Save the Children

Climate resilient health and well-being for rural communities in southern Malawi (CHWBRC)

Annex 8: Gender Assessment and Project Level Action Plan

Accredited Entity: Save the Children Australia

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LIST OF ACRONYMS	
APDM	Association for People with Disabilities in Malawi
CPRD	Convention on the Rights of Persons with Disabilities
CRC	Convention on the Rights of the Child
DCCMS	Department of Climate Change and Meteorological Services
DDF	District Disability Fora
DHAP	District Health Adaptation Plan
EWARS	Early Warning, Alert and Response System
FEDOMA	Federation of Disability Organisations in Malawi
GBV	Gender-Based Violence
GESI	Gender Equality and Social Inclusion
ILO	International Labour Organisation
IPV	Intimate partner violence
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MEAL	Monitoring, evaluation, accountability, and learning
MGDS	Malawi Growth and Development Strategy
MHPSS	Mental Health & Psychosocial Support Network
MK	Malawian kwacha
MoH	Ministry of Health
MoGCDSW	Ministry of Gender, Community Development and Social Welfare
MP	Member of Parliament
MPHIA	Malawi Population-Based HIV Impact Assessment
MUAC	Mid-upper arm circumference
NGO	Non-Governmental Organisation
NPV	Non-partner violence
OECD	The Organisation for Economic Co-operation and Development
PHC	Primary Healthcare
TA	Traditional Authority
TVET	Technical and Vocational Education and Training
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water sanitation and hygiene

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Gender equality and Social Inclusion Assessment

Introduction

1. Malawi is exposed to climatic changes, and the country's Southern Region is prioritised for climate adaptation in the National Adaptation Plan of Action (2006) and draft National Adaptation Plan (2016) due to its high exposure to climate risks and impacts, in combination with high vulnerability. The major climatic drivers that southern Malawi faces and that this project seeks to address are: increasing mean temperatures, decreasing mean precipitation, increases in precipitation-related extremes and increases in temperature-related extremes; the related climate hazards are increased flooding, increased high/extreme heat events, and increases in droughts (as detailed in Annex 2, sections 3.1 and 3.2). The increased health-related impacts from climatic changes (e.g. increased disease burdens) will reduce human well-being and likely increase poverty, and the impacts of climate change on health disproportionately affect women, children, and other marginalised groups who face inequality and barriers in daily life[1]. For instance, during climate-related disasters (e.g., floods), disparities put women and those with disabilities at higher risk of injury and death, hindering their access to relief and perpetuating vulnerability[2]. Women and girls also become more vulnerable to gender-based violence, including sexual harassment, sexual exploitation, including transactional sex, being trafficked , intimate partner violence and child marriage[3]. As another example, studies have also shown that climate change hazards negatively impact women's mental health and well-being[4]. As a final example, 82% of Malawi's population lives in rural areas, and women account for 65% of smallholder farmers[5], making them particularly exposed to food insecurity resulting from climatic changes and their impacts on agriculture. As many women are dependent on natural resources, and most earn a living in the informal sector, this leaves them less able to withstand economic and environmental shocks.[6] Women in Malawi are particularly sensitive to climate-driven food insecurity due to increased nutritional needs during menstruation and childbirth[7].

2. The Climate Resilient Health and Well-being for Rural Communities in Southern Malawi (CHWBRC) project aims to transform practices, institutional and human capacity to improve the health and wellbeing of 1,798,650 people (out of which 899,325 are women), with a particular focus on women, children and people with disabilities. Gender and social norms reflect structural drivers of differential vulnerability which need to be recognised and understood in order to enable equitable benefits from project participation, and support gender and social inclusion transformation .
3. This document sets out a gender equality and social inclusion (GESI) assessment for Malawi and the project area, and then outlines how GESI-sensitive approaches are embedded across all project activities to reduce differential vulnerability to climate change.

   The domains of analysis are:

   - Law, policy and institutions.
   - Social norms and beliefs.
   - Roles, responsibilities and resources.

[1] The Office of the High Commissioner for Human Rights (2022) *The impacts of climate change on the human rights of people in vulnerable situations*. Report of the Secretary-General. Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland. Available at: https://www.ohchr.org/en/documents/thematic-reports/ahrc5057-impacts-climate-change-human-rights-people-vulnerable.

[2] Fruterro, A. *et al*. (2023) *Gendered impacts of climate change: evidence from weather shocks*. Policy Research Working Papers 10442. The World Bank, Washington DC, USA. Available at: https://openknowledge.worldbank.org/handle/10986/39813.

[3] Matekaire, T, and Carey, T., (2023, April 24) *Climate Change In Malawi Is Putting Women And Girls At Greater Risk Of Sexual And Gender-Based Violence*. Equality Now. https://www.equalitynow.org/news_and_insights/climate-change-in-malawi-is-putting-women-and-girls-at-greater-risk-of-sexual-and-gender-based-violence/ and Carey, T., (2023, June 12*) Cyclone Freddy Has Put Women & Girls In Malawi At Greater Risk Of Sexual Abuse & Exploitation.* Equality Now. https://www.equalitynow.org/news_and_insights/malawi-cyclone-freddy-has-put-women-girls-in-malawi-at-greater-risk-of-sexual-abuse-exploitation/

[4] Dahnoun, Y. (2022, August 18), *Bearing the Brunt.* The Ecologist. https://theecologist.org/2022/aug/18/bearing-brunt.

[5] World Bank Indicators (2022) Rural population (% of total population) | Data (worldbank.org)

[6] Danish Trade Union Development Agency (2022) Malawi Labour Market Profile. https://www.ulandssekretariatet.dk/wp-content/uploads/2022/03/LMP-Malawi-2022-Final1.pdf

[7] Watts *et al*. (2018) The 2018 report of The Lancet, *Countdown on health and climate change: shaping the health of nations for centuries to come*. The Lancet 392: 2479-2514. Doi: 10.1016/S0140-6736(18)32594-7.

- Decision making, leadership and participation.
- Differential vulnerability to climate change and extremes.
- Access to and control of resources; and
- Gender-based violence.

4. The analysis is based on a literature review, key informant interviews and focus groups with women in target communities from across the six target districts. The action plan then outlines, in alignment with the MEAL plan, indicators, targets and budget that will ensure equitable benefits from project participation and how the project contributes to overall GESI transformation.

5. Gender equality refers to the absence of discrimination on the basis of sex. For Save the Children, gender equality is when one sex is not routinely privileged or prioritized over the other, and all people are recognized, respected and valued for their capacities and potential as individuals and members of society. Further, gender equality is when girls, boys, women, and men have equal rights, obligations and opportunities to: security and good health; a viable livelihood and dignified work; participate in the care of home and dependent family members; take active part in public and political life; learn and participate in relevant education; and live a life free from violence. This means that rights, responsibilities, and opportunities will not depend on the gender society attributes to each person[8].Social Inclusion refers to the inclusion of those who are excluded from political, economic and societal processes, which prevents their full participation in society. In Malawian contexts, social identities such as socio-economic status, rurality, HIV status and (dis)ability, both explicitly and tacitly exclude people from services, participation, and opportunities. Moreover, having multiple and intersecting identities in addition to gender, often leads to greater marginalisation and disadvantage[9].

Methodology

6. The team used a combination of primary and secondary methods:
    - Literature review of policy documents, project reports and published research.
    - Focus group discussions with men, women, pregnant and breastfeeding women, and people with disabilities in selected locations from across the six target districts, using standard question guides and in local languages.
    - Key informant interviews were conducted with key district level staff and representatives of disability NGOs.

Focus groups with women, and pregnant and breastfeeding women

7. Focus group discussion guides for women, and pregnant and breastfeeding women, covered the same topics as highlighted above under the section on the men's focus groups.

Focus groups with children

8. Focus groups was conducted with three boys and three girls aged 14 and 15. The focus group discussion guide for children included the following broad topics, to elicit information on the specific impacts of climate change on children:
    - Their perception and understanding of climate change.
    - Their experience of any climate change effects, with some examples, including whether climate change affected livelihoods.
    - The existence and condition of WASH facilities in their schools.
    - Their views on priority climate adaptations areas.

Focus group discussions with Men

9. Focus group discussion guides for men covered a range of topics, prompted both by the initial project design and by the need to elicit information on the gendered impacts of climate change (to inform the GESI action plan). The views of men on the following broad topics (which were used as departure points for discussion) were solicited:
    - Their experiences and perceptions of climate hazards affecting their community.

[8] Save the Children (n.d.) *Principles for Gender Equality*. Save the Children Canada, Toronto, Canada. Available at: https://resourcecentre.savethechildren.net/pdf/principles_for_gender_equality.pdf/.
[9] UN Department of Economic and Social Affairs (2010) *Analysing and measuring social inclusion in a global context*. United Nations, New York, USA. Available at: https://www.un.org/esa/socdev/publications/measuring-social-inclusion.pdf.

- Their perceptions and experiences of the manner in which climate change affects health, and of the most common climate change-induced diseases; particular attention was paid to how the health of children, pregnant and breastfeeding mothers may be affected by climate change.
- Their knowledge level on nutrition-related issues (complimentary supplementary foods, the six food groups, etc.) and the existence of any partners supporting the provision of complementary foods.
- Their perceptions of access to antenatal care during disasters and post-disaster periods.
- Their views on activities that could be implemented for children, pregnant women and breastfeeding mothers to improve the latter's health and nutrition so as to minimise the impacts of climate change.
- Their perceptions regarding the inclusion of women in village-level decision-making structures.
- Their views on priority climate adaptations areas for their community.

Focus groups and key informant interviews with people with disabilities

10. The focus group discussion and key informant interview guides for people with disabilities included the following broad topics: the main institutions existing in the district that deal with issues of disability, and their roles (including in decision-making on key areas e.g., health, nutrition) and types of projects; what are the barriers that people and children with disabilities face; what are the barriers that people with disabilities face in accessing health care services, particularly during climate crises; and what is the representation of people with disabilities in village-level structures.

Key Findings

11. Malawi's gender inequality is pronounced, as indicated by the international gender indices (Table 1), which show high levels of inequality.

12. National gender and disability policies and legislation exists, and Malawi is signatory to regional, continental and international equality agreements. Gender and, to a lesser extent disability, is represented as a cross-cutting issue in national policies on climate change, disaster risk reduction, health and agriculture.
13. Policy implementation is weak, with few strategies and actions plans to operationalise policies, and little public evidence of monitoring and evaluating plans, strategies or policies. These challenges are compounded by an ongoing – but still incomplete – process of policy decentralisation that muddies the lines of accountability and reporting vertically (between line ministries at national and district level) and horizontally (across sectors at national level and local level). This has particular implications for the (lack of) implementation of gender and social inclusion as cross-cutting issues in sectoral policies.
14. There has been effort to integrate women in formal decision-making structures at national government, in districts, and in decision making fora at community level While there has been some shift in gender norms around women's participation, women remain under-represented in household, community and political decision-making processes[10].
15. Negative gender norms lead to differential access to resources and assets in multiple[11,12,13] domains, and at multiple levels (including down to the intra-household level). Although some parts of Malawi are matrilineal, this creates inheritance lines to and from husbands and sons of the women, and the society is still strongly patriarchal. Under customary law, women's access to land is also typically mediated through male family members.

[10] AfDB – African Development Bank. Republic of Malawi, Country Gender Profile, Current state of Gender Equality and Women Empowerment. Abidjan, Côte d'Ivoire: African Development Bank Group; 2020. p. 14, 46, 12, 24, 70, 28, 29. (https://www.afdb.org/en/documents/malawi-country-gender-profile-2020).

[11] Chirwa, E. W. (2008). Land tenure, farm investments and food production in Malawi. Research Paper No. 18. Future Agricultures Consortium.

[12] Peters, P. E. (2010). "Our daughters inherit our land, but our sons use their wives' fields": Matrilineal-matrilocal land tenure and the New Land Policy in Malawi. Journal of Eastern African Studies, 4(1), 179-199.

[13] Takane, T. (2008). Customary Land Tenure, Inheritance Rules, and Smallholder Farmers in Malawi. IFPRI Discussion Paper 00758. International Food Policy Research Institute

16. Gender-based violence remains a significant problem, including in post-disaster settings[14,15,16] and girl children continue to have fewer opportunities than boy children, reinforcing situations of gender inequality.
17. Women and girls with disabilities are at greater risk of gender-based violence (including non-partner violence (NPV) and intimate partner violence (IPV) than women and girls without disabilities[17,18,19]. Women and girls with disabilities face a complex set of risk factors that compound their challenges including a combination of gender inequality, stigma, and discrimination against people with disabilities.
18. Both men and women with disabilities continue to face stigma that prevent them from equal access to opportunities and active participation in society, and this is particularly true for women and girls with disabilities[20,21,22] and males and females with psychosocial and intellectual disabilities.

Table 1. Summary of Malawi's position in different global gender indices

Index	**Rank/Score**	**Notes**
Global Gender Gap Index (World Economic Forum)[23]	0.632, ranks 122 out of 146 (2022)	Scores well in health and survival; average in economic participation and opportunity; and below average in political empowerment and educational attainment.
Gender Inequality Index (UNDP)**[24]**	0.565, ranks 142 out of 161 (2019)	Small gender gap in labour force participation, population with at least some secondary education; large gender gap in share of seats in parliament.
Social Institutions and Gender Index (OECD)**[25]**	41%, high level of discrimination	High inequality in restricted civil liberties; medium inequality in restricted access to productive and financial resources and discrimination in the family; less inequality in restricted physical integrity (physical integrity which comprised of violence against women and female genital mutilation)

Key Data[26]

- The population in Malawi at last count in 2018 was 17,563,749, of which 49% (8,521,456) are men and 51% (9,042,293) are women.

[14] UN Women. (2015). The Effect of Gender Inequality on Disaster Recovery: Gender Inequality and Violence in Disaster Settings. UN Women. Retrieved from UN Women
[15] Government of Malawi & UNICEF. (2017). Situation Analysis of Children and Women in Malawi. Lilongwe: UNICEF Malawi. Retrieved from UNICEF Malawi
[16] Human Rights Watch. (2014). "I've Never Experienced Happiness": Child Marriage in Malawi. Retrieved from Human Rights Watch
[17] World Health Organization. (2011). World Report on Disability. World Health Organization. Retrieved from World Health Organization
[18] Human Rights Watch. (2018). "As Long as They Let Us Stay in Class": Barriers to Education for Persons with Disabilities in China. Human Rights Watch. Retrieved from Human Rights Watch
[19] United Nations. (2018). Disability and Development Report - Realizing the Sustainable Development Goals by, for and with persons with disabilities. United Nations. Retrieved from United Nations
[20] Ibid.
[21] World Health Organization. (2011). World Report on Disability. World Health Organization. Retrieved from World Health Organization
[22] Committee on the Rights of Persons with Disabilities. (2016). General comment No. 3 (2016) on women and girls with disabilities. United Nations. Retrieved from OHCHR
[23] World Economic Forum (2022) Global gender gap report. World Economic Forum, Geneva, Switzerland. Available at: https://www3.weforum.org/docs/WEF_GGGR_2022.pdf.
[24] United Nations Development Programme (2023) Gender inequality index. United Nations Development Programme, New York, USA. Available at: https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII.
[25] OECD (2019) Social Institutions and Gender. OECD, Paris, France. Available at: https://data.oecd.org/inequality/social-institutions-and-gender.htm.
[26] NSO (2017) Malawi demographic and health survey. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=222&Itemid=108; AFDB *et al*. (2020) Republic of Malawi, Country Gender Profile. African Development Bank, Abidjan, Côte d'Ivoire. Available at: https://www.afdb.org/en/documents/malawi-country-gender-profile-2020. Government of Malawi (2018) . Census 2018 - Malawi Data Portal (opendataforafrica.org)

- Population growth rate is high, with an increase of 35% since 2008.

- The population is youthful: 3% of the population are under the age of one, 14.5% (7.3% female and 7.2% male) are under five years old, 15% are aged 5-9 (7.6% female and 7.4%male), 14.4% are aged 10-14 (7.3 female and 7.1 male), 11.6% are aged 15-19 (5.9% female and 5.7% male). and 44.5% of the population were 20 or over, and 4% of the population were 65 years or older. The median age is 17.

- Ethnically Malawi comprises several tribes: 6.0 million people (34.4%) are Chewa, 3.3 million people (18.9%) are Lomwe, 2.3 million people (13.3%) are Yao, 1.8 million people (10.4%) were Ngoni, and 1.6 million people (9.2%) are Tumbuka.
- The population is largely rural (84%), with only 16% living in cities (mostly in the four major cities of Blantyre, Lilongwe, Mzuzu and Zomba). The proportion of the population living in urban areas only increased by 0.7 percentage points between 2008 and 2018.
- 44% of the population lives in the Southern Region, 43% lived in the Central Region and 13% lived in the Northern Region.
- Informal employment predominates, comprising 89% of employed persons. Informal employment is more prevalent in rural than urban areas, and more prevalent among women than men.
- Labour force participation rate is lower for women (73%) than men (82%) and unemployment is higher among women (26%) than men (14%). Women are far less likely than men to be paid for their labour (59% of women reporting not being paid for work compared to 26% of men).
- In terms of poverty, 57% of female-headed households are poor compared to 43% of male-headed households, due to their engagement in low-income activities and unpaid care, limited ability to engage in decision-making, limited access to resources and assets, higher illiteracy rates, and inadequate access to systems and services including education and healthcare[27].
- Seven out of ten women report encountering at least one obstacle to accessing health care. The most commonly reported problems included "distance to the health facility (56%) … obtaining money to pay for treatment (53%) … not wanting to go alone (30%) or needing to obtain permission to go for treatment (16%)". Women have poor control over reproductive control and remain highly vulnerable to HIV transmission.
- Child nutrition is poor, with 37% of children under age 5 stunted (short for their age); 3% wasted (thin for their height); 12% underweight (thin for their age) and 5% overweight (heavy for their height). Feeding practices of only 8% of children aged 6–23 months meet the minimum acceptable dietary standards.
- The Malawi Population-Based HIV Impact Assessment (MPHIA) carried out by the Malawi Ministry of Health in 2015-2016 found HIV prevalence among adult women (aged 15-64) to be 12.8%, compared with 8.2% among adult men. In 2018, 4.3% of young women were living with HIV, compared to 2% of young men.
- Disability prevalence rates for Malawians aged 5 or older with at least one disability is 10.4% (men 10% and women 11%)[28]. In 2015/16, 29% of children aged 2–9 were reported to have at least one functioning problem or disability[29], while Albinism prevalence is at 0.8%[30].
- Despite improvements over the years, there are gender differences in education access, particularly at secondary level, where girls have poorer educational outcomes than boys, and women have higher rates of illiteracy than men.

Laws, Policy and Institutional Arrangements

19. Gender equality is enshrined in the Constitution of Malawi, which prohibits any discrimination on the basis of "race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social

[27] NSO (2017) Malawi demographic and health survey. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=222&Itemid=108; AFDB *et al*. (2020) Republic of Malawi, Country Gender Profile. African Development Bank, Abidjan, Côte d'Ivoire. Available at: https://www.afdb.org/en/documents/malawi-country-gender-profile-2020.
[28] NSO (2019) 2018 Malawi population and housing census. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=226&Itemid=6.
[29] NSO (2017) Malawi demographic and health survey. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=222&Itemid=108.
[30] NSO (2019) 2018 Malawi population and housing census. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=226&Itemid=6.

origin, disability, property, birth or other status"[31] (section 24). Specifically, gender equality is one of the fundamental principles (section 13a) which aims "To obtain equality for women through (a) full participation in all spheres of Malawian society on the basis of equality; (b) the implementation of the principles of non-discrimination and such other measures as may be required; and (c) the implementation of policies to address social issues such as domestic violence, security of the person, lack of maternity benefits, economic exploitation, and rights to property'.

20. Malawi is a signatory to major international commitments to achieving gender equality, including the Convention on the Elimination of Discrimination Against Women, the Beijing Declaration and Platform for Action, and the Southern African Development Community Protocol on Gender and Development.

21. The Gender Equality Act was passed in 2013[32], with the aim 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". The National Gender Policy 2015[33] aims to reduce gender inequality and enhance "participation of women, men, girls and boys in socio economic and political development". It also includes goals to advocate for increased access to, retention and completion of quality education for girls and boys; to ensure the sexual and reproductive health rights of women, men, boys and girls, and to improve the status of HIV and AIDS; to strengthen gender mainstreaming in all sectors of the economy; to reduce poverty among women and other vulnerable groups (orphans, widows, people living with HIV and AIDS, persons with disabilities, the elderly) through economic empowerment; to promote women's participation in decision-making positions in both politics and public life; to reduce gender-based violence; and to strengthen the capacity of the National Gender Machinery[34].

22. With regard to disability, Malawi ratified the Convention on the Rights of Persons with Disabilities (CRPD), which provides the international policy framework on disability, in 2009. The Government also developed several laws and policies to promote, fulfil and protect rights of people with disabilities. The Disability Act was passed in 2012[35], with the aim "to make provision for the equalisation of opportunities for persons with disabilities through the promotion and protection of their rights; to provide for the establishment of a Disability Trust Fund; and to provide for matters connected with or incidental to the foregoing". The National Policy on Equalisation of Opportunities for Persons with Disabilities 2006[36] aims to ensure that concrete steps are taken for people with disabilities to access the same fundamental rights and responsibilities as any other Malawian citizen. This has been supplemented in 2018 by a National Disability Mainstreaming Strategy and Implementation Plan[37] which aims to bridge the gap between policy and practice. Additional policies include for Child Care, Protection and Justice Ac (2010), National Youth Policy and the National Sports Policy. The Disability Act (2012) incorporates provisions of the Convention on the Rights of the Child (CRC) and the CRPD. There is also a draft Persons with Disabilities Bill 2019 which seeks to build on the shortfalls in the current Disability Act to fully domesticate the UN CRPD and to strengthen national response mechanisms on disability[38]. Despite availability of all the above policy commitments, children and adults with disabilities

[31] Constitution of the Republic of Malawi (1994) Available at: https://www.malawi.gov.mw/index.php/resources/documents/constitution-of-the-republic-of-malawi?download=44:constitution-of-malawi.

[32] Malawi Government (2013) Gender Equality Act (No. 3 of 2013) Government of Malawi, Lilongwe, Malawi. Available at: https://www.gender.gov.mw/index.php/documents/policies?download=12:gender-equality-act-no-3.

[33] The Republic of Malawi (2015) National Gender Policy: second edition. Ministry for Gender, Children, Disability and Social Welfare. Government of Malawi, Lilongwe, Malawi. Available at: https://cepa.rmportal.net/Library/government-publications/National%20Gender%20Policy%202015.pdf.

[34] The so-called "national gender machinery" is established to coordinate government interventions to promote gender equality, and consists of a network of national institutions, mechanisms and processes coordinated by a central policy coordination body (https://www.cmi.no/publications/5880-the-gender-machinery-women-in-malawis-central).

[35] Malawi Government (2012) Disability Act (No. 8 of 2012). Malawi Government, Lilongwe, Malawi. Available at: https://afri-can.org/wp-content/uploads/2019/08/Governement_of_Malawi_Disability_Act_2012.pdf.

[36] Republic of Malawi (2006) National Policy on Equalisation of Opportunities for People with Disabilities. Ministry of Persons with Disability and the Elderly, Lilongwe, Malawi. Available at: https://www.malawi.gov.mw/index.php/proud/thuwala/candis?download=42:malawi-national-policy-on-equalisation-of-opportunities-for-persons-with-disabilities.

[37] Malawi Government (2018) National Disability Mainstreaming Strategy and Implementation Plan 2018–2023. Government of Malawi, Lilongwe, Malawi. Available at: http://rodra.co.za/images/countries/malawi/policies/National%20Disability%20Mainstreaming%20Strategy_FINAL%20AND%20PRINTED-2.pdf.

[38] Chikasamba, H. (2019) Malawi: revised country report. Centre for Human Rights, University of Pretoria, Pretoria, South Africa. Available at: http://rodra.co.za/country-reports-malawi/22-countries/malawi/62-malawi-updated-country-report.

continue to experience significant barriers to sanitation, education, health and protection[39]. A range of other policies, plans, strategies and international agreements make reference to gender and disability (Table 2**Error! Not a valid bookmark self-reference.**).

23. In Malawi, individuals with albinism[40] are recognized as having a disability and are especially vulnerable. The Government of the Republic of Malawi has implemented legislative and institutional measures, for example, the National Action Plan on Persons with Albinism (2018), a multi-sectoral National Technical Committee on Abuse of Persons with Albinism and training of police prosecutors and magistrates across the country in prosecuting cases of attacks against persons with albinism, among other measures. The Malawi judiciary has introduced specialised High Court divisions; was working towards the re-introduction of a functional e-case management system; had developed the capacity of judicial officers, increased the number of judges, and revamped and scaled up the use of mobile court[41].

24. Several policies and mechanisms have been put in place to improve the situation of youth[42] in Malawi[43]: national development frameworks and sectoral policies are concerned with youth development issues, particularly employment. In addition, recent institutional mechanisms have been set up to facilitate youth participation and representation in policy processes. Malawian youth are entitled to the rights enshrined in international conventions, such as the Universal Declaration of Human Rights (UDHR, 1948), ILO Minimum Age Convention (1973), Convention on the Rights of the Child (CRC, 1989) and African Youth Charter (2006). Malawi has enacted a number of laws featuring youth. Central among them is the National Youth Council Act (1996), which includes provisions for the "promotion, coordination and implementation of youth development programmes in Malawi; the establishment of the National Youth Council of Malawi (NYCOM); and to further provide for matters incidental thereto or connected there within"[44]. At the legislative and policy level, the following acts and policy plans are also worth mentioning: the Childcare, Protection and Justice Act (2010), the HIV/AIDS Prevention Management Act (2018), the National Children's Commission Act (2019), the National Action Plan on Trafficking in Persons (2017-2022), the National Strategy on Adolescent Girls and Young women (2018-2022), the National Strategy on Ending Child Marriages (2018-2022) and the National Action Plan on Child Labour (2019-2025). The National Youth Policy (2013) aims at providing an enabling environment for the youth to develop their full potential based on seven policy priorities. The overall objective of the National Youth Policy (2013) is to provide a framework that guides youth development and the implementation of all youth programmes that contribute to improving the welfare of Malawian youth. The policy is a revised version of the 1996 National Youth Policy and was adopted to address the new challenges and emerging issues currently facing Malawian youth. It identifies seven policy priority areas for action: i) youth participation and leadership; ii) youth economic empowerment; iii) national youth service; iv) education for youth; v) youth and science, technology and environment; vi) youth health and nutrition; and vii) social services, sports, recreation and culture[45]. Whilst these measures demonstrate the government of Malawi's intent to implement the rights of children and youth, challenges exist in the implementation of these measures[46].

[39] Ebuenyi, I.D. *et al.* (2021) Exploring equity and inclusion in Malawi's National Disability Mainstreaming Strategy and Implementation Plan. International Journal for Equity in Health volume 20: 18. https://doi.org/10.1186/s12939-020-01378-.

[40] Albinism is a relatively rare, non-contagious, genetically inherited condition resulting in little to no pigmentation in the skin, hair and eyes. The condition affects people worldwide regardless of ethnicity or gender. Persons with albinism are highly vulnerable to skin cancer and often have disabilities, mainly as a result of vision impairment and skin impairment.

[41] The Office of the High Commissioner for Human Rights (2023) Experts of the Committee on the Rights of Persons with Disabilities acknowledge Malawi's efforts to implement the convention, ask questions on persons with disabilities' involvement in disaster management and measures to promote sign language. Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland. Available at: https://www.ohchr.org/en/news/2023/08/experts-committee-rights-persons-disabilities-acknowledge-malawis-efforts-implement.

[42] Following the Malawi revised National Youth Policy (2022) [not publicly available], youth is defined as 10-29 years of age (children therefore fall below age 10).

[43] OECD Development Centre (2018) Youth Well-being Policy Review of Malawi. EU-OECD Youth Inclusion Project, Paris. Available at: https://www.oecd.org/countries/malawi/Youth-well-being-policy-review-Malawi.pdf.

[44] Government of Malawi (1996) National Youth Council of Malawi Act. Available at: https://malawilii.org/akn/mw/act/1996/22/eng%402014-12-31.

[45] Republic of Malawi (2013) National Youth Policy. Ministry of Youth and Sports, Lilongwe, Malawi. Available at: https://www.npc.mw/wp-content/uploads/2020/07/National_Youth_Policy.pdf.

[46] OECD Development Centre (2018) Youth Well-being Policy Review of Malawi. EU-OECD Youth Inclusion Project, Paris. Available at: https://www.oecd.org/countries/malawi/Youth-well-being-policy-review-Malawi.pdf; Humanium (2021) Children of Malawi: realizing children's rights in Malawi. Humanium, Tannay, Switzerland. Available at: https://www.humanium.org/en/malawi/.

25. Currently gender, children and disability fall under the remit of the same ministry, the Ministry of Gender, Community Development and Social Welfare (MoGCDSW) [47], which is mandated to promote gender equality and protect the welfare of Malawian women, men, girls and boys to become self-reliant and active participants and beneficiaries of the national development agenda. Strategic objectives for the Ministry include reduced gender inequalities among men, women, boys and girls; enhanced effective and sustainable socio-economic development; a conducive environment for the survival, growth and development of all children; resilience and self-reliance among vulnerable groups of people; and improved lives of persons with disabilities and elderly people.
26. Gender equality and social inclusion is actively considered in Malawi's long and medium-term development plans. Vision 2063[48] states that gender inequalities shall "be addressed to improve the socio-economic status of people in Malawi by accelerating the pace of inclusive wealth creation. Fundamentally, gender equality will be advanced at all levels through multi-sectoral approaches and the in-depth multi-disciplinary analysis of issues at the household, community and national level […] Way before 2063, Malawi shall have eliminated all gender-based discrimination and harmful practices, including gender-based violence and child marriages". In the enabler 5 on human capital development, gender transformative approaches are promoted as part of approaches to better target different groups, and the importance of implementing the Gender Equality Act is reinforced. Vision 2063 also recognises the existence of compounded and recurring shocks, including those from climate and health hazards, and that there needs to be shock sensitivity of the social protection system. The Malawi Growth and Development Strategy (MGDS) III[49] (2017-22) aims to move Malawi to a "productive, competitive and resilient nation". Cross-cutting themes for successful implementation include "gender balance; youth development; empowerment of persons with disability" as well as disaster risk reduction and resilience building. In particular two of the goals in MGDS III are to "[r]educe vulnerability and enhance the resilience of the population to disasters and socio-economic shocks' and "[t]o build an equitable society where opportunity is not defined by sex, age, disability and other vulnerabilities". Intended outcomes from MGDS III include "[g]ender mainstreamed in all sector plans, policies, programmes and development frameworks" and "[i]ncreased women and youth representation in all decisions", amongst others.

27. Key policies relating to resilience, climate change and disaster risk reduction also pay due attention to the importance of gender equality and social inclusion. The National Resilience Strategy[50] has four key pillars as part of its commitment to breaking the cycle of food insecurity, with gender and strengthening women's empowerment as a cross-cutting issue. The National Resilience Strategy also recognises the reality of different starting points by distinguishing different pathways for three different wealth categories: hanging in, stepping up and stepping out, with different interventions and trajectories for each. The strategy also includes a section on "equity and inclusiveness" which states that implementation of the National Resilience Strategy "shall ensure that all people, irrespective of their geographic location, sex, age, religion, political or other opinion, ethnicity or social origin, disability or other status are resilient to economic and environmental shocks that affect their lives and livelihoods. To be effective, resilience interventions will address age and gender specific needs, vulnerabilities and deprivations, and socio-economic inequities of affected people, and be reflected in their design, implementation, monitoring and reporting. The National Resilience Strategy will promote gender equality, including through targeted agricultural interventions for women and vulnerable groups".

28. The National Climate Change Management Policy 2016[51] also includes gender, population dynamics and HIV and AIDS as cross-cutting issues of the policy, committing to mainstream gender and issues affecting the disadvantaged groups into all climate change strategies, plans and programmes. And committing to integrate population issues into climate change management in the development agenda

[47] http://www.gender.gov.mw/

[48] NPC (2020) Malawi's Vision 2063: an inclusively wealthy and self-reliant nation. National Planning Commission, Government of Malawi, Lilongwe, Malawi. Available at: https://malawi.un.org/en/108390-malawi-vision-2063-inclusively-wealthy-and-self-reliant-nation.

[49] Malawi Government (2017) The Malawi Growth and Development Strategy (MGDS) III: building a productive, competitive and resilient nation. Malawi Government, Lilongwe, Malawi. Available at: https://malawi.un.org/en/42159-malawi-growth-and-development-strategy-mgds-iii-2017-2022.

[50] Government of Malawi (2019) Malawi National Resilience Strategy (NRS) (2018–2030): breaking the cycle of food insecurity duration. Office of the President and Cabinet Department of Disaster Management Affairs, Government of Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/reports/national-resilience-strategy.

[51] Government of Malawi (2016) National Climate Change Management Policy. Environmental Affairs Department, Ministry of Natural Resources, Energy and Mining, Lilongwe, Malawi. Available at: http://www.reforms.gov.mw/psrmu/national-climate-change-management-policy-2016.

through an integrated approach which would reduce poverty, protect natural resources and reduce inequality and incorporate HIV and AIDS as well as gender considerations in all climate change interventions including adaptation, mitigation, capacity building and technology development and transfer. The accompanying Implementation, Monitoring and Evaluation Strategy[52] for the National Climate Change Management Policy outlines a number of priority areas for promoting cross-cutting issues around gender and disadvantaged groups, alongside who is responsible for implementing different objectives and the timeframes for doing so.

29. The Disaster Risk Management Policy 2015[53] and its accompanying Implementation, Monitoring and Evaluation Plan[54] recognises alignment with the National Gender Policy. However, despite commitments to a people-centred early warning system and strengthening capacity to prepare for and respond to disasters, the policy itself makes minimal reference to gender. A new Disaster Management Bill was approved in April 2023 (Bill no 9 of 2023) and is awaiting operationalisation. It includes reference to the Gender Equality Act, but no reference to disability issues.

Table 2. Summary of acts, policies, plans, strategies and international agreements with relevance to gender equality and social inclusion (source: Lovell, 2021[55])

ACTS	POLICIES	PLANS AND STRATEGIES	INTERNATIONAL AGREEMENTS
▶ HIV and AIDS (Prevention and Management) Act (2018) ▶ Land Act (2016) ▶ Marriage, Divorce and Family Relations Act (2015) ▶ Trafficking in Persons Act (2015) ▶ Gender Equality Act (2013) ▶ Disability Act (2012) ▶ Deceased Estates (Wills, Inheritance and Protection) Act (2011) ▶ Child Care, Protection and Justice Act (2010) ▶ Prevention of Domestic Violence Act (2006) ▶ Chapter XV of the Penal Code: Offences Against Morality (1930) ▶ Witchcraft Act (1911)	▶ National Social Welfare Policy Promoting Social Inclusion and Human Dignity (2018) ▶ National Sexual and Reproductive Health and Rights Policy (2017–2022) ▶ National Education Policy (2016) ▶ National Policy for Older Persons (2016) ▶ National Gender Policy (2015) ▶ National Plan of Action for Vulnerable Children in Malawi (2015) ▶ National Cultural Policy (2015) ▶ National Action Plan to prevent Gender-based Violence (2014–2020) ▶ National Youth Policy (2013) ▶ National Population Policy (2013) ▶ National Policy on Equalisation of Opportunities for Persons with Disabilities (2006) ▶ National Policy on Orphans and Other Vulnerable Children (2003) ▶ National HIV/AIDS Policy (2003)	▶ Malawi National Social Support Programme II (MNSSP II) (2018–2023) ▶ National Strategy on Ending Child Marriages (2018–2023) ▶ Malawi Growth and Development Strategy (MGDS) III (2017–2022) ▶ National Action Plan for Women Economic Empowerment (2016–2021) ▶ National Plan of Action to Combat Gender- Based Violence in Malawi (2014–2020) ▶ Gender, Children, Youth and Sports Sector Working Group Joint Sector Strategic Plan (JSSP) (2013–2017)	▶ The Southern African Development Community (SADC) protocol on Gender and Development (2008) ▶ The African Youth Charter (2006) ▶ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2005) ▶ Maputo protocol (2003) ▶ Beijing Declaration and Platform for Action (1995) ▶ UN Convention on the Rights of the Child (1989) ▶ UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)

30. In order to mainstream gender in all policies and promote gender equality and equity in the national development system, there is a Cabinet Committee on Community and Social Affairs (advised by a Gender Advisory Committee), a Parliamentary Committee on Social and Community Affairs and a Parliamentary Women's Caucus. At technical level, there are specific Technical Working Groups on 1) Gender, Culture, HIV and AIDS and Human Rights; 2) Gender-Based Violence; and 3) Political

[52] Government of Malawi (2016) Implementation, Monitoring and Evaluation Strategy for National Climate Change Management Policy. Environmental Affairs Department, Ministry of Natural Resources, Energy and Mining, Lilongwe, Malawi. Available at: https://cepa.rmportal.net/Library/government-publications/implementation-monitoring-and-evaluation-strategy-for-national-climate-change-management-policy/at_download/file.

[53] Government of Malawi (2015) National Disaster Risk Management Policy. Department of Disaster Management Affairs, Lilongwe, Malawi. Available at: https://reliefweb.int/report/malawi/malawi-national-disaster-risk-management-policy-2015.

[54] Government of Malawi (2015) National Disaster Risk Management Policy Implementation, Monitoring and Evaluation Strategy. Department of Disaster Management Affairs, Lilongwe, Malawi.

[55] Lovell (2021), *Gender equality, social inclusion and resilience in Malawi*. BRACC discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf

Empowerment of Women[56]. The UN system has a Gender and Human Rights Technical Working Group that coordinates UN action on gender and human rights; and there is also a donor's group on Gender and Human Rights.

31. Despite a comprehensive array of policies and laws around gender equality and equal rights regardless of ability, Malawi suffers from considerable gaps in implementation[57]. This gap was particularly recognised in MGDS III, which recognised that the gender equality goals from the previous MGDS I and II were not achieved. Likewise, the National Disability Mainstreaming Strategy and Implementation Plan was introduced recognising that policies has not adequately translated into practice.
32. The gaps in implementing gender or social inclusion policies within adaptation and resilience policy and programming can be attributed to several factors. These include the persistence of discriminatory socio-cultural beliefs and practices hindering GESI progress at all levels, insufficient involvement of women and disadvantaged groups in decision-making and community planning, the absence of disaggregated data and systematic monitoring and evaluation, a lack of well-defined roles, responsibilities, and coordination mechanisms across the Ministries, Departments and Agencies, limited gender-sensitive or socially inclusive budgeting, and the failure to integrate GESI considerations into resilience policies and programmes[58].

33. While gender focal points have been designated in Ministries, Departments, and Agencies within the public sector to oversee the integration of gender considerations in their respective sectors, they often face limitations in terms of technical capacity, gender budget allocation, and opportunities to influence policies. Additionally, policies tend to assign responsibilities to other ministries without clearly defining the necessary actions to fulfil those responsibilities. Consequently, these ministries typically do not incorporate these duties into their strategic planning, budgeting processes, or implementation efforts, and mechanisms for accountability remain largely absent[59].

34. In terms of disability issues, the Government of Malawi recognizes the valuable contributions of people with disabilities to political, social, and economic development, there is still a notable gap between policy intentions and on-the-ground implementation. A clear indication of this gap is the absence of specific disability-related targets and budget allocations within the program-based budgets of many government ministries and departments. Various barriers hinder effective disability mainstreaming in different sectors, including financial and capacity limitations, insufficient expertise in disability matters, and a lack of timely and comprehensive data. Additionally, development and implementation of policies needs full participation of the disability community itself. In Malawi, processes of policies and implementation strategies/plans are not always inclusive and lack input and voice from rural persons with disabilities. Government interventions end up focusing on social protection payments, with very little resources left for mainstreaming disability across programmes and providing much-needed assistive devices and disability-friendly infrastructures[60].

35. For people with albinism, additional concerns also persist regarding the documentation, management of protection, and judicial systems, as well as on the reporting of abductions, attacks, and killings of adults and children with albinism. There are still considerate gaps around: holding all involved perpetrators accountable, expediting investigations, improving security and school enrolment for children with albinism, ensuring access to assistive devices and healthcare materials, fostering cross-border cooperation, providing psychosocial support for survivors and those living in fear of attacks, and involving adults and children with albinism in matters that affect them. There are also identified gaps in resource allocation, coordination, awareness-raising efforts, and capacity-building programmes[61].

[56] World Bank (2022), Malawi gender assessment. World Bank, Washington, DC. Available at: https://documents1.worldbank.org/curated/en/099315004212212759/pdf/P176395040da430500beb7042a0d5846ee6.pdf
[57] E.g., Asfaw, S. & Maggio, G. (2018*) Gender, weather shocks and welfare: evidence from Malawi.* The Journal of Development Studies 54: 271-291. Doi: 10.1080/00220388.2017.1283016.
[58] AFDB *et al*. (2020) Republic of Malawi, Country Gender Profile. African Development Bank, Abidjan, Côte d'Ivoire. Available at: https://www.afdb.org/en/documents/malawi-country-gender-profile-2020.
[59] *Ibid*.
[60] UNICEF (2019) 2018/19 *Disability Budget Brief. Leaving no one behind: ensuring children with disabilities in Malawi have an equal chance in life.* UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/esa/media/3841/file/UNICEF-Malawi-2018-2019-Disability-Budget-Brief.pdf.
[61] Chikasamba, H. (2019) Malawi: revised country report. Centre for Human Rights, University of Pretoria, Pretoria, South Africa. Available at: http://rodra.co.za/country-reports-malawi/22-countries/malawi/62-malawi-updated-country-report.

Social Norms and Beliefs

36. Malawi is a highly patriarchal society and gender inequalities are deeply entrenched[62]; women are expected to be submissive to their husbands and male family members, and poor knowledge by women of their social and economic rights impedes their capacity to enable change, whilst patriarchal culture constrains the opportunities that are available to women and girls. Women typically have less access to resources, including healthcare, education and natural resources, different consumption patterns, access to information and participation in decision-making[63].
37. The 2015-16 Afrobarometer survey showed that a majority of Malawians said that men and women have an equal chance of getting a paid job, earning and income and owning or inheriting land[64]. However, there are misconceptions, based on traditional gender norms, that women can only gain resources through sexual relationships with men. This means that women engaged in businesses may be assumed to be promiscuous, and if a woman earns more than her husband she is seen to emasculate him. This creates barriers to women's involvement in economic activities[65].
38. Polygamy is common in some cultures in Malawi, particularly in rural areas, and can feed gender-based and sexual violence, including through threats of divorce and abandonment that force women into accepting submissive positions within their families and communities[66].
39. Traditional gendered approaches that target women run the risk of disadvantaging polygamous households, particularly second and subsequent wives, who are viewed as being part of male-headed households even though they receive little tangible support from their husbands[67].
40. Malawi has both matrilineal and patrilineal descent systems, with matrilineal systems common in much of the Southern and Central regions. However, this descent occurs within the context of a patriarchal society, meaning that even if women own land under matrilineal systems, they do not necessarily control decisions about it use (which falls to their husband or male extended family members)[68].
41. With regard to disability issues, people with disabilities are typically viewed through the charity model of providing assistance rather than being supported to play active roles in society[69]. In most Malawian societies, the birth of a child with disability is considered a tragedy[70], or seen as a punishment from God[71]. Persons with disabilities are seen as ill or different and consequently they are often excluded from even basic and essential services, and have difficulties accessing fundamental social, political and economic rights[72]. Those with psychosocial or intellectual disabilities are sometimes treated differently from persons with other disabilities. This is particularly the case for women and girls with psychosocial or intellectual disabilities, where the effects of negative social attitudes and perceptions combine with sexism and misogyny and women with these disabilities are disproportionally subject to gender-based

[62] Lovell (2021) *Gender equality, social inclusion and resilience in Malawi*. BRACC discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf

[63] World Bank (2021) *Unlocking Malawi's economic growth by bridging the widening gender gaps in the labor workforce*. World Bank, Washington DC, USA. Available at: https://www.worldbank.org/en/country/malawi/publication/unlocking-malawi-s-economic-growth-by-bridging-the-widening-gender-gaps-in-the-labour-workforce.

[64] Kayuni, H.M. (2017) *In Malawi, gender gaps persist despite popular support for equal opportunity*. Afrobarometer Dispatch 152, 15 June. Afrobarometer, Accra, Ghaha. Available at: https://www.afrobarometer.org/wp-content/uploads/2022/02/ab_r6_dispatchno152_malawi_gender.pdf.

[65] Lovell (2021) *Gender equality, social inclusion and resilience in Malawi*. BRACC discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf

[66] Mkandawire-Valhmu, L. *et al*. (2020) *Rural Malawian women's resistance to systematic oppression, violence, and abuse by their husbands*. Journal of Interpersonal Violence 35: 268-293. Doi: 10.1177/0886260516682518.

[67] Molloy E. (2020) PROSPER *Gender Equality and Social Inclusion Analysis Report*. BRACC report. Overseas Development Institute, London, UK.

[68] Berge, L. *et al*. (2014) *Lineage and land reforms in Malawi: do matrilineal and patrilineal landholding systems represent a problem for land reforms in Malawi?* Land Use Policy 41: 61-69. https://doi.org/10.1016/j.landusepol.2014.05.003.

[69] Molloy E. (2020) PROSPER Gender Equality and Social Inclusion Analysis Report. BRACC report. Overseas Development Institute, London, UK.

[70] Chilemba, E.M. (2014) The right to primary education of children with disabilities in Malawi: a diagnosis of the conceptual approach and implementation (Chapter 1). The African Disability Rights Yearbook, Southern African Legal Information Institute, Department of Public Law, University of Cape Town, Cape Town, South Africa. Available at: https://www.saflii.org/za/journals/ADRY/2013/1.html.

[71] Chimwaza, E.S. (2015) Challenges in the implementation of inclusive education in Malawi: a case study of Montfort Special Needs Education College and selected primary schools in Blantyre. Masters Thesis, Diakonhjemmet University College, Oslo, Norway. Available at: https://vid.brage.unit.no/vid-xmlui/bitstream/handle/11250/2385760/Masteroppgave2015ChimwazaEmmanuelBlessings.pdf?sequence=1.

[72] Chilemba, E.M. (2014) *The right to primary education of children with disabilities in Malawi: a diagnosis of the conceptual approach and implementation (Chapter 1).* The African Disability Rights Yearbook, Southern African Legal Information Institute, Department of Public Law, University of Cape Town, Cape Town, South Africa. Available at: https://www.saflii.org/za/journals/ADRY/2013/1.html.

violence[73]. High levels of stigma towards especially women persons with psychosocial and intellectual disabilities is even reflected through derogatory terminology used in Malawian legislation and judgments to refer to people with psychosocial and intellectual disabilities[74].

42. Children and adults with disabilities, especially girls and women, are particularly vulnerable to social and economic exclusion and discrimination. This extends across multiple facets of Malawian society, encompassing public and political engagement, healthcare, access to justice, employment, and other areas. This is all closely connected, i.e., health care access for people with disabilities in rural Malawi is hindered by closely interconnected financial, practical and social barriers[75]. Despite significant efforts in recent years to enhance educational access for all, both children and youth still face systematic exclusion at various levels of the education system, spanning from early childhood development to primary, secondary and tertiary education[76]. A UNICEF study[77] directly links barriers to education access to stigma and discrimination towards children with disabilities by peers, schools and teachers. Additionally, people with disabilities, particularly women, struggle to access skill development and employment opportunities, which has long-lasting impacts on their survival, protection, and overall development.[78]

43. Persons with albinism continue to face brutal attacks and killings due to societal misconceptions that body parts of persons with albinism contain magical powers for wealth generation. In some cases, perpetrators of the attacks and/or killings are close family members or other trusted members of the public; in one high profile case, a member of the clergy, a government health worker and a police officer are among the key suspects answering murder charges involving a person with albinism[79]. Additionally, children with albinism are often perceived as not being real people, and are excluded from development programmes, and services. This leads to a variety of problems, the most common of which are financial constraints, health complications due to a lack of adequate medical care, a lack of community support leading to stigma and discrimination, and superstitious beliefs. For example, there are beliefs that if an HIV positive person has sex with someone with albinism they will be cured. It is not only children with albinism who experience stigma and discrimination but their mothers as well: husbands often accuse mothers of children with albinism of infidelity, and rates of spousal abandonment are high[80].

44. Cultural and traditional practices are strong in Malawi, and often impede progress towards equality and social inclusion. Initiation ceremonies for girls are both sexual and non-sexual oriented. Examples of cultural practices outlined in the UNICEF report on traditional practices include:
    a. Fisi: the hiring of a fisi ("hyena" or hired man) to have sex with a woman or girl, usually practiced after initiation, when a husband and wife fail to conceive, or after the death of a husband.
    b. Kusasa fumbi: "shaking off of dust", a practice in which a girl or boy who has just gone through initiation is coerced into having sex to finalise the process.

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[73] Meer, T. & Combrinck, H. (2015*) Invisible intersections: understanding the complex stigmatisation of women with intellectual disabilities in their vulnerability to gender-based violence*. Agenda 29:14-23. https://doi.org/10.1080/10130950.2015.1039307.

[74] Southern Africa Litigation Centre (2017) *Prosecuting sexual violence against women and girls with disabilities in Malawi: a preliminary analysis of the attrition of sexual offence cases in the criminal justice system*. Southern Africa Litigation Centre, Johannesburg, South Africa. Available at: https://www.southernafricalitigationcentre.org/wp-content/uploads/2017/08/Sexual-violence-against-women-with-disabilities-in-Malawi.pdf.

[75]Lorenzo, T. *et al*. (2015) *Determining the competences of community-based workers for disability-inclusive development in rural areas of South Africa, Botswana and Malawi.* Rural Remote Health 15: 2919. PMID: 26048267. Available at: https://pubmed.ncbi.nlm.nih.gov/26048267/.

[76] Government of the Republic of Malawi (2019) Malawi education sector analysis. Ministry of Education, Science, and Technology, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/4581/file/Malawi%20Education%20Sector%20Analysis.pdf.

[77] UNICEF (2020) *A situation analysis of children with disabilities in Malawi*. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/4606/file/A%20Situation%20Analysis%20of%20Children%20with%20Disabilities%20in%20Malawi%20.pdf.

[78] UNICEF (2019) 2018/19 *Disability Budget Brief. Leaving no one behind: ensuring children with disabilities in Malawi have an equal chance in life*. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/esa/media/3841/file/UNICEF-Malawi-2018-2019-Disability-Budget-Brief.pdf.

[78] The Office of the High Commissioner for Human Rights (2023) *Experts of the Committee on the Rights of Persons with Disabilities acknowledge Malawi's efforts to implement the convention, ask questions on persons with disabilities' involvement in disaster management and measures to promote sign language*. Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland. Available at: https://www.ohchr.org/en/news/2023/08/experts-committee-rights-persons-disabilities-acknowledge-malawis-efforts-implement.

[79] Amnesty International. (2016). "We Are Not Animals to Be Hunted or Sold": Violence and Discrimination Against People with Albinism in Malawi. Retrieved from Amnesty Internation

[80] Under the Same Sun (2015), *Discrimination against women and girls with albinism in Malawi*. Under the Same Sun, Surrey BC, Canada. Available at: https://www.ecoi.net/en/file/local/1047320/1930_1447407590_int-cedaw-ngo-mwi-22043-e.pdf.

c. Lobola: the paying of dowry, which incentivises early marriage; and
d. Land-grabbing: a practice in which a widow is stripped of her belongings and cast out of the family home by her in-laws.

45. Traditional beliefs around witchcraft and vampires are also very strong and can lead to victimisation and targeting of children and older women, resulting in ostracization, violence and even death[81]. Pervasive views on witchcraft can intersect with disability. There have been reports of witchcraft rituals based on the belief that a person would get rich if they raped a woman or girl with a disability[82]. For example, 0.8% of the population have albinism[83] and experience discrimination driven by the belief that their bones contain magic or gold[84].
46. Focusing on the situation for children, firmly entrenched harmful social norms and beliefs are one of the critical obstacles to realizing children's rights in the country: particularly affecting girls, these include gender discrimination, violence against children, child marriages, killing and maiming children living with albinism and witchcraft persecution, all of which violate human rights and slow down social and economic development[85]. Violence is a daily reality in the lives of children: 82% of children experience violent discipline at home, with 17% of these cases being severe; corporal punishment is common in schools, childcare institutions and police detention; in 2019, violence against children resulted in the loss of MK234 billion, equivalent to 4.13% of GDP[86]. Further, child trafficking with a labour-oriented purpose takes place internally in Malawi[87]: boys from the southern parts of the country are particularly at risk and often forced to go work in tobacco farms in the country's northern parts. Traffickers exploit teenage boys in forced labour on farms, and young girls in sexual exploitation in clubs or bars. Child trafficking also takes place from Malawi to other African (e.g., Tanzania, Zambia, Mozambique) or Middle Eastern countries[88]. In 2017, 38% of children aged 5-17 were involved in child labour, and almost 70% of those children worked in agriculture[89].

Roles, Responsibilities and Resources

47. Access to healthcare is gendered in Malawi, which creates risks for pregnant women. Maternal mortality rates are still high, at 439 per 100,000 live births in 2015-16; around a quarter of women seek antenatal care in the first trimester of pregnancy, and by the time of birth only half of mothers have had access to four antenatal care visits[90]. Poorly-developed healthcare facilities, particularly in rural areas, contribute to both inadequate antenatal care and limited sexual reproductive health and rights services[91]. This is particularly a problem for people with disabilities, who are not targeted for special service provision[92].
48. Rates of adolescent pregnancy are high, with many women having their first pregnancy between the ages of 15-19; although the contraceptive prevalence rate has increased, there are still significant

[81] UNICEF (2018) Traditional practices in Malawi survey report. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/1546/file/Traditional%20Practices%20in%20Malawi:%20Survey%20Report.pdf.
[82] FEDOMA *et al.* (2004) *Living conditions among people with activity limitations in Malawi: a national representative study*. SINTEF, Oslo, Norway. Available online at: https://sintef.brage.unit.no/sintef-xmlui/handle/11250/2461628.
[83] NSO (2019) 2018 Malawi population and housing census. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=226&Itemid=6.
[84] Chikasamba, H. (2019) Malawi: revised country report. Centre for Human Rights, University of Pretoria, Pretoria, South Africa. Available at: http://rodra.co.za/country-reports-malawi/22-countries/malawi/62-malawi-updated-country-report.
[85] UNICEF (2023*) For every child: child-friendly, inclusive, resilient communities*. UNICEF Brief. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/8646/file/For%20every%20child%20Child-friendly,%20Inclusive,%20Resilient%20Communities%20-%20UNICEF%20Malawi%20Pillar%203%20Brief.pdf.
[86] *Ibid*.
[87] Humanium (2021) *Children of Malawi: realizing children's rights in Malawi*. Humanium, Tannay, Switzerland. Available at: https://www.humanium.org/en/malawi/.
[88] Department of State (2020) Trafficking in persons report. United States Department of State, Washington D.C., U.S.A. Available at: http://gvnet.com/humantrafficking/HT-2020-TIP-Report.pdf.
[89] Humanium (2021) *Children of Malawi: realizing children's rights in Malawi*. Humanium, Tannay, Switzerland. Available at: https://www.humanium.org/en/malawi/.
[90] NSO (2017) Fourth Integrated Household Survey: household characteristics. National Statistical Office, Zomba, Malawi. Available at: http://nsomalawi.mw/index.php?option=com_content&view=article&id=225&Itemid=111.
[91] Ministry of Health (2017) National Sexual and Reproductive Health and Rights (SRHR) Policy 2017-2022. Government of Malawi, Lilongwe, Malawi. Available at: https://malawi.unfpa.org/en/resources/national-sexual-and-reproductive-health-and-rights-srhr-policy-2017-2022.
[92] Lorenzo, T. *et al*. (2015) *Determining the competences of community-based workers for disability-inclusive development in rural areas of South Africa, Botswana and Malawi.* Rural Remote Health 15: 2919. PMID: 26048267. Available at: https://pubmed.ncbi.nlm.nih.gov/26048267/.

unmet needs for contraception, with 19% of women wanting to delay pregnancy or not have any more children[93].

49. Healthcare is even less accessible for women with disabilities, where medical professionals are likely to view disability as an illness, and frequently promote a medicalised model of disability[94]. There is also limited data on health care and disaggregated data on disability. In interviews with people with disabilities, they cited cost as a significant barrier to healthcare[95]. Not only are people with disabilities likely to be living in poverty but are also likely to face higher costs due to greater additional needs for access (such as transport and carers) and specialised treatment, and increased frequency of use. This is as a result, both directly and indirectly of the disability[96]. Not only do women with disabilities have less access to health and sexual and reproductive health services, women with severe functional disabilities access sexual and reproductive health services less often than those with less severe disabilities[97]. There is also real stigma against women with albinism, and they are often taken to traditional healers instead of to health clinics[98].

50. There are also heightened risks of women and men with disabilities in contracting HIV, compared to non-disabled people due to their vulnerability to sexual violence, lack of access of information, prevention, treatment and care services. Additionally, people living with HIV are likely to experience temporary and/or chronic impairments at different phases which can prevent their full and equal participation in society[99].

51. Gendered differences are embedded from a young age in Malawi. Literacy and education attainment differs: in the 2018 census, 71.6% of men reported being literate compared with 65.9% of women[100]. Although primary education rates have improved significantly among girls, attrition rates through secondary school are high, and 12% of women have never been to school, compared with only 5% of men. Increasing enrolment rates, whilst positive for gender equality, puts pressure on limited education facilities and teachers and can give rise to a decline in quality of teaching.

52. Social background is a strong driver of educational attainment. Children of educated mothers are far more likely to complete school than those whose mothers were not well educated. Despite both primary and secondary education being tuition-free since 2018 (intended to facilitate access to education), only 41% of Malawian children attend school, and only 20% of children aged 14-17 years old were attending secondary education in 2018[101]. Economic barriers are major barriers affecting a child's ability to attend school: some parents cannot pay school-related expenses (books, uniforms) while others are pulling children out of school to perform domestic work[102]. There are limited opportunities for school leavers, as the labour force struggles to productively absorb graduates, leading to unemployment and underemployment[103].

53. Children with disabilities, particularly girls, face additional barriers to attending and achieving in school. Only 3.35% of primary children have disabilities, and only 2.3% in secondary schools[104]. Nice percent of children with disabilities surveyed said that they had been refused admission to primary school. Barriers to education for children with disabilities include being refused entry, bullying, abuse or

[93] AFDB *et al*. (2020) Republic of Malawi, Country Gender Profile. African Development Bank, Abidjan, Côte d'Ivoire. Available at: https://www.afdb.org/en/documents/malawi-country-gender-profile-2020.
[94] Grugel, J. *et al*. (2022) *The human right to health, inclusion and essential health care packages in low-income countries: 'health for all' in Malawi*. International Journal of Human Rights in Healthcare. Doi: 10.1108/IJHRH-09-2021-0178.
[95] Harrison, J.A.K. *et al.* (2020) *Access to health care for people with disabilities in rural Malawi: what are the barriers?* BMC Public Health 20: 833. Available at: https://doi.org/10.1186/s12889-020-08691-9.
[96] *Ibid*.
[97] Jamali, M. Z. (2020*) Disability measurement and uptake of sexual and reproductive health services in Malawi.* Doctoral Thesis, University of Southampton, Southampton, UK. Available at: https://eprints.soton.ac.uk/444758/.
[98] Grugel, J. et al. (2022) *The human right to health, inclusion and essential health care packages in low-income countries: 'health for all' in Malawi*. International Journal of Human Rights in Healthcare. Doi: 10.1108/IJHRH-09-2021-0178.
[99] De Beaudrap, P*. et al*. (2014) *Disability and HIV: a systematic review and a meta-analysis of the risk of HIV infection among adults with disabilities in Sub-Saharan Africa*. AIDS Care 26: 1467-1476. Doi: 10.1080/09540121.2014.936820.
[100] AFDB *et al*. (2020) Republic of Malawi, Country Gender Profile. African Development Bank, Abidjan, Côte d'Ivoire. Available at: https://www.afdb.org/en/documents/malawi-country-gender-profile-2020.
[101] NSO (2019) 2018 Malawi Population and Housing Census. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=226&Itemid=6.
[102] Humanium (2021) *Children of Malawi: realizing children's rights in Malawi*. Humanium, Tannay, Switzerland. Available at: https://www.humanium.org/en/malawi/.
[103] Ministry of Education, Science and Technology (2017) Education management information system. Government of Malawi, Lilongwe, Malawi.
[104] Ministry of Education, Science and Technology (2019) Malawi education sector analysis. Government of Malawi, Lilongwe, Malawi. Available at:
https://www.unicef.org/malawi/media/4581/file/Malawi%20Education%20Sector%20Analysis.pdf.

harassment from peers and/or teachers, difficulties in transport, inaccessible infrastructure, and non-inclusive teaching pedagogy. Girls with disabilities face increased stigma and discrimination, as well as school related gender-based violence[105]. Additionally, there is low participation of people with disabilities in tertiary, TVET or adult literacy classes, due to barriers including appropriate infrastructure and learning materials, and encouragement for their participation[106]. Due to significant safety and security issues many children with albinism do not go to school[107].

54. Malawi does not invest sufficiently to counter the extensive deprivations endured by its children, owing to the small size of its budget and the limited capacity of its economy to produce the required revenue. Funding for a number of social sectors that are crucial to the wellbeing of children are highly dependent on donor support, raising sustainability concerns: social protection, early childhood development, nutrition and WASH remain highly dependent on donor support (over 90%)[108]. Child protection remains a particularly neglected sector, with barely US$0.08 allocated per child per year, and social protection in general is overwhelmingly donor dependent[109].

55. Within the household, roles are strongly gendered[110]. Men typically dominate within the household due to socially constructed gender norms. Men have control over decisions relating to economic livelihoods, for example what crops to grow or whether or not to migrate for work. This has persisted overtime, even though there has been some change in women reporting participation in other decisions. Women have responsibility (sole or joint) for decisions relating to their own healthcare, to caring for children or elderly or infirm household members[111], and for decision relating to household maintenance, for example what to cook for dinner, when to visit their own family members. Findings from a recent project showed that the earner of income typically had control over that income, but the earner was more often than not the man in the household[112].

56. Over time, there have been increases in the capacity of women to have a say in decisions, particularly around their own health (an increase from 55% in 2010 to 68% in 2015-16) and in major household purchases (from 30% in 2010 to 55% in 2015-16), although this is typically thought to be due to an increase in joint decision-making, rather than women specifically becoming more empowered. In general, decision-making capacity is linked to age, education, and employment status[113].

57. There is some flexibility among gender roles in female-headed households, where women may have control of resources and greater decision-making power. However, perceived contravention of gender norms can cause challenges in the wider family and community. For instance, in the Building Resilience and Adapting to Climate Change programme[114] one woman noted that, after her husband died, she started to make decisions about her children's education and paid school fees without consulting her husband's family, who retaliated by denying her access to land and cutting off familial support. Where women in male-headed households had been able to earn their own money, for example through

[105] UNICEF (2020) A situation analysis of children with disabilities in Malawi. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/4606/file/A%20Situation%20Analysis%20of%20Children%20with%20Disabilities%20in%20Malawi%20.pdf.

[106] Ministry of Education, Science and Technology (2019) Malawi education sector analysis. Government of Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/4581/file/Malawi%20Education%20Sector%20Analysis.pdf.

[107] Lund, P. *et al*. (2015) *Barriers to access: factors limiting full participation of children with albinism at school in northern Malawi: Part 2. Field Report*, Coventry University, Coventry, UK. Available at: https://pure.coventry.ac.uk/ws/portalfiles/portal/3933649/Field+report+on+children+with+albinism+in+Malawi+Part+2.pdf.

[108] UNICEF (2023) For every child: child-friendly, inclusive, resilient communities. UNICEF Brief. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/8646/file/For%20every%20child%20Child-friendly,%20Inclusive,%20Resilient%20Communities%20-%20UNICEF%20Malawi%20Pillar%203%20Brief.pdf.

[109] *Ibid*.

[110] Lovell (2021) Gender equality, social inclusion and resilience in Malawi. BRACC discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf

[111] NSO (2017) Fourth Integrated Household Survey: household characteristics. National Statistical Office, Zomba, Malawi. Available at: http://nsomalawi.mw/index.php?option=com_content&view=article&id=225&Itemid=111.

[112] Vincent, K. *et al*. (2022) Gender equality and social inclusion in PROSPER: Intervention design and impacts. BRACC brief. Overseas Development Institute, London, UK. Available at: https://bracc.kulima.com/sites/default/files/2022-03/GESI%20brief.pdf.

[113] NSO (2017) Fourth Integrated Household Survey: household characteristics. National Statistical Office, Zomba, Malawi. Available at: http://nsomalawi.mw/index.php?option=com_content&view=article&id=225&Itemid=111.

[114] The five-year (2018-2023) "Building Resilience and Adapting to Climate Change" programme had a long-term impact to contribute to a reduction in extreme poverty and to ending the recurrent cycle of hunger and humanitarian assistance in Malawi (https://odi.org/en/about/our-work/building-resilience-and-adapting-to-climate-change-in-malawi-bracc-knowledge-and-policy-hub/).

participation in programme interventions, retaliation by men was reported, for example men confiscating their wives' IDs.

Decision-making, leadership and participation

58. Decision-making in the public sphere in Malawi remains male-dominated. Despite having recently had a female president (Joyce Banda from April 2012 to May 2014), women's representation in parliament remains low, and below the 40-60% target set by the 2013 Gender Equality Act. Scores and ranks in the political participation index of the Global Gender Gap Index are particularly low (Table 1). In the 2019 election, 22.9% of seats were held by women.[115] Also in the 2019 election, Malawi elected the first ever female speaker of parliament[116].
59. Low levels of political representation at national level are mirrored in political participation by women at community level. The 2019-20 Afrobarometer survey found that Malawian women are less likely than men to discuss politics (39% of women compared with 56% of men do so at least "occasionally"), join others to raise an issue (23% vs 28%), attend a campaign rally (49% vs 63%) and contact an MP (5% vs 15%)[117].
60. The Afrobarometer survey shows increasing support for women's equal participation in politics relative to men, and that rural residents were more likely to express support for women's political leadership than urban residents. However, this sits at odds with strongly patriarchal societies. When considering leadership roles at community level, often both men and women deemed women to be less suitable for leadership.
61. Among traditional leadership, although the numbers of women in leadership positions has increased, most traditional leaders are still men. This is underpinned by patriarchal and social norms, which gender equality legislation has struggled to overcome despite attempts to increase women's representation[118]. Decision-making fora remain more accessible to men than to women, and notable exceptions (where a woman is found in a position of influence) can be viewed as sufficient, thereby excluding other women from participating[119].
62. In local formal governance structures, for example at district, group village, area and village level, increasing efforts are made for gender-equal representation, as well as for participation by people with disabilities and youth. These efforts are particularly supported by externally-funded projects, for example those undertaken by UN agencies and NGOs.
63. People with disability report isolation and stigma, as well lack of accessibility, as barriers that prevent participation in community events and committees. There is almost no presence of women with disabilities in decision making positions at the national level. Even though the Local Government Act stipulates representation for five special interest groups in local councils, it does not explicitly include provisions for the representation of persons with disabilities, including women with disabilities. Consequently, women with disabilities, particularly in rural areas are even more invisible within the decision-making landscape. This is largely due to negative attitudes towards people with disabilities in general, but specifically women and girls with disabilities, low self-esteem and confidence levels amongst women and girls with disabilities, limited levels of education amongst women and girls with disabilities and absence of information or communication in accessible formats for campaigns, political and decision-making processes at all levels.
64. Child participation provides the opportunity for involvement, design and access to information, decision-making and capacity-building for children, such that children can feel empowered in society. The Malawi government recognizes that the level of child participation in Malawi, however, is only at the level of consultation, and involves minimal participation[120]. Further, even though children's views may be sought through consultations, they are not necessarily put into practice, and very often younger children

[115] IPU Parline (2023) Malawi National Assembly, data on women. Inter-Parliamentary Union, Geneva, Switzerland. Available at: https://data.ipu.org/node/102/data-on-women?chamber_id=13456.
[116] Phiri, M.M. (2019) Malawi parliament elects first-ever female speaker. AA, 19 June. Available at: https://www.aa.com.tr/en/africa/malawi-parliament-elects-first-ever-female-speaker/1510414.
[117] Kayuni, H.M. (2017) In Malawi, gender gaps persist despite popular support for equal opportunity. Afrobarometer Dispatch 152, 15 June. Afrobarometer, Accra, Ghaha. Available at: https://www.afrobarometer.org/wp-content/uploads/2022/02/ab_r6_dispatchno152_malawi_gender.pdf.
[118] Lovell (2021) Gender equality, social inclusion and resilience in Malawi. BRACC discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf
[119] Molloy E. (2020) PROSPER Gender Equality and Social Inclusion Analysis Report. BRACC report. Overseas Development Institute, London, UK.
[120] Ministry of Gender, Community Development & Social Welfare (2023) Child participation. Ministry of Gender, Community Development & Social Welfare, Lilongwe, Malawi. Available at: https://www.gender.gov.mw/index.php/14-sample-data-article/portfolio/apps/29-6.

are not given the opportunity to participate in consultations. Children are conspicuously missing from most spaces where plans and decisions for development are made, particularly at national and local authority levels, despite the fact that the perspectives of children over issues that affect them differ from those of adults; as a result, children's issues, including budgetary allocation for child-related services and programmes, are marginally catered for[121].

65. Socio-cultural norms have been found to be one of the major factors limiting child participation as children are viewed as being unable to make sound decisions, but multiple barriers exist to child participation in a range of settings, including family (where for example ineffective parenting skills can be a barrier), community (where for e.g., knowledge gap on child rights-related legal instruments and policy frameworks can be a barrier), council (where for e.g., inadequate resources can be a barrier) and national (where lack of government financing can be a barrier)[122]. Inadequate engagement spaces and pro-child participation aggravates the vulnerability of children to rights violations and poverty, and has resulted in some children being subjected to child marriages, teenage pregnancies, child labour, child prostitution, child begging and child trafficking, among others[123].

Access to and Control of Resources

66. Land ownership in Malawi is highly unequal. Recognising the importance of land as a productive asset, the Land Act was reviewed in 2017 to increase women's access, control and ownership of land. However patriarchal norms and traditional and cultural beliefs typically override the law and disadvantage women in both inheritance and land ownership rights[124]. Youth are similarly disadvantaged. Whilst the population of Malawi is dominated by the youth, this cohort has poor access to productive resources and assets, key amongst these land ownership[125]; for example, one study found that only 22.16% of the youth in the Central region of Malawi have access to farming land[126].
67. Limited access to land, labour, inputs and credit makes women more likely to engage in low-productivity subsistence agriculture and income-generating activities with low returns[127]: within agricultural livelihoods, women are likely to grow less valuable crops, such as maize, for subsistence purposes, whilst men tend to grow cash and export-oriented crops. Whilst women and men may work together to grow crops, men have better access to inputs and typically control the proceeds. Barriers to women's access to markets are both physical (for example lack of access to a bicycle or capacity to afford transport) and cultural (for example caring responsibilities and facing community disapproval). However, women in Malawi produce up to 80% of the country's food.

68. Recognising the gender gap in agriculture, a number of climate-smart agriculture programmes have actively targeted women, accompanied by programmes to address land ownership and access to resources[128]. Positive changes in the gender gap in agriculture is anticipated to improve intergenerational nutrition, education and health outcomes and lift people out of poverty[129].
69. Whilst access to formal credit remains low among women, rotating savings and credit associations and village savings and loans initiatives have grown in popularity and are widely seen to be the domain of women who are typically the registered members. However, when income is generated through such

[121] Malawi Government (n.d.) National child participation guidelines. NORAD and Save the Children, Lilongwe, Malawi. Available at: https://malawi.savethechildren.net/sites/malawi.savethechildren.net/files/library/National_Child_Participation_Guidelines.pdf.
[122] *Ibid*.
[123] *Ibid.*
[124] Lovell (2021) *Gender equality, social inclusion and resilience in Malawi. BRACC* discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf
[125] Mgomezulu, W.R. *et al*. (2019) Determinants of access to and ownership of farming land among rural youths in Central Region of Malawi. Journal of Economics and Sustainable Development 10: 142-148. Doi: 10.7176/JESD/10-12-15; Lindsjö, K. *et al*. (2021) Generational dynamics of agricultural intensification in Malawi: challenges for the youth and elderly smallholder farmers. International Journal of Agricultural Sustainability 19: 423-436. Doi: 10.1080/14735903.2020.1721237.
[126] Mgomezulu, W.R. et al. (2019) Determinants of access to and ownership of farming land among rural youths in Central Region of Malawi. Journal of Economics and Sustainable Development 10: 142-148. Doi: 10.7176/JESD/10-12-15.
[127] Lovell (2021) Gender equality, social inclusion and resilience in Malawi. BRACC discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf
[128] For some example see: https://africa.unwomen.org/en/news-and-events/stories/2020/10/malawi-adopts-climate-smart-groundnut-farming; https://www.nepad.org/news/update-gender-climate-change-and-agriculture-support-programme-focus-malawi; https://www.unwomen.org/en/news-stories/feature-story/2022/02/weather-forecasts-shift-climate-change-impact-for-women-farmers-in-malawi.
[129] UN Women, *et al*. (2015) The cost of the gender gap in agricultural productivity in Malawi, Tanzania, and Uganda. World Bank Group, Washington DC, USA. Available at: http://hdl.handle.net/10986/22770.

initiatives and finds its way to the household, it may be subject to the predominant decision-making patterns which see men as having control over it[130].

70. Women with disabilities in Malawi, face similar gender-based barriers as other women, but then face compounded challenges to employment including limited or inadequate access to transport, work or training spaces or tools, access to credit or other financial services, job opportunities, especially in rural areas, work-based learning programs, and skill and professional development offerings. High levels of economic stigma meant that access to capital or credit was very difficult. Trainings were often irrelevant and more based on a charity model than a social model of disability[131].
71. People, particularly women, with disabilities in Malawi are more likely to have never attended school and are less likely to be employed compared to their non-disabled counterparts. Consequently, their socio-economic prospects are disadvantaged, and women and men with disabilities in Malawi are at a higher risk of chronic poverty and extreme deprivation[132].
72. The employment rate for people with disabilities in Malawi remains low. Depending on the definition used, they constitute either 12% (including, for example, albinism and epilepsy and other invisible disabilities) or just 0.9% of the employed labour force (using Washington Questions Short Set)[133]. Data was not available that was disaggregated by sex, or by formal/informal economy.

Gender-Based Violence

73. Gender-Based Violence (GBV) is a "serious, prevalent, and deeply entrenched problem in Malawi" with 41% of all women reporting that they have experienced some form of GBV "at least once in their lives"[134]. The 2015-16 Demographic and Health Survey found that 34% of Malawian women (aged 15 and over) have experienced physical violence and 20% have experienced sexual violence[135]. There appears to be high tolerance for GBV, with 16% of men and 13% of women believing that a husband is justified in beating his wife for at least one of five specified circumstances, including burning the food, arguing, going out without telling him, neglecting the children and refusing sexual intercourse[136].
74. In recognition of the extent of GBV in society, determined key laws and strategies expressly commit to addressing the problem, including the Constitution, Vision 2063, and the Gender Equality Act. In addition, there is the Prevention of Domestic Violence Act (2006) and the National Action Plan to Prevent Gender-Based Violence 2014-20.
75. Sexual violence is criminalised by law under the penal code. However, rape is widespread in practice. Marital rape is not specified in the penal code so, although women can seek justice under the Prevention of Domestic Violence Act (2006), or the Marriage, Divorce and Family Relation Law 2015, in practice this rarely happens.
76. In general, progress in addressing gender-based and sexual violence is impeded by limited knowledge of the laws, weak enforcement capacity, disempowerment of women and poor access to justice for survivors of GBV[137].
77. Gender-based violence among adolescents is unacceptably high, as one in five girls and one in seven boys have experienced at least one incident of sexual abuse before 18. For girls between 13 and 17, most perpetrators are peers[138].
78. Child marriage rates are high, and in 2015 Malawi had the highest rate of child marriage in the world. The 2015 Marriage, Divorce and Family Relations Law increased the minimum age of marriage from

[130] Lovell (2021) *Gender equality, social inclusion and resilience in Malawi*. BRACC discussion paper. Overseas Development Institute, London, UK. Available at: https://cdn.odi.org/media/documents/ODI_Gender_equality_social_inclusion_and_resilience_in_Malawi_2021.pdf

[131] Remnant, J., Wånggren, L., Huque, S., Sang, K., Kachali, L., & Richards, J. (2022). Disability inclusive employment in urban Malawi: A multi-perspective interview study. *Journal of International Development*, 34(5), 1002–1017. https://doi.org/10.1002/jid.3678

[132] UNICEF (2020) A situation analysis of children with disabilities in Malawi. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/4606/file/A%20Situation%20Analysis%20of%20Children%20with%20Disabilities%20in%20Malawi%20.pdf.

[133] NSO (2019) 2018 Malawi population and housing census. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=226&Itemid=6.

[134] Molloy E. (2020) PROSPER Gender Equality and Social Inclusion Analysis Report. BRACC report. Overseas Development Institute, London, UK.

[135] NSO (2017) Malawi demographic and health survey. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=222&Itemid=108.

[136] *Ibid.*

[137] AFDB *et al*. (2020) Republic of Malawi, Country Gender Profile. African Development Bank, Abidjan, Côte d'Ivoire. Available at: https://www.afdb.org/en/documents/malawi-country-gender-profile-2020.

[138] UNICEF (2023) *For every child: child-friendly, inclusive, resilient communities*. UNICEF Brief. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/8646/file/For%20every%20child%20Child-friendly,%20Inclusive,%20Resilient%20Communities%20-%20UNICEF%20Malawi%20Pillar%203%20Brief.pdf.

15 to 18, but the Constitution allows children as young as 15 to marry with parental consent[139]. The average age of marriage for women is 18 (compared with 23 for men), but 47% of women marry before the age of 18[140]. A significant concern is marriage before age 15: 8% of girls in rural areas and 4% of girls in urban areas marry before they turn 15[141]. The need to address the issue of child marriages has been recognised by the National Strategy on Ending Child Marriages 2018-23.

79. Adolescent pregnancy is persistently high, particularly in rural areas, with nearly a third of women aged 15-19 beginning childbearing in 2015-16[142], and is a major driver of young women of school-going age dropping out of school[143].
80. There is a notable lack of data concerning the nature and scope of sexual violence targeting women and girls with disabilities in Malawi. Women and girls with disabilities experience many of the same forms of violence all women and girls experience. However, international evidence shows that women and girls with disabilities are three times as likely to be raped and twice as likely to experience intimate partner violence and other forms of GBV as women who do not have a disability. They are often treated as asexual and not in need of sexual health education or health-care - and often excluded discussions and trainings around relationships or sexual and reproductive health[144]. This is based on social norms and biases that intersect across gender and disability which means that females of all ages with disabilities are often dehumanised or infantilised, excluded, and isolated. Sexual and gender-based violence also has the consequence of contributing to the incidence of disability among women. Girls and women with disabilities are less likely to report sexual violence or abuse or harassment, and when they do, they face challenges, including legal and accessibility barriers, when they seek to access justice in Malawi[145].

Differential vulnerability to climate change and extremes

81. The socially-constructed gender and social norms that give rise to differential resource allocation, decision-making and political participation are reflected in differential vulnerability to climate change and extremes[146]. Marginalised groups are more likely to find themselves in areas highly vulnerable to climate and health hazard exposure, and with limited adaptive capacity in terms of systems, services, information and assets.
82. The gendered health impacts of climate change are described in the Feasibility Study (Annex 2, Section 3.3); the following paragraphs summarize and provide examples of the differential vulnerability of women and girls to climate change and extremes. Women face multiple barriers and vulnerabilities in the context of climate change in Malawi[147]. Poverty and limited access to education contribute to their vulnerability, as they are often economically dependent on men and lack the resources to adapt to climate-related challenges[148]. Moreover, women have limited power and decision-making authority,

[139] Makwemba, M. *et al*. (2019) *Survey report: traditional practices in Malawi*. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/1546/file/Traditional%20Practices%20in%20Malawi:%20Survey%20Report.pdf.

[140] NSO (2017) Malawi demographic and health survey. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=222&Itemid=108.

[141] UNICEF (2023) *For every child: child-friendly, inclusive, resilient communities.* UNICEF Brief. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/8646/file/For%20every%20child%20Child-friendly,%20Inclusive,%20Resilient%20Communities%20-%20UNICEF%20Malawi%20Pillar%203%20Brief.pdf.

[142] NSO (2017) Malawi demographic and health survey. National Statistical Office, Zomba, Malawi. Available at: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=222&Itemid=108.

[143] UNICEF (2023) *For every child: quality learning and protection.* UNICEF Brief. UNICEF Malawi, Lilongwe, Malawi. Available at: https://www.unicef.org/malawi/media/8651/file/For%20every%20child%20Quality%20Learning%20and%20Protection%20-%20UNICEF%20Malawi%20-%20Pillar%202%20Brief.pdf.

[144] Kvam, M. H., & Braathen, S. H. (2006) *Violence and abuse against women with disabilities in Malawi.* SINTEF, Oslo, Norway. Available at: https://sintef.brage.unit.no/sintef-xmlui/handle/11250/2443387; Kvam, M. H., & Braathen, S. H. (2008) "I thought . . . maybe this is my chance": Sexual Abuse Against Girls and Women with Disabilities in Malawi. Sexual Abuse 20: 5-24. Available at: https://doi.org/10.1177/1079063208314817.

[145] Southern Africa Litigation Centre (2017) *Prosecuting sexual violence against women and girls with disabilities in Malawi: a preliminary analysis of the attrition of sexual offence cases in the criminal justice system*. Southern Africa Litigation Centre, Johannesburg, South Africa. Available at: https://www.southernafricalitigationcentre.org/wp-content/uploads/2017/08/Sexual-violence-against-women-with-disabilities-in-Malawi.pdf.

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both in their households and in their communities in Malawi. They lack control over finances and assets, and their representation in community politics is often inadequate[149]. This lack of influence hampers their ability to participate in climate adaptation strategies and policies[150].

83. Childbearing and traditional caregiving roles also increase women's vulnerability, as they are responsible for securing water, food, and fuel for their households; climate change exacerbates these responsibilities by forcing women and girls to travel farther to collect resources, leading to increased time and energy demands[151]. For instance, gendered roles mean that women typically have responsibility for fetching water, so if water availability declines under future climate, it will have implications for women and girls in terms of time taken to collect water, as well as potentially exposing them to gender-based violence, because of the increased risk of sexual and physical violence for women who walked long distances to access water[152]. In addition, collecting water in times of scarcity places a heavy burden on women and girls who miss opportunities for study, work, and self-care as a result[153]. Gendered roles also dictate women's responsibility for household food security, which causes stress and anxiety for women. A recent and as yet unpublished study for Malawi, conducted in 2022, found that 86% of women reported that their mental health has been affected by climate change[154]. The biggest concern cited by the women in the study was their inability to provide sufficient food for their children, an inability which they recognised led to hunger and malnutrition in their children, with knock-on detrimental effects on their children's health, education and general development. At the same time, there is also research evidence from Malawi that increased anxiety and mental health problems experienced by caregivers impedes their capacity for adaptation and to take the behaviour changes needed to mitigate the challenges they face and to provide optimal care for themselves and their children[155].
84. Women are often disproportionately affected by disasters, both in the short- and longer-term. For instance, after tropical cyclone Idai and the associated floods in 2019 in Malawi, a disproportionate number of women were counted among the internally displaced people, with 63% of those in shelters in Machinga, Mangochi, Balaka and Zomba being women[156]. There were reports of sexual transactions used as coping strategy, and concerns about increased pregnancy as a result. In the longer term, the floods had impacts on livelihoods. After the disaster, women were less likely to be able to engage in income-generating activities due to lack of opportunities and loss of livelihoods assets. Similarly, in 2023, tropical cyclone Freddy aggravated gender inequality in several Southern Malawi districts, including Phalombe[157]. Women were the most affected, because of their high representation in sectors that were most affected by the disaster[158], for example agriculture and microenterprises. The cyclone also caused much displacement, and many women in the affected districts were stripped of their dignity in temporary housing camps due to the lack of provision of gender-sensitive WASH facilities.

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85. The sexual and reproductive health and rights of women are particularly affected in times of natural disasters. . Women are disproportionately affected by chronic malnutrition and are more vulnerable to climate-induced food and nutrition insecurity, particularly during pregnancy and breastfeeding. Maternal malnutrition exacerbates the impact of infectious diseases on maternal, foetal, and child health159. This has been highlighted as a significant risk in Malawi160.
86. Incidents of gender-based violence have been shown to increase after disasters in Malawi[161]. Among the long-term effects of disasters, child marriages are known to increase following shocks and disasters, because it can reduce the number of mouths to feed and raise income through the payment of dowries. For instance, after Covid-19, a helpline reporting child marriage saw an 83% increase in calls, whilst teen pregnancy also increased[162]. A study conducted in 2022 in both Nkhata Bay and the project district of Mangochi found that roads and bridges washed away by floods prevented access to sexual and reproductive health services by adolescent young men and women, leading to early and unwanted pregnancies and marriages, which disrupted education attainment for both boys and girls, with girls' individual health and wellbeing the most affected[163]. In particular, the drying of Lake Chilwa is associated with an increased number of early marriages in daughters[164]. These effects occur against a backdrop of already high child and adolescent marriage and pregnancy rates, particularly in rural areas, with nearly a third of women aged 15-19 beginning childbearing in 2015-16[165]. In Malawi, it is estimated that 1.5 million girls are at risk of becoming child brides due to the impacts of extreme weather events caused by climate change, which make it harder for families to afford to feed and house their own children[166].
87. The fact that early childbearing and high fertility rates can worsen women's health and limit their educational and economic opportunities makes it harder for women to adapt to climate change. However, reproductive health and family planning are often overlooked in climate adaptation strategies, along with efforts to address rapid population growth resulting from unintended pregnancies and unmet family planning needs[167].
88. Malawi is among the top 40 countries ranked as having a high climate risk for children, with climate-induced water scarcity the main factor[168]. Climate shocks are frequently occurring and with increased intensity, threatening the health, nutrition, education, development and the survival of children. For example, the first year of the devastating drought in 2015-2017, for instance, left 6.5 million people food-insecure, including 3.5 million children[169]. As another example, in 2022 tropical storms Ana and Gombe devastated the Southern Region of Malawi, causing severe damage to key infrastructures including roads, schools, and health facilities and damaging crops, affecting over 995,000 people,

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130,000 of whom were children under the age of five[170]. The storms also kept 100,000 more children and youth out of school.

89. With tropical Cyclone Freddy at least 2.3 million people have been affected (including 51 per cent female and 56 per cent children), of whom 659,278 have been displaced. Cholera has spread to all 29 districts, affecting 4.85 million people. Since the start of the outbreak, over 58,000 cumulative cases and 1,740 deaths have been reported. There is a risk of malnutrition due to acute food insecurity, affecting 3.8 million people in 21 districts. An estimated 573,800 children under five, and 228,000 pregnant and breastfeeding women are at risk of malnutrition. 171 At least 67 health facilities were damaged, and access to health services has been hampered due to damaged road infrastructure. The Protection Cluster estimates that 6.5 million children and their communities are in need of protection services, and the Education Cluster estimates that 5.3 million children will need education support172.
90. Beyond women and girls, the impacts of climatic changes and extremes often disproportionately affect other vulnerable groups, such as children and adults with disabilities. For instance, beyond the effects on gender inequality, in 2023 tropical cyclone Freddy aggravated social exclusion in several Southern Malawi districts, including Phalombe[173]. The districts that were affected are home to 1.1 million people with disabilities, or which approximately 10% were affected by the cyclone (132,837 women and 127,628 men). A total of 47,424 people with disabilities were displaced, of which 24,186 were women. Cyclone exposure increased vulnerability of many people with disabilities because of the limited access to public services, including specialised health services, and the loss of assistive services, often provided by relatives.
91. People with disabilities, particularly women and girls, face an elevated risk from the consequences of climate change due to various social and economic factors. Poverty, discrimination, and stigma constitute critical elements that influence how persons with disabilities are exposed to the effects of climate change[174]. Additionally, intersecting factors such as gender, age, ethnicity, geographic location, migration status, religion, and sex can further increase the vulnerability of certain individuals with disabilities to the adverse impacts of climate change. These impacts encompass various aspects of their lives, including health, education, food security, housing, access to clean water and sanitation, livelihoods, and mobility[175].
92. Focusing on children, Malawi is among the top 40 countries ranked as having a high climate risk for children, with climate-induced water scarcity the main factor[176]. Climate shocks are frequently occurring and with increased intensity, threatening the health, nutrition, education, development and the survival of children. For example, the first year of the devastating drought in 2015-2017, for instance, left 6.5 million people food-insecure, including 3.5 million children[177]. As another example, in 2022 tropical storms Ana and Gombe devastated the Southern Region of Malawi, causing severe damage to key infrastructures including roads, schools, and health facilities and damaging crops, affecting over 995,000 people, 130,000 of whom were children under the age of five[178]. The storms also kept 100,000 more children and youth out of school.

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Community Profiles: Gender and Social Inclusion Focus

93. Profiles of issues represented by communities across all six districts are presented here, based on gender-disaggregated focus group discussions with men (one in each district), women (one in each district), pregnant and breastfeeding women (one each in two districts) and children (one each in four of the six districts) (Table 3). In addition, people with disabilities were represented through focus groups and key informant interviews in each district with representatives of disability fora, people with disabilities, and parents of children with disabilities. This allows some consideration of intersecting identities, including among people with disabilities and women who are pregnant/breastfeeding and not. Further details of the consultations and methodology can be found in **Annex 7 – Stakeholder engagement plan and summary of consultations, Appendix C.**

Table 3. Summaries of community-level consultations.

Focus Group Discussions (number of participants)						**Key Informant Interviews**	**Total**
District	**Men**	**Women**	**Children**	**People with Disabilities**	**Pregnant & Breastfeeding mothers**	**People with disabilities**	
Balaka	✓ (4)	✓ (6)	✓ (8)	✓ (4)			22
Machinga	✓ (8)	✓ (5)	✓ (6)			✓ (1)	20
Zomba	✓ (4)	✓ (6)				✓ (1)	11
Mangochi	✓ (10)	✓ (10)	✓ (6)	✓ (3)	✓ (8)		37
Phalombe	✓ (8)	✓ (8)	✓ (8)	✓ (12)	✓ (10)		46
Ntcheu	✓ (10)	✓ (10)		✓ (10)			30
Total participants	***44***	***45***	***28***	***29***	***18***	***2***	***166***

The sections below outline the major findings from the focus group discussions.

Focus groups with women, and pregnant and breastfeeding women

The sections below outline the major findings from the focus group discussions.

94. Climate hazards to which women and pregnant women and breastfeeding mothers reported being exposed to in Mangochi and Ntcheu consisted of floods, droughts, heavy rains and heavy winds. Floods, droughts and unpredictable rainfall cause crop losses and variable production levels, while also leading to outbreaks of diarrhea as people do not have proper WASH facilities to use and are forced to resort to open defecation practices. They are also often forced to eat contaminated food. The lack of food production over the following season also causes food and nutrition security. In Ntcheu, flooding of the Bwanje river leads to farmland being submerged, meaning it cannot be cultivated. When maize is not available, people are forced to gather wild food such as mango, which limits dietary diversity and nutritional intake, and is a particular risk for children.
95. Major floods in January and February 2022 were particularly problematic. Stagnant water after the floods led to increases in malaria due to there being more breeding grounds for mosquitoes. Heavy rains and heavy winds caused damage to houses and schools, causing homelessness and the need to hold school classes under trees: Bwanje primary school in Ntcheu was damaged in early 2022. When food is stored in houses, flooding can cause it to spoil – as was reported for maize in Ntcheu. The women recognised that poor land cover due to deforestation increases vulnerability to damage from heavy winds. When losing houses, people are often moved to camps which encourages the spread of diseases.
96. Displacement is a particular problem in the wake of extreme events, including after the summer 2022 floods. The women remarked that the elderly are particularly vulnerable as they have limited capacity to obtain food and rebuild their houses. Promised post-flood support did not materialise, and many

women were forced to seek shelter in school blocks after damage to their houses. Women, pregnant women and lactating mothers also particularly noted the stress and anxiety that extreme events bring because of the uncertainty it creates, which continues long after the actual extreme event is over.

97. Flooding also impedes access to healthcare, which is a particular challenge to pregnant women and breastfeeding mothers. The women noted some extremely remote locations (e.g., villages in TA Mponda) where pregnant women are not able to access facilities, or have to wait a long time on arrival due to the increased healthcare needs caused by the extreme event. Many even end up giving birth in the community or en route, which increases the risk of complications. They particularly noted that, in the case of babies born to HIV-positive women, the lack of medical support creates risks for the baby. Pregnant and breastfeeding women and children are especially at risk of malnutrition. Health surveillance assistants have provided training on the six food groups and the importance of these for children, and how to use backyard gardens to grow a diversity of foods, including pumpkins, rape, vegetables, sweet potato, Chinese vegetables, okra, Amaranthus and maize.
98. The examples that women gave were about how porridge prepared in the morning should be augmented by ground nut flour or cooking oil – or avocado pears which can more easily be obtained if cost is a barrier to the former. Mid-upper arm circumference tapes can identify malnutrition risk, but if the flooded land does not permit growing or obtaining nutritious food, then there are no solutions that can be implemented. Disaster response support tends to focus on the immediate housing needs and overlooks the longer-term agricultural needs, hence highlighting the need for a longer-term adaptation approach.
99. A variety of actions have been taken to adapt to these circumstances, often with external support. In Mangochi, backyard gardens have been established, with pumpkins, sweet potatoes and black jacks, informed by nutritional needs, with training provided by the World Food Programme, Concern Worldwide and Emmanuel International. Small livestock have also been provided to support protein needs. The existence of care groups in the community was previously supported by UNICEF, USAID, Story Workshop and the Government of Malawi, but since early training in January 2022, the continuing support for implementation has been largely lacking, meaning that only a small number of the groups that were developed are now continuing. In particular, the functioning of care groups is impeded following extreme events such as floods and heavy rains because of the impacts on mobility. However, in Ntcheu there are care groups which, among other things, have encouraged households to have WASH facilities and cultivate yellow sweet potato.
100. Women reported in Mangochi that they do participate in the decision-making structures, including the development committees. This participation often follows traditional gender norms, for example they particularly mentioned a group that oversees issues for children under 5 and pregnant women. Women have also been trained to provide mid-upper arm circumference (MUAC) services to identify malnutrition risk in order to identify when hospital treatment is required.
101. Future adaptation priorities include provision of seedlings so that women can grow their own food in their gardens rather than waiting for emergency food to be provided. In Mangochi, women tended to mention planting of trees along watercourses (e.g., Acacia, bluegum, Tangatanga, Nkongomwa, M'bawa and Msangu) to reduce vulnerability to floods, heavy rain and heavy winds, and in Ntcheu women noted that bamboos and vetiver planted around farmland could reduce the vulnerability of crops.
102. Nutrition and WASH-related training to group leaders is also necessary so that they can cascade this information throughout the community. This training should include what robust household-level WASH facilities should look like so people can install them in their own homes to reduce disease transmission; and community-level water access. There is also a need to train more care group leaders, to increase the sustainability of care groups. Pregnant women and breastfeeding mothers need mosquito nets to reduce malaria transmission, and training and support on how to ensure climate-resilient health and nutrition, including through being able to access the six food groups.

Focus groups with children

The sections below outline the major findings from the focus group discussions.

103. The children understood climate change to be changes in the weather, linked to temperature and rainfall. They identified that climate change affected health through floods, droughts and extreme heat that may cause discomfort and increase risk of skin cancer. They identified that they are already experiencing climate change hazards, with a particular focus on floods. The children reported that floods caused damage to houses and rendered people homeless, and caused erosion of plants and animals and crops in farms. These effects were reported to have consequences for people's livelihoods – the children noted that reduced harvests lead to reductions in food intake. In Mangochi, where people

are dependent on businesses and markets, heavy rainfall and floods impede access to market. Heavy rain also makes it more difficult for people to fish on the lake. Personally, the children's lives had been directly affected. They noted that, in cases of flooding, they were not able to access school because of disrupted transport routes.

104. The limitations of the education facilities increase the vulnerability to climate change. When temperatures are high, it can make learning conditions uncomfortable because the school building is already oversubscribed with more than 400 students. The number of classrooms is insufficient, so some students learn outside, which is impractical in the rainy season. To manage this situation, the classes are divided into four groups and the groups rotate the use of the classroom – although this still means that when it rains, 75% of each class is not able to learn. There are seven toilets for boys and six for girls, and many (particularly boys) practice open defecation which increases risk of disease. There is a borehole, but it regularly needs maintenance and is not always functioning, which limits handwashing.

The children's main adaptation priorities include reliable water supply and basins for use in washing hands, and soap, as well as more classrooms and desks.

Focus groups with men

The sections below outline the major findings from the focus group discussions.

105. Climate hazards to which men reported being exposed to included heat waves, floods and heavy winds. Heat waves affect human health by leading to heat exhaustion and dehydration and, in some cases, skin diseases. Heat also has implications for agricultural production and, through implications for water availability, leads to crops dying off in gardens, farms and, in the worst cases, even in *dambo* (shallow wetlands) where water availability is typically better. These effects on agricultural production and water availability, in turn, have implications for food and nutrition security, and poor food and nutritional security in turn negatively impact health, which was recognized to be a particular risk for women and children. Children were reported to be at risk of being afflicted by scabies. Communities also reported increasing unpredictability of rainfall patterns, particularly with regard to the onset of the rainy season, which used to occur in October but was reported to now occur as late as January. Rainfall variability affects agricultural production even outside of extreme events, and can lead to insufficient harvests, with implications again for food and nutrition security.
106. Floods were reported in Mangochi, with particular mention of the January-February 2023 floods, when houses, livestock and other property was destroyed. Likewise in Ntcheu, communities with particular proximity to the Bwanje and Msanza rivers were particularly affected by flooding. Floods destroy crops in the fields, and in Ntcheu men highlighted the consequent risk of malnutrition for children and pregnant women, noting that many had their food intake reduced to one meal per day. Floods also impact on food and nutrition security in the longer term by washing away the nutrient-rich top soil and creating gullies and deposition of sand. In Mangochi, in order to compensate for these impacts, fertilizer has to be applied in the planting season following the floods, but the use of fertiliser is expensive and not accessible to everyone.
107. Damage to infrastructure, such as bridges, also impedes the accessibility to market and the ability to procure food there, for example in Mponda it was mentioned that the bridge close to Makawa trading centre was washed away. Men in Mangochi and Ntcheu also recognized that flooding damage to infrastructure impedes the capacity of women to access antenatal and other health care. In Mangochi they noted this was particularly prevalent in their community as they are situated far from the nearest health centre (in Koche). Men in Ntcheu also reported that floods impeded access to health care because their local Phanga clinic was closed; and the Bwanje health centre was inaccessible due to the bridge being impassable. Among other things, they noted that difficulties for women in accessing contraception led to increases in unplanned pregnancy. In Ntcheu the men also recognized that the damage to infrastructure impeded the capacity of the Health Surveillance Assistants to move around and provide their typical healthcare support. They also noted many deliveries taking place in the community with lack of attending staff, and an increase in pregnancy complications. Heavy winds also cause damage to buildings and shops and have led to loss of maize in the past in both Mangochi and Ntcheu.
108. Male community members reported direct experience with malaria, cholera, and diarrhea. Malaria is largely a seasonal disease, with high cases in the rainy summer season due to the quantity of stagnant water present. Men in Mangochi reported the existence of indoor residual spraying but still said that many cases of malaria occurred. Cholera is a particular risk during incidences of flooding as most households do not have toilets, which means that flood waters can easily spread waste from the uplands to the lakeside in Mangochi. In Mangochi many lakeside communihties drink water from the

lake due to groundwater being saline, thus exposing themselves to the risk of cholera/diarrheal diseases. Even where toilets are present, men in Ntcheu noted that floods wash toilets away, leading to open defecation and thus contamination. In Ntcheu drinking water is also contaminated by the deposition of waste in wells. The communities also recognised a link between climate change and cholera because the timing at which it occurs is now expanded to beyond only the start of the rainy season.

109. In both Mangochi and Ntcheu the community reported knowledge on improved nutrition and complementary and supplementary foods. In Mangochi, a past project by Concern Universal had encouraged growth of vegetables such as mpiru, rape and tomatoes in backyard gardens. Plan Malawi had also supported care groups, through which women were trained on how to prepare well-balanced meals using local resources, as well as being encouraged to breast feed children and give them complementary foods as soon as they reached six months of age. In Ntcheu communities recognized the training they have received from agriculture officials in meeting the needs of the six food groups and how "our body needs carbohydrates and fats that provide us with energy, protein for growth, vitamins to fight off sickness, minerals for strong bones and water for easy digestion and body cooling". They also recognized that community care groups encourage breastfeeding mothers to start giving 6-month-old infants complementary food to discourage stunting. They reported that mothers are encouraged to give infants food that are rich in iron and pureed, for example, porridge made of maize, groundnuts and soya floor, fish, vegetables, a range of fruits and plain water. However, breast feeding is encouraged up to the child being 2 years old.
110. Small livestock such as chicken and goats are kept in the area, but crop agriculture is now rare because many people have sold their land. In the past, prior to this happening, people used to grow orange fresh sweet potatoes. In Mangochi the lake is now the main source of livelihood through fishing. For people who do still have capacity to farm, even on a small scale, there are several NGO projects in operation that provide support, for example Plan International Malawi provides sweet potato vines and cassava cuttings; Concern Worldwide provides sweet potato vines and carrot seed; and World Relief provides vegetable seeds and pesticides. Churches Action for Relief and Development (CARD) and United Purpose provide goats through a pass-on programme. In Ntcheu the International Potato Centre (CIP) has distributed sweet potato vines in partnership with the nutrition department (under agriculture) to improve carotene uptake "to improve vitamin A in the body that is crucial to healthy immune system, eyesight and blood sugar levels". World Vision and the Department of Nutrition are also involved in the formation of care groups that are championing food cooking demonstrations to create awareness in mothers to boost confidence in their cooking techniques and utilization of available nutritious food.
111. Men reported that women are included in major committees in the community. However, the examples they gave were closely aligned to traditional gender norms, with women playing roles in cooking demonstration, village nutrition committees and care groups.
112. Three priority climate adaptations areas for the community were identified. The first consisted of healthcare priorities, which include the need for improved WASH through toilets and boreholes; better access to healthcare was also highlighted, because the nearest health facility at Koche is a mission hospital and only provides free support to cholera cases and delivery of children to pregnant women. The second priority consisted of the promotion of improved land cover through the provision of tree seedlings, because lowland lakeside communities in Mangochi are particularly vulnerable to flooding. And the third priority consisted of support for food security through promotion of drought-resistant and early maturing crops that grow well in a shorter and more unpredictable rainy season.

Focus groups and key informant interviews with people with disabilities

The sections below outline the major findings from the focus group discussions.

113. There are a number of disability-focused organisations operating in the six project districts. All districts have a District Disability Fora (DDF). These are multi-stakeholder bodies established by the Federation of Disability Organisations in Malawi (FEDOMA) that include representation from all sectors. The role of the District Disability Fora is to advocate for the rights of people with disabilities and provide relevant support, for example through the provision of wheelchairs and hearing aids. However, despite some involvement, these structures make little tangible difference in informing health, nutrition and disaster risk reduction activities.
114. In Ntcheu, for example, there is the Association for People with Disabilities in Malawi (APDM), FEDOMA, Sightsavers, and other NGOs and government sectors that are supporting people with

disabilities. Save the Children has a project on disability inclusion which involves youth empowerment, child protection, sexual and reproductive health, education, and economic empowerment. Hunger is implementing a project on nutrition and food security and economic empowerment, which involves distributing small livestock (pigs and goats) and other farm inputs (including fertiliser, soya and maize) to the households of people with disabilities, as well as establishing food banks around the communities. Sightsavers focuses on early childhood development centres where they provide caregivers with training and also screen children to identify disabilities. The CSO network advocates for disability rights by tracking performance of other stakeholders. The ADPM was established with the support of FEDOMA to advocate for inclusion of people with disabilities in community-level development activities. They promote resource mobilisation and run group farms growing maize for food and soya as a cash crop.

115. Despite the institutional framework being in place, and the targeted support provided by these NGOs, there remain substantial barriers to people with disabilities for obtaining equal rights and opportunities. This situation has implications for the health and wellbeing of people with disabilities in the face of climate change. The representative of ADPM in Ntcheu who is, himself, blind, explained that he has to rely on friends and family to share information because he cannot read it himself, and it is never disseminated in braille. Lack of sign language skills similarly prevents deaf people from accessing relevant information, which is a particular obstacle in the communication of disaster early warning information. To overcome these challenges, one recommendation is a mobile van that can disseminate information that properly consider issues of accessibility, for example, visually stimulating information for those with hearing impairments; or the distribution of radios among households with people with disabilities (other than hearing disabilities).
116. The ADPM representative in Ntcheu also provided examples of challenges that people with disabilities face in accessing healthcare. Relative to his home in Ntcheu, the nearest health care facilities (Dzunje and Mphepo zinayi) are approximately 15km away. Neither is fully set up to be inclusive of the needs of people with disabilities, and he reported that there are cases where people visit one health care facility and are told to travel to the other one. To avoid these challenges, many people with disabilities are forced to access community private dispensaries, which carries financial implications. If the costs of community private dispensaries are not affordable, some people are forced to take out loans, which increases the financial pressure they face. The other option for people with disabilities is to wait for a church-supported mobile clinic that visits only twice a month. People with mobility impairments experience particular obstacles after extreme events such as floods.
117. Challenges are magnified for children with disabilities. In Mangochi, the mother of a child with Down's syndrome expressed her fears for him walking around in summer, because of the heightened risk of flooding, even though he is expected to perform exercise to maintain his health status. Many disabled children do not attend school for the same reason, as heavy rains and flash flooding are a significant risk to their mobility. The school in the Ntcheu area does have three teachers trained in disability-focused education, however these teachers reflected that some parents still do not send their children to school, possibly due to fear of stigma. Parents of children with disabilities reflected on the increased costs of securing food and nutrition for their children, particularly in the lean season when harvests have gone down. Particular mention was made regarding the increased costs of fruit and how this leads to reduced dietary diversity.
118. Institutionally, despite the presence of the District Disability Fora at district level, people with disabilities are often marginalised at community level. They are poorly represented on village, group village and area village institutions, which reinforces the prevailing blindness to their needs. The ADMP representative provided the example of sexual and reproductive health services for women with disabilities not being prioritised, and how there have been cases of rape. He also mentioned that people with disabilities tend not to be visible when communities or local institutions are identifying target beneficiaries for (government and non-government) support interventions. The parents of children with disabilities in Mangochi also reflected that disability representation in decision-making structures is extremely poor there, with no disability-focused institutions in operation.

Project-specific conclusions and recommendations

Project-specific conclusions and recommendations

119. In light of the existing gender discrimination and social inclusion issues throughout Malawi and in the target areas of the project that have been highlighted, a list of project-specific conclusions and

recommendations follows for improving the rights and access to opportunities for women, children and people with disabilities. Overarching recommendations are presented, followed by specific national-level, district/area level, community level and project operations level.

Overarching Project Recommendations:

Recommendation 1: Promote leadership and participation of women, youth and people (women, men, youth) with disabilities in any community-level decision-making structures. Work will be done with women and men on women's and disability rights, gender norms, the importance and benefits of women's participation, pressures/norms for men, value of working together, communication, and non-violent, respectful relationships etc. Male and female champions will be identified to promote and reinforce women's participation.

Recommendation 2: Facilitate and promote consultation procedures across all aspects of the project that are inclusive, with proactive efforts made to ensure inclusion of women and youth and those who are from marginalised or excluded groups including women and men with disabilities, HIV and AIDs, etc. This includes developing safe venues for all participants to voice their priorities, opinions and concerns about climate risks and adaptation strategies while avoiding the potential influence of hierarchical and patriarchal structures impacting participation and input. When engaging community members in adaptation and resilience activities, the project can ensure that male, female and youth facilitators facilitate meaningful community participation.

Recommendation 3: Take opportunities to raise awareness and train stakeholders on the importance of inclusive approaches that contribute to gender equality and social inclusion.

Recommendation 4: Address gender norms through working with both men and women, boys and girls, promoting role models and champions to promote women's participation and leadership. Interventions should be designed to change negative attitudes about the role of women and girls and promote the value of participation and leadership from women, youth, and people with disabilities in the community to address climate-related risks to households and communities.

Recommendation 5: Meaningfully collaborate with partners and organisations of particular groups (e.g., child or youth-led groups, feminist and women's organisations, organisations of people with disabilities, etc.) at community, sub-national, national and regional levels

Recommendation 6: Promote fair access to essential services and support in accordance with individuals' needs, free from any obstacles such as discrimination, violence, or exploitation. This includes facilitating the involvement of individuals and groups who face heightened vulnerability or exclusion, aiding in the cultivation of self-protection skills, and enabling active participation in decision-making processes.

Recommendation 7: All training and information is presented in a GESI sensitive manner and tailored to the context and needs of particular groups of participants including women, youth, people with disabilities, children and those who are illiterate. This includes being translated into local languages, and how it is communicated (using different media, for example, word of mouth, written materials including in braille, radio broadcasts, social media, SMS and visual materials). Visual materials should challenge social and gender norms, and promote the inclusion of women, girls and men and women with disabilities. This also includes ensuring that relevant information and appropriate mechanisms to measure effectiveness, as well as safeguarding and complaint mechanisms, address vulnerability and accessibility concerns for all participants.

National level approaches

At the national level, the following approaches will be prioritised:

120. Consultation and close coordination with the MoGCDSW in their developing capacity-building programs for wider government Ministries, Departments and Agencies (MDAs) and government gender focal points that have been established in relevant MDAs to mainstream gender across the respective sectors.
121. Facilitate training on GESI and climate resilience for interested and engaged government stakeholders, ensuring that all training done, and materials generated, are done in a GESI-sensitive

manner, highlighting the importance of the GESI dimensions of climate and health vulnerability and adaptations.

122. Ensure that the health early warning system considers gender and social differences in vulnerability to disease when setting alert levels, and gender and social group-specific actions.
123. When implementing climate-related capacity strengthening and infrastructure standards and climate-resilient infrastructural interventions, include women, youth and people with disabilities (including women and girls with disabilities) in the design and implementation of trainings and health facility upgrades to ensure their priorities and needs are met. Climate-resilient infrastructure needs to include reference of good practice design standards to ensure accessibility for all.
124. Mainstream GESI across all climate-resilient WASH guidelines and standards.
125. Ensure that provision of new training materials for MHPSS and PHC services highlight the vulnerabilities of women and people with disabilities (including women and girls with disabilities), and what can be done to proactively target their needs to ensure equitable vulnerability reduction.

District/area level approaches

At the district/area level, the following approaches should be prioritised:

126. Promote advocacy actions and coalition-building activities that are informed by gender and social differences in vulnerability to climate-related health impacts, and that inclusion in policy documents and planning reflects these needs in order to be gender-responsive and socially-inclusive.
127. Strengthen capacity for data collection for the health early warning system to include sex, age and disability disaggregation of data.
128. Facilitate training on the health early warning system for health care facility staff which highlights the importance of proactively targeting women and people with disabilities with disease-specific alerts, reflecting their vulnerabilities.
129. Work with existing structures and planning processes to ensure that the rollout of malaria, cholera, diarrhoea and nutrition support interventions proactively targets women, pregnant and breastfeeding mothers, children, and people with disabilities (including women and girls with disabilities) to provide equitable vulnerability reduction.
130. Ensure Area Civil Protection Committees are sensitised to the need for inclusive representation within their structures and recognise the need to proactively target messages in a GESI-sensitive manner to different population groups.
131. Actively include gender and disability-focused district-council staff (for example the district social welfare officer) at district level in district and community level activities as a way of supporting the strengthening of gender and disability mainstreaming across sectors at local level.

Community level approaches

At the household and community level the following approaches should be prioritised:

132. Support community level health care staff to maintain up-to-date registers of marginalised groups, including boys and girls, pregnant and breastfeeding women, the elderly and women and men with disabilities in order to ensure their inclusion in health care messaging.
133. Ensure that men in the community are meaningfully engaged and sensitised to the nature of health vulnerability of pregnant and breastfeeding women and children, including through observation of homestead farming approaches.
134. Ensure that the mobile health unit and events proactively target marginalised social groups, both through its routes and positioning (e.g. locating outside health care centres, schools, churches, mosques); and through the active targeting of health content and interventions (delivered through written materials, including in braille, visual arts (theatre), two-way dialogue in small groups with participatory facilitators, loudspeaker, visual materials that have been co-created , and targeted approaches by staff tailored to the needs of different genders and social groups)
135. Ensure that the mobile health unit and community level health staff (e.g., health surveillance assistants) work with community leaders representing different social groups to expand public health care messaging.
136. Ensure that community level health care staff are sensitised to the need to collect sex, age and disability-disaggregated data.

137. Where meetings are called, ensure that venues are easily accessible, childcare is provided, the timings are sensitive to gender roles and daily time budgets, and appropriate support is available for people with disabilities.

Project operations

138. It is important to promote gender equality and social inclusion as core to project equity and effectiveness. Failing to ensure equitable access and benefits runs the risk of reinforcing existing gender and social inequalities. Instead, the differential starting points need to be integral in the planning of all activities to ensure that everyone can contribute and benefit. This ethos should underpin the entirety of the project leadership, including through the project management unit.
139. A full gender and power analysis should be conducted during the inception period, as part of the baseline study, explicitly examining how gender inequality and other social inequalities including disability shape access to power and resources across climate change and resilience. A regular review of the GESI strategy and Action Plan should be undertaken, and adaptations made as needed.
140. Implementation arrangements will engage partners with a track record of successfully implementing GESI-sensitive approaches with communities in the project thematic area (health) in each district. Support for GESI can be provided through the PMU and Save the Children to raise institutional awareness of the importance of commitment to gender equality and social inclusion in internal and external management practices.
141. Mainstreaming targets should be set across the project operations to drive accountability, including:
    - Fifty percent female staff.
    - Targets for women in leadership positions
    - Targets for recruitment, training and promotion of women and men with disability.
    - All project staff should be trained in gender equality and social inclusion, including on working with women and men with disabilities.
    - Findings from this report should be disseminated to Save the Children staff and partners.
    - Position descriptions for technical staff should include their ability to understand and address the needs of diverse groups.
    - Employ a position within the Project Implementation Unit to support implementation of GESI-appropriate measures and ensure that the Monitoring, Evaluation and Learning officer is aware of the importance of, and ensuring the collection of, sex, age and gender disaggregated data collection, analysis and reporting (already represented in the project logframe).
    - GESI implications are consistently discussed and brought up as a standing point to meetings, both internally and with stakeholders.

Gender equality and social inclusion action plan

142. Drawing on the rich information from the GESI assessment, this project is designed to take an intentional approach to gender equality and social justice. It will mainstream gender equality and inclusion by addressing the power relationships at the root of inequality with the aim of ensuring that all the interventions are conducted with the full and meaningful participation of those whose voices are less often heard: women, girls, youth, people with disabilities, etc.

143. The GESI Action Plan will use an approach which starts with reflections on how power is wielded, how decisions are made and who controls resources and then identifies positive changes that can be made in order that the implementation of activities is inclusive and reflects the lived experience of vulnerable and excluded people. In this way, the project will creating a healthier, more equitable, more successful and resilient community.

144. The project will prioritise the impact on climate change on the health of the most vulnerable and marginalized people: women, girls, youth and children, and people (men, women, children) with disabilities. The burden of responding to health shocks often falls disproportionately on women, since they usually act as primary caregivers in households, and as a result are responsible for managing the health of children and other family members. By using the information gathered in the GESI Analysis,

it will guide the community engagement in finding solutions to these problems that are equitable and sustainable.

145. To do this, the project will use a GESI and intersectionality lens, looking at different people's vulnerabilities and taking their capacities into account in the design and implementation of the project. This means preventing and minimising maladaptation of the interventions which could increase people's vulnerability to climate change, physical and psychosocial risks such as sexual and gender-based violence or perpetuate inequality.

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
Outcome 1: Reduced risk from climate-sensitive diseases and conditions				
Output 1.1: Climate-informed health surveillance system and Health Early Warning System				
Activity 1.1.1: Strengthen the health surveillance system by identifying alert triggers for key climate-sensitive health conditions	(GESI action) When determining threshold levels for the different diseases, ensure that specific consideration is given to differences in thresholds for women, children and men and women with disabilities, and that this is written into the new threshold documents. Targets: • Data disaggregated by gender, age and disability status in 100% of the new threshold-level plans. • Women comprise at least 40%, of the participants in multi-stakeholder workshops[179], • Youth comprise at least 5% (50% girls, 50% boys) of the participants in multi-stakeholder workshops. • At least 12 PWD (6 women and 6 men) are represented in the dissemination workshop (1 woman and 1 man per district).	Y1-Y2	Lead: GESI specialist Support: Climate adviser, DCCMS	$ 20,560 USD
Activity 1.1.2 Strengthen the institutional architecture for managing the ongoing operation of the climate-informed Health Early Warning System (HEWS)	(GESI action) Identify potential women for inclusion in the coordination committee for the health Early Warning and Response System (EWARS) and provide training and support for women to develop the skills and confidence to participate fully in the committee and be influential. (GESI action) When forming the coordination committee for the health EWARS, ensure that women's voices are represented in the process, and at least one man and one woman with a disability is	Y1-Y2 Y2 onwards	Lead: GESI specialist Support: DCCMS, MoH	$18,286 USD

[179] The formulation of this target reflects a potential reality, on the ground, of an insufficient pool of women in the relevant institutions, from which to draw members for the workshops

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	consulted when developing the Terms of Reference for the committee. (GESI action) The tools developed to strengthen skills and knowledge of the health EWARS among national and district staff must be co-created in consultation with at least one man and one woman with a disability, as well as with representatives from different social and economic groups, and the tools themselves must consider accessibility requirements so they can be used by all. (GESI Action) The training materials and all materials used in awareness-raising activities must include modules or specific information on the differential needs of vulnerable groups (women, youth and people with disabilities) in terms of early warning systems. Training materials must be accessible to men and women with disabilities. Targets: • At least 40% of the committee members must be women[180] • At least 50% of those receiving training must be women • At least 10% (50% boys and 50% girls) of those receiving training must be youth. • Among all the government officials participating in the training there must be at least one man and one woman with a disability	Y2-Y3 Y3 onwards		
Activity 1.1.3 Establish sentinel sites at selected healthcare facilities to provide improved climate and health data for the health Early Warning and Response System (EWARS)	(GESI action) As part of the initial meetings and consultations to finalize the location, women and people with disabilities must be adequately consulted to determine whether there are particular considerations in setting up sites that would impact their use.	Y1-Y2	Lead: GESI specialist Support; Chief technical advisor; climate change advisor, MoH	$20,823 USD
Output 1.2 District Health Adaptation Plans				
Activity 1.2.1: Facilitate preparation and local endorsement of District	(GESI action) Reflective workshop on gender, power, inequality and decision-making to identify where the impacts of	Y2-Y5	Lead: GESI specialist	$40,863 USD

[180] The formulation of this target reflects a potential reality, on the ground, of an insufficient pool of women in the relevant institutions, from which to draw members for the coordination committee

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
Health Adaptation Plans in six districts	climate change will hit and agree consensus on priorities. (GESI action) DHAPs will be developed using gender-sensitive, participatory approaches that explicitly consider the different needs of men and women, and should include clear recommendations to achieve gender equality and social inclusion, including for women and men with disabilities. (GESI action) In all training for district government staff, ensure that the differential impacts of climate change risk – especially by gender, disability status and age – are clearly highlighted. Trainings will be accessible for those men and women with disabilities. (GESI action) Ensure that throughout the consultation process, women, youth, and men, women and youth with disabilities, as well as women's rights and disability-focused organisations/networks, are targeted and included in the consultation, with their views represented and highlighted clearly. (GESI action) In cascading knowledge on climate change links to health, explicitly target the most marginalised people at community level – the Community Health Action Groups will identify these community members and ensure they are prioritised in any knowledge dissemination. This will be done in a way that avoids further stigmatisation or other do no harm risks. (GESI action) The toolkit produced for implementation of the DHAPs in the 22 non-target districts must be accessible to women and men with impairments, and explicitly consider the different communication requirements for marginalised groups – especially women and youth with disabilities. Images used in materials should represent a diverse range of people, showcasing the different actors involved in responding to climate-induced risks.	Y2-Y5 Y3-Y5 Y4-Y5 Y3 onwards Y4 onwards	Support: District officers, MoH	

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	Targets: • At least 50% of district government staff participating in the design and validation of the DHAPs are women, and at least 10% (50% boys, 50% girls) youth. • In each district, at least one woman and one man with disabilities are consulted in the design of the DHAPs. • For community-level training by community health action groups, at least 50% of the participants must be women, and at least 30% (50% girls, 50% boys) must be youth. Trainings will be accessible for women and men with disabilities.			
Activity 1.2.2: Advocate for stronger integration of climate-resilient health within adaptation planning at district and sub-district level	(GESI action) The networks and groups included in the coalition for integrating climate-resilient health into district plans, must include a disability-focused organisation or network, and a women's or girls' rights organisation or network. (GESI action) The joint advocacy strategy that is designed must include communications material showcasing the differential impacts of climate change on women, men and marginalised groups. (GESI action) As part of the advocacy strategy, voices of the most marginalised groups must be central and should be included in presentations delivered as part of the strategy – especially those of young women and women with disabilities. Targets • At least 50% of participants in the coalition must be women, and at least 15% (50% girls; 50% boys) must be youth. • At least one woman and man with disabilities will be included in the coalition per district.	Y2 onwards Y3 onwards Y3 onwards	Lead: GESI specialist Support: District manager Project officers Advocacy support function, MoH	$23,711 $USD
Outcome 2: Healthcare infrastructure is able to deliver service and care in the context of changing climate risk				
Output 2.1 Climate-resilient health centres, district hospitals and central hospitals				

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
Activity 2.1.1: Develop a national standard for climate-resilient healthcare facilities	(GESI action) The consultative process to develop the national standard for climate-resilient facilities must include a range of voices, with explicit consideration and focus given to female users of facilities, youth and children, and women and men with disabilities. (GESI action) The national standard developed must explicitly include guidelines on how healthcare facilities should consider the needs of women, youth and children, and those with disabilities. (GESI action) Training delivered on the national standard must include female trainers, preferably including women with disabilities, and be accessible for women and men with disabilities. Targets: • At least one woman and one man with disabilities per district must be included in the consultation process. • At least 25% (50% girls and 50% boys) of people included in the consultation process must be youth. • At least 50% of training participants must be female,and at least 10% (50% girls and 50% boys) youth.	Y1-Y2 Y2-Y3 Y2-Y5	Lead: GESI specialist / Health and nutrition specialist Support M&E manager Safeguarding specialist, MoH	$ 2,004 USD
Activity 2.1.2: Strengthen climate resilience of healthcare facilities	(GESI action) The initial assessment of the 79 health facilities to review alignment to national standard must include tools to determine suitability of climate-resilient features for women, youth and children, and women and men with disabilities. (GESI action) The Terms of Reference for the procurement and installation of physical improvements to health facilities must include clear deliverables about how the infrastructure would be adapted to consider the needs of women, youth and children, and men and women with disabilities. (GESI action) In the installation of physical improvements to healthcare facilities, consideration must be given to the differing needs (for example, for water use and access to electricity) of women, youth and	Year 2 Y2-Y4 Y3 Year 2	Lead: Procured party Support: GESI specialist Health and nutrition specialist Project director, MoH, DCCMS	$ 61,004 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	children, and men and women with disabilities. (GESI action) The tool developed to assess the climate-resilience of healthcare facilities must include assessment questions that specifically reference marginalised groups and how they access physical infrastructure in health facilities, as well as the separate risks they face. Targets: • In the initial assessment of health facilities, at least 50% of respondents must be women , and at least 15% (50% girls and 50% boys) must be youth. • In the initial assessment of health facilities, at least one man and one woman with a disability must be consulted per health facility. • Across the 79 health centres, at least 40% of those responsible for infrastructure maintenance (on the committees) must be women and at least 5% (50% girls and 50% boys) must be youth.			
Activity 2.1.3: Build capacity of Malawi's health sector to apply the climate-resilient healthcare facility standard	(GESI action) The training materials must be developed to ensure they are accessible to men and women with disabilities, with a range of access requirements considered, and developed in consultation with men and women with disabilities. (GESI action) Priority should be given to female health infrastructure planners going on study visits, to ensure that they are represented in the learning and planning process. Where necessary, the project will work with women to reduce gender barriers for them (childcare, etc.) as well as addressing barriers to those with disabilities. Targets: • At least 50% of training participants are women, at least 10% (50% girls, 50% boys) are youth, and out of all the participants across districts there is at least one female and one male participant with a disability.	Y4 Y4-Y5	Lead: GESI specialist Support: District coordinators, MoH	$4,235 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	• At least 50% of those participating in study visits are women and at least 10% (50% girls, 50% boys) are youth.			
Activity 2.1.4: Develop guidelines for climate-resilient WASH facilities	(GESI action) The consultative process to develop the guidelines for WASH facilities must include equally the voices of the most marginalised, especially women, youth and children, and men and women with disabilities. (GESI action) The guidelines must consider how women, youth and children, including those with disabilities, use WASH facilities, especially considering safe spaces for women and children and accessibility for those with disabilities. The guidelines must explicitly describe how the proposed new facilities will address these issues. The guidelines must also be accessible for all individuals with disabilities and be translated into local languages. (GESI action) Training delivered on WASH guidelines must be delivered in a way that includes the voices of women, youth and children, including those with disabilities, and any training materials developed must showcase the range of users of WASH facilities. Targets: • At least 50% of those involved in consultation and validation processes for the guideline must be women, at least 30% (50% girls, 50% boys) must be youth and at least 10% (50% girls, 50% boys) must be children. • At least 3 people with disabilities (ensuring both women and men with disabilities) are consulted to develop the guideline. • At least 50% of training participants must be women, and at least 30% (50% girls, 50% boys) must be youth. • At least one woman and one man with disabilities must be included in	Y1-Y2 Y2 Y3 onwards	Lead: WASH specialist Support: GESI specialist, Ministry of Water and Sanitation	$31,684 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	the training sessions in each of the 6 project districts.			
Activity 2.1.5: Upgrade WASH facilities at schools to improve children's health under climate change	(GESI action) As part of the initial assessment to inspect existing WASH facilities at schools, consult with women and girls to understand particular challenges they face, as well as representatives from people with disabilities (men, women, children) – especially any existing forums – to understand access requirements that can be built into the design and location of the WASH facilities. (GESI action) As part of the initial assessment, also ensure that school children themselves are consulted on the design and location of WASH facilities, to understand particular issues impacting their use and access to facilities. (GESI action) Include in ToRs for contractors explicit language about designing new WASH equipment with gender and marginalized people in mind, and use this as a selection criterion. Make sure that the inception period with the contractor for WASH also includes orientation by the project GESI specialist in inclusion of specific requirements for women and other marginalized groups. (GESI action) When forming maintenance committees for the equipment, make sure that the committee draws from a range of community members or school authorities (including women and children, and where possible, at least one person with a disability, which should be a woman in the first instance) so that upkeep and access requirements consider all necessary views. Targets: • At least 10% of respondents consulted in initial assessments are people with disabilities (of which minimum half are women), • Minimum 50% of respondents are women	Y1 Y1-Y2 Y2 Y3-Y5	Lead: WASH specialist Support: GESI specialist; community mobilization officers; district WASH officer, Ministry of Water and Sanitation	$121,732 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	• Minimum 50% (50% girls, 50% boys) are youth (of which minimum half are women) • Minimum 30% (50% girls, 50% boys) are children. • Gender, disability and other access requirements included in design for 100% of WASH facilities. • Maintenance committee members are at least 50% women across the entire project intervention, and at least 50% (50% girls, 50% boys) youth. • At least 40% of maintenance committees include at least one man and one woman with a disability. • There is a children's representative for the WASH maintenance committees in 100% of all target schools			
Outcome 3: Healthcare staff are able to deliver service and care in the context of changing climate risk				
Output 3.1 **Healthcare staff trained in managing climate-related disease monitoring, health messaging, and disease treatment and prevention**				
Activity 3.1.1: Build data collection capacity to strengthen surveillance of climate-related diseases	(GESI action) In conducting the initial assessment of healthcare staff, ensure that the assessment tool includes questions relating to the differential impacts of climate change on vulnerable groups, including the impact on GBV and SRH. (GESI action) Ensure that the questionnaire contains suitable demographic questions so that the data can be disaggregated by gender, age and disability status. (GESI action) Design training materials in a participatory and inclusive manner, with women and youth - including those with disabilities - consulted on the training content so that it is suitable for their differing needs. (GESI action) When delivering data entry training, ensure that there are equal numbers of female facilitators as men, and that they are trained in communicating most effectively those with differing needs	Y1–Y2 Y1–Y2 Y2 Y2-Y3	Lead: GESI specialist Support: M&E Manager Project officers, DCCMS	$6,438 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	(including for women and men with disabilities). Targets • At least 50% of respondents to the initial assessment are women, and 10% (50% girls, 50% boys) are youth. • In each district, at least two people with disabilities (one woman and one man) are included in the initial assessment. • At least 50% of training participants are women and 10% (50% girls, 50% boys) are youth. • In each district, at least one woman and one man with a disability is included in the capacity-building training. • At least 40% of training facilitators are women and at least 5% (50% girls, 50% boys) are youth.			
Activity 3.1.2: Build knowledge and capacity among district and community healthcare staff on climate and health and use of EWARS	(GESI action) When seeking endorsement from the MoH staff for the training course, women from the ministry should be consulted on the training materials and the materials should include specific reference to acute impacts of climate change on health for women, youth and children, including those with disabilities, including GBV and child marriage and reduced access to SRH. A specific conversation on this should take place with MoH officials in promoting the training. Training materials will be accessible for women and men with disabilities, and be produced in local languages. (GESI action) In the capacity building for district and community healthcare staff, ensure that there is a specific module on the differential impacts of climate change – especially natural disasters such as floods – on vulnerable group. The module should include GBV and child marriage prevention, including monitoring systems and referral and response, and SRHR, including for adolescents. (GESI action) In the capacity building for district and community healthcare staff,	Year 2 Y2-Y3 Y2-Y4 Y3 onwards	Lead: GESI specialist Support: Climate and health technical advisor M&E Manager, DCCMS	$84,517 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	ensure that there is a specific module on the differential impacts of climate change on vulnerable groups, particularly for males and females (of all ages) with disabilities. An intersectional lens must be used. (GESI action) When Senior Health Surveillance Assistants (SHSAs) and HSAs deliver the training to community volunteers, provide a separate space for women and men so that there is a safe space to discuss any traditional gender norms which may prevent women from either accessing early warning systems effectively, or that would cause them to bear the brunt of natural disasters more severely. It is crucial that the community volunteers are aware of the community dynamics in a disaster setting. Targets: • At least 3 people with disabilities (including 2 women with disabilities) are consulted in designing the training materials. • At least 40% of the members of the national cadre of trainers are women and at least 5% (50% boys, 50% girls) are youth. • At least 60% of training participants at district and health facility-level are women and at least 20% (50% girls, 50% boys) are youth. • In each district, at least one woman and one man with disabilities are included in the training for district and health facility staff. • At least 40% of respondents to needs assessment of community healthcare staff are women and at least 10% (50% girls, 50%boys) are youth. • At least 50% of the community healthcare volunteers receiving training are women and at least 15% (50% girls, 50% boys) are youth.			
Activity 3.1.3: Provide medical supplies and technologies for climate health risk reduction and response	(GESI action) When reviewing existing practices for determining threshold levels for specific illnesses or conditions, review with a GESI lens to assess whether the current practice considers the different needs of	Y1-Y2	Lead: Health and nutrition specialist Support: GESI specialist;	$81,172 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	women, youth and children, including those with disabilities, and other vulnerable groups. This should include any data collection tools used in the annual needs assessment tools, ensuring that the threshold data can be disaggregated effectively. (GESI action) In supporting distribution of treatments, HSAs should receive training on the differing needs of women, youth and children, including those with disabilities, and other vulnerable groups, in terms of disease burden, and when rolling out to communities, they should prioritise the most vulnerable groups. Targets: • At least 10% of those receiving treatments are people with disabilities (of which min. half are women). • At least 60% of those receiving treatment are women. • At healthcare facility level for facilitation of therapeutic and supplementary feeding, at least 60% of staff delivering the intervention are women, and at least 10% (50% girls, 50% boys) are youth.	Y2-Y3	procurement officer, MoH	
Activity 3.1.4: Equip healthcare workers with MHPSS capacity to address mental health impacts of a changing climate	(GESI action) In adapting existing tools and training packages on climate-relating MHPSS to the Malawi context, consult with women, men and youth – including those with disabilities - separately to understand how climate change impacts their mental health, and incorporate their views into training materials. This includes the mental health impacts of GBV caused by climate stresses. Ensure that all training materials are accessible for women and men with disabilities, and are translated into local languages. (GESI action) When building the national cadre of trainers, give space for women to lead the process – for example, by encouraging them to lead or facilitate group	Y1-Y2 Y3 Y4-Y5	Lead: GESI specialist Support: M&E Manager District leads Technical advisors, MoH	$29,380 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	discussions – and ensure that their voices are heard in the initial training process, giving them confidence to improve their skills. Ensure that women and men with disabilities are also included where possible, and given space to lead the process and have their voices heard. (GESI action) The training of community health workers by the national cadre of staff should include explicit instructions on how to target the most marginalised community members for MHPSS services, including training on recognition of people who would be unlikely to come forwards by themselves. Targets: • At least 60% of the national cadre of trainers should be female, and at least 5% (50% girls, 50% boys) youth. • At least one person in the national cadre of trainers should have a disability, with a woman with disability prioritised (this target assumes that people with disabilities are present in the pool of potential trainers, failing which, this target cannot be met). • In the review and consultative process, at least 5 people with disabilities should be included (of which 3 should be women). • At least 50% of the district and community health workers trained should be women, and at least 5% (50% girls, 50% boys) youth.			
Activity 3.1.5 **Build capacity among district and community healthcare staff to address the gendered impacts of climate change**	(GESI action) In developing a training module on climate and GBV, CEFM and SRHR , consult with women, men, children and youth – including those with disabilities - separately to solicit their perspectives and inputs on climate-related GBV, CEFM and SRHR issues and needed support. Ensure that all training materials are accessible for women and men with disabilities, and are translated into local languages.	Y2-Y5 Y2-Y4 Y2-Y4	Lead: GESI specialist, procured parties Support: Community mobilization officers; district officers, MoH	$18,952 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	(GESI action) When seeking endorsement from the MoH staff for the training course, women from the ministry should be consulted on the training materials and the materials should include specific reference to acute impacts of climate change on GBV, CEFM and SRH related issues for women, youth and children, including those with disabilities. Training materials will be accessible for women and men with disabilities, and be produced in local languages. (GESI action) The training of health workers by the national cadre of staff should include explicit instructions on how to target the most marginalised community members for GBV/CEFM/SRHR-related services, including training on recognition of people who would be unlikely to come forwards by themselves. (GESI action) In supporting distribution of treatments, health staff should receive training on the differing needs of women, youth and children, including those with disabilities, and when rolling out to communities, they should prioritise the most vulnerable groups. Targets: • In the review and consultative process, at least 80% of people consulted should be women, at least 50% (50% girls, 50% boys) should be youth, and at least at least 6 people with disabilities should be included (of which at least 4 should be women and girls). • At least 50% of the district and community health workers trained should be women, and at least 5% (50% girls, 50% boys) youth. • At least 10% of those receiving treatments are women with disabilities. • At least 80% of those receiving treatment are women and girls.	Y2-Y4		
Outcome 4: Community level health is more resilient in the context of changing climate risk				

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
Output 4.1: Stronger community capacity to reduce health risks from climate change.				
Activity 4.1.1: Equip community structures to provide knowledge and skills for climate-resilient WASH facilities to community members.	(GESI action) Ensure training on WASH facilities includes the particular requirements of women, youth and children, and people (men, women, children) with disabilities. These groups use WASH facilities differently and this must be reflected in the training. (GESI action) Identify women and girls – including those with disabilities - for inclusion in the management, maintenance and monitoring groups for community WASH facilities, and provide training and support for these women and girls to develop the necessary skills and confidence to lead these groups. (GESI action) In training district and facility health and education staff, ensure the needs of children in particular are highlighted, with techniques explained on ensuring children can access water effectively and safely. Targets: ● At least 40% of those trained at ACPC and Traditional leadership level are women[181], ● At least 1 person of those trained at ACPC and Traditional leadership level are youth in each TA ● At least 50% of those trained at district education and health facility level in each of the 6 target district are women, and at least 10% (50% girls, 50% boys) youth. ● At least one woman and one man with disabilities are trained at district education or health facility level in each of the 6 target districts. ● At least 50% of the cadre of trainers will be women, and at least 5% (50% girls, 50% boys) youth. ● 100% of those trained to lead the management, maintenance and monitoring groups for community WASH facilities are women, of which min. 20% (50% girls, 50% boys) are youth, and minimum 1	Y3-Y5 Y3-Y5 Y2-Y3	Lead: GESI specialist Support: Technical specialist, district leads, Ministry of Water and Sanitation	$ 1,967 USD

[181] The formulation of this target reflects a potential reality, on the ground, of an insufficient pool of women in the relevant institutions

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	should be a woman or girl with disability.			
Activity 4.1.2: Embed understanding of early warnings and alert protocols within communities, including children	(GESI action) Community-focused training materials developed at the national level should include co-creation with girls and boys, including those with disabilities, to determine the most effective way of reaching children at community-level. This could include a short workshop to identify understanding, needs, and receptivity to different media by girls and boys. (GESI action) Training materials developed for community engagement should also be co-created and pre-tested in consultation with disability action groups and women's and girls' rights organisations – and validated by these groups on completion of design. (GESI action) Staff operating at community level to deliver the training will receive additional training from the GESI specialist on community engagement for the most marginalised groups, ensuring that they are included in the actions. (GESI action) When delivering training for teachers and school pupils, community-level staff will include modules on the different roles of boys and girls, and separate spaces for girls will be provided to ensure they understand what is meant by early warnings and alert protocols. Targets: • At least 50% of individuals from marginalised groups (out-of-school children, the elderly, men and women and children with disabilities) taking part in training are women. • In each of the target villages, at least 20 individuals from marginalised groups take part in training (with a balance between out-of-school children, the elderly, men and women and children with disabilities).	Y1-Y2 Y1-Y2 Y2-Y5 Y2-Y5	Lead: GESI specialist Support: District leads, technical lead, technical advisors, DCCMS	$ 123,157 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	• At least 30% (50% girls, 50% boys) of community members taking part in training are youth. • At school level, at least 50% of pupils receiving training or information are girls. • At school level, at least 3 children with disabilities (2 girls, 1 boy) take part in training in each target village.			
Activity 4.1.3: Train communities to reduce their own vulnerability to climate-induced health risk	(GESI action) The screening tool will be developed to include specific questions for people with disabilities (men, women, children), women, and youth and children, to ensure the results can be disaggregated effectively, and the differential impacts of individual risk to climate change among marginalised groups can be calculated. (GESI action) The health content, interventions and messages that are delivered at a community level will be co-created and developed with women, youth, and men and women with disabilities to ensure they include information on the specific climate change risks to these marginalised groups, and are acceptable, feasible and appropriate to the context. Targets: • At least 50% of those receiving promotional materials or awareness-raising materials from mobile health units are women, at least 50% (50% girls, 50% boys) are youth, at least 20% are elderly and at least 5% are people with disabilities (with minimum half of these being women, and minimum half youth). • 100% of officers hired as SBC-specific officers to deliver materials as part of this activity are trained on access requirements for women and other marginalised groups, especially on early warning systems. • At least 50% of officers hired as SBC-specific officers are women,	Y1-Y2 Y2-Y4	Lead: GESI specialist, MoH	$117,160 USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	and at least 10% (50% girls, 50% boys) are youth.			
Activity 4.1.4: Support families with pregnant women, breastfeeding mothers and children under 2 to provide appropriate infant feeding and produce climate-resilient complementary nutritious food	(GESI action) Community-level staff overseeing the homestead farming module will receive training on community engagement with pregnant women and breastfeeding mothers, to identify the most vulnerable members of this group and ensure they are included in the training. This group is likely to include women with disabilities, so consultation, training and information needs to be accessible. Targets: • At least 5% of mothers included in the farming modules will be women with disabilities. • At least 30% of lead farmers across the target villages will be women[182]	Y1 Y2	Lead: Health and nutrition specialist Support: GESI specialist, agricultural extension officers, Technical advisors, Ministry of Gender, Community Development and Social Welfare	$ 235,670 USD
Activity 4.1.5 Strengthen communities' capacities to reduce their vulnerability to the health impacts of climate change, particularly gendered impacts	(GESI action) Facilitators proposed to conduct initial community outreach sessions must be assessed to ensure they have the suitable skills and attitudes to deliver initial training on gender and social inclusion issues, and have participatory facilitation skills. (GESI action) As part of the initial community engagement, select men and boys who will act as male champions within their communities and within district officers to promote the project impacts and champion the community- and district-level discussions among other men and boys. (GESI action) The consultant procured to deliver this activity (individual or organisation) must have experience of working specifically on women's and girl's issues in Malawi before, with a strong preference for an organisation who has worked on the intersection of gender and climate change, and who has experience working with other marginalised groups such as men and women with disabilities and with women's rights and disability-focused organisations/networks.	Y1 Y2-Y5	Lead: GESI specialist Support: District social welfare officers; Community mobilisation officers, Ministry of Gender, Community Development and Social Welfare	$143,986 USD

[182] The formulation of this target reflects a potential reality, on the ground, of an insufficient pool of women among the lead farmers

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	(GESI action) Ensure the training specifically targets men and boys, women and girls separately, to address power dynamics and gender norms faced within workplaces, communities and homes. Skilled facilitators who meet set criteria will be able to facilitate in a participatory manner, using adult learning principles, and mediate and manage power dynamics to ensure the voices of the most vulnerable are heard, and actions are decided on by democratic consensus. Targets: • Men and boys will be engaged to develop male champions in at least 25% of households targeted by the intervention. • At least 40% of facilitators are women, at least 10% (50% girls, 50% boys) are youth. • At least 50% of community members taking part in the intervention will be men, at least 5% will be people with disabilities (of which minimum half must be women), at least 30% (50% girls, 50% boys) will be youth and at least 10% (50% girls, 50% boys) will be children.			
Project Operations: Mainstream gender and social inclusion across project operations				
Project Operations: Mainstream gender and social inclusion across project operations	Throughout project: • (GESI action) Conduct a full gender and power analysis as part of the baseline study, explicitly examining how gender inequality and other social inequalities including disability, shape access to power and resources across climate change and resilience. • (GESI action) Develop a GESI strategy. • (GESI action) All Community Health and Well-being for Rural Communities Executing Entity and Implementing Partner staff receive training in gender equality and	Y1 – Y5	Lead: GESI specialist Support: Chief of Party, Partnerships manager, project officers, Ministry of Gender, Community Development and Social Welfare	$ USD

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	social inclusion annually throughout project implementation. • (GESI action) Position descriptions for Technical Staff include their ability to understand and address the needs of women, people with disability and youth throughout project implementation. • (GESI action) Full time GESI Specialist in the Project Management Unit throughout project implementation. • (GESI action) GESI Specialist to train and coach staff in MoH on mainstreaming GESI into plans, budgets and monitoring in Year 1. • (GESI action) Funding to enable GESI Specialist to travel with MoH and district authority staff adaptation activity implementation and monitoring on gender and social inclusion throughout implementation. • (GESI action) Findings of this GESI assessment be disseminated to project staff, government and non-government partners in Year 1 of implementation. • (GESI action) Project M&E and communications represent women, youth and people with disability in positive, empowered roles and use appropriate language and deliver in accessible formats. • (GESI action) Ensure the perspectives of women, men, girls, boys and people with disability are equally represented in project monitoring processes • (GESI action) Ensure progress on GESI action plan is included in all project reports • (GESI action) The project will publicise the grievance redress mechanism through means that ensure the process is accessible to women, men, girls, boys and people with disabilities. Targets:			

Project Activities	GESI Actions, Indicators and Targets	Timeline	Responsibilities	Costs
	• 50% of project staff are women. Baseline: 0% - to be updated once project team recruited. • 5% of project staff are people with disability (of which minimum half women with disability). Baseline: 0% - to be updated once project team recruited. • 50% of project leadership positions are held by women. Baseline: 0% - to be updated once project team recruited.			