not be able to access GBV services while all government workers are working from home. 31% of them are unaware of any hotlines or mobile GBV services.
- **Malawi has several at-risk populations of serious concern.**
  - **People with disabilities** make up 10.4% of the population, and they have little access to healthcare and other services.
  - **75% of people living in cities live in slums and informal settlements** with high population density and little access to shelter or hygiene.
  - **44,385 refugees live in Malawi**, and most of them have access to an average of 7 litres of water a day (compared to the 20 litres recommended in SPHERE standards).
  - **HIV** has had a large impact on Malawi, with 27% of people aged 15-20 orphaned and high rates of people living with HIV. They are especially at risk in the COVID-19 crisis.
  - **92% of nurses in Malawi are women** and they are facing stigma because of being potential COVID-19 carriers.

## Recommendations

- **Build targeted messages for populations at highest risk.** All actors responding to COVID-19 need to build communications pathways and tools that specifically target the context and people who need them. This includes building particular tools for reaching people in refugee camps, women, and people with disabilities.
- **Find ways to reach women with information about COVID-19 and GBV.** Provide information on available service providers through places that are commonly used by women such as water points, clinics, markets.
- **Engage men and change social norms.** COVID-19 responders should develop messages and specific programming to promote male involvement in child caring roles and other time-intensive tasks. This should also include campaigns to reduce child marriage and GBV.
- **Respect women leaders and the Gender Equality Quota.** Malawi has a national quota for women in leadership roles that it should apply to all COVID-19 response and committees at all levels. The government and humanitarian responders should promote women’s participation in decisions at all levels—including within households.
- **Design cash-based responses that promote gender equality and women’s empowerment.** As the government and humanitarian actors reinforce social safety nets and expand the social cash transfer program, they should design those programs to reach women, promote girls’ education, and promote women’s decision-making.

This policy brief summarizes the Malawi Rapid Gender Analysis, written by Christobel Chakwana (UNICEF); Grace

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