CARE Rapid Gender Analysis
Malawi – Nsanje District
Cyclone Idai Flooding
8 April 2019
Executive Summary

Heavy rainfall due to the tropical cyclone Idai drifting to Malawi caused severe flooding across southern Malawi between 5 and 8 March 2019. 868,900 people have been affected, including 86,980 being displaced. Nsanje district is one of the most affected areas.

Consequently, a rapid gender analysis (RGA) was conducted between 29 March and 4 April 2019. The subsequent analysis and recommendations from the RGA will serve to inform CARE Malawi’s programming response to the floods crisis in ways which respect and respond to the different needs of women, men, girls and boys in the affected communities.

Field data was gathered from selected camps to inform immediate response needs. The RGA provides an initial snapshot of the different needs and capabilities of women, men, girls and boys in Nsanje district. CARE Malawi will build on this foundation and continue to further its knowledge of gender dynamics in the communities it serves, in order to better assist and support affected populations. In addition, more sex- and age-disaggregated data (SADD) will be collected to ascertain location-specific data to target affected individuals and families effectively.

Key recommendations

- CARE should continue to actively discuss gender issues through the coordination bodies and its networks (particularly with the Food Security, WASH, Shelter, Health and Protection Clusters). This should include sharing the findings of the RGA.
- Scale-up collection and analysis of SADD in response activities and using the data to verify equitable access and adapting the interventions where necessary.
- Ensure humanitarian actors are aware of the increased risk of gender-based violence (GBV) as they carry out response and recovery activities and how to respond appropriately using existing referral mechanisms.
- Ensure food security and livelihoods distributions and initiatives target families and individuals most in need, including pregnant and breastfeeding women, people with compromised immune systems and chronic illnesses, the elderly, female-headed households and families with young children.
- Distribute sanitary/dignity kits, including sanitary pads and undergarment, targeting individual women and girls, as opposed to households.

Key findings

- Both women and men reported that the destruction of farms and crops have reduced income, consequently, increased levels of stress within the household and the community related to income and food security.
- Women and single mothers in particular have reported difficulty in purchasing essential goods, and construction of their shelters, risking sexual exploitation.
- Negative coping mechanisms including some women exchanging sex for relief items and girls engaging in prostitution in order to get money for exercise books, school fees and cloths were observed.
- Lack of lighting at night, and at washrooms, toilets; travel to fetch firewood, water and food have further increased risks to sexual violence and exploitation particularly for women and girls and undermining their dignity.
- With scarcity of food, girls and women, particularly pregnant and lactating mothers, reported experiencing less access to highly valued nutritional food.
- Some women and girls shared that they are discriminated against especially during the times that they are menstruating because having not bathed, they produce bad bodily odour thus having specific needs including clothing, sanitary pads and undergarments for menstrual hygiene and dignity.
- Sexual and reproductive health needs, including access to family planning services are unmet particularly for women.
• Ensure safe and close access to water for women and girls to minimize risks of travelling long distances to collect water.
• Establish a range of confidential, accessible and responsive community feedback mechanisms based on preferred methods identified by women, men, the elderly and people with diverse disabilities and ensure that the feedback mechanisms are well understood by all.
• Ensure that women are meaningfully involved in committees, including selection and complaints committees.

Introduction
From 5 - 8 March 2019, heavy rains caused by tropical cyclone Idai led to severe flooding in the southern region of Malawi in one of the worst tropical storms in the region on record. The heavy rainfall affected 15 districts in the Southern Region of the country and Nsanje was among the districts that were most affected. On 8 March, on receipt of preliminary damage reports, the Government of Malawi declared a state of disaster. Malawi’s Department of Disaster Management Affairs (DoDMA) reported that 868,900 people have been affected, of which 86,980 are displaced in 173 camps.

CARE Malawi is one of the organizations responding to the needs of the floods survivors in Nsanje. Considering the wellbeing and distinct needs of all people – women, girls, boys and men of all ages and abilities - affected by the disaster, as well as the specific issues of women’s empowerment, CARE in collaboration with the Social Welfare Department under Ministry of Gender, Children, Disability and Social Welfare conducted a Rapid Gender Analysis (RGA) in five camps in three Traditional Authorities (TAs). In addition, CARE has worked with the Social Welfare Department to establish Protection Sub-Committees in 21 camps in the district.

The Rapid Gender Analysis objectives
An RGA provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. It is built up progressively using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls of different ages, abilities and other contextually relevant forms of diversity and to ensure we ‘do no harm’. RGA uses the tools and approaches of Gender Analysis Frameworks – such as community mapping; focus group discussions (FGDs), key informant interviews (KIIs), safety audit tools and secondary data review - and adapts them to the tight time-frames, rapidly changing contexts and insecure environments that often characterise humanitarian interventions.

The specific objectives of this preliminary RGA are as follows;
• To understand the unique assistance and protection needs, capacities and coping strategies of women, men, girls and boys of all ages and abilities affected by the crisis.

1 Joint Department of Disaster Management Affairs of Malawi and UN Office of the Resident Coordinator in Malawi Situation Report No. 3, 7th April 2019
To support sectors in the design of programming that addresses these distinct assistance and protection needs, capacities and coping strategies.

To identify and realise emerging opportunities to facilitate and promote the participation and leadership of all segments of affected communities with a particular focus on women and adolescent girls, as well as people from marginalised groups, such as the elderly and people with disabilities.

**Methodology**

CARE Malawi conducted a Rapid Gender Analysis (RGA) in the camps with internally displaced persons (IDPs) in Nsanje District.

The RGA targeted three traditional authorities (TAs) of Mlolo, Ndamera and Mbenje. In TA Mlolo, the assessment was conducted in Chapinga camp; in TA Ndamera, assessments were conducted in Marka and Bitilinyu camps, while in TA Mbenje assessments were carried out in Old Lalanje and Bangula camps. Chigwamafumu camp in TA Mlolo was targeted but not reached due to inaccessibility of the camp by road. Therefore, the assessment team carried out assessments in six camps.

In total, 35 focus group discussions (FGDs) were conducted, each with two groups of women and two groups each of men and adolescent girls and boys (separately) in each camp. In addition, a total of nine key informant interviews (KIIs) were done with service providers, including Village Civil Protection Committee and Camp Management Committee members, Health Surveillance Assistants and community leaders. The findings have also been informed by the Field Observation conducted by a staff member at each of the camps.

Primary data was collected from 29 to 31 March 2019.

**Demographic overview**

An estimated 868,900 people, including 443,136 children, have been affected by the flooding, with nearly 87,000 people displaced. Many of the displaced are sheltered in schools, and lessons for children have been severely disrupted.

**Population Data: Total Number of people impacted by the Crisis in Malawi**

<table>
<thead>
<tr>
<th>Country</th>
<th>Missing</th>
<th>Dead</th>
<th>Injured</th>
<th>IDPs</th>
<th>Total Affected</th>
<th>Sources &amp; Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>0</td>
<td>59</td>
<td>672</td>
<td>86,980</td>
<td>868,900</td>
<td>DoDMA / UN, Idem³</td>
</tr>
</tbody>
</table>

Additional demographic information is as follows:

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² In Marka camp, there were no girls, boys present to participate in the FGDs
³ CARE 03.04.2019_Regional Cyclone Idai Sitrep #3
⁴ CARE 29.03. 2019, Regional Rapid Gender Analysis, A Commitment to Addressing Gender and Protection Issues in Cyclone- and Flood-Affected Malawi, Mozambique and Zimbabwe
• So far, food and non-food items (NFIs) have been provided to the affected populations with an estimated coverage/distribution to at least 95% of the sites. The main challenge, however, is insufficiency of the distributed food. Most of the food items last between three to seven days. Considering that most of the IDPs are likely to be displaced for a period of one to two months, this indicates that there will be a large food gap unless further food distributions are made soon and at frequent intervals during the period of need.

• UNFPA estimates that, of the affected, 230,000 are women of childbearing age, about 12,000 (i.e. approximately 5%) are expected to deliver in the near future. So far, one maternal death has been reported due to inaccessibility of the roads from health centre to the district hospital.

• Pregnant women are delivering in the camps with unskilled birth attendants and, to date, four cases of complicated births have been reported.

• Health facilities are far from each other and the flooded roads are impassable in order to allow the affected population access to health care services. Two facilities have been submerged, destroying drugs, condoms, equipment and health records.

• Health workers have also been displaced and are, therefore, not available to provide services. There is no precise information on the list of facilities including their immediate needs to resume the provision of sexual and reproductive health (SRH) services and, therefore, limited information is available on where the women can get the services in the absence of community outreach.

• Insecure camp settings and shortage of food increase the risk of trafficking, violence, particularly for young adolescent girls and women. Child marriage is another noted risk for teenage girls.

• According to an inter-agency assessment in Nsanje and Phalombe districts conducted by government, UN agencies and NGOs including CARE, about 30% of IDPs are not aware of what constitutes sexual violence.

• Women and girls have inadequate access to sanitary supplies and facilities, as many have lost items such as underwear, soap and sanitary pads.

• Overall, the population has been psychologically affected and many children and youth are idle in the camps with no access to designated youth clubs or safe spaces to access psychosocial support services or have recreational activities.
Findings and Analysis

Gender Roles and Responsibilities

Generally, before and after the floods there are significant changes in the roles and responsibilities of women, men, girls and boys.

Before the crisis\(^5\), the affected population was living in a patriarchal society with men holding most of the authority within the family including being the earners for the family. Decision-making power for women is relatively limited, with 44% of women reporting that their husband alone makes the decisions related to their own healthcare and 69% reporting that their husband alone makes decisions related to major household purchases. Children, especially girls, are raised to be obedient and to help with chores such as fetching water and collecting wood in rural areas and helping with childcare in more urban areas.

Primary school is from ages 6 to 13 years, with an option for secondary school to age 17 years. Most Malawian children do not complete their full schooling as they drop out to help with agriculture or with taking care of younger siblings. Within Malawi, 19% of women and 11% of men have never attended any formal school. Women are also generally less exposed to the outside world than men, with a higher proportion of men listening to the radio, reading newspapers, or watching television at least once a week. Higher education is uncommon in Malawi. Though a few institutions exist, most students from wealthier families choose to go abroad for their higher studies.

True figures capturing women's labour outside of housework are hard to identify, as many women work on family farms or in family businesses but do not consider this to be “work.” Sometimes this labour is compensated, sometimes not, but women frequently earn less than men for the same type of labour. Of those women who are married and earning money, 40% report that decisions about how their income is spent are made primarily by their husbands. Most women work in the agricultural sector (58%), followed by the sales and service sector (25%); while most men also work in agriculture (48%), followed by skilled labour (18%) and then sales and services (16%). It is estimated that 20% of children aged 5-14 years are working, often in poor conditions, primarily in the tea and tobacco industries. This labour interferes with their ability to gain an education and can be damaging to their health.

Analysis of the primary data collected demonstrates the following:

Since the crisis, at household level, there are fewer responsibilities and things to do at the camps as compared to before the crisis. It was noted that it is now the responsibility of women, men, young boys and girls to search for food and ensure the family has enough resources. Men are also taking part in collecting water and construction of tents, toilets and bathrooms. Women reported to have more time on their hands since there is not much household chores to take care of. For example, women respondents said that since their children are unable to access education, they do not have to spend time preparing them for school. Much of the time is spent chatting, sleeping and waiting for relief assistance. Women also shared that they are no longer able to conduct small businesses, and participate in the Village Savings and Loans Associations (VSLAs) groups that would enable them to earn extra income to support their families. The women respondents expressed their desire to continue engaging in these activities even at the camps if they can be supported. Both men and women reported that they lack the space and

\(^5\) Information and data in this section has been taken from the 2017 Malawi Gender in Brief (GiB) and verified during the field assessment. See Annex 1 for the complete GiB
privacy for intimacy. Girls and boys reported not having much to do as they no longer help in cultivation, or attending sporting activities or any leisure activities. Where schools are still open and available, some girls reported that they have also been sent back from school due to lack of school fees.

At the community-level, both men and women are also both taking part in Camp Management, Protection, and Village Civil Protection Committees, police forums and are involved in community decision-making. The following are the committees that are found within the camps:

The Camp Management Committee is the main committee that controls activities within the Camp. It is composed of IDPs representatives and members from community structures like Village Civil Protection Committees. It is responsible for the registration of IDPs in the camps; allocating places to mount tents; and ensuring that distributions are done in an orderly manner by making sure that only the IDPs are benefiting. IDPs in the camps elect the committee representatives. Both men and women are represented in the committee though women representation remains low and varies from camp to camp. Being the main committee, it handles all issues from other camp subcommittees.

Protection Committees are responsible for handling protection issues and concerns that are brought forward by the IDPs at the camp, including issues related to human rights, child protection, sexual exploitation, harassment and abuse. They make sure that people at the camp are well served and respected by the office holders. The committee is responsible for reporting and documenting any cases related to protection issues. The committee makes sure that every beneficiary gets what they deserve without favour. It reports directly to the camp management committee on any issue that concerns their work. The committee is composed of camp members, Gender Champions and the Child Protection Officer from the Ministry of Gender.

The Village Civil Protection Committee is a government committee that is composed of people from the community that looks into disaster risk management and resilience. This is the committee that takes the lead on the registration of affected households and helps them to settle into the camps. The committee forms part of the Camp Management Committee and ensures that the IDPs are cared for and provided with the basic needs for their daily survival.

The Police Forum works closely with the Police. The Forum includes community members who are fully empowered by the police to provide security to their community. The committee is chosen by the community itself. They report any form of violence at the camp and refer them to the Police. During emergencies, the Forum works closely with all camp committees to ensure that people at the camp are well protected from all forms of violence. In some camps, they conduct day and night patrols to ensure that there is maximum safety for women and children. The data that refers to the balance of women and men is not available at the moment.

In spite having these committees in place, some displaced communities’ members, particularly widows and single mothers expressed that the Camp Management Committees, the majority of members of which are male, were extremely powerful to the extent that they could not access them for help.

It was also observed that these committees, many comprising of new members from the camps, require further capacity strengthening particularly in protection and complaints and response mechanisms in order to serve the community members more effectively. More consideration needs to be given to ensure the involvement of women as members of the various committees.
Currently, CARE Malawi is in the process of training the Protection Committees in Nsanje district on their roles and responsibilities; protection issues including GBV and PSEA; and in establishing and managing complaints and response mechanisms.

Capacity and Coping Mechanisms

Due to loss of livelihoods and other agricultural and economic resources, displaced women, men, boys and girls are relying heavily on government and humanitarian actors for support.

In some situations, life in the camps have affected attendance of school by the girls and boys due to inaccessibility of the facilities while others have joined other schools temporarily to ensure that the children remain in school. As stated above, the assessments revealed that, in some instances, girls are not attending school due to the lack of the required attendance fee.

Health challenges are also being addressed by Health Surveillance Assistants who provide primary health care.

Some men, women, boys and girls living in the camps are also involved in piece work or casual labour, which includes domestic and farm work, moulding bricks for houses around the camp and collecting and selling firewood and grass, and fishing. Specific coping mechanisms for women include selling firewood, and running small businesses like selling vegetables.

During the KII’s and FGDs, some negative coping mechanisms particularly by some women and young girls were noted. This includes women exchanging sex for relief items and girls are engaging in prostitution in order to get money for exercise books, school fees and cloths.

Access to resources

Prior to the crisis, men had control over all the household assets, which included land, house, finances, livestock, bicycles, and radios. However, during the displacement, men have obviously lost access to these assets.

For women, even prior to the floods and subsequent displacements, true figures capturing women’s labour outside of housework are hard to identify, as many women worked on family farms or in family businesses but did not consider this to be “work.” Sometimes this labour was compensated, sometimes not, but women frequently earn less than men for the same types of labour. Most women work in the agricultural sector\(^6\). The women respondents also shared that they also conducted small business and participated in the VSLAs groups that would enable them to earn extra income to support their families. None of these activities are available in the IDP camps but women have expressed their desire to continue these activities.

Protection

Malawi is party to the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and is a signatory to the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa, signalling its commitment towards reducing incidences of GBV. However, women are still at risk of GBV with almost 15% of women in

\(^6\) CARE Malawi, Gender in Brief 2017 (See Annex 1)
Malawi reporting that their first sexual experience happened against their will. Two out of five women reported that they had experienced sexual or physical violence at some point. This violence is usually perpetrated by a current or former partner. Among women experiencing violence, less than 4% went to the local police to seek help, a testament to cultural stigmas, lack of awareness, and police ineffectiveness.

Child marriage is an issue of particular concern in Malawi. Different laws state the legal age for marriage to be either 18 or 21, granting the possibility to marry younger with parental consent. More than half of all women aged 25-49 were married by the age of 18. Marriage at a young age can contribute to poorer education and health outcomes, as well as increase the likelihood for abuse. Further, nearly half of all 19 year-old women have had a live birth, which can be dangerous for both young mother and child. Poverty contributes to the likelihood of child marriage, as families might see daughters as an economic burden or perceive marriage as a chance at a better life.

HIV/AIDS is a significant concern in Malawi, with less than half of those between ages 15-24 having knowledge of HIV prevention methods.\(^7\)

**Gender-Based Violence**

In the current crisis, the majority of women have lost their livelihoods and report being at risk of sexual violence and exploitation, particularly women from single-headed families. The risks they were experiencing included attacks when travelling outside their communities to fetch firewood, water and food, lack of separate washrooms and toilets for male and females in most camps. Bangula, Marka and Lalanje camps reported to having no washrooms at all with women and girls bathing in the bush, making them more vulnerable to sexual abuse. Due to the shortage of tents, some women and girls reported sleeping in open spaces and fearing being attacked and/or raped. The lack of lighting at night also poses an additional risk for women and girls.

As a coping strategy, women and girls reported that they were travelling in groups when fetching firewood and water.

The lack of awareness among both women and men about GBV and services available to survivors remains a clear concern.

**Child Protection**

In Bangula, 21 unaccompanied minors (14 girls and seven boys) are reported to require special protection. There was reported lack of activities for children and youth and adult supervision resulting to increased risks for children. Some children have not returned to school, putting them at further risk. Some girls also expressed concerns of being asked by their families to marry early.

**Other at-Risk Groups**

People with albinism in Malawi have for many years lived in fear due to increased cases of injustices and discrimination including violent attacks, murders and abductions against them linked to ritual practices and beliefs related to witchcraft. Subsequently, in the current crisis, key

\(^7\) Ibid.
informants expressed fears for the safety of people with albinism among the displaced population and advised that they require special protection from the community.

In addition, the lack of prioritisation of the elderly in receiving assistance and of people with disabilities not being included in beneficiaries’ lists were also raised by those interviewed. During the assessment, some people with disabilities reported safety issues related to their limited mobility and ability to get to safe places.

All camps lack safe spaces for people to give feedback and raise concerns in private. However, some of the safety and security measures that have been put in place include the establishment of Camp Protection Committees comprising of women, men, girls’ and boys’ representatives; Community Police Forums; and Camp Management Committees, where people can report any incidents and issues that arise.

**Recommendations for Protection**

**Gender-Based Violence**

- Install lights near latrine and bathing facilities. In addition, provide torches (including solar torches/lamps) to each household, prioritizing the most vulnerable.

- In collaboration with the GBV sub-cluster, conduct a mapping of all GBV services for inclusion in the referral pathway, building on existing GBV services and community-based structures.

- Ensure all humanitarian actors are aware of the increased risk of GBV as they carry out response and recovery activities and how to respond appropriately using existing referral mechanisms.

- Ensure that all CARE staff and partners are briefed and aware of the protocols for referring survivors who may disclose to them. All CARE and partner staff must respect a sexual violence survivor’s rights to life, self-determination, high quality health care, non-discrimination, privacy, confidential, information and respect, refer to GBV Constant Companion in Annex 2.

- Ensure that all CARE staff and partners have been briefed on, are aware of their responsibilities related to the prevention of sexual exploitation and abuse and have signed the Code of Conduct and the PSEA Policy.

- Have awareness-raising using various channels including written information, pictorial and/or oral for beneficiaries to ensure that they know that no one has to pay or provide services/favours in exchange for receiving assistance. Messages should be designed in a way that is accessible to illiterate people.

- Within all distribution points, establish feedback and reporting mechanisms that are visible to all.

- Work with all camp committees to ensure that there is equal representation, meaningful participation of and equal opportunities to training for women and men.

- Train Camp Protection Committee members, humanitarian workers and other community leaders to identify survivors of violence and refer them to appropriate support and service providers.
• Establish safe spaces for women and girls. Liaise with the GBV sub-Cluster on relevant standard operating procedures and specifications and, in the absence of the sub-Cluster or such SOPs and specifications, confer with CARE’s GBV Specialist (CEG Team).

Child Protection

• Establish child-friendly spaces to provide children a safe and supervised space for play and education while in the camps.

• Disseminate child protection messaging in various forms and include messages targeted at youth and highlight specific risks for adolescent girls.

Other at Risk Groups

• Conduct outreach activities to identify, inform and gather feedback from people with all types of disabilities, the elderly and people with albinism, who may have unequal access to information, distributions and complaint mechanisms.

Food Security and Livelihoods

Due to the floods and damage caused by the rains, gardens and food crops are destroyed. Food is scarce and people with limited food security and livelihood options have had to rely on food distributed by government and humanitarian organizations. Households are eating less food (reducing meals per day) and the impacts on vulnerable members of the community such as pregnant and lactating women, and the elderly are already being felt. However, during the assessment, many people in the camps expressed that there is no regulated food delivery in the camps resulting in some camps having food while others did not have.

In addition, some interviewees felt confined and that their movements were restricted as they can no longer move long distances to do business or piece work/casual labour as most of the people around them were also affected.

SADD is not available, which would indicate whether the food assistance specifically reached female-headed households, people with disabilities or with chronic illness, pregnant or breastfeeding women, and/or other groups.

For livelihoods, farms in the affected areas have been severely impacted, with crops and livestock all being destroyed. For subsistence farmers it is especially a dire situation as they are unable to feed their families or make even small amounts of money. Poorer widows and single mothers have been particularly impacted and many now depend on food rations.

Recommendations for Food Security and Livelihoods

• Consult women, girls, men and boys about times, frequency and locations of food/input distributions.

• Ensure food security and livelihoods distributions and activities target families and individuals most in need, including pregnant and breastfeeding women, the elderly, female-headed households and families with young children.

• Ensure regular distribution of foods fortified with iron, vitamins and other micronutrients for high-risk groups, including women of childbearing age and pregnant and lactating women.
• Distribute seeds, seedlings and tools to female, as well as male farmers to support the re-establishment of livelihoods and ensuring women’s equal access and control to this assistance.

Water, Sanitation and Hygiene (WASH)

Water

During the assessment, both women and men raised concerns regarding access to clean water. There is inadequate safe drinking water in most camps. For example, in Chapinga camp, the community members fetch water from group village headman Chapinga borehole causing a lot of congestion; in Bitilinyu, there is only one borehole for approximately 1,922 households at the camp and the host community. Women are walking longer distances to fetch water. Both boys and girls are helping in fetching water.

There is ongoing community awareness and messaging on the need for water purification.

Sanitation and Menstrual Hygiene

There are not enough bathing spaces for the populations in the camps; others are not currently gender-segregated; while people in other camps such as Bangula and Marka reported having no washrooms leaving women and girls bathing in nearby bushes. Many latrines are also located far from camps with no lighting, where women and girls feel unsafe to use them. There is need to further enhance privacy and security of the wash spaces and latrines and ensure risk mitigation of GBV.

Clean water is particularly needed to maintain hygiene and the dignity of menstruating women and girls. During the assessment, some women and girls shared that they are discriminated against especially during the times that they are menstruating because having not bathed, they produce bad bodily odour. Main needs specifically stated by women and girls included clothing – underwear and sarongs - and sanitary pads.

Recommendations for WASH

• Build gender-segregated latrines, bathing facilities and water points to address urgent health, dignity and protection issues.
• Provide training to both women and men in maintenance of WASH facilities.
• Include sanitary pads and undergarments in WASH and dignity kits, targeting individuals as opposed to household to meet the specific menstrual hygiene needs of women and girls.
• Identify and address the specific sanitation and menstrual hygiene needs of women and girls with disabilities.
• Target men, as well as women and children, with hygiene promotion and encourage shared roles and responsibilities.
• Use the WASH minimum commitments for the safety and dignity of affected people⁶ as a practical guide to plan, implement and monitor the quality of WASH interventions

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⁶ The tool can be accessed at http://gender.careinternationalwikis.org/minimum_commitments
Shelter

Up to 3,867 households in Nsanje District are estimated to be in need of emergency shelter due to damage and destruction of their homes. Families, whose homes were completely destroyed are now living in camps, which include evacuation centres, schools and churches, while others are hosted by their family and friends in host communities. Some key informants also agree that some people were not displaced but they lost their crops from their maize gardens.

Most camps are overcrowded and tents are inadequate to cater for all people in almost all camps. Also observed were some socially and culturally inappropriate housing arrangements, forcing women and girls to sleep in the same space just as boys and men. However, this situation is more evident at Bangula and Bitilinyu camps in TA Mbenje and Ndamera respectively. There are other camps where the situation is worse and you find some people including women and children sleeping in the open without any tent or coverings, which has an effect on their privacy as well as their being secure.

Recommendations for Shelter

• Provide tarpaulin and other temporary shelter materials for affected people to build separate shelters.

• Provide shelters especially for women and girls that ensure their privacy and security so that they are safe from GBV due to poor, inappropriate or cramped shelter conditions (for example partitions, locks and lighting).

• Prioritise shelter for the most economically and socially disadvantaged members of the affected population, including but not limited to: people with disabilities, the elderly, people with albinism and chronically ill, single female-headed households and families with large number of dependents.

• Involve women and marginalised groups in key decision-making related to shelter.

• Ensure that there is back up lighting in the camps.

Sexual and Reproductive Health

Through secondary data, including earlier assessment reports from DoDMA, UNFPA estimates 230,000 women of child bearing age and about 12,000 expected deliveries. One maternal death has so far been reported due to inaccessibility of the roads from health centre to the district hospital. Pregnant women among the displaced population are delivering in the camps with unskilled birth attendants and, to date, four complicated cases have been reported. There is lack of information on the facilities that resumed provision of SRH services, thus limited information is available on where women can access services in the absence of community outreach.

In addition, a high number of adolescent boys and girls were observed roaming around in the camps and the potential for risky sexual unions that could result in pregnancy and STIs.

At the same time, according to Nation newspaper reports, Malawi is currently facing a crisis with its critical family planning commodities being stuck at the Mozambican port city of Beira that

9 Nation newspaper based in Blantyre, Malawi, 4 April 2019
has been ravaged by Cyclone Idai. It is not clear when these disruptions in the supply of contraceptives will be resolved.

There is urgent need to increase SRH services including deployment of mobile health teams to provide emergency maternal health services.

**Recommendations for Sexual and Reproductive Health**

- Collaborate with other actors on women’s health and protection programming to ensure provision of the full package of life-saving SRH services in line with the Minimum Initial Service Package (MISP) including 24/7 access to Emergency Obstetric and Newborn care for complications in pregnancy, contraceptive options, support for continued anti-retroviral treatment (ART) for those previously on ART.

- Assess the safety and accessibility of existing SRH services and immediately integrate and implement SRH and GBV health responses. In collaboration with GBV actors providing case management and psychosocial response services, support survivor-centered referral systems that increase access to post-rape care and provide information to communities on availability and benefits of utilising these services.

- Ensure adolescent-friendly SRH services are available at health facilities and community distribution points.

- Explore the possibility of providing mobile SRH services.

**Additional Recommendations**

- At all stages of the response, ensure response teams are composed of women and men. Inclusion of female staff in the teams will allow consultations with women and adolescent girls which will foster a greater understanding of women and girl’s needs, including reporting issues that are of a sensitive nature, for instance gender-based violence.

- Consider providing more or different types of NFIs and hygiene kits to elderly or women, girls, men and boys with disabilities, large families or other groups in response to their unique needs.

- Ensure that women are meaningfully involved and participate in all camp committees and activities.

- Establish a range of confidential, accessible and responsive community feedback mechanisms based on preferred methods identified by women, men, elderly, people with diverse disabilities and ensure these are well understood by all.

- Identify female responders who women and girls in the community can contact to provide feedback.
Annex 1: Gender in Brief
Gender in Brief

Introduction:
Malawi, located in Southern Africa and bordered by the huge Lake Malawi, is home to a diverse population of more than 18 million. The country is home to a variety of languages, religions, and ethnic groups. Extremely dependent on foreign aid, efforts have been made in recent years to draw more attention to gender inequality in Malawi. However, the country still ranks 173 out of 178 on the Gender Inequality Index as of 2014. With a rural fertility rate of 4.8 and an urban rate of 3.0, environmental concerns, the spread of HIV/AIDS, and widespread corruption have left the country struggling to improve outcomes related to health and education for the fast-growing population.

Gender Roles and Responsibilities:
Malawi is considered a patriarchal society, with men holding most of the authority within the family unit. Women are responsible for household upkeep and child-rearing, while men are more likely to be the earners for the family. The 2016 Global Gender Gap reports women are also active in the economic sphere, with 81% of women working (compared to 80% of men). Women do all the cooking, and males and females often eat separately. Family plays an important role in Malawian society, and relatives often live near each other or in adjoining houses. Elders in the family are to be respected, particularly male ones.

Marriage in Malawi is common and expected, with arranged marriages still taking place in rural areas. Dowry, often paid in livestock, is also customary. As most people in the country are religious, it is a socially conservative place where gender norms are respected. Decision-making power for women is relatively limited, with 44% of women reporting their husband solely makes the decisions related to their own healthcare, and 69% reporting the husband makes sole decisions related to major household purchases. Children, especially girls, are raised to be obedient and to help with chores such as fetching water and collecting wood in rural areas, and helping with childcare in more urban areas.

Education and Economic Empowerment:
Primary school is from age 6-13, with an option for secondary school through age 17. Most Malawian children do not complete their full schooling as they are forced to drop out to help with agriculture or with taking care of younger siblings. Within Malawi, 19% of women overall have never attended any formal school, compared with 11% of men. Women are also generally less exposed to the outside world than men, with a higher proportion of men listening to the radio, reading newspapers, or watching television at least once a week. Higher education is uncommon in Malawi. Though a few institutions exist, most students from wealthier families choose to go abroad for their higher studies.

True figures capturing women’s labour outside of housework are hard to identify, as many women work on family farms or in family businesses but do not consider this to be "work." Sometimes this labour is compensated, sometimes not, but women frequently earn less than men for the same types of labour. Of those women who are married and earning money, 40% report that decisions about how their income is spent are made primarily by their husbands. Most women work in the agricultural sector (58%), followed by the sales and service sector.
(25%); most men also work in agriculture (48%), followed by skilled labour (18%) and then sales and services (16%).15 20% of children ages 5-14 are thought to be working, often in poor conditions, primarily in the tea and tobacco industries.16 This labour interferes with their ability to gain an education and can be damaging to their health.

Participation and Policy:
Despite having had a female president from 2012-2014, overall women’s participation in Malawian politics is limited. Participation peaked in 2009 with 23% of the total members of parliament being female, a figure that fell back to 17% in 2014.17 A number of laws have been passed to help protect women’s rights, to varying degrees of effectiveness. The 2011 Deceased Estates Bill gives women legal right to inheritance after the death of her husband. However, this has been hard to enforce in practice, and female illiteracy has contributed to a lack of knowledge regarding basic rights. The justice system is also considered inefficient and generally unhelpful towards protecting women’s rights. The 2006 Prevention of Domestic Violence Act protects women against physical, emotional, financial and sexual abuse; however it does not account for marital rape.18 There are a number of women’s groups in Malawi seeking to educate women on their rights, train them in useful skills, and/or offer small microfinance loans to increase their productivity.

Gender-Based Violence and Protection:
Malawi is party to Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and is a signatory to the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa, signaling its commitment towards reducing incidences of gender-based violence (GBV). However, women are still at risk for GBV. Almost 15% of women in Malawi reported their first sexual experience happened against their will.19 Two out of five women reported they had experienced sexual or physical violence at some point.20 This violence is usually perpetrated by a current or former partner. Among women experiencing violence, less than 4% went to the local police to seek help, a testament to cultural stigmas, lack of awareness, and police ineffectiveness. Child marriage is an issue of particular concern in Malawi. Different laws state the legal age for marriage to be either 18 or 21, granting the possibility to marry younger with parental consent. More than half of all women aged 25-49 were married by 18.21 Marriage at a young age can contribute to poorer education and health outcomes, as well as increase the likelihood for abuse. Further, nearly half of all 19 year-old women have had a live birth, a phenomenon that can be dangerous for both young mother and child.22 Poverty contributes to the likelihood of child marriage, as families might see daughters as an economic burden or perceive marriage as a chance at a better life. HIV/AIDS is another issue of concern in Malawi, with less than half of those between ages 15-24 having knowledge of HIV prevention methods.23 Finally, despite facing pressure from international donors for its poor treatment of LGBT people, and remarks from the president expressing interest in relaxing its related policies, the country has not made any significant strides towards decriminalising any of its anti-gay laws.

Gender in Emergencies:
As women are the primary caretakers of the household, disasters affecting access to resources will disproportionately affect women and girls. For example, as the primary collectors of water, women will face extra burden in times of drought or flood, similar to food insecurity. Women and girls will also have increased stress related to sanitation and hygiene. Women staying in relief camps are at increased risk of sexual violence and/or coercion in return for aid. Finally, increased economic strains on family could lead to a rise in child marriage as families may encourage their daughters to wed in an effort to decrease household costs.

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4 Ibid.
5 Ibid.
9 Malawi Demographic and Health Survey. 2015-16. 13.
11 Malawi Demographic and Health Survey. 2010. 228.
12 Ibid. 13.
13 Ibid. 31.
14 Ibid. 224.
15 Ibid. 35.
19 Malawi Demographic and Health Survey. 2010. 242.
20 Ibid. 246.
21 Ibid. 76.
23 Malawi Demographic and Health Survey. 2010. 40.
Annex 2: GBV Constant Companion
Gender-Based Violence Constant Companion

Location:______________________________

Available services and contacts:

- ________________________________________
- ________________________________________
- ________________________________________
- ________________________________________
- ________________________________________

In the absence of a localized referral pathway and GBV or Protection focal point, contact a provider of last resort (this may be a national GBV coordinating agency or agency specific Protection or GBV advisor, amongst others).

Contents of the fold-out:

This fold-out contains three basic tools for field practitioners to know what to do in case a GBV incident is disclosed to them.

- Do’s and Don’t’s
- Responding to a GBV disclosure
- Location-specific available services

www.sheltercluster.org/gbv
SAFELY AND ETHICALLY RESPONDING TO A GBV DISCLOSURE

A GBV incident is disclosed to you...

...by the survivor
her/himself

...by someone
else

Provide Psychological First Aid (PFA), if you are trained in PFA. If you are not trained in PFA, listen attentively and supportively using guidance on the reverse of this card.

Provide up-to-date and relevant information regarding services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that s/he may disclose as willing. Note: Do not seek out GBV survivors. Ask advice from a GBV or Protection specialist if you believe the survivor to be in imminent danger.

IS A REFERRAL PATHWAY AVAILABLE?

yes

no

Communicate accurate information about services available or those that are not. Offer to seek advice from a GBV specialist on potential options available to the survivor.

Use the referral pathway process to inform the survivor about available services.

Does the survivor choose to be referred to a specialized GBV service?

no

yes

Maintain confidentiality regarding the information shared. Explain that the survivor may change his/her mind and receive support at any time. Note: If the survivor is in imminent danger, seek advice from a GBV specialist.

Refer the survivor in a safe and confidential manner adhering to local protocols and procedures. Do not share information about the case to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor, this is the role of a case manager only. Note: If concerned about the wellbeing of the survivor after referral, reach out to the GBV service provider directly, not to the survivor.

Receiving quality medical care within 72 hours from an incident can prevent transmission of STI, and within 120 hours can prevent unwanted pregnancy.

CHILD PROTECTION

A child’s best interests, his or her physical and emotional wellbeing as well as safety, are central to how we respond to GBV incidents experienced by persons under the age of 18. Sharing information should happen only after obtaining permissions from the child/caregiver, unless reporting is mandatory. Depending on the level of maturity of the child and local laws, children aged 15-17 can generally provide their own permission (for example, when a perpetrator is a parent or caregiver). Where mandatory reporting procedures exist, communicate these to the child and their caregiver. It is always essential to understand that the risks to girls and boys may be different, and female staff should always be at the frontline of response for child survivors. Always seek advice from child protection/GBV specialists wherever possible.

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CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water, basic healthcare and education and create opportunities for people to build a better future for themselves.

We also deliver emergency aid to survivors of natural disasters and conflict, and help people rebuild their lives.

We have 70 years’ experience in successfully fighting poverty, and last year we helped change the lives of 65 million people around the world.