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Gender Based Violence Prevention and Response Strategies in Malawi: an assessment of their comprehensiveness

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Gender Based Violence Prevention and Response Strategies in Malawi: an assessment of their comprehensiveness

A thesis submitted in partial fulfilment of the requirement for the degree of:
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By

Melina Dzowela, Malawi

Declaration:

Where another people's work has been used (either from a printed source, internet or any other source) this has been carefully acknowledged and referenced accordance with departmental requirements.

The thesis **Gender Based Violence Response Strategies in Malawi: an assessment of their comprehensiveness** is my own work

Signature: 

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Dedication

I dedicate this thesis to my family.

- My husband Titha,
- my children Ellie and Arthur,
- My parents: Kester and Rose Kaphaizi
- My Sisters, Brother, and Cousins

For being the centre of my world and for endless support through this Masters Programme.

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List of abbreviations

Abbreviation	Full meaning
AFIDEP	African Institute for Development Policy
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CEDAW	The Convention on the Elimination of all Forms of Discrimination Against Women
CSE	Comprehensive Sexuality Education
DC	District Commissioner
DHS	Demographic Health Survey
DV	Domestic Violence
EIGE	European Institute for Gender Equality
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IPV	Intimate Partner Violence
KII	Key Informant Interview
MDHS	Malawi Demographic Health Survey
MoGCDSW	Ministry of Gender Children, Disability and Social Welfare
MSM	Men who have Sex with Men
NSO	National Statistics Office
PEP	Pre-Exposure Prophylaxis
PLWHA	People Living With HIV/AIDS
SADC	Southern African Development Community
SGBV	Sexual Gender Based Violence
SRHR	Sexual Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SV	Sexual Violence
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRC	United Nations Convention on Rights of the Child
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence Against Women and Girls
VAW	Violence Against Women
WHO	World Health Organization
YFHS	Youth Friendly Health Services

Key terms

Gender Based Violence: " Violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering, against someone based on gender discrimination, gender role expectations and/or gender stereotypes, or based on the differential power status linked to gender."(Women, 2020)

Physical violence: "intentional use of physical force with the potential for causing death, injury or harm. It includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one's body size or strength against another person, and the use, or threat to use, weapons." (Women, 2020)

Sexual violence: "any non-consensual sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work."(Women, 2020)

Psychological/emotional abuse: "any act or omission that damages the self-esteem, identity or development of the individual' or 'behaviour that is intended to intimidate and persecute, and takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation."(Women, 2020)

Economic abuse/violence/exploitation: "causing or attempting to cause an individual to become financially dependent on another person, by obstructing her or his access to, or control over, resources and/or independent economic activity' or 'acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment."(Women, 2020)(Krug *et al.*, 2002)

Comprehensiveness: the extent to which prevention and response policies, programmes and the legal framework address the 4 types of violence (sexual, emotional, physical, and economic violence); the extent to which they include the 8 elements of an effective prevention and response programme; the extent to which prevention and response strategies include rehabilitation, punishment of perpetrators, and access to information and health services, address sexual harassment in schools address the selected sections of the Maputo protocol.

Abstract

Background: Gender Based Violence (GBV) is a global concern that affects many people around the world. It comes in many forms such as sexual, physical, emotional, economic, harmful cultural practices, and trafficking. Whilst it affects both men and women, women are disproportionately affected by GBV.

Objective: to assess whether the Malawi Gender Based Violence prevention and response strategies are comprehensive in their definitions and approaches.

Methods: A policy analysis and literature review was conducted. 18 documents comprising of Policies, Strategies, National Programme, Road maps, Action plans and guidelines were reviewed. Using the UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies and selected sections of the Maputo Protocol as an analytical framework to assess comprehensiveness. The findings were validated by key informant interviews in key Government Ministries of Health, Justice, Home Affairs, among others.

Findings: Malawi has an elaborate policy framework to address GBV. However, it does not address all forms of violence against women; in particular, economic violence and emotional violence were not well defined. In addition, violence in public and private spheres; the punishment of perpetrators; and rehabilitations of GBV victims require urgent attention. Furthermore, policies were silent on elements on mental health and multi sectoral collaboration.

Conclusion: Malawi GBV prevention and response strategies require urgent attention. The as gaps identified in the strategies and approaches means that the national response is falling short on addressing all forms of GVB against women and girls.

Recommendation: This study recommends the enactment of specific laws that will contribute to the elimination of GBV Against Girls and Women in all its forms in Malawi; the prioritization of mental Health Services, and enhanced multisectoral collaboration on GBV programming. And further the thesis recommends further research be done on responsiveness of the policies to adolescent girls and young women's needs and a similar assessment on the Malawian legal framework to be done.

Key words: gender-based violence, violence against girls and women, sexual violence, economic violence, emotional/psychological violence, physical violence, Malawi

Word count: 13,131

Introduction

Gender Based Violence (GBV) is a global problem that cuts across geographic regions, cultures, race, ethnicity, and creed. It remains one of the prevalent, under disclosed, and a huge breach of human rights that is not comprehensively addressed globally (UNFPA, 2016b). Even though boys and men also experience GBV, victims are mainly women (EIGE, 2020;SIDA, 2015). It is estimated that one in every three women in the world would have experienced a form of GBV in their lifetime (WHO, 2013a). Perpetrators include spouses relatives, people in the communities, cultural/traditional or religious leaders, law enforcement agencies, i.e. armed forces, development workers, establishments for social protection i.e. social welfare officers(Council of Europe, 2008) (UNHCR, 2013). GBV manifests itself in many forms i.e. sexual, emotional, physical, economic and harmful practices i.e. early/forced marriages, female genital mutilation and trafficking(European Commission 2020; Eige, 2018). The severity and degree of the specific form of GBV varies from place to place in the world (WHO, 2013a). Fragile and humanitarian settings can increase the occurrence of GBV in many settings (Starrs *et al.*, 2018; WHO, 2020c), .

In the context of this thesis paper, the term that will be used throughout is Gender Based Violence against Women and Girls, simply referred to as GBV. In terms of the forms of GBV, the paper addresses sexual, physical, economic, and emotional/mental/social violence only. The paper will not discuss harmful practices and trafficking. The scope of the GBV to be discussed in the paper will also be broader than Intimate Partner Violence (IPV), as the paper will also look at evidence on GBV perpetrated beyond the IPV settings in private and public spheres. In addition, violence against boys and men will not be addressed in the paper, due to the limited literature on this, in Malawi.

CHAPTER ONE: GLOBAL CONTEXT OF GENDER BASED VIOLENCE

Forms of Gender Based Violence Against Women and Girls

Forms of GBV include: sexual violence, physical, economic, emotional/mental/social and Harmful traditional practices (UNFPA, 2016a) . Sexual violence includes harassment, rape or attempted rape (even in marital settings), sexual abuse and exploitation , forced prostitution, sex trafficking (WHO, 2015).

Physical violence includes spousal beating /domestic violence and assault (Miller and McCaw, 2019; Kaur and Garg, 2008; MoGCDSW, 2013).

Economic violence includes: restricting a partner from being employed, going to school, accessing money, and making decisions regarding their finances, barring a spouse from accessing to health services, among others (Kaur *et al*.,, 2008;Fawole, 2008; Tenkorang *et al*.; 2019). Economic violence also refers to legislation that is unfavourable to issues heritage of estates, entitlements to property and utilization to familial land (Fawole, 2008). It further refers to the unfair differences in pay between men and women in the work place, e.g. men are likely to earn more for than their female counterpart for doing the exact same job (Fawole, 2008).

Emotional/mental/psychological/social violence includes Verbal / emotional abuse but is not restricted to insulting and demeaning a partner, stigmatising and discrimination humiliation (IASC, 2006; Umar *et al.*, 2019; Chikhungu *et al.*, 2020).
In this paper Emotional/mental, psychological, and social violence will simply be referred to as emotional violence.

GBV may occur in both public, i.e. religious settings, schools and other public set up where others can witness. At the same time GBV can occur in private spheres, examples in is in intimate settings i.e. homes, in secrecy where others may not witness (Rasool Bassadien et al., 2011).

Prevalence of Gender Based Violence Against Women and Girls

Sexual violence

Despite there being other types of violence, physical and sexual violence constitute the largest types of violence that women are exposed to in the world (WHO, 2013b). It is reported that at least 35% of women in the world have experienced sexual violence by someone who was not their spouse in the course of their lifespan (WHO, 2013b).It is further estimated that 15 million girls worldwide between ages 15-19 have been coerced into sex and carnal behaviours within their lifetime (UNICEF, 2017). Girls in their adolescent stage have the greatest vulnerability, and the perpetrators include present/ex marital spouses and lovers (UNICEF, 2017). According to UNICEF's data collected in 30 nations, 1% of the survivors got necessary assistance from professionals (UNICEF, 2017)

Physical violence

at least 35% of women in the world have encountered physical violence in their lifetime (WHO, 2013b). Globally it is estimated that 42% of women are in an abusive relationship, that has resulted into physical torture e.g. being battered, booted, canned, suffocated, strangulated, smashed with various objects, attempted drowning, bullied and terrorised with a firearms and knives (WHO, 2017b) (Falschung, 2018) It is reported that 40-70% of all the murders of women in the world are committed by an intimate partner (WHO, 2013). According to UNODC about 87,000 women worldwide had their lives taken away purposely in 2017. Of the 87,000 women killed, 58% (50,000) of these were killed by a close spouse of the victim (UNODC, 2019). In addition, of those women purposely killed, 30,000 of the victims, were killed by a present or ex-lover, making the women's households the most vulnerable place for violence (UNODC, 2019).

According to UNICEF, for each 7 minutes that passes an adolescent life is murdered in violent situations globally. It is further noted that those between age 15-19 are the most likely to be murdered in violent circumstances than the younger counterparts aged 10-14 (UNICEF, 2017). In addition, interpersonal violence is the main cause of death for adolescents worldwide (causing two thirds of the deaths), causing more deaths in adolescents than the violence perpetrated in conflict zones (UNICEF, 2017).

Emotional violence

According to WHO Child maltreatment global statistics, it is estimated that 36.3% people worldwide, would have experienced emotional abuse before the age of 18 (WHO, 2020d;WHO, 2017a). In this context the emotional abuse is perpetrated by a parent or a guardian of the child, and may include non-acceptance of the child, discrediting, mocking them, discriminating them, intimidating, bullying, frightening a child (WHO, 2017a;WHO, 2020d). in a systematic review on the lifetime prevalence of different forms of child maltreatment, it was estimated that for Europe, emotional abuse on girls is twice as much at 28.4% than in their male counterparts at 13.8% whereas the prevalence in Africa is at 41.8% in girls and 39.1% in boys (Moody *et al.*, 2018). .

Economic violence

In a longitudinal study among 121 survivors of IPV (1 male, 120 female) in the United States of America, at least 94% reported to have experienced some form of economic ill treatment, impairment, or hardship from an intimate partner. The prevalence of economic violence in one's lifetime for women was estimated at 21% in the UK, 3% in Canada and 15.7% in Australian(N Sharp-Jeffs, 2015; Sinha, 2012; Australian Bureau of Statistics, 2012). For Africa region the world value survey of 2007 noted that Saharan Africa had the highest prevalence of men who dominate over household decision making with Malawi registering the highest prevalence at (66%), and Madagascar reporting the least at 5.8%(UNICEF, 2007)

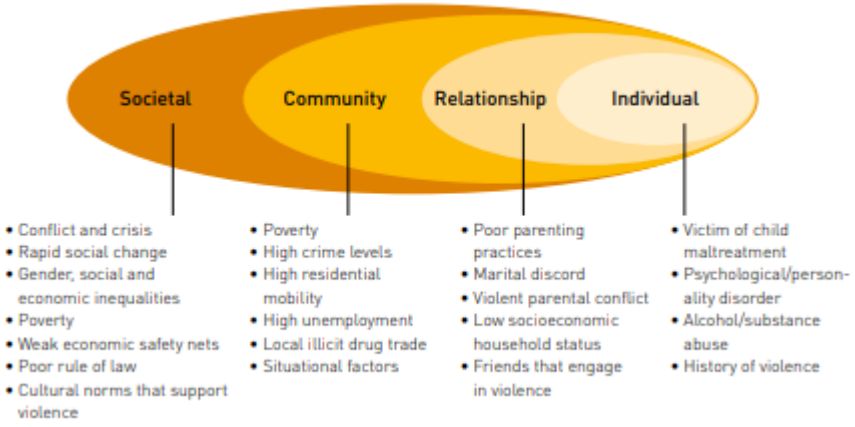
Causes and consequences of GBV

Causes

The causes of GBV can be grouped as follows:

Firstly, contributory factors perpetuate GBV to take place. These contributory factors will be explained using the ecological framework below.

Figure 1. The ecological framework: Examples of risk factors to GBV at each level



Source: *Preventing and Responding to Gender-Based Violence: Expressions and Strategies by SIDA 2015*

Individual level; this level explains how constitutional personal experience that influence one's character may influence one to be a victim of or to perpetuate GBV (Krug et al., 2002).

Relationship level; this level explains how interactions close relationships i.e. with friends, spouses, lovers and broader family can increase one's vulnerability to be a victim of or to perpetuate GBV (Krug *et al.*, 2002).

Community level; this level explains how social context where relationships take place within the community, i.e. learning institutions, offices, and the community in which one lives can increase one's vulnerability to be a victim of or to perpetuate GBV (Krug *et al.*, 2002).

Societal level: this level explains how the broader society elements, i.e. cultural practices and traditions, conditions and settings may increase one's vulnerability to be a victim of or to perpetuate GBV (Krug *et al.*, 2002).

Secondly; the root causes: , GBV occurs due to 1) gender inequality and huge power in balances between men and women; 2)cultural and social practices that perpetuate inequalities, 3) placing lower value on of the work and contributions to society by women(Onyango, 2016;Vann, 2004;Save the Children, 2007;WHO, 2009)

Consequences

Health and Psychological effects of GBV

GBV is associated/results in a myriad of health and mental problems: i.e. Physical disabilities (Falschung, 2018) and injuries i.e. eye injuries, bruises and burns, fractures (WHO, 2020c). It has also been reported that GBV increases one's vulnerability to developing mental disorders, experiencing depression(Gibbs, Dunkle and Jewkes, 2020) (Falschung, 2018) and taking excessive alcohol (Rees *et al.*, 2011;WHO, 2013a; WHO, 2020e. A woman that is sexually abused has also increased risk of unplanned pregnancies (WHO, 2020a). This thus doubles her likelihood to seek an abortion having a stillborn baby ,miscarrying a pregnancy, uterine bleeding, (WHO, 2013b), having a preterm baby and 16% increased chance of birthing a low birth weight child (WHO, 2013a;WHO, 2013b; McCloskey, 2016). Further to this, GBV increases the chances of one having maternal morbidities and eventual mortality (WHO, 2013b).

GBV has also been linked to a range of behavioural problems, i.e. moodiness, being anxious, alcohol abuse, drug abuse (including smoking)suicidal tendencies and nutritional deficiencies (Davison, 2007;Rees *et al.*, 2011; Campbell, 2002). In addition, GBV has also been linked to adverse psychological effects i.e. self-esteem loss, poor interpersonal skills, feeling of shame and phobias, among others (Jamali and Javadpour, 2016; Chepuka *et al.*, 2014; Tavara, 2006) .

Economic Effects:

GBV also leads to economic effects i.e. loss of productivity, cost of health care, legal and judicial investigation and prosecution (Frier, 2011;Voth Schrag, Ravi and Robinson, 2020). Economic violence has resulted in loss of independence on the part of the women in terms of the ability to make financial decision, to provide to one's needs, and take care of herself and her children, and further drives women into the cycle of poverty(Fawole, 2008). It has also been noted that in adolescents economic violence puts them at vulnerability to being exploited by older men, and further to exposure to transactional sex (Fawole, 2008).

CHAPTER TWO: THE CASE OF MALAWI

Malawi has a population of 18 million, of which women make up the over half of the population at about 51% (NSO, 2018). Despite, making up the largest percentage of the population, there is huge power imbalances between men and women. Patriarchy and existing gender inequalities and inequities bring rise to the many forms of Gender Based Violence in the country.

Sexual violence

Subsequently 21% of the women reported to have been sexually abused at specific points in their lives, 12% for women aged 15-19 and 27% for women aged 25-29 respectively. It was reported that 63% of the perpetrators of sexual violence were husbands. 41% of women age 15-49 had experienced at least both physical and sexual abuse (National Statistical Office, 2015). According to Malawi Demographic Health Survey (MDHS) 2015-2016, of those that experience both sexual and physical violence, almost half do not seek assistance at all (National Statistical Office, 2015).

In a national survey on violence against children and young women in Malawi in 2013, it was noted that one out of five Adolescent Girls and Young Women aged 18 to 24 had experienced a form of GBV before age 18, (MoGCDSW, 2013). About 68 % of these AGYW had experienced multiple forms before age 18. Twenty one percent of them had experienced at least sexual abuse before age 18 and they reported that the incident took place in their houses (22.1%) or the places where their perpetrators stayed (28.3%). In addition, male spouses, peers, and school mates were commonly mentioned as perpetrators of the sexual abuse that happened before the age of 18. Of those that were abused, only 10% received professional assistance.

Emotional violence

Emotional violence is the most common form of intimate partner violence in the country, with a prevalence of 30% between ever married people between age 15-49 (National Statistical Office, 2015). However there remains a huge gap in knowledge with regards to women who suffer mental problems as a result of intimate partner violence (Chepuka *et al.*, 2014).

Young Girls and Women who are HIV positive are also more likely to experience GBV of all forms. For example, in a cross sectional study conducted in the southern region of Malawi, among adolescents and young living with HIV between ages 13-24, it noted that adolescents and young PLHIV, face higher stigma than their elder peers who are also LPWHIV (Umar *et al.*, 2019). The same study also noted an association between one being virally unsuppressed and

being exposed to stigmatization(Umar *et al.*, 2019). This in turn further drags the country behind in achieving the UNAIDS "90 90 90" targets.

Physical violence

The Malawi Demographic Health Survey (2015) reported that 34 % of women (aged 15-49) had experienced physical abuse, registering an increase from previous DHSs of 2004 and 2010 which was at 28%. Further to this, at least 5% of the women within the same age range had experienced the abuse whilst Pregnant. 46% of the perpetrators of physical violence were current husbands and 26% former husbands of the respondents.

In a national survey on violence against children and young women in Malawi in 2013, on physical violence it was noted that, out of five AGYW aged 18-20 at least two had been physically abused before they turned 18, of these 21.% were aware on where to seek assistance and only 10.9% of them reported to have sought professional assistance and 10.3% reported to have received assistance (MoGCDSW, 2013).

Economic violence

The World Value Survey of 2007 discloses that Malawi had the largest percentage world wide of responses (66%) of women replied that their spouses were the primary decision makers on how money is spent in the home and on what exactly,(Institute for Comparative Survey Research, 2007). This is against the fact that in middle east and north Africa the prevalence is at 24% and in south Asia at 34 %.

Legal and policy framework

Malawi is party to several international conventions and instruments including the Convention on the Elimination of Violence Against Women (CEDAW) ratified in 1987, the UN Convention on Rights of the Child (UNRC), ratified by the country in 1991, and the Maputo Protocol ratified in 2005. The latter in particular provides a strong legal framework to combat different types of violence against women in public and private spheres, in particular vulnerable groups such as AGYW (see box 1.)

Box 1. The Maputo Protocol explained

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa commonly referred to as the Maputo Protocol is an international legal instrument developed by the African Commission on Human and Peoples' Rights and adopted in2003 (Eerdewijk et al, 2018). African Union has 54 members, and 49 members including Malawi and Zambia are signatory to the Maputo Protocol. It is an instrument that provides extensive rights to women in the AU region, and particularly guarantees and stipulates sexual and reproductive health and rights for Girls and Women. The ACHPR is a commission, established in 1987 to protect, promote and interpret the African Charter (ACHPR, 2020).

In addition a fully-fledged Ministry of Gender, Children, Disability and Social Welfare dedicated to addressing GBV was established and oversees the implementation of all relevant policies (Malawi Government, 2015).

Malawi does not have an Act on SRHR, and therefore lacks an overarching legal framework. However, the country has instituted policies and which prioritise maternal new born and child heath, i.e. "the National Sexual and Reproductive Health Policy; the Malawi Growth and Development Strategy (MGDS); the Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi; the National HIV and AIDS Policy; the National Youth Policy; the Malawi Reproductive Health Strategy 2011 -2016 the Malawi Gender Policy; and the Malawi Population Policy" (Malera and Kuchingale, 2015).

CHAPTER THREE: PROBLEM STATEMENT

Knowledge gaps in existing reviews

According to the Health Policy 2015's literature review on 74 GBV research studies in Malawi, it was concluded that a crucial gap in GBV programming in Malawi is the absence of evaluations of national programs and policies(Mellish, Settergren and Sapuwa, 2015). This means currently Malawi has very few studies that have evaluated the National GBV prevention and response strategies, and therefore a huge knowledge gap exists to inform ongoing and future national GBV programmes and policies. Mellish et al. (2015) is the only large review of its nature done so far, meaning not enough efforts are being invested in conducting broad evaluations of national GBV programmes.

Gaps in GBV Prevention and response strategies

In a qualitative study that explored wide range of key player's perceptions as regards to the psychological and effects of intimate partner violence (IPV) on one's mental health in selected districts of Malawi, challenges at community and individual level were noted. They included prevailing community coercion to couples to amicably settle disputes that have resulted in IPV, treating IPV as a "family matter" (Chepuka *et al.*, 2014; Pg 3) and self-stigma on the part of the survivor, fear of what others will say, and the perception that IPV is normal part of life as barriers to seeking care. (Chepuka *et al.*, 2014; MoGCDSW, 2013; Iyanda *et al.*, 2019).

In a nationwide survey carried out in Malawi on GBV in the education sector among adolescents' girls and young women, it was noted that reporting of GBV incident was an issue worth addressing. This article highlights key gaps, of inadequate knowledge amongst adolescent girls and young women on GBV, the lack of reporting of GBV to safety and security enforcers, and the lack of multisectoral collaboration in GBV prevention and response and no existence of referral systems between schools and humanitarian sectors in Malawi to address GBV.

It can also be noted that no previous studies in Malawi were identified that have assessed comprehensiveness of policy documents on GBV. Comprehensive here meaning the extent to which policies or programmes identify forms of violence and clarity and exhaustiveness in the definition and approaches.

Justification

It is clear from review of existing literature on GBV in Malawi that little has been done to assess the comprehensiveness of the prevention and response strategies. This is a gap, as lack of that literature fails to make recommendations for the country on areas for improvement in terms of the prevention and response strategies to GBV Against Girls and Women.

In addition, the Malawi National Plan of Action to Combat Gender-Based Violence in Malawi 2014-2020 expires in 2020, therefore the study results are expected to inform the successor action, which is currently under development.

Objectives

Main Objective

The main objective of the study is to assess whether the Malawi Gender Based Violence prevention and response strategies are comprehensive in their definitions and approaches.

Specific Objectives

1. Identify prevention and response policies and strategies to GBV against Women and Girls in Malawi
2. Assess to what extent (clarity and exhaustiveness) the 4 forms of violence against women and girls (sexual, physical, emotional, and economic violence) are defined in policy documents.
3. Assess the comprehensiveness of prevention and response strategies to GBV against girls and women in Malawi.
4. Develop recommendations for Malawi Government, NGOs, Donor and Development Partners to inform future prevention and response strategies on addressing Gender Based Violence against girls and women.

CHAPTER FOUR: METHODOLOGY

Search strategy

Policy Analysis

A policy analysis was conducted for the study. According to Morestin 2012, a policy analysis is an appraisal or evaluation of national policies in order to identify possible gaps. Furthermore, it serves as an exercise to provide possible rectification considerations to competent authorities to be used in addressing the identified gaps (Morestin, 2012; ETF, 2018; GLPS, 2017)

Grey literature/policy search

Grey literature, i.e. national policies, strategies, programme documents, guidelines/standard operating procedures, national action plans, were accessed via the internet and existing networks of partners in Malawi. This information was also used to inform objective one on identification of GBV prevention and response strategies. Furthermore, the information was also used to assess the definitions of GBV (objective 2) and the comprehensiveness of GBV Response strategies in Malawi, thus addressing objective three of the study.

Peer reviewed/academic search

Peer reviewed/academic literature in relation to gender-based violence in Malawi were accessed using electronic databases i.e. Pub Med, Google scholar and JStor, a further search on online journals was also done. This information, in particular relevant case studies on GBV in Malawi was used to inform objectives two and three, on assessing comprehensiveness of GBV prevention and response strategies in Malawi. To allow for comparison (objective four , a thorough review of reviewed/academic literature i.e. systematic reviews, policy/strategy analysis reports of GBV prevention and response strategies in the Southern African Development Community (SADC) region was conducted: peer reviewed/ academic literature for SADC countries was assessed through the same electronic databases and online journals mentioned. This peer reviewed/academic search

also informed the formulation of the discussion and recommendations for the study (objective five).

Key words

The key words used for the search in academic databases, are presented in table 1 include gender-based violence, violence against girls and women, sexual gender-based violence, sexual violence, economic violence, emotional/psychological violence, physical violence, gender based violence prevention strategies, gender based violence response strategies and young women.

Table 1. key word search strategy.

<table>
<tr><td>Gender Based Violence</td><td>AND</td><td>MALAWI</td><td>AND</td><td>Sexual Violence</td></tr>
<tr><td rowspan="8">Violence Against Girls and Women</td><td rowspan="8"></td><td rowspan="6"></td><td rowspan="8"></td><td>Economic Violence</td></tr>
<tr><td>Psychological Violence</td></tr>
<tr><td>Emotional violence</td></tr>
<tr><td>Physical violence</td></tr>
<tr><td>Women</td></tr>
<tr><td rowspan="3">Girls</td></tr>
<tr><td rowspan="2">SADC Countries</td></tr>
</table>

Inclusion Criteria: Literature from 1994 (specifically the Malawi constitution and other international conventions and instruments) were reviewed, however for peer reviewed articles, only those published after the year 2000 were included in the study. Evaluation reports and national survey reports were also included where the information was deemed to be relevant. Furthermore, grey literature was limited to National level Government of Malawi documents.

Exclusion criteria: Literature before 1994 and in other languages other than English was not assessed. In addition the study excluded discussion on harmful cultural/traditional practices i.e. early/forced/child marriage, trafficking, initiations, widow inheritance among

others in Malawi, though they are key component of GBV and a pertinent issue in the country, the study limited its scope to the followings forms of GBV i.e. sexual, mental/psychological/emotional, physical violence and economic violence. Resources exclusively addressing harmful practices and trafficking will not be included.

Data extraction and analysis

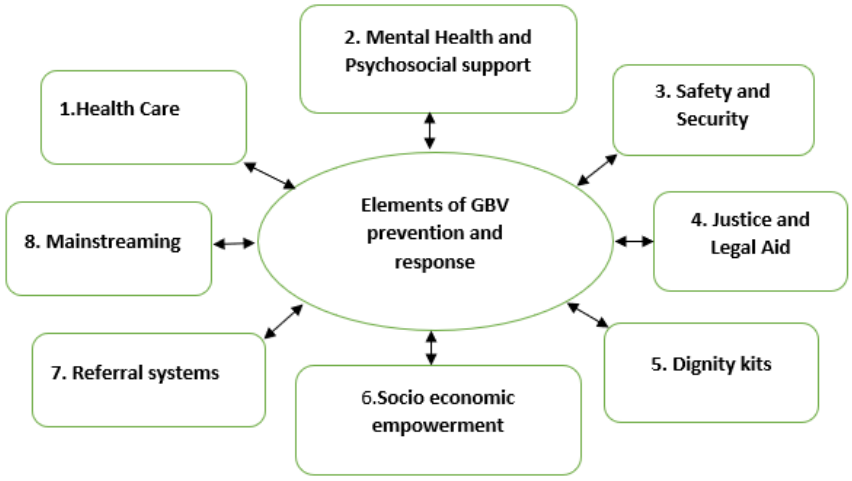
Analytical framework

Objective one was achieved through identification of relevant policy and strategic documents providing policy direction in programming GBV in Malawi.

Objective two was achieved by firstly, going through each policy document identified and extracted any area that defined or identified any of the four forms of violence. The second part was synthesizing the definitions extracted through to ascertain their comprehensiveness, based on the definitions already collected through the writing of this thesis, to ascertain their comprehensiveness. Comprehensiveness on the document's definitions of sexual violence was assessed alongside their ability to identify ***sexual harassment*** in schools and other educational institutions and in line with the Maputo protocol provision (article 2)(African Union, 2003).

Data extraction for objective 3 was guided by an analytical framework developed for this study. At the basis, the UNFPA framework on GBV Mitigation, Prevention and Response standards (2015) was used, enriched by components of the Maputo Protocol

Figure 2.GBV Mitigation, Prevention, and Response Standards.



Information source: Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, UNFPA (2015)

According to UNFPA, the following eight elements must exist for an effective GBV prevention and response (see figure 2). Firstly, a functional health care system, that is responsive the needs of survivors (both male and female, irrespective of age) must exist. In addition the health care system must offer comprehensive GBV services that are acceptable and of required standards, and one that prioritises serving the needs of rape victims (UNFPA, 2015;CM Tool Kit, 2020;UNHCR, 2001).

Secondly, survivors of gender based violence must health and social support in regards to their psychological welfare, of recommended standard, that emphasizes on empowering and recuperating the survivors on GBV (UNFPA, 2015;UNHCR, 2001).

Thirdly, is ensuring that the law enforcing structures and personnel i.e. police who ensure the protection of the GBV are situated for prevention, mitigation and ensuring safety of the survivors (UNFPA, 2015;CM Tool Kit, 2020;UNHCR, 2001). This section was enriched and complemented with further analysis of the documents assessed on their comprehensiveness on providing protection mechanisms for Internally Displaced Persons (IDPs), Refugees, Asylum Seekers and Returnees (section 11 (3) of the Maputo protocol).

Fourthly, ensuring that the legislative arms i.e. the judiciary for enforcement of laws in accordance to recommended international and national guidelines are in place to protect

the rights of the GBV survivors(UNFPA, 2015;CM Tool Kit, 2020;UNHCR, 2001). The fifth element, emphasises on supplying communities with culturally acceptable hygiene kits, to mitigate risk groups i.e. young girls and women, and to ensure that they maintain their dignity and respect (UNFPA, 2015;UNHCR, 2001). This is also implementation alongside supplying the vulnerable groups with thorough information and support services to ensure their safety is continually assured (UNFPA, 2015;UNHCR, 2001). This section was enriched and complemented with further analysis of the documents assessed on punishment of perpetrators and rehabilitation programmes for victims of violence (section 4 (e) of the Maputo protocol)

The sixth element, is ensuring the adolescent girls and women are empowered with a means of income, so as to reduce their vulnerability to being exploited due to poverty related factors (UNFPA, 2015;UNHCR, 2001).

The seventh element to ensure robust referral mechanisms are established to response to GBV and to get the survivors to required services intime(UNFPA, 2015;CM Tool Kit, 2020;UNHCR, 2001). This section was enriched and complemented with further analysis of the document using the Maputo protocol section on access to services for effective information, rehabilitation, and reparation for victims of GBV, article 14 (f).

The eighth and last element is on ensuring that GBV reduction and response strategies are integrated in all aspects of humanitarian sectors and that a multisectoral response is always adopted when responding to GBV survivors.(UNFPA, 2015;CM Tool Kit, 2020;UNHCR, 2001).

A further analysis on the documents was done to assess whether the following article of the Maputo protocol ***article 4*** on "the Rights to Life, Integrity and Security of the Person", which state obligations to ensure adequate and comprehensive prevention and response strategies: a) "enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex whether the violence takes place in private or public;" , which are not covered by the UNFPA framework(African Union, 2003).

Key informant interviews (KII)

KIIs were carried out with the following sectors in Malawi: Health, Gender(Social Welfare Services), Legal system, Mental Health, Police, and an NGO implementing GBV programmes for informing and validation purposes of results.(KII guide documentation and ethical approval documents in annex3)

The documents were read, and extraction of relevant information on prevention and response strategies articulated therein to GBV were weighed against the UNFPA recommended elements of GBV prevention and response strategies and against the provisions in the Maputo Protocol, and thus the comprehensiveness was assessed.

Analysis of the data collected from the policy/program analysis was analysed by doing a content analysis. This entailed grouping the results according to themes that emerged while collecting data, and further presenting the strengths and gaps incomprehensiveness on their definitions and approaches. The findings were further compared with existing literature in the discussion section and the findings of the KII, to further inform and validate the findings.

The methodology entailed assessment of the policies and programmes using a data extraction sheet, see annex 1.

CHAPTER FIVE: RESULTS

Overview

A total of eighteen documents were assessed: seven policies, four national strategies, one road map, one national programme document, three national guidelines, and two action plans: See annex 2, for detailed list of the eighteen documents. All documents were purposively selected based on their perceived relevance for the study objectives and providing direction on programming of Gender Based Violence in the country.

The following chapter presents the results which have been grouped in thematic areas as follows: 1) the document's comprehensiveness on the forms of violence against women and girls; 2) Comprehensiveness on elements of GBV Prevention and Response.

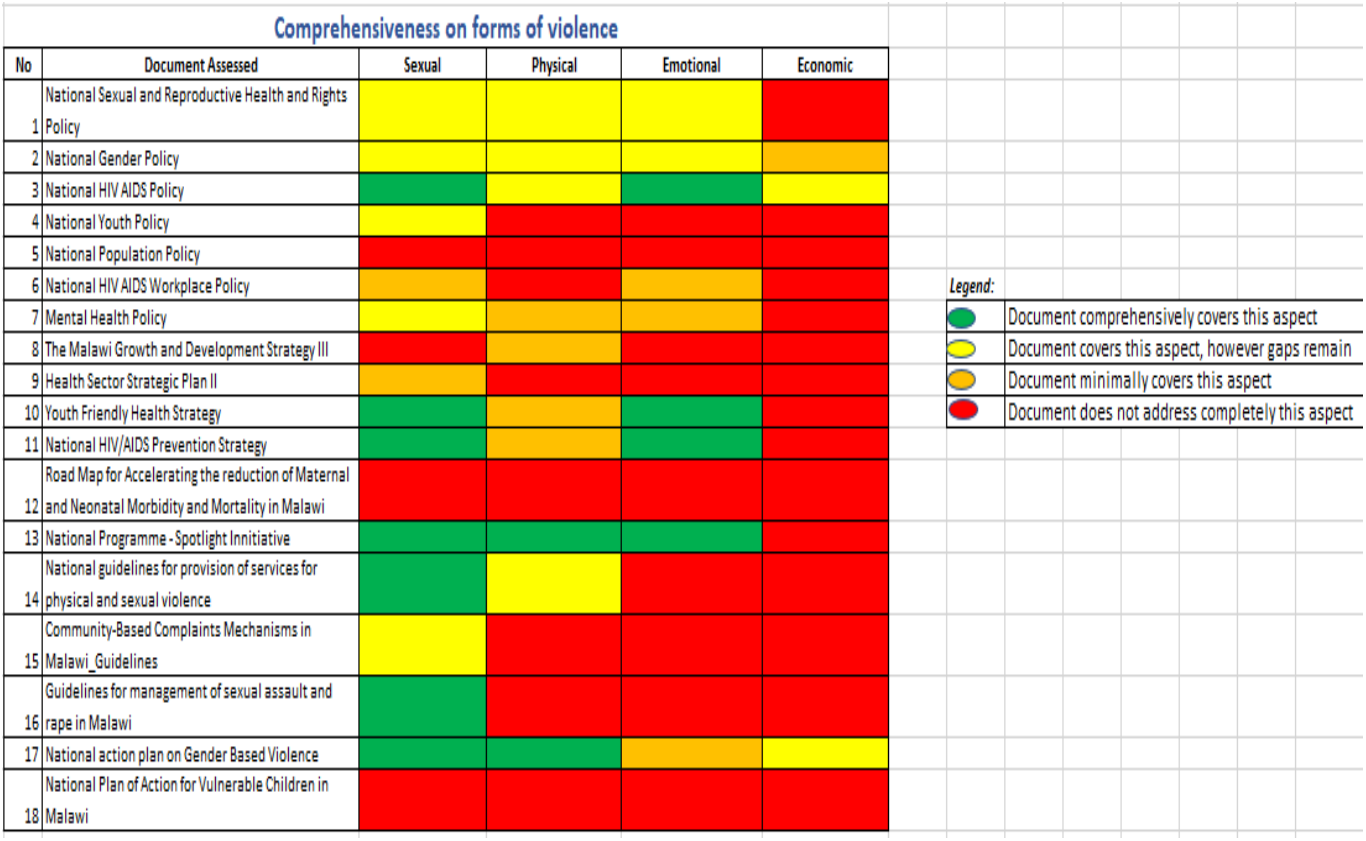
In the context of this section, the author will refer to all eighteen documents assessed at the "the documents" or "the policies". In addition, the terms GBV survivor and victims will be used interchangeably.

1.0. Comprehensiveness on Forms of Violence Against Women and Girls

This section presents the comprehensiveness of GBV policies in terms of 1) the extent in which policies identify the 4 forms of violence (sexual, physical, emotional, and economic violence) and 2) how clear and exhaustive the definition of each form is..

Of all the documents assessed Sexual violence was by far given the most attention, in particular rape and to some extent physical and emotional violence gets minimal attention. economic violence was completely neglected by all documents. It can also be noted that policies seem to generally associate GBV with domestic violence and harmful cultural practices only leaving the four forms of violence minimally covered and in some cases not covered at all. In addition, the documents did touch make a distinction nor propose strategies for violence in private settings and also violence perpetrated in public institutions like schools. It can also be noted that there is no specific GBV policy in the country and GBV-specific documents start at operational level i.e. the national guidelines and action plans level. See figure 3, of tabulated summary.

Figure 3. Policy Document's Comprehensiveness on forms of violence



Comprehensiveness on forms of violence

No	Document Assessed	Sexual	Physical	Emotional	Economic
1	National Sexual and Reproductive Health and Rights Policy				
2	National Gender Policy				
3	National HIV AIDS Policy				
4	National Youth Policy				
5	National Population Policy				
6	National HIV AIDS Workplace Policy				
7	Mental Health Policy				
8	The Malawi Growth and Development Strategy III				
9	Health Sector Strategic Plan II				
10	Youth Friendly Health Strategy				
11	National HIV/AIDS Prevention Strategy				
12	Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi				
13	National Programme - Spotlight Innitiative				
14	National guidelines for provision of services for physical and sexual violence				
15	Community-Based Complaints Mechanisms in Malawi_Guidelines				
16	Guidelines for management of sexual assault and rape in Malawi				
17	National action plan on Gender Based Violence				
18	National Plan of Action for Vulnerable Children in Malawi				

Legend:

- Document comprehensively covers this aspect
- Document covers this aspect, however gaps remain
- Document minimally covers this aspect
- Document does not address completely this aspect

1.1. Sexual Violence (SV)

Policies

The policies in general do not explicitly provide a definition for SV, however they cite several examples of SV. Terms such as rape, sexual harassment, sexual abuse, coercion, and domestic violence are used to define sexual violence. Six out of the seven policies at least make reference to either of these terms, except for the National Population Policy which is silent on sexual violence. Rape consistently appears in all documents.

Even though the policies make reference to incidences in which SV may occur, the policies do not provide direction on how these should be dealt with. For example, in the National SRHR policy, the strategies developed are for harmful traditional practices i.e. early marriages but does not provide policy direction for dealing with sexual violence in particular.

It can generally be noted that across the policies except in one (National population policy), SV is identified. However, all documents fell short to identifying and defining sexual violence in intimate settings, particularly marital rape.

Furthermore, one policy out of the seven (the National HIV/AIDS Policy) mentions sexual harassment in public education institution and makes a firm statement that employees of such institutions must be punished if found perpetrating violence against adolescent girls and young women, however nothing is said on how male peer perpetrators will be dealt with.

National strategies and roadmap

Three of the five documents refer to a form of sexual violence and sexual coercion of adolescent girls. The Youth friendly health service strategy is more comprehensive in defining SV, by going further to identify who it affects and the reasons behind this. For example, the strategy states that females are more vulnerable to sexual violence and stipulates that this is often undisclosed and identifies unequal power relations between males and females as the reason for this. The roadmap for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi is completely mute on this, nor is GBV or SV strategy proposed, surprisingly, especially with the known link to maternal complications which leads to maternal mortality in Malawi.

National Programmes

The document is comprehensive in identifying and defining SV, in that not only does it give specific examples, but it identifies the vulnerable population and backs this with citing recent studies to provide statistics for the prevalence of SV in the country. The document goes further to discuss the challenges of the society in dealing with SV. It adequately cites the lack of a comprehensive and progressive legal framework as contributory to the GBV cases in the country, by raising that laws relating to GBV and SRH are often discriminatory and archaic in nature and application. Key examples include the lack of criminalization of marital rape and restrictive abortion laws. The document is however silent on sexual violence against girls in educational settings.

Action plans and guidelines

The documents were more elaborate on providing definitions and instances of SV, in particular rape in four out of five documents reviewed. The Guidelines for management of sexual assault and rape in Malawi provides comprehensive definition of rape as a form of sexual violence. In addition, the Community-Based Complaints Mechanisms in Malawi, defines SV limited to that perpetrated against children only. The national actional plan against GBV being the document that provided the most elaborate and comprehensive

definition of sexual violence, which also included defilement and incest and in addition includes sexual violence that happens in public and private settings, but not marital rape.

1.2. Physical Violence

Physical violence is generally identified by over half of the documents, however beyond that, except for the National programme document, no concrete strategies were developed to address it.

Policies

Physical violence is generally not thoroughly defined across all policies assessed. Of the seven policies assessed, four make statements on physical violence. For example, the National Sexual and Reproductive Health and Rights Policy cites battery as a form of harmful cultural practice and there is a domestic violence section. The National Gender Policy uses the word physically abused broadly and National HIV AIDS policy mentions of abuse of PLWHA(spouses who are chased out of their homes for negotiating safer sex), however without being specific on the nature of the abuse. And the Mental Health Policy the word physical violence appears only within the policy in the broad GBV definition, without further elaboration on when physical violence occurs, its various manifestation, and who are the most vulnerable. However, the remaining three policies do not mention physical violence in the entire document. It is also evident that none of the policies provide comprehensive definitions of physical violence, nor do they mention physical violence beyond intimate partner violence settings and harmful cultural practices. In addition, the documents do not provide policy direction, on how physical violence as a form of GBV must be addressed.

National Strategies and roadmaps

The strategies and roadmap do not provide a clear definition of physical violence at all. There are incidences where the strategies touched upon the target groups for physical violence perpetrated on gay men (in the National HIV/AIDS Prevention Strategy) and people with disabilities including people with albinism (the Malawi Growth and Development Strategy III) and why they need protection. There was also sketchy statistic provided in the YFHS strategy,

National Programmes

Much like on sexual violence, the document is very specific with regards to statistics and forms and instances of physical violence faced by women and at-risk populations. The document further lays down the cultural and environmental undertones that perpetuate physical violence. The document thus comprehensively captures the gendered problem that comes with physical violence and discusses its cultural and historical underpinnings.

Action plans and guidelines

More than half of the documents mention this violence at all. While the National guidelines for provision of services for physical and sexual violence, identifies physical violence with a thorough definition by proving clear examples providing clear examples, it does not elaborate on occurrences nor vulnerable groups to this violence. This is evident further in the fact that the document though aimed to provide direction for physical and sexual violence, no proposed strategies are made for physical violence, just SV. The National Plan of Action on GBV on the other hand makes a comprehensive definition of physical violence by mentioning its instances such as beating, hitting, battering and defining it comprehensively and taking from international instruments, and provides more comprehensive definition that includes physical violence that happens in public and private settings. In addition, it clearly states that the age group 15-19 are more likely in Malawi to report incidence of physical violence during pregnancy and that intimate partners are the highest number of perpetrators.

1.3. Emotional violence

Half of the documents do not identify emotional violence at all, however the other half that do, does so in more elaborate way., Mainly as stigma and discrimination is identified across the documents. Except for the National programme which comprehensively proposes strategies to address it, the remaining of the documents are mute on this.

Policies

Five of the seven documents identify stigma and discrimination as an example emotional violence. The National SRHR Policy identifies it and defines it within the context of harmful practices and domestic violence settings, and not beyond. The National Gender policy provides more elaborate information on emotional violence, by referring to discrimination against women and girls, and by recognising the emotional violence, including bullying of girls in school setting and. Of the policies reviewed, the National HIV AIDS policy is the only one that mentions stigma and discrimination against people who have sex with same

sex, in the context of HIV and STI care and treatment. The policies in general however fail to identify other aspects of emotional violence like verbal abuse, demeaning one another.

National Strategies and roadmaps

Three out of five strategies and road map reviewed do not mention emotional violence nor propose any strategies to address this. The National HIV/AIDS Prevention Strategy defines emotional violence in the context of stigma and discrimination perpetrated towards men who have sex with men (MSM),gay men as well as sex workers, and further proposes strategies on structural programs i.e. engaging the police on violence reduction programmes, and provision of psychosocial support for GBV victims. In addition the YFHS Strategy mentions the stigmatization perpetrated towards GBV survivors, and cites rape and assault of survivors for example, as well as emotional trauma perpetrated against PLWHA and proposes activities to engage youth and make them more aware and capacitated to eradicate such behaviour.

National Programmes

The document has a very comprehensive outlook on emotional and social violence and provides a new dimension to the causes being the lack of a robust legal framework to tackle GBV. Examples of emotional violence presented in the document is of stigma and condemnatory attitudes perpetrated by health care workers towards adolescent girls accessing SRH services. Further to this it discusses the prevailing social environment that has hampered the public health sector including access to sex education and SRH services as a key contributor to psychosocial problems.

Action plans and guidelines

Only the national action plan on GBV mentions emotional violence, within the context of the definition of GBV. Other than that, the document gives statistics on the number of men affected by emotional violence, perpetrated by their female partners when they are refused sex. No incidence of emotional violence against women is provided and the rest of the documents are totally mute on this.

1.4. Economic violence

This type of violence is the least addressed amongst all four. Only three of the eighteen documents identify it.

Policies

Of the seven policies assessed only two mentioned a form of economic violence. For example, the National Gender policy provides statistics on the percentage of women that are economically abused, however no policy direction is provided on how to address this. And the National HIV/AIDS Workplace policy mentions the protection of property inherited by orphaned children and widows and further proposes strategies on socio economic empowerment of women as a means to curb this. However the policies fail to identify economic violence that takes place in intimate partner settings i.e. insulting and demeaning the spouse among others (Chikhungu *et al.*, 2020).

National Strategies and roadmaps

None of the assessed documents mention economic violence. Meaning there is no strategic direction in all major health related strategies or national strategies addressing the issue of economic violence perpetrated against women and girls in Malawi.

National Programmes

The project document does not mention economic violence. It is not defined at all nor is there a specific activity developed to address this, which is a serious gap in addressing violence against women and girls and the underlying gender inequalities.

Action plans and guidelines

All documents are silent on this except the National action plan on GBV, which defines and provides instances of economic violence an example provided is men that prevent their spouses from being economically empowered. The National action plan on GBV also provides sketchy statistics on the prevalence of economic violence.

2. Comprehensiveness on Elements of GBV Prevention and Response

This section assesses the extent to which documents include the 8 elements of the UNFPA GBV Mitigation, Prevention and Response standards and selected sections of the Maputo protocol in the GBV prevention and response strategies proposed.

In general, it can be noted that the HIV related policies and strategies seem to be stronger across most of the elements. It can also be noted even though with some gaps remaining, the justice was more widely covered across documents, and the weakest elements were on dignity kits and mental health services provision. It can also be noted that the policies faired very poorly on aspect of punishing perpetrators of violence and addressing sexual violence in private spheres.

2.1. Health Care

This element was generally better covered by the guidelines and action plans, with the policies being the weakest. And for those documents that mentioned health services, there was no clarification on how they will be operationalised. See figure 4, of tabulated summary.

Figure 4. Policy Document's Comprehensiveness of healthcare element of GBV prevention and response

Comprehensiveness on the health care element of Gender Based Violence prevention and response							
Policy	National Sexual and Reproductive Health and Rights						
Policy	National Gender Policy						
Policy	National HIV AIDS Policy						
Policy	National Youth Policy						
Policy	National Population policy						
Policy	National HIV AIDS Workplace Policy			*Legend:*			
Policy	Mental Health Policy				Document comprehensively covers this element		
Srategy	Malawi Growth and development strategy 3				Document covers this element, however gaps remain		
Stretegy	Health Sector Strategic Plan II				Document minimally covers this element		
Strategy	National HIV Prevention strategy				Document does not address completely this element		
Strategy	Youth Friendly Health Service Strategy						
Road Map	Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi						
Country Programme Document	Spotlight initiative to eliminate violence against women and girls						
Guidelines	National guidelines for provision of services for physical and sexual violence						
Guidelines	Community-Based Complaints Mechanisms in Malawi						
Guideliness	Guidelines for management of sexual assault and rape in Malawi						
National Plan of Action	National Plan of Action for Vulnerable Children in Malawi						
Action Plan	National action plan on gender based violence						

Policies

The information on health care is very sketchy in policies and in most instances not mentioned at all. Of the policies assessed only two (the National HIV Policy and the National HIV Workplace) policy make a mention of health care services..The National HIV/AIDS Policy is very specific about the issue of access to health care as a critical aspect of GBV response and prevention. From the results, it advocates strongly for non-discrimination and unconditional access to health care services for PLWHA. Additionally, the policy advocates for access for emergency services such as Pre-Exposure Prophylaxis (PEP) for survivors of harmful cultural practices such as widow inheritance.

National Strategies and roadmaps

Three out of the five strategies mention health services. The National HIV Prevention Strategy, the YFHS Strategy, and the Road map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi. The YFHS strategy is more elaborate as it provides for capacity development for YHFS health providers at all levels to teach more about GBV prevention and also offer guidance and counselling as well as treatment, as well as referral of victims of sexual gender based violence, without being specific how exactly.

National Programmes

The programme advocates for the creation of YFHS that can intensify demand for SRHR services. It also proposes activities to scale up SRHR services for sexual gender-based violence survivors. The programme further outlines the need for creation of safe spaces for survivors of GBV as well as capacity building for health care workers but does not specify on what exactly in regard to GBV health service provision. The programme is also not clear on the role of the health service providers in prevention and response services of GBV.

Action plans and guidelines

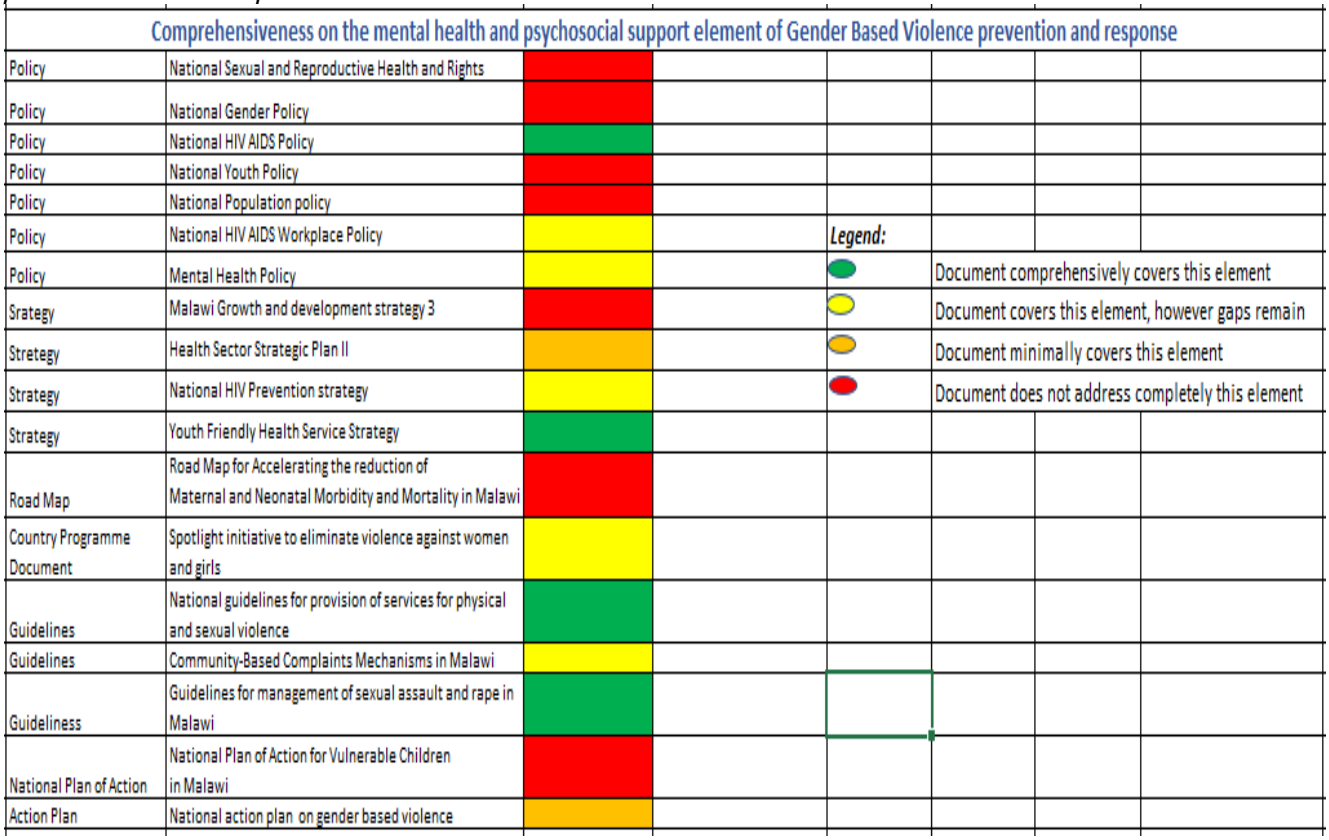
Most of the action plans do not come out clearly on health care. However, the National action plan on Gender Based Violence cites the need for creation of gender focal points in health facilities. The Guidelines for management of sexual assault and rape in Malawi and

the Guidelines for management of physical and violence in Malawi are comprehensive on this front. Firstly, they recommend that survivors of GBV ought to be treated as health emergencies and receive adequate treatment. Further they clearly spell out the role of the Ministry of Health in GBV service provision. In addition, it states the need for establishment of One Stop Centre Clinics and providing adequate information to survivors. Lastly the guidelines for Management of Sexual assault and rape in Malawi, stipulates clearly on how a rape survivor must be treated from the moment they enter the hospital, from examination, treatment, provision of PEP and other related health services needed for a comprehensive GBV response.

2.2. Mental Health and psychosocial support

The policies do not fare well on this element. Where mental health services are mentioned, it does so in more general terms, and not in relation to GBV. Perhaps GBV policies could learn from HIV policies in terms of mental health support, which was provided in a more elaborate in clarifying how mental health services for PLWHA would be offered. See figure 5, of tabulated summary.

Figure 5. Policy Document's Comprehensiveness of mental health element of GBV prevention and response



Policies

More than half of the policies assessed do not mention mental health services in GBV programming. The National HIV AIDS policy provides clear policy direction on ensuring women and girls are provided with mental health and psychosocial support services. The policy further states the need for training counsellors who can provide psychosocial support to young people, regarding delaying sexual debut, preventing unplanned pregnancies, STIs including HIV. It also advocates for provision of YFHS. The policy also emphasises the need for equality in accessing HIV related information and education services.

Counselling is also provided for in the National HIV AIDS Workplace policy, however limited to employed people who are living with HIV.

Though the SRHR policy does not mention mental health anywhere in the context of GBV prevention and response, in defining the stakeholders different roles in the policy execution, it states that Ministry of Gender must ensure availability of social welfare officers at all health facilities.

National Strategies and roadmaps

Two of the five documents do not identify mental health at all. Thee Health Sector Strategic Plan II, the key guidance document in the health sector in Malawi, only mentions mental health sketchily e.g. as part of the essential health package but not mentioned specifically for GBV survivors. The strategy points out that mental health condition statistics in Malawi are often undiagnosed and unattended to and thus concludes that most statistics provided in documents are misleading.

The YFHS strategy is more elaborate in proposes capacity building on counselling services for providers. There is a further provision for utilizing existing community youth organizations to provide non-clinical services and peer support, this is proposed in the context of eliminating stigmatization of PLWHA.

National Programmes

The document despite mentioning the need for mental health services (counselling and psychosocial support) for GBV survivors, does not properly articulate who will do this, and how, at what level of programming.

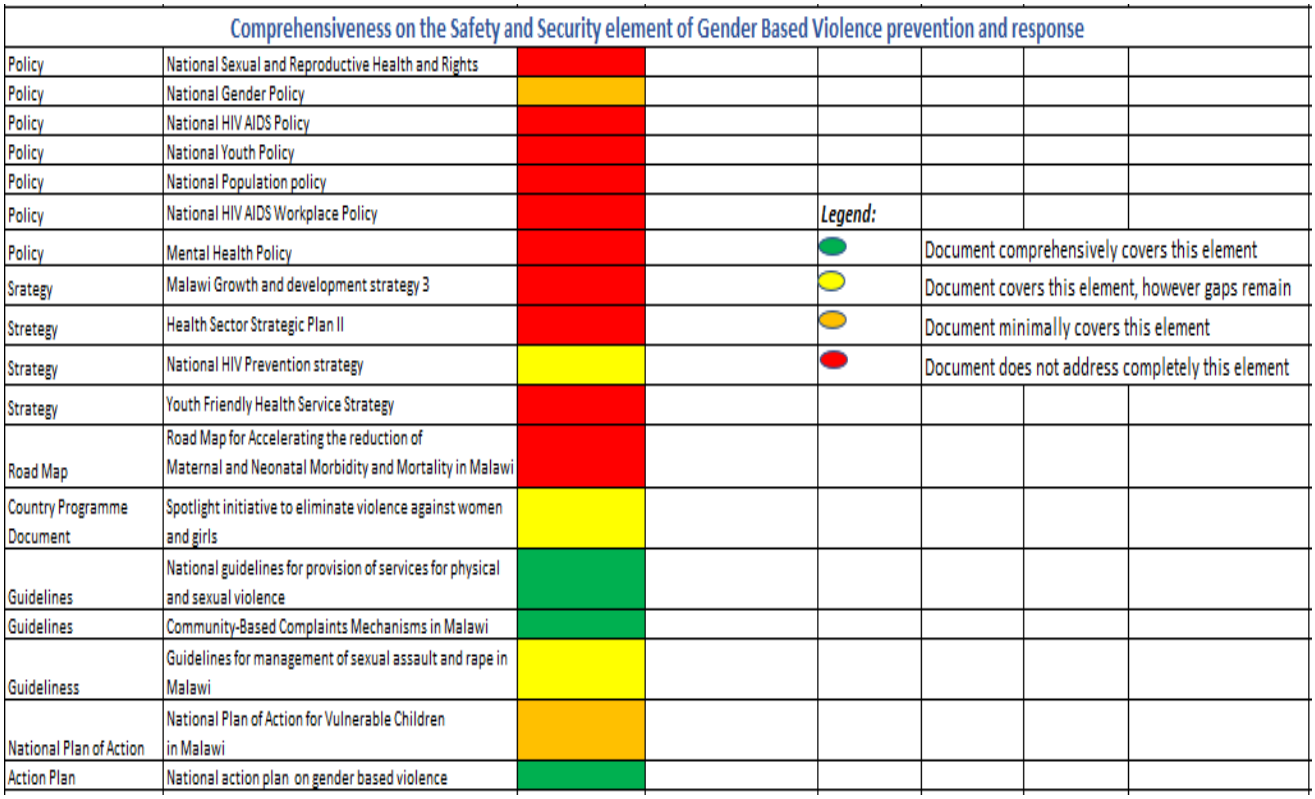
Action plans and guidelines

The documents are generally more comprehensive in general than policies, strategies and the programme documents. For example, the National Guidelines for provision of services for physical and sexual violence, try to define a role for NGOs in the One Stop centres for victim support. Furthermore, the National action plan on Gender Based Violence comes out clearly with a comprehensive discussion on provision of mental health services and the requisite psychosocial support to GBV victims.

2.3. Safety and Security

More than half of the documents do not provide comprehensive prevention and response strategies on this element. The policies are weakest in addressing this, while the operational documents guidelines and action points are much stronger. See figure 6, of tabulated summary.

Figure 6: Policy Document's Comprehensiveness of safety and security element of GBV prevention and response



Policies

The policies completely neglect this element and is barely addressed in all the policy documents assessed. Only in the National Gender Policy are the police mentioned as a key stakeholder in the prevention and response to GBV. Asylum seekers, displaced people, and refugees are completely ignored and not incorporated in any single policy. Nor do the policy recognise that GBV does occur in humanitarian settings.

National Strategies and roadmaps

This element is sketchily addressed. Aside from a strategy proposed by the National HIV/AIDS Prevention Strategy on training law enforcers on provision of discrimination free services and safe spaces. The other strategies are however general and not specific to GBV situations. The strategies are also silent on provision of security and safety services in emergency settings.

National Programmes

The document raises professional development of the police, the establishment and refurbishment of safe spaces and provision of GBV services. However, it does not clearly

define their role in GBV response. The programme further does not target any of its interventions towards asylum seekers, IDPs nor refugees and yet one of the six programme districts is Dowa, where the biggest refugee camp in Malawi is allocated, and hosts about 46,000 refugees and asylum seekers (UNHCR, 2020).

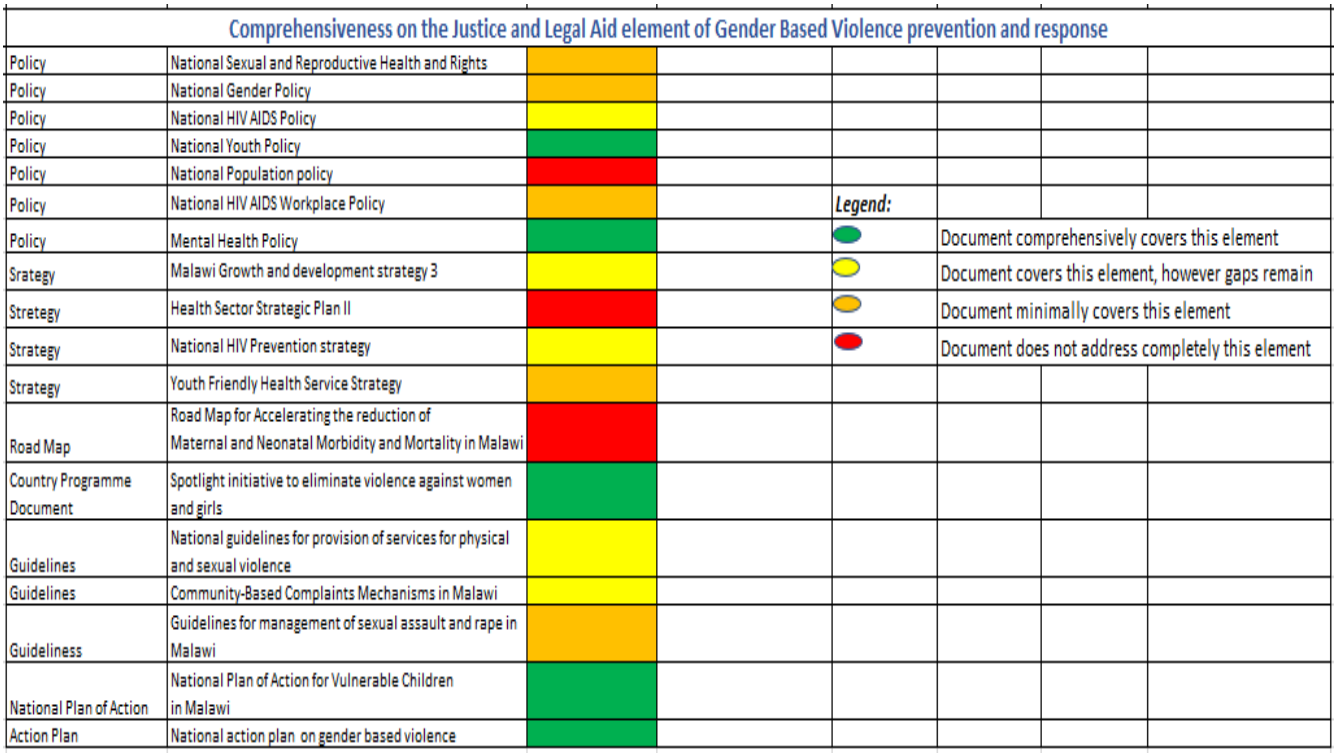
Action plans and guidelines

All documents in general provide an elaborate list of services expected of safety and security services for GBV. The National Plan of Action for GBV proposes provision of victim shelters, standard support packages for survivors to assist rehabilitation of survivors back into society. The Community Based Complaints mechanism makes heavy reference to the one stop centres and community-based care centres for GBV victim support. However, none of the documents mention of GBV services vulnerable populations i.e. for refugees, sex workers, AGYW, PLWHIV and MSM who also need safety and security.

2.4. Justice and Legal Aid

This element is a bit more elaborately covered across policies than other elements, however the component on punishing perpetrators and rehabilitation of victims is not addressed at all. See figure 7, of tabulated summary.

Figure 7. Policy Document's Comprehensiveness of justice and legal aid element of GBV prevention and response



Comprehensiveness on the Justice and Legal Aid element of Gender Based Violence prevention and response							
Policy	National Sexual and Reproductive Health and Rights						
Policy	National Gender Policy						
Policy	National HIV AIDS Policy						
Policy	National Youth Policy						
Policy	National Population policy						
Policy	National HIV AIDS Workplace Policy			Legend:			
Policy	Mental Health Policy				Document comprehensively covers this element		
Srategy	Malawi Growth and development strategy 3				Document covers this element, however gaps remain		
Stretegy	Health Sector Strategic Plan II				Document minimally covers this element		
Strategy	National HIV Prevention strategy				Document does not address completely this element		
Strategy	Youth Friendly Health Service Strategy						
Road Map	Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi						
Country Programme Document	Spotlight initiative to eliminate violence against women and girls						
Guidelines	National guidelines for provision of services for physical and sexual violence						
Guidelines	Community-Based Complaints Mechanisms in Malawi						
Guideliness	Guidelines for management of sexual assault and rape in Malawi						
National Plan of Action	National Plan of Action for Vulnerable Children in Malawi						
Action Plan	National action plan on gender based violence						

Policies

All policies except for one (National population policy) make a mention of Justice and legal aid element. However, most of the mentions are loose and well detailed in definition. For example, the National HIV AIDS Policy only mentions victim's right to access to justice, which is not further operationalised into a strategy. Further references are then generic advocating for formulation of enabling legal framework and enforcement of existing legal frameworks that can help reduce occurrences of GBV including use of drugs and alcohol.

The national youth policy is a lot more thorough. It advocates for review of certain laws and policies i.e. enactment of the legislation on sexual harassment/abuse and incest and harmful practices, as well as enactment of legislation that takes action on boys that impregnate girls in schools, and that the punishment should be limited to just teacher perpetrators.

In addition, the mental health policy raises the need for programmes on reintegration of perpetrators in the community after they serve their sentences. However, the policy, and all other policies assessed are silent on how victims can be rehabilitated.

National Strategies and roadmaps

The strategies touched upon the enforcement and harmonization of already existing laws to assist in access to justice, for victims of child marriages as stated by the Malawi Growth and Development Strategy III. Further the National HIV/AIDS Prevention Strategy states about enactment of bylaws that reduce stigma against PLHIV. How this should be done is not adequately discussed.

National Programmes

The document is very comprehensive in addressing this area. It proposes capacity development of law enforcers, key stakeholders and community leaders in tackling GBV cases; a reform of the relevant legal framework for example rectifying of the contradictions on legal marital age in legal documents i.e. constitution and other acts,; and innovative approaches of ensuring legal services are available to the ordinary person in the community i.e. mobile courts are also proposed.

Action plans and guidelines

All documents generally mention the justice aspect as a key component in GBV service provision, and the importance of enforcement of relevant laws. The national plan of action for GBV advised for more mobile legal services, to ease access amongst vulnerable populations, strengthening structures related to GBV including the legal framework, a comprehensive review of the relevant laws and a creation of a purely family division of the court.

The National Plan of Action for Vulnerable Children provides for activities that make it a safe environment for children. These include access to safe housing through foster homes and rehabilitating the reformatory centres. This is a generic proposal and not specifically limited to GBV survivors.

Nothing on punishing perpetrators or rehabilitation programmes for victims is covered by the action plans and guidelines.

2.5. Dignity Kits

Five of the eighteen documents refer to this element. HIV related documents identified the element however, the references were loose and with no provisions of comprehensive strategies on how to address them. See figure 8, of tabulated summary.

Figure 8: Policy Document's Comprehensiveness of dignity kits element of GBV prevention and response

Comprehensiveness on the Dignity kits element of Gender Based Violence prevention and response							
Policy	National Sexual and Reproductive Health and Rights						
Policy	National Gender Policy						
Policy	National HIV AIDS Policy						
Policy	National Youth Policy						
Policy	National Population policy						
Policy	National HIV AIDS Workplace Policy			Legend:			
Policy	Mental Health Policy				Document comprehensively covers this element		
Srategy	Malawi Growth and development strategy 3				Document covers this element, however gaps remain		
Stretegy	Health Sector Strategic Plan II				Document minimally covers this element		
Strategy	National HIV Prevention strategy				Document does not address completely this element		
Strategy	Youth Friendly Health Service Strategy						
Road Map	Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi						
Country Programme Document	Spotlight initiative to eliminate violence against women and girls						
Guidelines	National guidelines for provision of services for physical and sexual violence						
Guidelines	Community-Based Complaints Mechanisms in Malawi						
Guideliness	Guidelines for management of sexual assault and rape in Malawi						
National Plan of Action	National Plan of Action for Vulnerable Children in Malawi						
Action Plan	National action plan on gender based violence						

Policies

None of the policies make a comprehensive assurance for provision of emergency supplies for GBV victims. The HIV Policy policies makes vague assurances including but not limited to the requirement for the respect of basic human rights for people in need of humanitarian support with regards to HIV care and treatment. And the National HIV/AIDS Workplace policy is stern on no mandatory HIV testing of anyone including migrants.

National Strategies and roadmaps

Not mentioned in any of the strategies. And perhaps not surprising as the Policies were also silent on this aspect.

National Programmes

The document does is silent on this, probably also a result of the fact that refugees, asylum seekers and IDPs are overlooked in the entire programme.

Action plans and guidelines

Documents silent on this, except for the Community-Based Complaints Mechanisms in Malawi that makes vague reference to dignity kits through provision of amenities such as food, shelter cloth reintegration and livelihood support. In addition, the national plan of action on GBV touches up on this aspect by stating that survivors to be provided with necessary supplies and dignity kits.

2.6. Social Economic Empowerment

Half of the documents mention this element, however in most of the documents it was not well addressed. The guidelines do not at all address this element. See figure 9, of tabulated summary.

Figure 9. Policy Document's Comprehensiveness of socio-economic empowerment element of GBV prevention and response

Comprehensiveness on the Socio economic empowerment element of Gender Based Violence prevention and response							
Policy	National Sexual and Reproductive Health and Rights						
Policy	National Gender Policy						
Policy	National HIV AIDS Policy						
Policy	National Youth Policy						
Policy	National Population policy						
Policy	National HIV AIDS Workplace Policy			Legend:			
Policy	Mental Health Policy				Document comprehensively covers this element		
Srategy	Malawi Growth and development strategy 3				Document covers this element, however gaps remain		
Stretegy	Health Sector Strategic Plan II				Document minimally covers this element		
Strategy	National HIV Prevention strategy				Document does not address completely this element		
Strategy	Youth Friendly Health Service Strategy						
Road Map	Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi						
Country Programme Document	Spotlight initiative to eliminate violence against women and girls						
Guidelines	National guidelines for provision of services for physical and sexual violence						
Guidelines	Community-Based Complaints Mechanisms in Malawi						
Guideliness	Guidelines for management of sexual assault and rape in Malawi						
National Plan of Action	National Plan of Action for Vulnerable Children in Malawi						
Action Plan	National action plan on gender based violence						

Policies

Five out of the seven policies discuss this element. The Gender policy and the HIV AIDS Policy has elaborate provisions dealing with how GBV survivors can be incorporated into the economic system and further how women and other vulnerable populations i.e. PLWHA in general can have access to economic opportunities through micro financing and access to credit facilities. The National Population Policy provides for more vocational and technical skills towards vulnerable populations, in particular youth to make them independent to reduce incidences of GBV. However, youth are described in general, and there is no distinction on GBV initiatives between boys and girls, nor on age specific strategies.

National Strategies and roadmaps

The element is poorly covered across the documents. Three out of five strategies do not mention the element at all. Most strategies i.e. the Malawi Growth and Development Strategy III mention the need for socio economic empowerment, but with no clear activities defined. However, the HIV/AIDS Prevention Strategy proposes introducing social cash transfers for vulnerable population, in general, and not as GBV prevention strategy as such.

National Programmes

The document gives a comprehensive account of socio-economic empowerment including its importance and how it can be achieved to reintegrate survivors in society and reduce further occurrences of GBV. It also has activities related to training on entrepreneurship and income generation targeting women and girls.

Action plans and guidelines

This aspect is well covered by only one of the documents assessed. The National action plan against GBV calls for formation of youth cooperatives and community mobilization to form credit savings groups that will make women and children economically empowered. Furthermore, skills development in business, a requirement for poor households to be socially supported through welfare schemes through cash transfers and VSL schemes, making agricultural subsidies available and livestock pass on schemes are encouraged for socio economic empowerment of women and children.

2.7. Referral Systems

Referral is generally mentioned across policy documents, however in not for GBV cases, rather for SRHR services. See figure 10, of tabulated summary.

Figure 10. Policy Document's Comprehensiveness of referral systems element of GBV prevention and response

Comprehensiveness on the Referral Systems element of Gender Based Violence prevention and response							
Policy	National Sexual and Reproductive Health and Rights						
Policy	National Gender Policy						
Policy	National HIV AIDS Policy						
Policy	National Youth Policy						
Policy	National Population policy						
Policy	National HIV AIDS Workplace Policy			*Legend:*			
Policy	Mental Health Policy				Document comprehensively covers this element		
Srategy	Malawi Growth and development strategy 3				Document covers this element, however gaps remain		
Stretegy	Health Sector Strategic Plan II				Document minimally covers this element		
Strategy	National HIV Prevention strategy				Document does not address completely this element		
Strategy	Youth Friendly Health Service Strategy						
Road Map	Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi						
Country Programme Document	Spotlight initiative to eliminate violence against women and girls						
Guidelines	National guidelines for provision of services for physical and sexual violence						
Guidelines	Community-Based Complaints Mechanisms in Malawi						
Guideliness	Guidelines for management of sexual assault and rape in Malawi						
National Plan of Action	National Plan of Action for Vulnerable Children in Malawi						
Action Plan	National action plan on gender based violence						

Policies

Referral mechanism for GBV cases between sectors is not well defined and developed into strategies by all the policies reviewed. About half of the documents do not refer to this element at all. For the National HIV AIDS policy reference is to ensure a continuum of care for PLWHA services. While the Mental Health Policy refers to the referral of mental health cases between schools and the health facility, but not GVB cases, rather general mental health cases. In addition, only two policies mention rehabilitation services, the National Youth Policy, and the Mental Health policy, however both about youth drug addicts and people living with mental health disabilities.

National Strategies and roadmaps

Most of the documents mention referral mechanisms, however not for GBV services as rather for SRHR services. The National HIV/AIDS Prevention Strategy refers to SRHR services and GBV without really being specific on what this will entail. In addition, the roadmap for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi refers to referral for maternal and neonatal health services only. No mention on access to information on GBV, rehabilitation and repatriation services for GBV survivors is made, which is a big gap.

National Programmes

Document mentions referral mechanisms, in the context of SRHR services and GBV for girls and women survivors. However, it is not clear on how the referral process itself will be coordinated, and who are the stakeholders/sectors, particularly on the GBV. Nor does the document address the issue of how access to information, rehabilitation, and repatriation of GBV victims will be addressed.

Action plans and guidelines

Most of the documents mention referral mechanisms as important in GBV service provision, however no clarity on how it will be done among sectors. The rape guidelines mainly touch on medical referral (for further treatment and not really to other sectors for GBV services). The referral process between the police and health sector is clear, and to mental health sector within the documents, but other sectors are not mentioned. Rehabilitation and repatriation of victims of GBV victims is not mentioned in all the documents.

2.8. Mainstreaming/ multi sectoral response

This element is generally weakly covered across the documents. While consistent trend was to mention stakeholders on GBV programming without being clear on how they collaborate. See figure 11, of tabulated summary.

Figure 11. Policy Document's Comprehensiveness of mainstreaming/ multi sectoral element of GBV prevention and response

Comprehensiveness on the mainstreaming/ multi sectoral response element of Gender Based Violence prevention and response							
Policy	National Sexual and Reproductive Health and Rights						
Policy	National Gender Policy						
Policy	National HIV AIDS Policy						
Policy	National Youth Policy						
Policy	National Population policy						
Policy	National HIV AIDS Workplace Policy			*Legend:*			
Policy	Mental Health Policy				Document comprehensively covers this element		
Srategy	Malawi Growth and development strategy 3				Document covers this element, however gaps remain		
Stretegy	Health Sector Strategic Plan II				Document minimally covers this element		
Strategy	National HIV Prevention strategy				Document does not address completely this element		
Strategy	Youth Friendly Health Service Strategy						
Road Map	Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi						
Country Programme Document	Spotlight initiative to eliminate violence against women and girls						
Guidelines	National guidelines for provision of services for physical and sexual violence						
Guidelines	Community-Based Complaints Mechanisms in Malawi						
Guideliness	Guidelines for management of sexual assault and rape in Malawi						
National Plan of Action	National Plan of Action for Vulnerable Children in Malawi						
Action Plan	National action plan on gender based violence						

Policies

The policies do not provide direction on how multi sectoral response will be coordinated. While SRHR policy and Gender policy indirectly refer to collaborations, the statements are limited to listing stakeholders, without clarifying their roles. The National HIV/AIDS Policy addresses the issue of multisectoral collaboration in addressing stigma and discrimination for PLHIV, however the specific sectors are not mentioned, nor their roles.

National strategies and road maps

Integration and coordination between sectors on the different GBV prevention and response strategies proposed is not discussed in the documents at all. However, in the Health Sector Strategic Plan II there is a mention on multisectoral collaboration but not necessarily in relation to GBV programming, this also applies for the YFHS strategy.

National programme documents

The programme is very elaborate and comprehensive on how the coordination will be done in the programme. In addition, it stipulates how VAWG, SGBV and SRHR will be integrated in the District Development plan. And the programme document also outlines how the monitoring of the work will be done in a collaborative manner.

Action plans and guidelines

Four out of five of the documents make a mention of stakeholders on GBV programming, however with no clarity on how the parties will collaborate. Two documents; the National Action Plan on GBV and the National Guidelines for provision of services for physical and sexual violence mention the need to strengthen collaboration between sectors on GBV programmes, however as the roles of the stakeholders is not clearly defined. The Community Based complaints mechanism in Malawi guidelines highlight the need for collaboration between sectors i.e. legal, security, health, and social welfare to collaborate on survivor/victim centres and does not clearly define the roles of the various actors.

CHAPTER SIX: DISCUSSION, CONCLUSION AND RECOMMENDATION

Discussion

The study sought out to assess whether the Malawi Gender Based Violence prevention and response strategies are comprehensive in their definitions and approaches. 18 documents in total were identified, comprising of national policies, strategic, road map, country document, guidelines, and action plans documents were identified. The results reveal that of the forms of violence, sexual violence was the most identified and more elaboratively covered across all assessed documents, while economic violence was the least identified and defined. The study also notes that Malawian policies and strategic documents fall short on comprehensiveness of the GBV prevention and response when assessed against the UNFPA standards and the Maputo Protocol.

The following section summarises six main gaps identified and discusses them by comparing the assessment results with similar assessments/evaluations that others have made in SADC countries, and where applicable the results are also validated and enriched with KII results.

Violence in private spheres: marital rape

From the findings it can be generalised that sexual violence was the more comprehensively covered form of violence across all documents. Despite that only 3 of the 18 documents reviewed were able to define sub-forms of sexual violence, as violence that occurs in public and private spheres. While several documents address IPV as a form of physical violence in the private sphere, not a single document was able to provide well-articulated strategy on prevention and response to sexual violence that occurs in private setting, in particular marital rape. This finding is consistent with reviewed literature, for example in the State of the African Women Report, the legislative, policy and institutional study was conducted on 8 Regional Economic Committees, to measure and appraise member states progress in operationalization of the Maputo Protocol and Plan of Action. SADC was also included, and Malawi, Angola, Botswana, and other countries in the SADC region did not fare well on national legislation that do not recognise marital rape (Eerdewijk et al, 2018). Where it was found that absence of well elaborate legal infrastructure in the SADC countries as a crucial missing piece in making progress in tackling violence against women in all its manifestations (Eerdewijk, 2018). In addition it was noted in the study that some countries have contradictory legislations to the provision of the Maputo protocol (Eerdewijk, 2018). In this case the non-criminalization of marital rape in Malawi is such an example. Therefore, the surprising absence of this element in the UN Joint Programme on Gender

based violence- Spotlight initiative may be an indication that perhaps the agencies are trying to implement GBV programmes within the limits of the existing legal and policy framework in the country.

Violence in public institutions

Violence that occurs in public institutions in sexual violence i.e. harassment and forced sex perpetrated on adolescent girls and young women was not well articulated in the policy documents, and no comprehensive strategies to prevent or respond to it were identified, other than YFHS strategy, which did not include GBV services as such. This is despite numerous studies that confirm that GBV in public institutions, such as educational settings in Malawi (Bisika et al, 2009; Decker *et al.*, 2018). It was noted by the key informant from the Ministry of Gender that while the Ministry recognises that this is a huge challenge, part of the reason is that there are no proper reporting mechanism in place for GBV in public institutions including school settings, and that in most cases where the services exist, they are normally far from the victims areas of resistance.

Violence against vulnerable groups

In addition, the study identified a lack of coverage of the policies on GBV in emergency settings or provision of coverage of services for vulnerable groups such as sex workers, men who have sex with men, IDPs, refugees or asylum seekers. In relation to humanitarian settings, UNHCR reports that Malawi has about 46,000 asylum seekers and refugees (UNHCR, 2020). And thus, by the policies not proving any strategic direction on this, means a substantial amount of people living in Malawi (girls and women) are left at great risk of GBV, in particular sexual violence which has been found to be most prevalent in humanitarian setting globally(Wirtz *et al.*, 2014). And this gap in Malawian policies may be a reflection of nonexistence of GBV programmes for refugees, asylum seekers, and IDPs in the country. Back to the UN Joint programme, the spotlight initiative, it is my thoughts that perhaps why it was too was weak on this, was the absence of UNHCR on the Implementing agencies. Driving the point that stakeholder mapping in programme formulation is critical, to ensure that no vulnerable group is left behind, in this case IDPs, refugees and Asylum seekers.

Identification and punishment of perpetrators

The results consistently show that the element of dentification and punishing perpetrators as well as rehabilitation, and even reparation for victims of violence is lacking across the documents. Most of the policy documents discuss remedies on how survivors of violence may access justice and what provisions is there for them. However, what happens to them after that is not covered. In addition, what reparation mechanism is there, to ensure that it assists in the restitution of survivors are totally ignored, and no single no document mentions it. Furthermore, how to ensure that the perpetrators are properly followed up to ensure that indeed they receive appropriate punishment is not covered in the policies. This is consistent with the findings of the State of the African Women Report which found that most policy and strategic documents in SADC focus mainly on safeguarding and providing aid to the victim and not much on how they are repatriated back into the society (Eerdewijk et al, 2018). As well known how they are repatriated is very important as evidence shows that GBV victims may be subjected to social stigma, and worse still fall back into the cycle of violence if this is not done (Robbers and Morgan, 2017). Key informant from the police confirmed that the policies reflect what is indeed happening on the ground. He highlighted that insufficient numbers of officers trained in provision of GBV services as the reason this happens, to provide follow up services on the perpetrators. On the part of the victim he highlighted that most report late, and thus leaves little room to follow up on evidence. In addition, he confirmed that while the one stop centres are a great collaboration between health, mental and police sectors, the focus is on supporting the victims and not acting against the perpetrators. Furthermore the MOH Key Informant from Ministry of Health pointed out that the inability by the Ministry of Health to conduct forensic investigation, is among one of the reasons perpetrators of violence seem to "win" or "get away", because at the end of the day it becomes their word against the survivors, with no concrete evidence to tie down the perpetrator, especially where the violence takes place in public, which is in most cases.

Total neglect of mental health and psychosocial support services

The results indicate a total neglect of mental health services in the GBV service provision. Particularly psychosocial support across the continuum of care of a GBV survivor, (including the rehabilitation process). This gap was even surprising in the mental health policy, which failed to present appropriate strategies for GBV programming within the mental health sector. And yet the HIV related policies were far stronger in presenting strategies for tackling with mental health support for GBV survivors, perhaps this is an

area for cross learning between sectors (in this case the HIV and the mental health sector) on best practices. This finding was further validated by the Key Informant from the Health Sector who echoed that the mental health sector in Malawi is heavily understaffed, moreover those trained in handling in GBV cases, and the few specialist are placed at tertiary institutions, leaving the primary health care level with literally no capacity and yet this is where most of the cases are concentrated in Malawi, he said. This finding is consistent with the programme evaluation on mental health services conducted in Tanzania and Malawi, which confirmed there is limited development and expansion of evidence informed initiatives in the mental health sectors of the countries, mainly because of limited policy direction and other factors such low capacity of the health work force to deliver mental health services in the countries (Beyene *et al.*, 2019; Kauye, 2008; Mkandawire-Valhmu, 2010; Chorwe *et al*., 2013).

Lack of clarity on the roles of sectors in GBV prevention and response

This result is consistent with State of the African Women Report which reports weak coordination across sectors in GBV prevention and response (Eerdewijk, 2018). It is also consistent with the findings of the literature review on sexual violence prevention and response strategies in humanitarian settings, that noted that of all the 29 studies reviewed not a single one discussed mainstreaming nor multisectoral response, is a clear research gap that needs to be explored in GBV programming (Robbers and Morgan, 2017). It was can be noted that it was a consistent finding with all Key informants ,donor dependency on functionality of coordination structures, to fund allowances and logistics, as the biggest challenges at the lower levels of coordination (district and community levels). It was further pointed out that GBV technical working groups and subcommittees are more functional when NGOs are running a programme and usually become weaker when the program phases out. This says a lot about the fact that Government does not have a sustainability for GBV coordination structures, saying a lot on the commitment aspect to programming GBV in general.

Analytical Framework

The analytical framework, combining the UNFPA framework and sections of the Maputo Protocol, was very elaborate in assessing the comprehensiveness of the policy documents. However, a poor performance in the context of this assessment, does not mean the policy/programme is a failure at implementation. In addition, the UNFPA framework for GBV Mitigation, Prevention and Response standards used as a framework for this study, which clearly saw the Malawian policy documents performing poorly on the element

of dignity kits for example, may be a result of policy maker's regard of the country as not being an emergency setting and thus deliberately omitting provision of these from the national programmes and policies. However, the author of this thesis feels that any country should always make the provision for relevant strategies in its national programmes and policies, to avoid finding itself in a situation where there is no policy direction when emergencies arise. Furthermore, there is no excuse for omitting provisions of the Maputo protocol in the current policy framework, which Malawi ratified.

Furthermore, a limitation of the framework is that it does not community element of GBV prevention or response. For example, actors such as community leaders, parents, and other stakeholders have a role to play in GBV prevention and response and their role is not clear. Apart from that I would however recommend the framework for future use.

Limitations

The clearest limitation of the study was that some of the policy documentation in GBV programming in Malawi have a long-life span. For example, the HIV policy from 2003, Guidelines for management of sexual assault and rape in Malawi_2005 and has since not been updated, and yet we are aware that many advances have been made in these fields in more recent years. Meaning a policy review may risk running behind reality and that additional research methods are needed, i.e. interviews. Furthermore, another limitation of the study was that its scope was limited to the four forms of violence and did not touch on harmful practices, which received more attention in the assessed policy documents. And thus, some documents fared poorly on the assessment not because they did not identify a form of violence, but because it was not the four which were the focus of this study. For example, early marriages were widely covered as a form of GBV across many policy documents. While this is a limitation in its own for the study, it also highlights a key problem in GBV programming in Malawi, that adolescent girls and young women who are victims of early marriages are given more attention only in the context of harmful practices and limited attention on the other forms of violence, which this study has demonstrated to be a pertinent problem, that needs urgent attention.

Conclusion

Overall, the findings indicate that Malawi is in the right direction on addressing violence against women and girls, evidenced by the exhaustive list of policy documents identified that address various forms of GBV in their content.

However, the findings also reveal that there is a big gap in that operational documents i.e. action plans appear to be more detailed on forms and approaches on GBV than higher level documents such as policies. And this is true with all forms of violence. The policies were mainly general when, yet they needed to be more specific in their definitions, as to provide clarity and guidance/direction and a basis for lower level/operational documents.

Furthermore, the findings reveal that Malawi has a long way in achieving comprehensive and responsive GBV programs. The insufficiency in comprehensive definition of all four forms of violence across the policies, cannot go unnoticed. While acknowledging that harmful cultural practices and domestic violence are very pertinent, these are also not fully covered by the policies. In addition, it is evident that the policies do not fully address violence that take place outside intimate settings.

Furthermore, it can be concluded that the policies were short on ensuring that the GBV prevention and response strategies are in line with the agreements of the Maputo protocol, which Malawi is party to. An example of this is the complete absence of any of the policies to distinguish identify and strategies for violence that takes place in public and private settings, i.e. marital rape. Moreover, the policies, fell short in elaborating strategies on ensuring perpetrators of violence against women and girls are brought to book and punished appropriately. Furthermore, the policies were unable to provide relevant strategies on rehabilitation and reparation of GBV victims.

The policies also fell short on providing comprehensive age and sex disaggregated data for GBV in Malawi. The tendency of generalising all interventions for young people, regardless of their age or sex, means strategies were generalised, and thus not responsive to age specific needs. In addition, the strategies, did not differentiate between interventions in GBV hot spots, rural and urban centres means the strategies do not acknowledge the unique vulnerabilities between different sex, ages, geographic zones among other many factors to GBV.

Moreover, the neglect of mental health services as a key element in GVB programming evidenced by its low coverage across the policy documents, is an area that requires urgent attention.

Recommendation

Based on the study results, the author proposes the following recommendations:

1. **Law enactment and Policy review**

Firstly, Ministry of Gender in collaboration with Ministry of Justice and relevant stakeholders should enact all necessary laws that criminalise all forms of GBV. The first step to achieve this is to conduct a thorough evaluation and needs assessment of all sectoral policies. The evaluation will assess the quality of the policies alongside international instruments such as the Maputo protocol, the CEDAW, and other relevant instruments. Based on the validation of this gaps, then review and updating of the policies may be done and thereafter this will feed into updated laws and thereafter enactment.

2. **Prioritization of Mental Health Services in Public Health System**

Secondly, Ministry of Health should take actions to ensure mental health services in general in prioritized, furthermore for GBV programming in the country. Recognizing that unfortunately mental health is a generally neglected component of public health, it is not surprising that the Malawian policies reflected as such in the assessment. It is therefore recommended that firstly, the Ministry of Heath must lobby for increased funding to the mental health sector. In addition, the Ministry of Health must appoint at policy level a Mental Health Coordinator in the Ministry of Health, which the Ministry's Key informant from Ministry of Health confirmed that the role doesn't exist, as mental health is coordinated by the Non Communicable Diseases (NCD) This will not only demonstrate Government's commitment to improving mental health services, but also that it places it at the same level of importance such as HIV, TB, Malaria, Nutrition amongst many others which have Coordinators at Policy level. On the GBV front, it will be important, that this Coordinator, becomes part of the national conversation, and one of their key role would be to contribute to the review of the relevant policy documents (activity proposed in recommendation one above), that can improve GBV programming in the country.

3. **Enhanced Multisectoral collaboration**

Ministry of Gender should take lead in revamping and revitalizing all GBV Coordination structures in the country at all levels. It is recommended that first a mapping of all stakeholders working on GBV should be done in the country. And as this is happening an evaluation of existing GBV coordination structures in the country should also be constituted. Based on the mapping study results and findings of the evaluation on

coordination structures, the terms of reference for all coordination strictures and compositions of all GBV technical working groups may be updated. This process is required at national, district, and community levels. The Ministry should go further to develop is a sustainability plan for the functioning of GBV coordination structures, and that their functionality is not dependent on donor funded programs.

4. **Further research on responsiveness of the policies to adolescent girls and young people's needs and other vulnerable groups.**

. Though not covered in the scope of this thesis, it was evident during the data extraction process that the prevention and response strategies proposed by the policy documents were not responsive to the needs of adolescent girls and young women. A key age group in GBV programming due to multifaceted vulnerabilities they have to all forms of GBV. Ministry of Gender which is the mandated Ministry to deal with all affairs of women and Children in Malawi, in collaboration with relevant stakeholders i.e. UN agencies like the UNFPA and UNICEFF, NGOs i.e. Plan International, Save the Children among others should consider carrying out this research.. It is therefore recommended that a similar assessment be instituted on the policies to address the extent to which national GBV prevention and response programmes, policies are tailored to the needs of adolescent and young women; furthermore the extent to which GBV policies and programmes address link with HIV prevention and response strategies. This study may inform the policy review (recommendation one).

5. **Further research on comprehensiveness of the Malawian legal framework**

The current study focused on assessing the policy framework, however enforcement of policies depends on existence of a legislative environment. E.g. even if the policies cover comprehensively that perpetrators of GBV must be punished, this is not possible if the laws that all that particular form of GBV in place. Currently Malawi criminalises harmful practices i.e. and other forms of violence, therefore the fact that that the legal structure is in place, there may be need to simply review it, identify the gaps, and which will feed into the basis for a legislative review (recommendation one). There is need for more research, a similar assessment on legal framework, acts and laws. Ministry of Gender and Ministry of Justice should carry out this study.

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ANNEXES

Annex 1: Data Extraction Sheet

Name of Policy or Programme document to be analysed: (Insert name here)					
Type of document: 1)Policy 2)Strategy 3)Programme document 4)Guidelines/Standard Operating Procedures5)Plan of Action (select type of document) **6)Other_____** **(State the type of document)** **Year the document was officially released:_____** **Aim of the document:_____**					
Forms of on forms of violence					
Sexual violence *Reference made to Article 2 on sexual harassment*					
Physical violence					
Emotional /mental/social violence					
Economic violence					
Elements of GBV prevention and response					
Health care					
Mental Health and psychosocial support					
Safety and security *Reference to also be made to Maputo protocol on section c protecting asylum seekers, refugees, IDP women against all forms of GBV seeking women, refugees,*					
Justice and Legal Aid *Reference to also be made to the Maputo protocol **Article 4**, section **e)** on punishing perpetrators and rehabilitation programmes for victims*					
Dignity Kits					
Social Economic Empowerment					
Referral systems *Reference will also be made to Maputo Protocol **Article 4** section* ***f)** on accessible services for effective information, rehabilitation, and reparation for victims of GBV*					

Mainstreaming/ multi sectoral response					
Maputo Protocol					
Article 4 **Section a**) On 1. unwanted or forced sex 2. violence that takes place in private or public					

Annex 2: Policy Documents assessed

1. National Sexual and Reproductive Health and Rights Policy _2017- 2022 (Government of Malawi, 2017)
2. National Gender Policy_2011 (MoGCDSW, 2011)
3. National action plan on Gender Based Violence_2014-2020 (MGCDSW, 2014)
4. National HIV AIDS Policy_2003 (GoM, 2003)
5. National Youth Policy_2013 (Malawi Government, 2013)
6. National Population Policy_2012 (Ministry of Health, 2012)
7. National HIV/AIDS Workplace Policy_2010 (Ministry of Labour, 2010)
8. Malawi Growth and Development Strategy III_2017-2022 (GoM, 2017)
9. Health Sector Strategic Plan II_2017-2022 (Ministry of Health, 2015)
10. Mental Health Policy_2020 (MoH, 2020)
11. National HIV/AIDS Prevention Strategy_2015-2020 (NAC, 2015)
12. Youth Friendly Health Strategy_2015-2020 (MoH, 2015)
13. Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi_2012 (R. of M. Ministry of Health, 2012)
14. Spotlight initiative to eliminate violence against women and girls_2019-2022 (UNDP, 2018)
15. National guidelines for provision of services for physical and sexual violence_2014 (MOH, 2014)
16. Community-Based Complaints Mechanisms in Malawi_Guidelines_2018 (GoM, 2019)
17. National Plan of Action for Vulnerable Children in Malawi _2015 (GoM, 2015)
18. Guidelines for management of sexual assault and rape in Malawi_2005 (GoM, 2005)

Annex 3: Key Informant Interviews Documentation

3.1 Waiver Request letter

RESEARCH ETHICS COMMITTEE

waiver request for primary data research

From: Melina Dzowela Amsterdam, 3rd July 2020

To: Chair KIT Research Ethics Committee

Dear Madam,

This letter is to request a waiver of ethical clearance for a study on Gender Based Violence Prevention and Response Strategies in Malawi: an assessment of their comprehensiveness and responsiveness to the needs of Adolescent Girls and Young Women. The study takes place in Malawi, Africa.

The study is implemented by Melina Dzowela in the context of MPH-ICHD 2019/2020 KIT thesis research .The purpose of the study is to assess whether the Malawi Gender Based Violence prevention and response strategies are comprehensive and if they are also responsive to the needs of Adolescent Girls and Young Women. The study focuses on Policy/programme analysis. The study results will be used for partial fulfilment of a Masters Degree Programme.

The methodology of the study consists of Key Informant Interviews. The number of respondents is 6 respondents from various Government Ministries in Malawi working on Gender Based Violence Programmes and a representative of an organization/ a national Gender Based Violence programme that is identified based on the outcomes of the ongoing policy analysis. The specific Ministries will be identified, based on the outcomes of the ongoing policy analysis. Respondents will be selected through their official designation in the various Government Ministries or National Gender Based Violence Programmes in their official capacity and not on a personal capacity. The research team consists of one person, Melina Dzowela, KIT MPH-ICHD 2019-2020 student.

We would like to kindly request the Research Ethical Committee for a waiver of ethical clearance for this study for the following reasons:

1. As mentioned above, the questions will solely concern the knowledge, insights and experiences based on their professional roles of the respondents. The data collection tool is developed for experts in the field of community health or sustainable economic development to share their experience and opinion on the research topic. The data collection tool does not include any personal questions and participants are free to skip questions if they consider them to be irrelevant.

2. The participants will be asked for informed consent before the data collection, to make sure voluntary and informed participation is taking place. The participant is requested to participate and can decide to decline or withdraw participation at any moment during the process without any effect on reputation, or other consequences like any negative implications for them and or their professional performance.

3. Participating in this study does not bear any physical, psychological and/or socio-economical risk or discomfort. As All interviewees will be requested to respond in their official capacity and not on a personal basis, and no personal experiences on the matter will be sought, only official operational/ Gender Based Violence programming information will be sought from the interviewees.

4. The data collection tool was developed by [Melina Dzowela name] based on an analytical Gender Based Violence prevention and response framework by UNFPA, with adapted elements from the Maputo Protocol. In addition, the data collection tool will be further refined based on the findings from the ongoing policy analysis for the thesis study.

   All information will be derived, processed, stored, and published anonymously. Content analysis will be done for the data collected. Documents will be identified by the official names, and no mention of individuals interviewed will be used at any point of processing and storing of the data. The notes for the interview process will be kept in a safe location and locked up, and results will not reflect individuals' names. Further the results will be available in written form through Royal Tropical Institute, KIT, for academic purposes and not for public use.

5. Furthermore, the research is scientifically sound and justified, described in a clear detailed protocol, and conducted in accordance with the basic ethical principles of the Declaration of Helsinki.

The data collection tool guide can be found in Annex 1 to this letter and the informed consent form can be found in Annex 2.

We hope to have informed you sufficiently on the objective and content of this study to make a decision on our request.

Yours sincerely,

Melina Dzowela_MPH-ICHD 2019-2020

Annex 1: Data collection tool guide

[…]

Annex 1.2: Informed consent form

[…]

3.2 Key Informant Guide

Key Informant interview guides

Note*:* This interview guide was adapted to each respondent based on outcomes of the ongoing policy analysis.

Interviewee introduces him/herself and the aim of the interview.

Aim of interview:

The interview is done in the context of MPH-ICHD 2019/2020 KIT thesis research The purpose of the study is to assess whether the Malawi Gender Based Violence prevention and response strategies are comprehensive and if they are also responsive to the needs of Young Women. The study focuses on Policy/programme analysis. The study results will be used for partial fulfilment of an Masters Degree.

Date ……

Name of interviewee……

Organization……

Position……

Time interview started……

Name of moderator ……Sign……

Venue/District……

Duration……

Topic guide

- In which sector would you categorize the GBV work your Ministry/Programme/Organization is implementing?
- In terms of GBV, may you kindly explain which forms of GBV the work of the Ministry/Programme/Organization mainly addresses.
- What programmes is your Ministry/Programme/Organization implementing in GBV?
- Who is funding the GBV Programmes?
- Within the stated programmes what GBV prevention strategies are being addressed by your Ministry/Programme/Organization?
- Who is the target group of the GBV prevention strategies?
- Within the stated programmes what GBV response strategies are being addressed by your Ministry/ your organization?

- Who is the target of the GBV response strategies?
- In terms of targeting in the GBV programmes you are implementing, what are the identified gaps? What is being done well?
- What are the lessons learnt with focusing GBV programme interventions on this target group?
- Who are stakeholders involved in prevention and response at the various levels, and in the existing programmes?
- How do you coordinate with the other sectors in GBV prevention and response programmes?
- What are the general existing gaps/challenges in the current GBV prevention and response strategies being implemented?
- What has been done well/strengths in the current GBV prevention and response programmes?
- What GBV prevention and response policies, programmes, strategies, national action plans are your Ministry/Organization developing/ in the pipeline right now?
- What recommendation would you make to have a more comprehensive GBV prevention and response system in Malawi?
- What can be done to have a more responsive GBV system for adolescent girls and young women in the country?

General comments

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Thank you for your time.

3.3. Consent form

Informed Consent Letters and Study Instruments

B. Interviews with (key) informants and/ or stakeholders

Informed consent Key Informants

There are several categories of Key Informants. This Informed Consent form is applicable to all categories. The tools are different for each category.

Hello, My name is Melina Dzowela, I am a Master of Public Health- International Course in Health Development Student 2019-2020 at the KIT-The Royal Tropical Institute, Amsterdam, Netherlands. This reaserch is being done in partial fulfilment of my Masters Thesis. I would like to understand better how the Malawi Government and various stakeholders work to prevent and respond to Gender Based Violence. I understand that there is already a lot of work and strategies on the ground, and I would like to learn from this. I hope that this information will inform strengthening of GBV services in the future.

Procedures including confidentiality.
If you agree we would like to interview you about the Malawian Gender Based Violence prevention and response strategies, your evaluation of the quality of these strategies, and how far you feel they meet the needs of adolescents girls and young women and what you think can be done to make them more comprehensive and responsive.

The interview will take place online, via zoom meeting, and will last about one hour.

To make sure that we do not forget or change what you are saying, I will record the answers you give, if you permit (with zoom recording function). Everything that will be said, written down will be kept totally confidential. Your name will not be recorded or written down. Notes will be kept in a locked place. Only the researcher will have access to the notes.

Findings of the research will be attributed to the services in general and not to your particular area so that nobody can recognise the setting. Zoom recording will be destroyed 6 months after finishing the study.

Risk, discomforts and right to withdraw
You are free to refuse to answer any question for any reason. Refusing to take part or withdraw during the interview will not in any way have any negative implications for you and or your performance in your proffessional or personal capacity.

Benefits
This study will not help you directly but the results inform future Gender Based Violence prevention and response strategies in Malawi.

Sharing the results
After the assessment is completed, the results will be presented to the KIT-Royal Tropical Institute in partial fulfilment of the Master of Public Health -International Course in Health Development. In addition, the results will be available in written form through KIT. If you would like to receive a copy of the report, please let us know and we will make this possible for you.

Consent and contact
Do you have any questions that you would like to ask?
Are there any things you would like me to explain again or say more about?
Do you agree to participate in the interview?

DECLARATION: TO BE SIGNED BY THE RESPONDENT

Agreement respondent

The purpose of the interview was explained to me and I agree that …….. (name of person) is interviewed.

_____

Signed Date

WITNESS SIGNATURE

_____

Signed Date

If you have any questions or want to file a complaint about the research you may contact:

Contact information organization	Contact for Ethics Committee

3.4 Clearance letter after waiver request

Clearance letter after waiver request