



Government of Malawi

**National Plan of Action to Combat
Gender-Based Violence in Malawi
2014 – 2020**

Ministry of Gender, Children, Disability and Social Welfare
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Foreword

The Ministry of Gender, Children, Disability and Social Welfare has taken note that gender based violence (GBV), and most especially violence against women and girls is a serious, prevalent and deeply entrenched a problem in Malawi. The severity and prevalence of such violence is one of the factors contributing to inequality between men, women, girls and boys in Malawi.

This National Plan for Action for Combatting Gender Based Violence (NPA) which follows national gender based response initiatives that ran from 2002 to 2007 and reviewed for 2008 to 2013, is essential to this effort, providing a comprehensive, multi-sectoral and sustained blueprint for ending violence against men, women and children.

Although there will be challenges in the implementation of this National Plan of Action, they are not insurmountable. The zeal and commitment which my staff and all stakeholders have displayed in working together to rid this country of GBV is an important starting point. The women and children of this country deserve a better future. I, therefore, exhort my fellow Malawians and all stakeholders involved in the fight against gender based violence to fully support and align their efforts towards the implementation of this NPA. If everyone responds as required, then together we shall banish those atrocities that hamper the development of this country in which women have so much at stake.

I am indebted to colleagues across government for their support in putting this strategy together. Far more importantly, however, we are all indebted to the organisations and individuals who responded to the recent consultation which is the basis of the NPA. In particular I would like to thank **UNFPA and UNWomen for their financial and technical support.** This strategy document is a joint effort to address an enduring social problem. Together, we can end gender based violence and most especially, violence against women and children.

Hon. Patricia Anne Kaliati, M.P.

**MINISTER OF GENDER, CHILDREN, DISABILITY AND SOCIAL
WELFARE**

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Dr. M. Shawa

PRINCIPAL SECRETARY

List of Acronyms

| | |
|-------------------|--|
| ARV | Antiretroviral drugs |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CSO | Civil Society Organization |
| CSW | Commission on the Status of Women |
| DPR | Department of Planning and Research |
| FBO | Faith-Based Organization |
| GoM | Government of Malawi |
| IPV | Intimate partner Violence |
| JSSP | Joint Gender Sector Strategic Plan |
| LT | Long Term |
| MDHS | Malawi Demographic Health Survey |
| M&E | Monitoring and Evaluation |
| MoE&DP | Ministry of Economic and Development Planning |
| MT | Medium Term |
| MDG | Millennium Development Goals |
| MGDS | Malawi Growth and Development Strategy |
| MDHS | Malawi Demographic Health Survey |
| MHRC | Malawi Human Rights Commission |
| MoGCDSW | Ministry of Gender, Children, Disability and Social Welfare |
| NAC | National AIDS Commission |
| NESP | National Education Sector Plan |
| NGO | Non-Government Organisation |
| NGO-GCN | Non-Government Organisation Gender Coordination Network |
| NGP | National Gender Policy/Programme |
| SADC | Southern Africa Development Committee |
| STI | Sexually Transmitted Infection |
| UN | United Nations |
| UNICEF | United Nations Children Fund |
| UNFPA | United Nations Population Fund |
| TA | Traditional Authority |
| VAC | Violence Against Children |
| VAW | Violence Against Women |
| VSU | Victim Support Unit |
| WOJAM | Women Judges Association of Malawi |

1.0 INTRODUCTION

1.1 Executive Summary

This National Plan of Action against Gender Based Violence (GBV) (the NPA) is a statement of Government priority actions to address gender-based violence in Malawi in the five-year period from mid-2014 to the end of 2020. The Government of Malawi is concerned at the consistent prevalence and the high level of non-disclosure or non-reporting of incidences of GBV with particular reference to women and children. The NPA sets out a plan for ‘whole-of-government’ action for a more effective system to prevent GBV. Under the leadership of the Ministry of Gender, Children, Disability and Social Welfare (MoGDSW), other ministries, Government departments, non-governmental organisations (NGOs) coordinated by the NGO Gender Coordination Network (NGOGCN), the private sector, development partners and donor agencies are involved in work relevant to the prevention, early referral and action and alleviation of GBV through efficient responses. The strategy thus aims to provide a strong framework for sustainable intervention to prevent and effectively respond to GBV. The strategy focuses on action to address GBV perpetrated against men, women and children.

1.1.1 NPA VISION

By the end of 2020 it is envisaged that in Malawi there shall be:

- Clearer societal acknowledgment of the unacceptability of GBV
- Greater recognition and a broader understanding of GBV
- Greater confidence in high-quality and consistent services
- Improved services for survivors
- Increased accountability and rehabilitation of the perpetrator
- Improved data collection for future action
- Structured and improved planning and monitoring to ensure continued effectiveness.

1.1.2 NPA MODEL

The model chosen for this NPA focuses on primary (prevention, recognising and understanding) and secondary intervention (reporting, responding, and referring) while placing an emphasis on co-ordinated impact assessment and the generation of data on which policy and implementation is firmly based. It is not enough that one action in the NPA is progressed. It is not enough that one ministry, organisation or one sector is making advancements. The key difference is that activity is coordinated, planned and implemented with a conscious regard to impact and outcome (results based approach). With a reasonable level of evaluation and monitoring and a systematic approach to data, it will be possible to assess the overall impact of the NPA. Using this model, the NPA is constructed to achieve the goal: *to create an enabling environment for the elimination of GBV in a holistic, participatory and multi-sectoral manner.*

Priority Areas

The five priority areas of the NPA are:

- 1. Prevention of GBV by addressing the root causes and promoting transformation of harmful social norms.*
- 2. Promotion of an early referral system that identifies violence and thus reduces its impact and continuation.*
- 3. Creation of an effective response mechanism supporting the survivors of GBV.*
- 4. Coordination, implementation and sustainable financing of the NPA.*
- 5. Research, data collection, monitoring and evaluation.*

The Priority Areas cascade down into detailed ‘on the ground’ activity through outcomes, outputs and activities by both by both primary and secondary interventions. Primary interventions are those that aim to prevent a problem from occurring or, when it has taken place, to prevent its recurrence. Secondary interventions arise once an incident has occurred and there is a direct role for services to deal with a report, to respond, or to refer on for needs to be met by a more specialised service. In the context of GBV, secondary interventions are mainly the services offered to victims. Secondary interventions therefore range from routine enquiry in hospital or health services which aim to facilitate disclosure, to direct service provision to victims, such as assistance with

accommodation, counselling and medical attention, to relief provided through the civil and criminal justice process. A basic first step in increasing confidence in service provision for those affected by GBV is making sure that information on services is available to victims in user-friendly formats. Secondary interventions also include action promoting high-quality standards in service delivery for survivors and perpetrators of GBV; action strengthening intra-and inter-organisational co-ordination with a view to improved service effectiveness and consistency; and action supporting and enabling collaboration across all stakeholders.

In the context of identifying the root causes of GBV, primary interventions are those used to raise awareness, increase understanding and recognition, educate people about the dynamics of the problem, root causes, underlying factors, exacerbating factors, predisposing factors and triggers, its impact, and to thus equip people to better respond to the problem. In the long term, incidences of GBV will be reduced or prevented through raising awareness of the problem and changing attitudes. The activities aim to increase recognition and understanding of GBV throughout society as a whole, within high-risk groups and within specific audiences such as health-care professionals, the justice system and other front-line staff. Primary interventions also involve developing and implementing training programmes to ensure that front-line staff and professionals provide an effective response. Further activities aim review GBV training curricula to include root causes, underlying factors, exacerbating factors, predisposing factors and triggers, and impact of GBV.

The link between the NPA and other existing strategies or campaigns aimed at achieving the same results is highlighted in the activities under the First Priority Area. Coordination of the VACS 2014 campaign, MEGEN campaign, HeForShe Campaign, Ending Child Marriage campaign, Unite2Act campaign and 16 Days of Activism which engages a variety of actors, including men and boys in primary intervention as a strategy for combatting GBV.

The role of humanitarian crises in exacerbating GBV is also highlighted and both primary and secondary interventions are provided for in the activities.

1.2 Lessons from previous National Responses to GBV and other challenges

The NPA draws heavily on lessons learned from the implementation of its predecessors, the 2002-2006 Strategy to Combat gender Based Violence and the 2008-2013 National Response to GBV.

The review of the 2008-2013 National Response highlights the multiplicity of stakeholders engaged in the implementation of activities aimed at reducing GBV, especially at community level, however coordination of these activities was weak. The starting point of the NPA is therefore to task the MoGCDSW to provide strong leadership and to strengthen its coordination structures at all levels to improve effectiveness in the implementation of GBV interventions. Other gaps identified in previous national responses have been specifically dealt with in the activities in the NPA.

Despite significant contributions by the government and by NGOs, challenges remain in GBV programming across all sectors. Some of the challenges are listed below:

- a) Lack of Sufficient Data and un-coordinated research, monitoring and evaluation of outputs and outcomes of GBV interventions***

Although several large nationally representative surveys on GBV have been conducted, data collection is largely insufficient. This adversely affects the ability of policy makers in improving planning and decision making for GBV prevention and responses and to allocate scarce resources strategically and rationally to achieve the greatest impact. The main problem is the lack of a GBV data collection and management system that defines the kind of data to be collected and how this data will be managed. The situation is compounded by the lack of appropriate standardized data collection tools and the duplication of data from the various duty bearers (e.g. the police, the judiciary and one stop centres) and stakeholders. Currently, the few institutions engaged in GBV prevention interventions have their individualized data collection tools which make data analysis cumbersome.

Standardizing data collection tools shall strengthen capacity to evaluate progress made in GBV in a clear systematic way. Standardization also establishes a comprehensive understanding of the magnitude, trends and patterns of GBV, that

shall improve future planning and programming. It is therefore important that a model questionnaire (Tool) be developed on GBV and integrated in the demographic and health survey exercise so that the occurrence of prevalent forms of GBV such as rape and defilement are quantified. In view of the role of the National Statistics Office in coming up with Demographic Health Surveys and Gender Baseline Surveys, the NPA recognizes the importance of working with this office in developing the standardized tool and in providing quality assessment of the data with a common definition of violence, that is consistent with international standards. Further, the standardized tool shall capture information from age groups above 49 years old that have been left out in MDHS 2004 and 2010 which sampled women between the ages 15–49 years.

The NPA also aims at improving coordination of all stakeholders involved in data collection. For example, coordination between the police, the judiciary and One Stop Centres shall lead to the harmonization of data collection in providing data on the number of complaints received, prosecuted, ending up in a conviction or otherwise and the type of assistance rendered by the One Stop Centres.

In addition, the NPA aims at improving data collection on the incidence rate, response and follow up of prevalent forms of violence which are often reported in the media such as rape and defilement; however the picture presented by the available data is incomplete. Registration of rape and defilement cases in all the institutions visited was not properly recorded and there was no record of the actual number of cases prosecuted, their outcome and the number of cases withdrawn hence the need for proper coordination between the stakeholders to ensure more comprehensive data collection. The NPA therefore aims at ensuring frequent nationwide data collection of prevalent forms of violence as well as the response and follow up by different duty bearers and stakeholders. The NPA also employs strategies for robust and coordinated research, monitoring and evaluation of the GBV.

b) Community mobilization behaviour change communication to prevent GBV

Lessons from previous national responses have shown that communities lack capacity to adequately participate in eliminating GBV. The problem tends to be that information on gender-based violence is not properly accessed by a large number of women and girls in particular and communities in general, especially in rural areas. There is therefore a need for the communities themselves to be capacitated to become fully involved at all levels to ensure that information so that they mobilize themselves to respond to and prevent issues of GBV. Further, deep rooted and persistent cultural mind-sets and social norms that fuel GBV can only be effectively addressed if communities are trained to inculcate local values that negate GBV.

c) Limited dissemination

Previous national responses had limited outreach. The NPA shall therefore enhance measures for GBV outreach and identify and implement practical strategies promoting dissemination.

d) Limited capacity of implementing partners

In order to address the challenge of limited capacity by implementing partners, the NPA shall implement a nation-wide capacity building programme targeting partners at community level, local council level and national level.

e) Weak problem and results analysis and lack of results based approach in the implementation of activities

The NPA shall focus on prevalence of particular forms of GBV and shall prioritize an implementation approach using a results framework and premised on a baseline study; and shall scale up interventions that have proven effectiveness in addressing GBV.

f) Failure to include the private sector as a partner with established programmes on gender equality and HIV and AIDS prevention.

The NPA shall emphasize private sector engagement with specific reference to private sector funding and involvement in GBV for sustainability of efforts. The Areas for private sector funding include supporting VSUs, establishing private one stop centres (especially in urban areas). The private sector has also been singled

out for their role in establishing workplace gender friendly policies and interventions to support their employees.

g) Failure to address violence against children which has risen to unprecedented levels.

The NPA shall prioritise violence against children as an area of specific focus with practical implementation measures.

1.3 Sustaining Best Practices

In 2014, the MoGCDSW commissioned a review of the National Response to Combat GBV 2008–2013). The objective was to evaluate the progress and results achieved during the Response’s implementation and make recommendations for the new strategy. The review looked at results achieved during implementation, the extent of coordination and partnership, the effectiveness and sustainability, effectiveness of approaches used in the Response, and the extent of it’s linkage with other sectoral policies. It found that the strategy was successful in changing the government’s approach to GBV and violence against women; it mainstreamed a gender-based approach to domestic violence with a targeted focus on female survivors of violence.¹

The implementation of the previous national responses has thus heightened awareness and advocated for action against GBV and has also positively contributed to the implementation of a conducive legal environment against GBV.

This NPA also builds on the existence of a strong coordination network on GBV through the Non-Governmental Organization Gender Coordination Network (NGOGCN) in the past responses. NGOGCN thus plays a crucial role in coordinating the work of NGOs on GBV and shall be tasked to continue this task in the implementation of the NPA. The strategies employed in the NPA aim to sustain the gains achieved by its predecessors.

¹ Centre for Development Management. 2014. *Review of the National Response to Combat Gender-Based Violence (GBV) in Malawi (2008-2013) and the Development of a New National Response to Combat GBV (2013-2017) Draft Evaluation Report* (prepared for Ministry of Gender, Children, Disabilities and Social Welfare). Lilongwe, Malawi. [Unpublished].

2.0 SITUATION AND PROBLEM ANALYSIS

2.1 *Economic and Social Context*

Malawi's socio-economic indicators are quite low. On the Human Development Index Malawi ranks at 170 out of 186 countries and 124 on the Gender Inequality Index, with a value of 0.57, reflecting the high levels of gender inequalities in reproductive health, empowerment and economic activity. Malawi is unlikely to achieve the meet Millennium Development Goals 1, 2, 3 of reducing poverty and hunger by half, attaining universal primary education, achieving gender equality and women's empowerment² and maternal health respectively. Malawi is a predominantly an agricultural economy, which contributes 35-40% of the foreign exchange earnings, employing an estimated 85% of the labour force of whom 80% are women. The agricultural sector accounts for about 90% of exports and contributes about 38% of the GDP.³

In 2008, the population of Malawi was estimated at 13,066,320 of which 6,365,771 (49%) were males and 6,700,549 (51%) were females. 85% of the population lives in rural areas with limited access to basic social services such as health, education and transport infrastructure. The population grew from 9,933,868 in 1998 to 13,066,320 in 2008, representing an increase of 32%⁴

2.2 *Prevalence, Forms and Patterns of Gender-Based Violence (GBV) in Malawi*

The CEDAW Committee in General Recommendation 19, clarifies that GBV against women is a form of discrimination and therefore covered by the scope of the CEDAW. GBV is defined as “*violence that is directed against a woman because she is a woman or that affects women disproportionately*”; thereby underlining that violence against women is not something occurring to women randomly, but rather an issue affecting them because of their gender. In addition, violence against women is defined by the UN Declaration on Violence against Women 1993 as including “*acts that inflict physical, mental or sexual harm or*

²2010 Malawi Millennium Development Goals Report

³Central Intelligence Agency. (2014). Malawi. In The World Factbook. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>

⁴National Statistical Office (NSO) [Malawi] 2008. Population and Housing Census

suffering, threats of such acts, coercion and other deprivations of liberty whether occurring in public or in private life.” General Recommendation 19⁵ also specifies that GBV may constitute a violation of women’s human rights, such as the right to life, the right to equal protection under the law; the right to equality in the family; or the right to the highest standard attainable of physical and mental health.

GBV is a global health, human rights, and development issue that transcends geography, class, culture, age, race and religion impacting every community on the globe. Violence against women, men girls, boys and is a severe impediment to poverty reduction. The public health implications of GBV are overwhelming. It has been estimated that at least one in every three women around the world has been beaten, coerced in to sex, or otherwise abused in her lifetime.⁶ Violence is also a more serious cause of death and incapacity among women of reproductive age than cancer, and greater cause of ill-health than traffic accidents and malaria combined.⁷ GBV also has an impact on vulnerable groups in relation to the prevalence of HIV and STIs associated with it.

All of the four main types of GBV (physical, sexual, emotional or psycho-social⁸ and economic) are prevalent in Malawi in varying degrees. Incidence of physical violence, which includes, but is not limited to beating, hitting or battering and threats of physical violence⁹, is quite high in Malawi. According to the Gender Based Violence Study¹⁰, the most common form of physical violence experienced among both females and males in Malawi was beating, hitting, or battering. Experience of this form of violence was twice as high among females as compared to males (24.5% versus 12.4%).

⁵ General recommendation No. 19 -- eleventh session, 1992 violence against women. Article 21 of the Convention on the Elimination of All Forms of Discrimination against Women empowers the Committee on the Elimination of Discrimination against Women (CEDAW) to make suggestions and general recommendations based on the examination of reports and information received from States parties. These, as well as comments from States parties, are included in the session reports of the Committee. Suggestions are usually directed at United Nations entities, while general recommendations are addressed to States parties and usually elaborate the Committee's view of the obligations assumed under the Convention. Available at <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19> Visited 12 June 2015.

⁶ Un Women, 2008, FACT SHEET: How widespread is violence against women?. Published by the United Nations Department of Public Information. DPI/2498

⁷ World Health Organization (WHO), Violence Against Women Information Pack: A priority Health Issues, 3. Available from www.who.int/fth-whd/GBV/infopack/English/GBV_infopack.htm Visited 12 June 2015.

⁸GoM, 2012, Gender Based Violence Survey: A baseline report of 17 districts in Malawi, National Statistical Office Zomba, Malawi

⁹ World Report on Violence and Health. Geneva, World Health Organization, 2002.

¹⁰ NSO, UNFPA and UN Women, 2013, Gender Based Violence Survey: A baseline report of 17 districts in Malawi

Sexual violence includes rape; attempted rape; defilement; marital rape; incest; forced early marriages; coerced sexual intercourse; sexual harassment, unwanted sexual touch or any forced sexual touching that the other person may find degrading or humiliating. Respondents to the Gender Based Violence Survey¹¹ reported unwanted touch, marital rape, sex deprivation, forced early marriage, attempted rape, incest, defilement and the exchange of sex for coupons as common in Malawi. Prevalence rates were higher among females, when compared to males, for all forms of sexual violence except sexual deprivation and incest. The most prevalent form of sexual violence experienced by males was sexual deprivation, while the most prevalent form experienced by females was marital rape. It is important to note however that the inclusion of sex deprivation by intimate partners as a form of sexual violence goes against the internationally recognized definition of sexual violence advanced by the WHO and may lead to a distorted analysis of the data. Standardization of data collection tools as envisaged by the NPA shall ensure that all types of violence are properly categorized according to international standards. Sex refusal shall be classified as emotional violence since classifying it as sexual violence leads to the assumption that sexual intercourse is not consensual and therefore inadvertently justifies non-consensual sexual intercourse.

The prevalence of common forms of sexual violence such as rape and defilement according to the NSO Study was 0.8 % for males for rape against 1.3 percent for females. The figures were almost the same for defilement at 0.5 % for females and 1.3 % for males.

Psycho-social or emotional violence includes purposeful name calling, insulting, belittling. Examples given by respondents in the Gender Based Violence Study (NSO 2013) included criticism in front of children, friends, relatives or others; humiliation; unpleasant remarks about one's appearance, dressing code, hair style or behaviour and many similar cases as common types of emotional violence. Consistent with the findings on sexual violence, the most prevalent form of psychosocial violence among males was "refused to have sex with you", which was at 22.7 % for males against 6.3 % for females. The most prevalent form

¹¹ NSO, UNFPA and UN Women, 2013, Gender Based Violence Survey: A baseline report of 17 districts in Malawi, Ministry of Gender, Children, Disability and Social Welfare.

among females was “criticism in front of the children” at 13.5 % for males against 15.9 % for females. Prevalence rates were higher among females compared to males for all forms of sexual violence measured, except “refused to have sex with you,” “sexual harassment” (10.8 males against 9.9 for females), and “refused to give you food or eat food from you” (6.8 % for males against 6.4 % for females).

Economic violence includes acts such as depriving a family financial support or preventing a spouse from any economic activity, forcing partners to go to others for money, preventing them from access to, knowing about the family income earning and their own income has also been reported in Malawi. Data collected on intimate violence in Malawi showed a prevalence of 27.7 % for lifetime experience of economic violence among ever-partnered women ages 18 and older.¹²

Generally data on all the types of violence shows that two in five women, representing 41%, experience either physical or sexual violence. 16% experience physical violence only; 13% experience sexual violence only and 12% experience both physical and sexual violence. 65% of girls and 35% of boys experience some form of child abuse during their lifetime. About 23% of girls and less than 2% of boys aged 15 to 19 years are married before their 20th birthday.¹³

2.3 GBV, sexual and reproductive rights, STIs, HIV and AIDS

One of the factors affecting the implementation and success of previous national responses to GBV was the failure to appreciate and address the correlation between GBV and HIV and AIDS and sexual and reproductive health rights. This is an area highlighted in the Malawi Growth and Development Strategy II¹⁴ which balances economic, social and environmental components of the economy with a view to reducing poverty and bringing about prosperity in the medium term while accelerating attainment of the Millennium Development Goals (MDGs). Consequently, if Malawi is to achieve the goals for lowering maternal mortality,

¹² Pelser, E., L. Gondwe, C. Mayamba, T. Mhango, W. Phiri, et al. 2005. *Intimate Partner Violence: Results from a National Gender-Based Violence Study in Malawi*. Crime & Justice Statistical Division, National Statistical Office. Pretoria, South Africa: Institute for Security Studies.

¹³ Government of Malawi, Multiple Indicator Cluster Survey, Malawi, 2006

¹⁴ The Malawi Growth and Development Strategy II (MGDS II) is the overarching medium term strategy for Malawi designed to attain Malawi's long term aspirations as spelt out in its Vision 2020. The strategy covers a period of five years from 2011 to 2016

improving child survival, and combating HIV and AIDS and other sexually transmitted infections (STIs), or of meeting the underlying goal of reducing unintended pregnancies within the MDGs, it must first address GBV.

In sub-Saharan Africa, studies indicate that the growing numbers of children orphaned by AIDS are at risk of social, economic and sexual exploitation¹⁵. Further, evidence worldwide suggests that women who experience intimate partner violence (IPV) and domestic violence have difficulty using family planning effectively. They are more likely to use contraceptive methods in secret, be stopped by their abusive partner from using family planning, and have a partner who refuses to use a condom. These women also experience a higher rate of unintended pregnancies, have more unsafe abortions, and are more likely to become pregnant as adolescents.¹⁶

Furthermore, violence against a woman can interfere with her ability to access treatment and care, maintain adherence to ARV treatment, or carry out her infant feeding choices. Evidence also exists that living with HIV is a status just like disability, class or education status that influences the forms and nature of violence women suffer. It is thus a risk factor for GBV, with many people reporting experiences of violence following disclosure of HIV status, or even following admission that HIV testing has been sought. Thus a vicious cycle of increasing vulnerabilities to both GBV and HIV can be established. Further, there is growing evidence that the relationship between GBV and HIV may be indirectly mediated by vulnerability and risk-taking behaviours.

Women who are sexually abused have to deal with a number of potentially debilitating consequences including worries about pregnancy, STIs and HIV/AIDS.¹⁷ According to a Malawian study, around two out of five (39%) of the women who had been sexually abused fell pregnant as a result of the incident, while less than one tenth contracted STIs.¹⁸

¹⁵WFP, (2007). *Intersections of Sexual and Gender Based Violence and HIV/AIDS: Case Studies in the DRC, Liberia, Uganda and Colombia* and Colombia, by A. Michels, WFP, Rome. p.18-19; UN. 2005. Report of the Special Rapporteur on Violence against Women, its causes, its consequences and consequences Yakin Erturk, Integration of the human rights of women and the gender perspective: violence against women. *Intersections of violence against women and HIV/AIDS*, UN doc E/CN.4/2005/72, p. 9.

¹⁶ C. Garcia-Moreno, "Dilemmas and Opportunities for an Appropriate Health-Service Response to Violence Against Women," *Lancet*, 2002; Campbell, 2002; and Heise, Ellsberg, and Gottemoeller, 1999.

¹⁷Pelser, E., Gondwe, L., Mayamba, C., Mhango, T., Phiri, W. and Burton, P. (2005), *Intimate Partner Violence: results from a National gender-Based Violence Study in Malawi*. Pretoria, South Africa: Crime & Justice Statistical Division, National Statistical Office 35

¹⁸As above p.37

2.3.1 Maternal and child impacts.

GBV during pregnancy is of grave concern as it poses immediate risks to the mother and unborn child, and may increase chronic problems such as depression, substance abuse, bleeding, lack of access to prenatal care, and poor maternal weight gain.¹⁹ Children of abused women have a higher risk of death before reaching age five²⁰ and violence during pregnancy is associated with low birth weight of babies.²¹ Although the incidence of GBV during pregnancy may not be described as prevalent, significant numbers of women experience it. 6% of Malawian women have experienced physical violence during pregnancy. Although there is no clear pattern between current age and physical violence during pregnancy, it can be noted that women age 15-19 are more likely than older women to report having experienced physical violence during pregnancy. Women who are divorced, separated, or widowed are more likely to have experienced physical violence during pregnancy (9%) than women who never-married (7%) and women who are currently married (6%).²²

2.3.2 Polygamy

A study conducted by the Malawi Human Rights Commission (2005) described polygamy as a practice akin to slavery with respondents citing women and children from polygamous unions as being used as cheap labour in farms controlled by men.²³ Further polygamy has been isolated as a traditional belief that promotes GBV and is seen as hindering community development and wasting government resources, as well as resulting in an increase of STIs.²⁴ According to MDHS 2004 (Zanera and Miteka 2004), women in a polygamous union have higher HIV

¹⁹ J. Campbell, C. Garcia-Moreno, and P. Sharps, "Abuse During Pregnancy in Industrialized and Developing Countries," *Violence Against Women*, 2004.

²⁰ K. Asling-Monemi, R. Peña, M. Ellsberg, and L. Persson, "Violence Against Women Increases the Risk of Infant and Child Mortality: A Case Study in Nicaragua," *The Bulletin of the World Health Organization*, 2003.

²¹ E. Valladares et al., "Physical Partner Abuse During Pregnancy: A Risk Factor for Low Birth Weight in Nicaragua," *Obstetrics & Gynecology* 100, issue 4, Oct. 2002.

²² National Statistical Office Malawi (NSO) and ORC Macro (Eds.). *Malawi Demographic and Health Survey 2004* Calverton: National Statistical Office Malawi (NSO) and ORC Macro. 246

²³ Malawi Human Rights Commission 2005. *Research Report on Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi*. Lilongwe: Malawi

²⁴ Pelsler, E., Gondwe, L., Mayamba, C., Mhango, T., Phiri, W. and Burton, P. (2005), *Intimate Partner Violence: results from a National gender-Based Violence Study in Malawi*. Pretoria, South Africa: Crime & Justice Statistical Division, National Statistical Office

prevalence rate (16%) than those who are in a monogamous union in Malawi (12%).

Thus, polygamy inherently poses a risk to contracting STIs, HIV and AIDS and is a GBV concern in view of the unequal power relations between a man and his multiple wives who mostly cannot negotiate for safe sex. In the majority of cases neither the man nor the woman is tested for HIV before a marriage and again, a woman who enters a polygamous union is usually in no position to insist on testing. Whilst entering into such a union fully knowing that the other party has HIV or AIDS is a matter of choice, deliberately deceiving the other party on one's status or withholding information of the same is such a serious issue that the Marriage, Divorce and Family Relations Act²⁵ lists it as one of the grounds for the annulment of a marriage. Polygamy itself is however recognized under that Act for marriages contracted under customary law.

2.4 Violence against children

Wherever women are oppressed by virtue of their gender roles, children may also be at increased risk of violence. Violence against children is a global concern and a pervasive occurrence in all settings in Malawi. 2 out of 3 Malawians experience violence in childhood.²⁶ Violence compromises child development and increases the risk of poor health, poor school performance and long-term welfare dependency. It is often associated with poverty and deprivation, and inhibits the potential of individuals and nations.

Almost half of all female and two-thirds of males experience physical violence prior to 18 years according to the Survey on Violence against Children and Young Women in Malawi (VACS 2014). Nearly 2 out of 3 boys suffer physical violence before the age of 18.²⁷ 6.5% of boys are physically abused to the point that they suffered broken bones or permanent injury equates to nearly 300,000 survivors.²⁸ The VACS 2014 indicates that the majority of boys who do not report the physical violence they suffer do so because they do not view it as a problem. This is an

²⁵ Act No. 4 of 2015

²⁶ Work cited above, foot note 23

²⁷ As above

²⁸ As above

indication that violence has become a social norm in the country. Likewise, one-third of 13-17 year old females who did not report the physical violence they experienced did so because they thought it was their fault.²⁹ In consequence, the underlying causes and attitudes in society that passively allows such behaviour to continue must be challenged.

Sexual violence is also widely reported in children in Malawi. When sexual violence occurs at school, it presents another set of dynamics that serve as a barrier to reporting and are particularly destructive to the survivor. Sexual violence at school often results in children dropping out of school, a decision that may exacerbate both poverty and, it is increasingly argued, the spread of HIV and AIDS.³⁰ Overall, according to the VACS 2014, 1 in 5 girls are sexually abused before the age of 18.³¹ 7% of girls experience forced or pressured sex during their childhoods meaning that approximately 315,000 girls have ever been defiled.³²

With regard to emotional violence, 1 in 5 females and 1 in 3 males experience emotional violence prior to turning 18 years of age. 4 in 5 of both females and males experience more than one incident of emotional violence before the age of 18 years.³³ Sexual abuse, physical, and emotional violence commonly overlap in childhood in Malawi. Over half of females and approximately 70% of males aged 13 to 24 years experienced some form of violence prior to age 18. One third or more experienced two forms of violence, and 5-7% experienced all three forms of violence.³⁴ These overlapping types of violence mostly occur in the home, around the community and at school. Perpetrators are usually known to the survivor. Most commonly the perpetrator is a family member or friend (sexual), parents, peers or teachers (physical) and parents or family members (emotional).³⁵

When violence occurs, most children will tell someone although this rarely translates into the provision of the appropriate services. Across all forms of violence, around 60% of children tell someone about their experience of abuse,

²⁹As above

³⁰P. Burton, 2005, *Suffering at School: Results of the Malawi Gender-Based Violence in Schools Survey*. Institute for Security Studies (ISS), Pretoria, South Africa. Institute for Security Studies (ISS), Pretoria, South Africa. 46

³¹ Government of Malawi, 2014, *Violence against Children and Young Women in Malawi Survey* (with assistance from UNICEF, CDC and UKAID

³² As above

³³ As above

³⁴ As above

³⁵ As Above

typically a friend or family member. However, less than 10% ever receive professional services. This represents an opportunity for targeted services towards both children and the people they tell.

The VACS 2014 also reveals that there is a pervasive cycle of violence from survivor to perpetrator. Evidence in Malawi confirms global violence data that childhood survivors of violence frequently mature into adult perpetrators: half of 18-24 year old men who survived sexual or physical violence have resorted to violence against a partner.³⁶ Further, children who have suffered violence experience debilitating health and behavioural outcomes including; higher rates of mental distress, greater prevalence of smoking and alcohol abuse, more frequent occurrence of sexually transmitted infections and higher rates of self-harming behaviours.³⁷

In order to deal with a problem as pervasive and damaging as violence against children, emphasis is on early referrals of violence as part of a robust prevention approach. Such an approach demands an integrated, holistic, prevention-focused approach with all programmes operating across a range of departments, disciplines and sectors. Emphasizing early referrals ensures that children who are survivors of violence and the adults they tell about their experiences know where to seek services, for example through the telephonic advice service Child line, as well as the importance of doing so.

2.5 Child marriage

Malawi has one of the highest rates of child marriage in the world, with 1 in 2 girls are married by the age of 18 years and 12% of girls are married before the age of 15 years.³⁸ Harmful traditional practices such as early forced marriage, poverty and early pregnancy from unwanted sexual contact or consensual sex and lack of education may also give rise to early forced marriage. With regard to poverty, a girl may be married early in a rural area to improve a family's financial status even if it means marrying the girl off to a person who sexually abused her. In the northern region, a young daughter may be given in marriage in repayment of a debt

³⁶As Above

³⁷As above

³⁸ UNICEF, 2015, State of the World's Children. New York. NY UNICEF

(kupimbira). A key challenge to eradicating child marriage is therefore entrenched in the attitudes that accept the practice.

Child marriages disproportionately deny girls and young women educational opportunities thereby contributing to high illiteracy and low education levels, which limit national development in general. Child marriage also prevents girls and young women from realizing their full potential thus hampering their participation in social and economic life on an equal footing with boys. Dire, lifelong and intergenerational consequences are reported for girls who are forced into child marriages. Girls who marry are not only denied their childhood, they are also often socially isolated – cut off from family and friends and other sources of support – with limited opportunities for education and employment. Child brides are often unable to effectively negotiate safer sex, leaving themselves vulnerable to STIs, including HIV, along with early pregnancy. Child brides are also less likely to receive proper medical care while pregnant. This, along with the fact that girls are not physically mature enough to give birth, places both mothers and their babies at risk.³⁹

2.6 Root causes and factors influencing GBV

In order to sustain change in eradicating GBV, the root causes must be identified and challenged. The gender perspective on GBV shows that the root causes of GBV lie in unequal power relations between men and women, which ensure male dominance over women, and are characteristic of human societies world over. Emphasis of primary prevention efforts must therefore strive to erase underlying attitudes and behaviours that cause GBV including patriarchy, low women's status, rigid gender roles and imbalance of power in intimate relationships. The NPA against GBV shall therefore address root causes of GBV, the systems that facilitate and exacerbate it as well as root causes and predisposing factors.

Exacerbating factors to GBV and violence against children include gender inequality, child marriage, harmful traditional practices, religious beliefs, and

³⁹ UNICEF, 2014, Ending Child Marriage: Progress and Prospects. New York. NY UNICEF

patriarchal systems. According to Malawi Human Rights Commission (MHRC) ⁴⁰, there are many traditional practices and associated risky behaviours that prevent the participation of women and girls in social and economic development. Low economic status, alcohol and substance abuse, having been a survivor of violence and low literacy levels contribute to GBV as predisposing triggers. Alcohol consumption is a serious predisposing trigger to GBV is very in Malawi. In 2009 a nationwide STEPS survey⁴¹ showed that of people aged 24 to 64, 30.1% of males and 4.1% of females consume alcohol while 19.2% and 2.3% males and females respectively are considered heavy drinkers. This finding and the consequences of alcohol abuse on economic development and its role in contributing to GBV amongst other ills led to the development of the National Alcohol Policy 2011(draft). This policy once finalized and implemented shall contribute to GBV prevention efforts.

Another underlying factor of GBV is the limited economic empowerment of women. Women have limited access to economic opportunities such as employment, income generating activities, business capital agricultural inputs and markets. As a result, women depend on their male counterparts for income. The MDHS 2010 reported that 73% of women reported that they earn less than their husband, 10% of women report that they earn more than their husband, and 13% earn about the same as their husband⁴². The dependency on their male spouses/partners makes women vulnerable and in most cases, leads to GBV among farming families husbands decide what to produce and how much. Women farmers, have limited access to, and control over, production factors such as land, agricultural inputs, extension services and technology. Within the household women farmers are assigned to produce food crops on limited and poor quality land.

Women are also more vulnerable to GBV because of illiteracy and low education levels, which are higher for women than for men. The Gender Baseline Violence

⁴⁰ Malawi Human Rights Commission 2005. Research Report on Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi. Lilongwe: Malawi.

⁴¹ WHO 2009; STEPS Survey for Risk Factors and Prevalence on Noncommunicable Diseases; Ministry of Health.

⁴² National Statistical Office (NSO) and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi, and Calverton, MD: NSO and ICF Macro.

Survey shows that 56% of female respondents had no formal education compared to 44% of their male counterparts⁴³. The same trend is noted for qualifications at JCE, MSCE and non-university diploma levels. The MSCE level has a particularly large discrepancy between male respondents (76%) and female respondents (24%).

As regards sexual and reproductive health rights, women and girls are generally less able to negotiate for safe sex because of their lower status and fear of violence. Traditional rituals, involving risky sexual practices, contribute to infection rates.

Primary prevention strategies recognize that it is important not only to influence individuals (women and men experiencing/perpetrating violence) but also the broader community, which is influential in creating a culture of non-tolerance for violence. The prevention of GBV calls for a significant shift in the value system of individuals and communities focussing on addressing the root causes, underlying causes and predisposing, contributing and exacerbating factors. It is upon these tenets that the NPA is premised.

2.7 Social and Economic Cost of GBV

GBV is often described as a socio-economic phenomenon because its occurrence drains a country's resources and handicaps women's ability to contribute to social and economic progress. In addition to the well-documented short- and long-term physical and mental impacts on women and children, violence incurs considerable social and economic costs to individuals, such as personal insecurity, lost income, and productivity. The violence also has significant costs for the economies of developing countries because of its strain on healthcare and judicial systems, lower worker productivity and incomes, and lower rates of accumulation of human and social capital. Indirect costs such as the value of foregone earnings in both paid and unpaid work as a result of absenteeism related to violence may also be significant.⁴⁴ Economic multiplier effects are also considered in estimating the socio-economic costs of VAW as they decrease labour market participation, reduce productivity on the job, lower earnings, increase absenteeism from work and school, decrease investments and savings, and contribute to capital flight. There is

⁴³NSO, UNFPA and UN Women, 2013, Gender Based Violence Survey: A baseline report of 17 districts in Malawi Ministry of Gender, Children Disability and Social Welfare.

⁴⁴Economic Commission for Africa and UN Women, October 2013, The Socio-economic Cost of Violence against Women. p.10

also a social multiplier effect that impacts interpersonal relations, and quality of life, such as intergenerational transmission of violence, reduced quality of life, erosion of social capital, and reduced participation in democratic processes.⁴⁵

With regard to direct costs, studies reveal that handling cases through formal courts results in the highest economic cost per individual case. It is estimated that a total of MK250, 000 (US\$769) is spent to complete the process of a single simple case of domestic violence.⁴⁶ Cases handled by FBOs are estimated at about MK25, 000 or US\$77.⁴⁷ Human Rights Institutions and Private Clinic/One-Stop-Centres both estimated the cost of handling a single physical domestic violence case at MK3, 500 (US\$10.8),⁴⁸ while Government Hospitals estimated this at a slightly lower amount of about MK2, 500 equivalent to US\$7.7. Implicitly, the costs for handling more complicated cases would be higher. Overall, the direct economic cost of handling physical DV cases in 2013 in Malawi, is estimated at MK 877 million or US\$2,698,462, at an average cost per case of MK1, 800 (US\$5.5).⁴⁹ As noted earlier, the report concludes that the huge costs incurred in dealing with cases of domestic violence by different sectors have a significant bearing on the economic growth and development of the country, because the resources being used on handling the domestic cases could have been channelled to other productive uses for wealth creation. The cost of GBV also has implications to the attainment of the MDGs, not only to the extent that gender equality is cross-cutting priority in all eight of the MDGs, but also in terms of the direct impact that GBV has in realizing six of those goals.

3.0 GOVERNMENT AND OTHER STAKEHOLDERS RESPONSE TO GBV PREVENTION

3.1 Government response: Legal and Policy frameworks

The Government of Malawi is a party to a number of international and regional human rights instruments advancing the rights of women. The most prominent of these instruments include the Universal Declaration of Human Rights (UDHR), the

⁴⁵ As above.

⁴⁶ NSO, UNFPA and UN Women, 2013, Gender Based Violence Survey: A baseline report of 17 districts in Malawi p.30

⁴⁷ US\$1 = MK630

⁴⁸ The cost estimate is only for medical attention and excludes cost implications for police, social welfare and religious interventions.

⁴⁹ Pelsler, E., Gondwe, L., Mayamba, C., Mhango, T., Phiri, W. and Burton, P. (2005), *Intimate Partner Violence: results from a National gender-Based Violence Study in Malawi*. Pretoria, South Africa: Crime & Justice Statistical Division, National Statistical Office. p.30

Convention on the Elimination of All forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) Protocol to the African Charter on human and Peoples' Rights on the Rights of Women in Africa and the SADC Protocol on Gender Development.

The Malawi Government has also in particular heeded the call of the Committee on the Elimination of Discrimination against Women to develop, adopt and implement comprehensive and multi-sectoral national action plans to combat violence against women and establish an institutional mechanism to coordinate, monitor and assess the effectiveness of the measures taken.⁵⁰ This is evidenced by the development of the current NPA and its predecessors as well as the development of a country Action Plan to follow up the resolutions of the 57th Session of the Commission on the Status of Women (57 CSW) based on the country's achievements and opportunity areas on the resolutions agreed by it.

The 57 CSW Action Plan aims at strengthening implementation of legal and policy frameworks and accountability; addressing structural and underlying causes and risk factors so as to prevent violence against women and girls; strengthening multi-sectoral services, programmes and responses to violence against women and girls and improving the evidence-base.

As part of the process of strengthening the GBV eradication framework, the Government of Malawi developed the National Gender Policy 2000 and corresponding strategic plans and programmes. Efforts to address gender based violence by the Government started gaining prominence in 2002 when the Government of Malawi through the Ministry of Gender, Children, Disability and Social Welfare, launched the first National Strategy to Combat Gender Based Violence (2002-2006). Its successor, the National Response to Gender Based Violence in Malawi (2008-2013) was clearly linked to the MGDS II. GBV and VAW are addressed in theme 6 of the MGDS II, which covers cross-cutting issues aimed at eliminating gender based violence, harmful cultural practices, abuse and

⁵⁰ For example A/57/38(SUPP) (CEDAW, 2002), para. 332, CEDAW/C/AUT/CO/6, para. 24, CEDAW/C/LUX/CO/5, para. 20, CEDAW/C/FIN/CO/6, para. 16, CEDAW/C/RWA/CO/6, para. 26.

trafficking through a number of priority activities. The National Gender Policy was itself reviewed in 2012 and aligned to the overarching policy of the Malawi Growth Development Strategy and other sector policies such as the National HIV Policy 2013, the National HIV and AIDS Strategic Plan (2011-2016), the Early Childhood Development Policy 2003, the National Youth Policy 2013 and other existing policies.

The elimination of GBV is further entrenched in Malawi's legal framework through the Constitution of the Republic of Malawi. Particularly, the Bill of Rights in Chapter IV, section 20, prohibits any practice that discriminates against women. Sections 13 and 20 also oblige the State to actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving gender equality and to pass legislation addressing inequalities in society and prohibiting discriminatory practices, respectively. Section 23 of the Constitution protects children from economic exploitation or any treatment, work or punishment that may be hazardous or harmful to their education, health or to their physical, mental or spiritual or social development. Section 24 of the Constitution invalidates any law that discriminates against women on the basis of gender or marital status and obliges the State to pass legislation to eliminate customs and practices that discriminate against women, particularly practices such as sexual abuse, harassment and violence; discrimination in work, business and public affairs; and deprivation of property, including property obtained by inheritance.

Thus in keeping with its constitutional and international human rights obligations, the Government of Malawi enacted gender related laws such as the Prevention of Domestic Violence Act⁵¹ in 2006; the Child Care, Protection and Justice Act⁵² in 2010; the Deceased Estates (Wills, Inheritance and Protection) Act⁵³ in 2011; the Gender Equality Act⁵⁴ in 2012, the Marriage, Divorce and Family Relations Act⁵⁵ and the Trafficking in Persons Act⁵⁶ in 2015. These laws, protecting the rights of women and children at all levels, accelerate progress towards the Millennium

⁵¹ Chapter 7:05 of the Laws of Malawi

⁵² Act No. 22 of 2010

⁵³ Act No. 14 of 2011

⁵⁴ Act No. 3 of 2013

⁵⁵ Act No. 4 of 2015

⁵⁶ Act No. 3 of 2015

Development Goals as well as the SADC Gender Protocol which aims to reduce cases of GBV by half by 2015.

3.2 Stakeholder's response

NGOs, both local and international, play a significant role in responding to GBV. Most notable efforts aim at creating change in social norms and behaviours by promoting community participation and activism, as women human rights and defenders.

The evaluation process that followed the National Response to Gender Based Violence (2008-2013) revealed that, despite a conducive legal and policy environment, the fight against GBV is still challenged by the limited capacities of the partners to implement and enforce policies and legislations.

4.0 FUNCTIONING OF THE NPA

The aim of the NPA is to provide guidance to Government, civil society, academia, private sector, development partners and in addressing GBV within their programmes in a coordinated, holistic, participatory, accountable and multi-sectoral fashion. GBV being a cross-cutting theme, the NPA is intended to serve as a reference document for all programming, research, monitoring and evaluation around GBV in the country.

Further, recognizing that a proactive and integrated approach is necessary to address GBV, the NPA recognizes that strengthening programming, research, monitoring and evaluation and response services is not enough; prevention and referral systems must be emphasized as well. For this reason, utilizing a structured intervention framework that is oriented to stopping violence before it ever occurs is vital. Prevention efforts provide the first line of defence against GBV and VAC. The NPA therefore recognizes the importance of primary response interventions that are in line with the CSW 57 resolution and its National Action Plan.

The NPA also serves to facilitate implementation of the recommendations made in the various national policies, plans of actions and strategies on GBV referred to in Chapter 4.0 above. In addition, the NPA serves as a resource mobilization tool for implementation of focused and coordinated action to eliminate GBV in Malawi.

4.1 Values and principles

The NPA against GBV is based on the following values and principles:

a) Human rights based approach

There are some underlying principles which are of fundamental importance in applying a human rights based approach in the NPA with recognizing the importance of participation (men, women, boys, girls, the youth and vulnerable groups), accountability, non-discrimination and equality, empowerment of rights holders the recognition of rights as legally enforceable entitlements.

b) Multi-sectoral approaches and coordination

Programming experiences have revealed that no single sector or agency working in isolation can make an impact with its prevention and response activities. At minimum, services to address GBV must be the outcome of coordinated activities between the constituent community, the national government, health and social services, and legal and security sectors. The multi-sectoral model calls for holistic inter-organizational and inter-agency efforts across multiple sectors. It is characterized by the full engagement of government leaders and the local community, as well as interdisciplinary and inter-organizational cooperation, collaboration, and coordination. The goal of collaborative efforts in the NPA is to create synergy among all stakeholders and to avoid the duplication of efforts.

c) *Engaging with men and boys*

Engaging men and boys is crucial to preventing violence against women and children. Failure to address overwhelming findings from studies on GBV that men are the main perpetrators of GBV was one of the weaknesses identified in previous national responses to GBV. The NPA therefore emphasizes that gender inequitable attitudes can be unlearned and thereby contribute to healthier relationships. Throughout society and the community in general, men are seen as leaders and are a major force for change. Evidence suggests that coalition building and advocacy are also successful strategies for working with men.

The NPA is committed to utilizing existing campaigns aimed at involving men such as the Network of Men for Gender Equality Now (MEGEN) and the HeForShe Campaign. These campaigns support the NPA to ensure that women and men have equal opportunities in all sectors of national development. The most recent of these campaigns, the HeForShe Campaign, in its third commitment, is committed to the implementation of “the National Action Plan on GBV and by-laws on ending Violence against Women and Girls (VAWG)”. The HeForShe Campaign is championed both at local/ community level, national level and at global level by the President, prominent leaders and the men themselves. The President has thus expressly committed himself to this cause in his statement, *“I believe that gender equality, ending violence against women and girls, and the empowerment of women are key to sustainable social, political and economic development for my country. Following my commitment to champion gender equality in Malawi, I further commit to be an impact champion to solidify my*

government's actions towards all gender-related commitments, laws and policies in Malawi.” This presidential commitment is fundamental to the successful implementation of the NPA.

d) Ensuring sustainability

The deeply entrenched nature of GBV means it is unlikely to be eliminated in a single funding cycle. Policy reform, systems change, behaviour change, and community mobilization are complex and lengthy processes that are influenced by many other factors that are difficult to control in the short term. Reducing the prevalence of GBV requires that State commitment of on-going as opposed to short term budgetary in support of GBV actions. At the most essential level, the State must create sustained budgeting mechanisms which may include:

- i. Improving domestic revenue directed towards the GBV response in the national budget through lobbying for gender responsive budgets across all the institutions.
- ii. Fostering the involvement of private sector institutions towards financing GBV M&E interventions for effective evidence based implementation of the NPA against GBV.
- iii. Strengthening partnerships with existing development partners, donors and CSOs on GBV response to ably explore and tap on their funding opportunities.

e) Decentralised and action oriented.

The NPA shall be implemented at both national, district and community levels, with more focus at implementation level.

f) Inclusiveness, cost effectiveness, Alignment, and Collectability

The NPA M&E plan indicators that meet institutional, national as well as regional and international treaty obligations to ensure manageability cost effectiveness in collecting, analysing, storage and dissemination, alignment with existing national plans and policies and the likelihood that data shall be collected.

4.2 Goal

To create an enabling environment for the elimination of GBV in a holistic, participatory and multi-sectoral manner.

4.3 Priority areas

The NPA against GBV has identified five priority areas:

- 1. Prevention of GBV by addressing the root causes and promoting transformation of harmful social norms.***
- 2. Promotion of an early referral system that identifies violence and thus reduces its impact and continuation.***
- 3. Creation of an effective response mechanism supporting the survivors of GBV.***
- 4. Coordination, implementation and sustainable financing of the NPA.***
- 5. Research, data collection, monitoring and evaluation.***

5.0 IMPLEMENTATION AND COORDINATION ARRANGEMENTS

Implementation and coordination and of the NPA are the responsibility of the MoGCDSW using existing coordination and implementation structures. Particularly, use shall be made of the Gender, Children, Youth and Sports sector Working Group: Joint Sector Strategic Plan (JSSP) 2013-2017. The JSSP is a product of close collaboration and significant consultations among the stakeholders within the Gender, Children, Youth and Sports sector. The JSSP therefore, represents a consensus among stakeholders of the sector on the broad interventions that must be pursued to address the issues affecting children, youth, women, vulnerable men and sports in Malawi. It has a clear vision, mission and objectives to guide the design and implementation of the programmes in the Gender, Children, Youth and Sports Sector Working Group. The MoGCDSW shall therefore lead in coordinating the implementation using the Gender Technical Working Group at national level, the Gender and Integrated Community Development at district levels and the existing Government recognized community structures.

Use of the Gender, Children, Youth and Sports Sector Working Group and the JSSP shall also ensure that the MoGCDSW takes lead in providing all the donor agencies, development partners, other ministries or Government departments, NGOs and the Private Sector at sectoral level a forum for negotiation of roles, policy dialogue and agreement funding commitments and responsibilities so that the NPA is better organized and strengthened. Such an approach shall also guarantee effective implementation as the NPA shall benefit not only from the funding and support from donors, development partners and all stakeholders but also from linkages with other national responses such as the Priority Responses Violence against Children and Young Women in Malawi Survey (VACS) 2014⁵⁷ and the National Plan of Action for Orphans and Other Vulnerable Children. (2005-2009).

⁵⁷ Government of Malawi, 2014, Priority Responses: Violence against Children and Young Women in Malawi Survey . With assistance from UNICEF, UKAID and CDC

Through its linkages with the HeForShe campaign the Malawi Government shall work closely with other sectors, building strategy partnerships to engage the private sector and other actors in the achievement of gender equality. The inextricable linkage between the NPA and the HeForShe campaign shall strengthen the accountability of the implementation of the NPA across all the sectors within which it operates. In partnering with the HeForShe Campaign, the NPA shall draw on existing resources (which include a presidential commitment) and structures contribute to its third theme, *“I say No to Violence against Women and Girls. Promote Gender Equality and Women’s Empowerment.”*

5.1 Stakeholders’ roles

The actual implementation of the NPA remains the role of all stakeholders and partners. The pivotal roles and responsibilities are set out in Annex 7.5.

5.2 Costing the NPA

In order to guide the implementation of the NPA, the activities set out in the Operation matrix in Annex 7.1 have been costed in Annex 7.7.

6.0 MONITORING AND EVALUATION

6.1 Responsibility for the M&E Plan

Comprehensive and regular evaluation from the project to system level and independent monitoring is a cornerstone of human rights based policy-making and accountability. Effective monitoring shall allow for the NPA's implementation to improve over time, by identifying successful initiatives/programmes for further development, and problem areas for timely management. The evaluation, monitoring and reporting processes of the plan shall establish on-going, formalized relationships with civil society experts and research institutions, which shall also serve to keep policy makers up-to-date with developments in the field and support their expertise with the latest research. The NPA has therefore developed a comprehensive M&E plan, that allows for the impact of practice and policy to be measured, gaps to be assessed and performance to be improved, feeding into the overarching monitoring framework for the plan. The M&E Plan is attached as Annex 7.1.

The MoGCDSW has the responsibility for providing overall policy direction and oversight with respect to implementation of the M&E Plan with the Planning and Research Department (DPR) in the MoGCDSW shall provide technical guidance and coordination in the implementation of the M&E Plan. The DPR shall have the overall responsibility for data analysis and reporting. The operationalization of an online reporting system shall be supported. A repository of various M&E products at institutional, district and community levels shall be retained at the Ministry and shall be accessible to all stakeholders. However, other key stakeholders at all levels including EP&D and NSO shall have clearly defined roles and responsibilities regarding the execution of the M&E Plan. The M&E Plan is based on result-based management principles.

The MoGCDSW shall therefore produce the following M&E products:

- i. *Quarterly progress reports* – covering progress against targets, challenges, lessons, plans for next quarter;
- ii. *Semi-Annual reports* - covering progress against targets, challenges, lessons, plans for next half-year;

- iii. *Annual reports* - covering progress against targets, challenges, lessons, plans for next year;
- iv. *Annual review reports* - covering progress against targets, challenges, recommendations on resolving challenges;
- v. *Baseline survey reports* – status of outcome indicators at the beginning of the intervention;
- vi. *Ad hoc reports*- done depending on emerging issues;
- vii. *Field supervision monitoring reports* – implementation, challenges, and recommendation;
- viii. *Periodic survey reports* –national survey reports on thematic and emerging issues;
- ix. *Mid-term evaluation reports* – performance on targets, effectiveness of strategies, recommendations; and
- x. *End-line evaluation reports* – status of outcomes and impact indicators at the end of the interventions.
- xi. *Technical audits reports*

At district level M&E activities shall be implemented so that each sector has a management information system that tracks outcome and output indicators which feed into the Local Council’s Management Information System (LAMIS) and eventually feeds into the national M&E framework. The implementation of the NPA shall therefore entail the development of a GBV Management Information System to track outputs, outcomes and impact indicators as indicated in the Logical Framework which shall be included in the LAMIS.

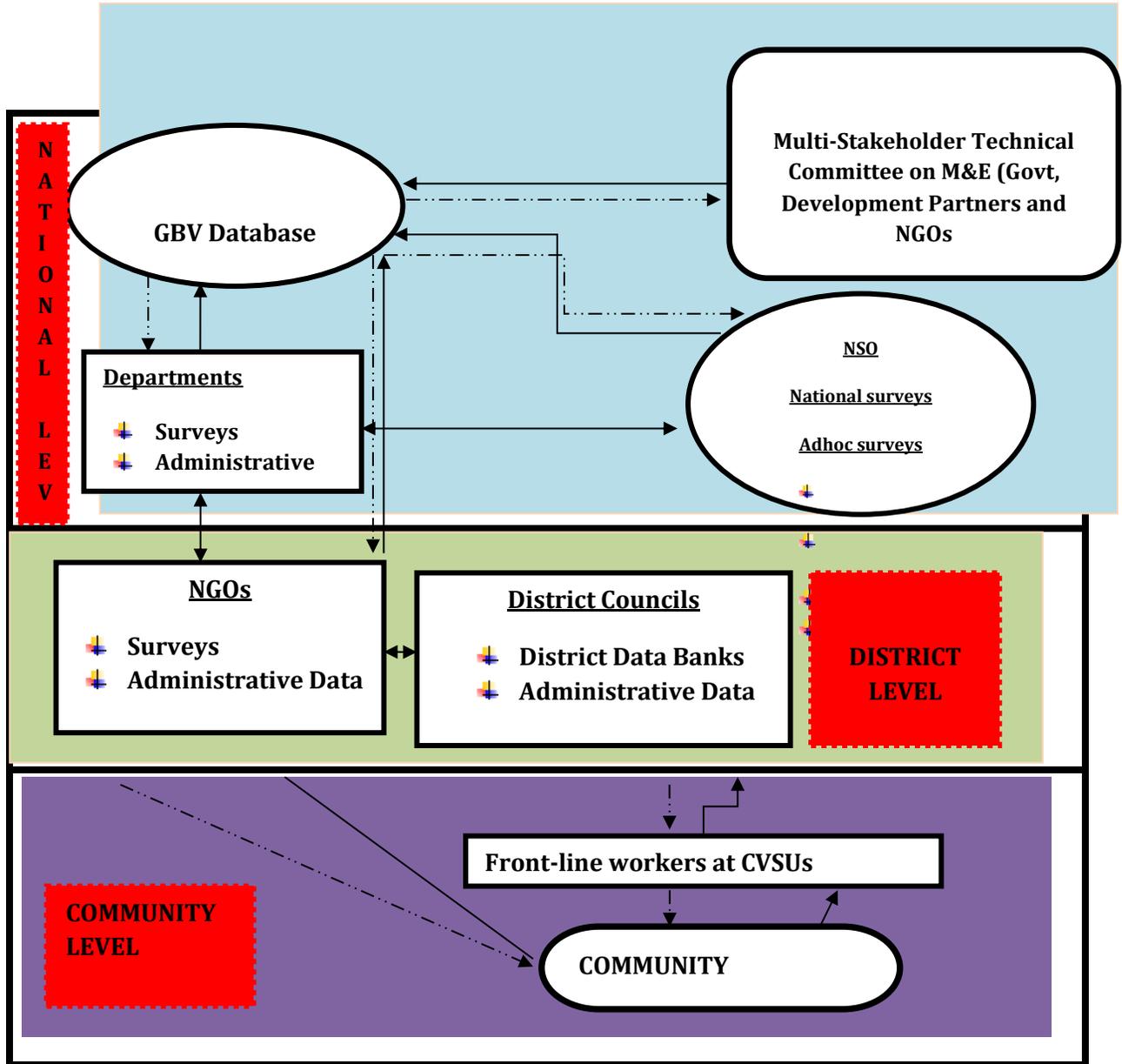
6.2 Data Sources, Management and Reporting

Data shall be collected from various sources such as: administrative records, field monitoring, community based monitoring reports as well as national surveys. Data collection tools shall be designed to capture quantitative and qualitative information at implementation level.

Data collection methods shall include surveys and audits. Data shall be aggregated at community, district, departmental and central level. A web-based operational database shall be used to store data at the District and Central Levels.

A data flow system shall provide feedback at all levels between stakeholders who generate and submit the information and those who collate, analyse, store and disseminate the information. Figure 1 represents diagrammatic flow of data.

Figure 1: Diagrammatic representation of data flow



6.3 Reporting Format

Reporting is the method by which the NPA provides for the compilation of monitoring data across sectors, and ensures accountability and communication of the plan's progress. Reporting shall follow different formats depending on the reporting institutions i.e. Districts, NGOS and Development Partners. The different reporting formats are presented in Annexes 7.3 and 7.4.

7.0 Annexes

7.1. Operation Matrix

| GOAL: Reduced Violence against children, youth, women and men at all levels (Option 1) | | | | |
|--|--|-------------------------------|-------------------|---------------|
| GOAL: To create an enabling environment for the elimination of GBV in a holistic, participatory and multi-sectoral manner. | | | | |
| PRIORITY AREA 1: Prevention of GBV by addressing the root causes, and transforming harmful social norms including in humanitarian settings | | | | |
| OUTPUT | FOCUS ACTIONS | RESPONSIBLE PARTNERS | TIME FRAME | BUDGET |
| 1.1: Knowledge in Human Rights (including women's and child rights) and understanding of root causes of GBV and its the negative impacts increased | 1.1.1 Produce, translate in local languages and disseminate including through social media various IEC materials on human rights, and GBV (with a specific focus on ending child marriage and domestic violence) | · MoGCDSW | | |
| | 1.1.2 Review GBV training curriculum to include all triggers of GBV | · Community based groups | | |
| | Simplify, translate, print and disseminate existing gender related laws and policies through mass media campaign | · Faith based organizations | | |
| | 1.1.3 Conduct awareness campaigns on GBV and ensure coordination of VAC, MEGEN, HeForShe Campaign, Ending Child Marriage, Unite2Act, 16 Days of Activism also using communication for development | · Local Councils | | |
| 1.2: Harmful social norms transformed including in humanitarian settings | 1.2.3. Engage CBOs, communities, opinion and traditional leaders in attitude and behavioural change efforts and to modify harmful cultural practices through participatory engagement with target groups. | · Civil protection Committees | | |
| | 1.2.2 Build capacity of civil protection committees for preparedness in preventing GBV during humanitarian crises | · MOEST | | |
| | 1.2.3 Develop and disseminate public awareness messages on GBV reporting and human rights in humanitarian crises | · Opinion leaders | | |
| | 1.2.4 Use of community dialogue, knowledge building, workshops, peer group discussions, and theatre for development to challenge gender inequalities through communication for development | · Traditional leaders | | |
| | 1.2.5 Support safe spaces and support recreational materials for women, boys, and boys in disaster resettlement areas | · MoGCDSW | | |

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|---|--|---|--|--|
| | 1.2.6 Support protection committees in disaster resettlement camps to address GBV issues | · MoH | | |
| 1.3: Women, the girl child and other vulnerable primary target groups economically empowered to prevent GBV and HIV | 1.3.1. Lobby and advocate finance and micro-credit for provision of friendly and appropriate financial products and services for women | MoGCDSW, Private sector (Micro-credit institutions, Finance Institutions) | | |
| | 1.3.2. Mobilize women into community led savings and credit groups. | | | |
| | 1.3.3. Build capacity of women in business management, leadership and assertiveness skills, value addition, market identification and linkages | | | |
| 1.4. Children are empowered and supported to be protected from violence and to realize their right to education to learn in an equitable, supportive and healthy school environment | 1.4.1 Lobby for the construction of girls and boys hostels in schools based on appropriate ratios | · Ministry of Finance | | |
| | 1.4.2 Provide school bursaries, grants or scholarships to the most needy students | · MOEST | | |
| | 1.4.3 Lobby for the provision of SRH, puberty, menstrual hygiene services and management education to boys and girls in primary and secondary schools | · Ministry of Health | | |
| | 1.4.4 Lobby for the implementation of the Girl Friendly School Program under the National Education sector Plan 2008-2017 which advocates the provision of water and sanitation facilities for girls and boys but mostly targets girls | · Traditional leaders | | |
| | 1.4.5 Review the life skills curricula | · School management Committees | | |
| | 1.4.6 Lobby for the training and deployment of more teachers on guidance and Counselling and monitor the use of such knowledge | · MoEST | | |
| | 1.4.7 Conduct awareness campaigns and trainings on the school re-admission policy for school administrators and structures | · MoGCDSW and MoEST | | |
| | 1.4.8 Promote positive discipline programmes to replace the use of corporal punishment | · MoEST | | |
| | 1.4.9 Review policies regarding sexual misconduct of teachers so that teachers that are guilty of sexual misconduct are not allowed to continue teaching | · MoEST and MoJCA | | |
| | 1.4.10 Support traditional leaders in ending harmful traditional practices ((ending child marriage) and supporting girls education | MoGCDSW and MoLGRD, Traditional leaders | | |

| | | | | | |
|--|--|---------------------------------|-------------------|---------------|--|
| | 1.4.11 Conduct school based child empowerment programmes focussed on promoting gender equality and the reshaping of masculinities | · Men (MEGEN, HeForShe) | | | |
| | 1.4.12 Build capacity on school management committees and parent teachers associations on violence issues | | | | |
| 1.5 Men and Boys effectively and pro-actively engaged in the fight against violence through linkages with Men for Gender equality Now – (MEGEN), and the HeForShe Campaign | 1.5.1 Establish, strengthen and roll-out men-to men groups | Men (MEGEN, HeForShe) | | | |
| | 1.5.2 Develop and implement workplace GBV strategies that target working men and women | Private sector | | | |
| | 1.5.3 Identify role models/male champions of gender and use them to advocate for behaviour change amongst men | | | | |
| | 1.5.4 Conduct responsible masculinity education for men and women | | | | |
| 1.6 Perpetrators of violence effectively rehabilitated to deter recidivism | 1.6.1 Provide counselling or psychosocial services for convicted perpetrators | · MoHA (Prisons) | | | |
| | | · MoHA (Police) | | | |
| | | · MoGCDSW (Reformatory Centres) | | | |
| | 1.6.2 Build more half-way houses to ensure rehabilitation of perpetrators through easing of transition from prison life to community life and to provide vocational skills and education | · NGOGCN | | | |
| | 1.6.3 Support the men as protectors group | · Men protectors group | | | |
| | 1.6.4 Strengthen court users committees | · Court Users Committees | | | |
| PRIORITY AREA 2: Promotion of an early referral system that identifies violence and thus reduces its impact and continuation. | | | | | |
| OUTPUT | ACTIVITIES | RESPONSIBLE PARTNERS | TIME FRAME | BUDGET | |
| 2.1 Early referral strengthened and mainstreamed for all service providers | 2.1.1 Conduct household vulnerability and service provider mapping | · MoGCDSW ,NSO, EP&D | | | |
| | 2.1.2 Refer families in crisis for appropriate service at the earliest onset of the crisis | · NGOGCN | | | |
| | 2.1.3 Train service provide providers to recognize signs and symptoms of violence and to report | · CSOs | | | |
| | 2.1.4 Raising awareness on availability of services providers | · FBOs | | | |
| | 2.1.5 Incorporating women friendly services into existing National Help | | | | |

lines.

PRIORITY AREA 3: Creation of an effective response mechanism supporting the survivors of GBV.

| OUTPUT | ACTIVITIES | RESPONSIBLE PARTNERS | TIME FRAME | BUDGET |
|---|--|--|------------|--------|
| 3.1 Survivors of violence adequately supported with appropriate and timely services | 3.1.1 Renovate the existing buildings in police stations for VSUs | · Ministry of Home Affairs | | |
| | 3.1.2 Support the integration and rehabilitation of survivors of violence back into society | · Police | | |
| | 3.1.3 Lobby for the construction shelters for survivors of violence | · VSUs | | |
| | 3.1.4 Designate separate space for use as VSU where such spaces are not available for use as VSUs | · NGOGCN | | |
| | 3.1.5 Build capacity of staff on effective survivor support and ensure continuity of trained staff | · Donor agencies and development partners | | |
| | 3.1.6 Provide standardized minimum package of support for survivors | · MoH | | |
| | 3.1.7 Scale up the provision of dignity kits for survivors of violence | · MoF | | |
| | 3.1.8 Scale up the designation of separate space /establishment of one stop centres in every district | · MoH and MoF | | |
| | 3.1.9 Recruit dedicated permanent staff for One Stop Centres | · MoH | | |
| | 3.1.10 Rehabilitate court buildings so that they are survivor friendly | · MoH and MoF | | |
| 3.2 Policies and laws effectively enforced and implemented | 3.2.1 Practical orientation and dissemination of gender related laws and case conferencing as mode of operation to all law enforcers and judicial officers | · MoGCDSW,NGOG CN, Donor agencies and Development partners, FBOs, CSOs ,Traditional leader, Opinion leader | | |
| | 3.2.2 Raise awareness of the gender related laws(the Prevention of Domestic Violence Act (PDVA) 2006, the Child Care, Protection and Justice Act enacted in 2010, the Deceased Estates (Wills, Inheritance and Protection) Act 2011, the Gender Equality Act 2013, the Marriage Divorce and Family Relations Act 2015, and the Trafficking in Persons Act 2015.) | · MoJCA | | |

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|--|---|
| 3.2.3 Lobby through support to the Ministry of Justice for the expedited enactment of reviewed laws (PDVA, Witchcraft Act, Constitutional Amendment for minimum age of Marriage) | · Parliament |
| 3.2.4 Conduct judicial colloquia on the changing mentality of marital | · Cabinet |
| 3.2.5 Assess effectiveness of the effectiveness of the gender related legislation | · Judiciary |
| 3.2.6 Lobby for creation of family court division in the High Court | · Police |
| | · Legal Aid Bureau |
| 3.2.7 Strengthen the structures required for the implementation of the Marriage, Divorce and Family Relations Act e.g. the Registrar of Marriage | · Malawi law Society |
| 3.2.8 Lobby for increased technical and financial resources to Legal Aid to handle GBV cases | · Women Judges association of Malawi (WOJAM) |
| 3.2.9 Ensure the development of gender workplace policies in compliance with the Gender Equality Act | · MoGCDSW |
| 3.2.10 Enable mobile legal services/camp courts or assizes for expedited hearings of GBV cases | · MoGCDSW, Judiciary, WOJAM, Legal Aid Bureau |
| 1.4.1 Strengthen accountability structures for traditional and religious leaders to implement legislation and policies | · Traditional leader, Religious leader, Police, Judiciary, Ministry of Health, MoGCDSW (probation workers, social workers),NGOGCN |
| 1.4.2 Build capacity of the judiciary, law enforcement, and service providers on existing laws, policies, human rights and the negative impacts of GBV | · MoGCDSW |
| 1.4.3 Review training methods on GBV to promote result focussed, practical and participatory training for change | · MoGCDSW, Judiciary, MPS |

PRIORITY AREA 4: Coordination, implementation and sustainable financing of the NPA

| OUTPUT | ACTIVITIES | RESPONSIBLE PARTNERS | TIME FRAME | BUDGET |
|--|--|-----------------------|------------|--------|
| 4.1 GBV programmes at all levels effectively coordinated | 4.1.1 Create and strengthen the capacity of public, private and civil society gender focal points officers in institutions | · MoGCDSW · NGOGCN | | |
| | 4.1.2 Strengthen Gender Coordinating structures at all levels | · Private Sector | | |

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|--|--|--|---|---------------|--|--|
| | | 4.1.3 Strengthen the capacity of the Ministry by increasing human resource levels and providing specialized training for effective coordination of gender issues at all levels | · CBOs FBOS | | | |
| 4.2 National GBV strategy sustainably financed | | 4.2.1 Conduct gender tracking of funding for gender equality | · MoGCDSW | | | |
| | | 4.2.2 Conduct training programmes on gender responsive budgeting at all levels | · MoF | | | |
| | | 4.2.3 Hold annual consultation and feedback meetings with development partners | · MoEP&D | | | |
| | | 4.2.4 Lobby development partners and donors for increased financial and technical support towards GBV | · Donor agencies and development partners | | | |
| | | 4.2.5 Mainstream GBV interventions in existing programmes to ensure effective use of resources | · | | | |
| 4.3 NPA effectively implemented | | 4.3.1 Orient all stakeholders in gender related issues on the NPA | · MoGCDSW | | | |
| | | 4.3.2 Ensure inclusion of NPA in DIPs | · NGOGCN | | | |
| | | 4.3.3 Empower all stakeholders including the Police, Judiciary to submit frequent returns of data on GBV | · MoGCDSW | | | |
| | | 4.3.4 Conduct monitoring and supervision at all levels | · MoGCDSW | | | |
| PRIORITY AREA 5: Research, data collection, monitoring and evaluation | | | | | | |
| OUTPUT | ACTIVITIES | RESPONSIBLE PARTNERS | TIME FRAME | BUDGET | | |
| 5.1: Robust and Coordinated M&E System Implemented | 5.1.1 Support the GBV Management Information System to capture data for target groups that have not been previously been documented in the MDHS | · MoGCDSW | | | | |
| | 5.1.2 Develop an online reporting system for inputting data into the DPR repository | · NSO | | | | |
| | 5.1.3 Compile reports and disseminate the findings (Quarterly progress reports, Semi-Annual reports, Annual reports, Annual review reports, Baseline survey reports, Field supervision monitoring reports, Mid-term evaluation reports, End-line evaluation, Technical audits reports) | · MoGCDSW | | | | |

| | | | | |
|-------------------------------|---|---------------------------|--|--|
| | 5.1.4 Review and harmonize data collection methods and tools to ensure standardization | | | |
| | 5.1.5 Support institutions including the police, the MoH, the judiciary and civil society to submit quarterly/timely returns of data | · MoGCDSW | | |
| | 5.1.6 Hold quarterly review meetings to enhance accountability for implementation of the NPA and its M+E Plan | · MoGCDSW | | |
| | 5.1.7 Produce user friendly M+E products for dissemination | · MoGCDSW | | |
| | 5.1.8 Develop standardized data collection tool for all stakeholders for harmonization on data collection | · MoGCDSW | | |
| | 5.2.2 Operationalize GBV Management Information System | · MoGCDSW | | |
| | 5.1.9 Train all GBV stakeholders on GBV M+E | · MoGCDSW | | |
| 5.2 GBV Research strengthened | 5.2.1 Train existing staff at national and district level in M&E skills | · Academia | | |
| | 5.2.2 Conduct trainings on GBV M+E and roll out trainings to stakeholders | · MoGCDSW | | |
| | 5.2.3 Conduct comprehensive research and analysis on prevalence, magnitude and root causes of GBV | · MoGCDSW | | |
| | | · MoEP&D | | |
| | 5.2.4 Establish a knowledge platform for dissemination of research findings | · NGOGCN | | |
| | 5.2.5 Build capacities of research and academic institutions including National Statistics Office on GBV data collection | · Ministry of Information | | |
| 5.3 The GBV NPA evaluated | 5.3.1 Conduct two reviews a year and a midterm review of the NPA to enhance accountability | · MoGCDSW | | |
| | 5.3.2 Conduct midterm and end term evaluation and document best practices | · MoEP&D | | |
| | 5.3.4 Disseminate best practices on GBV from the NPA | · NGOGCN | | |
| | 5.3.5 Hold joint annual meetings for evaluation of NPA on Vulnerable Children and the VACS 2014 response and other violence related plans | · MoGCDSW | | |

7.2. Results Framework (Logical Framework)

| Strategic Issue | Indicator | Proposed Definition/Measuring Unit | Targets | | | | | | | Means of Verification | Frequency | Data Source | |
|---|--|--|--|---------|---------|---------|---------|---------|------------|-----------------------|-------------|-------------|-----|
| | | | Baseline (2014) | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | Cumulative | | | | |
| Goal: Reduced Violence against children, youth, women and men at all levels (Option 1) or | | | | | | | | | | | | | |
| Goal: To create an enabling environment to prevent and respond to GBV in a holistic, participatory and multi-sectoral manner. (Option 2) | | | | | | | | | | | | | |
| Impact Indicator | | | | | | | | | | | | | |
| | Percentage of women age 15-49 who have experienced different forms of violence | Percentage, Forms of violence include Physical, sexual, emotional, economic violence | 41.2% (Physical or sexual violence, DHS, 2010) | 30% | | | | | 10% | 10% | DHS Reports | 5 Years | NSO |
| Outcome 1: An enabling environment to prevent GBV by addressing root causes, and transformation of harmful social norms including in humanitarian settings created | | | | | | | | | | | | | |
| Outcome Indicators | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Output 1.1: Knowledge in Human Rights (including women's and child rights) and understanding of root causes of GBV and its the negative impacts increased | | | | | | | | | | | | | |
| Limited knowledge and capacity on human rights (including women's and child rights, the negative impacts of GBV and harmful | Number of Awareness Campaigns conducted | Number | TBD | 300 | 350 | 400 | 400 | 350 | 1,800 | Progress Reports | Quarterly | MoGCDSW | |
| | Number of IEC materials produced and distributed | Number; IEC materials include brochures, leaflets, | TBD | 150,000 | 150,000 | 100,000 | 100,000 | 50,000 | 550,000 | Progress Reports | Biannually | MoGCDSW | |

| | | | | | | | | | | | | |
|--|---|---|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------|-------------|---------------------|
| cultural practices, sexual and other forms of abuse and trafficking of women, men and children) | Number of Radio/TV programs produced and aired | Number | TBD | 4 | 4 | 4 | 4 | 4 | 20 | Progress Reports | Bi-annually | MoGCDSW |
| | Number of service providers trained in various GBV laws and policies | Service providers include the following: Chiefs, religious leaders, the media, the police, magistrates, government institutions, NGOs, the private sector | TBD | 600 | 900 | 900 | 900 | 600 | 3900 | Training Reports | Quarterly | MoGCDSW |
| | Output 1.2: Harmful social norms transformed including in humanitarian settings | | | | | | | | | | | |
| | Number of harmful cultural practices against children, women and youth. | Number | TBD | 20% decrease from baseline | 30% decrease from baseline | 40% decrease from baseline | 50% decrease from baseline | 60% decrease from baseline | 60% decrease from baseline | Survey Reports | Annually | MoGCDSW/NSO |
| Inadequate participation of women, girls and other vulnerable groups in economic and social activities | Output 1.3: Women, the girl child and other vulnerable primary target groups economically empowered to prevent GBV and HIV | | | | | | | | | | | |
| | Number of women trained in business management | Number; | TBD | 140 | 140 | 140 | 140 | 140 | 700 | Progress Reports | Quarterly | MoGCDSW |
| | Proportion of micro, small and medium businesses which are owned by women and girls | Numerator: Number of women and girls who own businesses Denominator: Total number of MSMEs; | 46% (Finscope Report, 2012) | 50% | 55% | 60% | 65% | 70% | 70% | Progress Reports | Annually | MoGCDSW/MoIT /SMEDI |

| | | | | | | | | | | | | |
|---|---|---|--------|---------|---------|---------|---------|---------|---------|-------------------|-------------|---------------------------------------|
| | Proportion of business women accessing financial services | Percentage; Numerator: Number of business women accessing loans Denominator: Total number of business women; financial services include access to loans and others services rendered by financial institutions such as banks | TBD | 25% | 30% | 35% | 40% | 45% | 45% | Progress Reports | Quarterly | MoGCDSW/MoIT /SMEDI |
| | Number of women, children and other vulnerable individuals benefiting from social cash transfer programme | Number; Vulnerable groups include women, girls, physically challenged, PLWHA, the elderly, orphans; | TBD | 300 000 | 450,000 | 550,000 | 600,000 | 500,000 | 450,000 | Progress Reports | Bi-annually | MoGCDSW, MoAFS, MoLGRD, MoFEPD, MoEST |
| | Share of women in wage employment in the non-agriculture sector | Numerator: Number of women employed in the non-agriculture sector. Denominator: Total number of employment | 29% | | | | | 40% | 40% | Survey Report | 5 Years | MoGCDSW/NSO/ MoLMD |
| Limited access to education by the girl child | Output 1.4: Children are empowered and supported to be protected from violence and to realize their right to education to learn in an equitable, supportive and healthy school environment | | | | | | | | | | | |
| | Gender Parity Index | The ratio of Girls to Boys (i) Primary School | 1.0009 | | | | | | | WMS, EMIS reports | Annually | MoEST/MoGCDS W/NSO |
| | | (ii) Secondary | TBD | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|--|--------|-----|-----|-----|-----|-----|------|-------------------|-------------|--------------------|
| | Girl Primary school net enrolment rates | Proportion of primary school girl learners who are of school going age, to the total population of girls of school going age | 103% | | | | | | | WMS, EMIS reports | Annually | MoEST/MoGCDS W/NSO |
| | Number of sanitation facilities built for girls in schools (a.) Toilets | Number of Toilets irrespective of type | 21,898 | | | | | | | EMIS Reports | Annually | MoGCDSW/MoEST/MoH |
| | Number of Hostels (a) girls (b) boys | Number | | | | | | | | | | |
| | Number of Needy students provided with school bursaries at Secondary level (a) Boys (b) girls | Number | | | | | | | | EMIS Reports | Annually | MoGCDSW/MoEST |
| Limited participation of men in the fight against GBV | Output 1.5: Men and Boys effectively and pro-actively engaged in the fight against violence through linkages with Men for Gender equality Now – (MEGEN), and the HeForShe Campaign | | | | | | | | | | | |
| | Number of Men Action Groups formed | Number | TBD | 150 | 150 | 150 | 150 | 150 | 750 | Progress Reports | Annually | MoGCDSW |
| | Number of awareness campaigns (targeting men) on women's rights issues conducted | Number | TBD | 300 | 600 | 900 | 900 | 900 | 3600 | Progress Reports | Bi-annually | MoGCDSW |
| | Percentage of GBV perpetrators who are men | <i>Numerator:</i> Number of men who are perpetrators of GBV. <i>Denominator:</i> Total number of GBV perpetrators. | TBD | 80% | 70% | 65% | 50% | 45% | 45% | Survey Reports | Annually | MoGCDSW/NSO/Police |
| | Output 1.6 Perpetrators of violence effectively rehabilitated to deter recidivism | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--|--|--------|---|-----|-----|-----|-----|----|-----|------------------|-----------|---------|
| Lack of service provision to perpetrators of GBV | Number of convicted perpetrators provided counselling or psychosocial services | Number | 0 | 100 | 120 | 120 | 200 | 80 | 620 | Progress Reports | Quarterly | Prisons |
|--|--|--------|---|-----|-----|-----|-----|----|-----|------------------|-----------|---------|

OUTCOME 2: Violence identification promoted through early referral system

| | | | | | | | | | | | | | |
|---|---|--------|-----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------|-----------|---------|--|
| Limited capacity to identify early stages of violence | Outcome Indicators | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Output 2.1: Early referral strengthened and mainstreamed for all service providers | | | | | | | | | | | | |
| | Number of Service Provides trained in early referral systems | Number | TBD | 20% decrease from baseline | 30% decrease from baseline | 40% decrease from baseline | 50% decrease from baseline | 60% decrease from baseline | 60% decrease from baseline | Progress Reports | Quarterly | MoGCDSW | |

OUTCOME 3: Effective response mechanism supporting survivors of GBV

| | | | | | | | | | | | | | | |
|--|--|---|-----|--|--|--|--|--|--|---------------|---------------|-----------------|-----------------|------------|
| Limited access to and under-utilization of services by GBV survivors | Outcome Indicators | | | | | | | | | | | | | |
| | Percentage of GBV survivors accessing GBV services | Numerator: Number of survivors accessing | TBD | | | | | | | | Survey Report | 2 Yearly | National Office | Statistics |
| | | Denominator: Total number of survivors | | | | | | | | | | | | |
| Percentage of GBV survivors utilizing GBV | Numerator: Number of survivors utilizing | TBD | | | | | | | | Survey Report | 2 Yearly | National Office | Statistics | |

| | | | | | | | | | | | | |
|---|---|---|-----|--|--|--|--|--|--|------------------------|-------------|-------------------|
| | services | Denominator: Total number of survivors | | | | | | | | | | |
| Output 3.1: Victims of GBV Adequately Supported with Appropriate and Timely Services | | | | | | | | | | | | |
| | Number of supported (a) VSU | The support is in terms of training and materials provided | | | | | | | | Progress Reports | Quarterly | Police, MoGCDWS |
| | (b) CVSUs | | | | | | | | | | | |
| | Number of One Stop Centers | Strengthened means a centre supported as above | 5 | | | | | | | Progress Reports | Bi-annually | MoGCDWS |
| | (a) Establish | | | | | | | | | | | |
| | (b) Strengthened | | 0 | | | | | | | | | |
| | Percentage of cases successfully concluded on GBV | Numerator: Concluded cases Denominator: Reported cases | TBD | | | | | | | Progress Report | Annual | Magistrate courts |
| Output 3.2: Policies and Laws on Gender and GBV Effectively Implemented and Enforced | | | | | | | | | | | | |
| Limited access to and under-utilization of services by GBV survivors | Number of duty bearers trained in gender related laws | Unit: Number | 0 | | | | | | | Progress Reports | Quarterly | MoGCDWS |
| | Number of interactive sessions on GBV laws | Unit: Number | 0 | | | | | | | Progress Reports | Quarterly | MoGCDWS |
| | Number of policies and laws reviewed | Unit: Number | 2 | | | | | | | Progress Reports | Annual | MoGCDWS |
| OUTCOME 4: Improved Coordination and Financing Towards GBV Interventions | | | | | | | | | | | | |
| Poor Coordination and Inadequate Resources | Outcome Indicators | | | | | | | | | | | |
| | Proportion of national budget allocated to GBV | Numerator: Budget allocation towards GBV | TBD | | | | | | | Budget Analysis Report | Annual | MoGCDWS |

| | | | | | | | | | | | | | |
|---|--|---|-----|-----|-----|-----|-----|-----|----|-----------------|-----------------|-----------|---------|
| to Sustainably Finance GBV Interventions | interventions | Denominator: National Budget | | | | | | | | | | | |
| | Output 4.1: GBV Programs at Levels Effectively Coordinated | | | | | | | | | | | | |
| | Number of gender focal persons appointed | Unit: Numbers | TBD | | | | | | | | Progress Report | Quarterly | MoGCDWS |
| | Number of GBV TWG meetings at | | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | Progress Report | Quarterly | MoGCDWS |
| | (a) National Level | | | | | | | | | | | | |
| (b) District Level | | 0 | 52 | 112 | 112 | 112 | 112 | 112 | | | | | |
| Number of Districts with functional TWGs | Functional committees is the one that has TORs and meets at least once per quarter | 0 | 13 | 28 | 28 | 28 | 28 | 28 | 28 | Progress Report | Quarterly | MoGCDWS | |
| Poor Coordination and Inadequate Resources to Sustainably Finance GBV Interventions | Number of institutions that have mainstreamed GBV in their plans | Inclusion of GBV issues in budgets and work plans | 1 | 5 | 8 | 12 | 14 | 18 | 20 | Progress Report | Annual | MoGCDWS | |
| | Output 4.2: National GBV Strategy Sustainably Financed | | | | | | | | | | | | |
| | Number of development partners financing the NPA | Unit: Number | TBD | | | | | | | | Progress Report | Annual | MoGCDWS |
| | Amount of resources committed to NPA by: | Unit: Malawi Kwacha in Billions | TBD | | | | | | | | Progress Report | Annual | MoGCDWS |
| | (a) Government | | | | | | | | | | | | |
| (b) Development Partners | TBD | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|-----|---|----|----|----|----|----|--|-----------------|-----------|---------|
| | (c) Private Sector | | TBD | | | | | | | | Progress Report | Annual | MoGCDWS |
| | Financial utilization rate | Numerator: resources used | TBD | | | | | | | | Progress Report | Annual | MoGCDWS |
| | | Denominator: The Total resources for GBV | | | | | | | | | | | |
| Output 4.3: NPA effectively implemented | | | | | | | | | | | | | |
| | Percentage of Districts who have incorporated issues of the NPA in their DIPs | | TBD | | | | | | | | | | |
| OUTCOME 5: Robust and coordinated M&E system implemented | | | | | | | | | | | | | |
| | Outcome Indicators | | | | | | | | | | | | |
| Inadequate Quality Data for Decision Making | Proportional of District councils with functional M&E Systems | Functionality is defined as meeting quarterly and providing data on GBV | 0 | | | | | | | | Progress Report | Quarterly | MoGCDWS |
| | Output 4.1: Robust and Coordinated M&E System Implemented | | | | | | | | | | | | |
| Inadequate Quality Data for Decision Making | Number of monitoring visits conducted | Unit: Number | 2 | 3 | 4 | 4 | 4 | 4 | 4 | | Progress Report | Quarterly | MoGCDWS |
| | Number of organizations sending reports to MoGCDWS based on this NPA | Unit: Number | 0 | 6 | 10 | 15 | 20 | 25 | 30 | | | | |

| | | | | | | | | | | | | |
|---|---------------------|---|---|----|----|----|----|----|----|-----------------|-----------|---------|
| Number of joint sector review meetings conducted | <i>Unit:</i> Number | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | Progress Report | Annual | MoGCDWS |
| Number of data updates on the GBV-MIS at national level | <i>Unit:</i> Number | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | Progress Report | Quarterly | MoGCDWS |
| Number of progress reports produced and disseminated | <i>Unit:</i> Number | 0 | 1 | 4 | 4 | 4 | 4 | 4 | 4 | | | |
| Number of districts submitting progress reports timely | <i>Unit:</i> Number | 0 | 0 | 28 | 28 | 28 | 28 | 28 | 28 | Progress Report | Quarterly | MoGCDWS |
| Number of CVSUs trained in participatory M&E | <i>Unit:</i> Number | 0 | 0 | 83 | 83 | 83 | 83 | 83 | 83 | | | |
| Number of officers trained in M&E at | <i>Unit:</i> Number | 0 | 4 | 15 | | 20 | | 20 | 20 | Progress Report | Quarterly | MoGCDWS |
| (a) National | | | | | | | | | | | | |
| (b) District | | | | | | | | | | | | |
| Output 4.2: GBV Research Strengthened | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Number of GBV studies commissioned | <i>Unit:</i> Number | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | Progress Report | Annual | MoGCDWS |
| Output 4.3: The GBV NPA evaluated | | | | | | | | | | | | |
| Number of evaluations of the NPA | <i>Unit:</i> Number | 0 | | | 1 | | | 1 | 2 | Progress Report | Biennial | MoGCDWS |

7.3. Districts Reporting Format

| MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE | | | | |
|---|---------------|-----------------------|-------------|----------|
| DISTRICT GBV QUARTERLY REPORT | | | | |
| NAME OF DISTRICT: | | | | |
| REPORTING OFFICER: | | | | |
| DESIGNATION: | | | | |
| POSTAL ADDRESS: | | | | |
| PHYSICAL ADDRESS: | | | | |
| PHONE NO: | | | | |
| FAX NO: | | | | |
| EMAIL ADDRESS: | | | | |
| REPORTING PERIOD: | | | | |
| DATE OF REPORTING: | | | | |
| Indicators | Annual Target | quarterly Performance | | Comments |
| | | Targets | Achievement | |
| <i>Outcome 1: An enabling environment to prevent GBV by addressing root causes, and transformation of harmful social norms including in humanitarian settings created</i> | | | | |
| Output 1.1: Knowledge in Human Rights (including women's and child rights) and understanding of root causes of GBV and its the negative impacts increased | | | | |
| Indicator 1.1.1 | | | | |
| Indicator 1.1.2. | | | | |
| Indicator 1.1.3 etc | | | | |

| | | | | |
|---|--|--|--|--|
| Output 1.2: Harmful social norms transformed including in humanitarian settings | | | | |
| Indicator 1.1.1 | | | | |
| Indicator 1.1.2. | | | | |
| Indicator 1.1.3 etc. | | | | |
| Output 1.3: Women, the girl child and other vulnerable primary target groups economically empowered to prevent GBV and HIV | | | | |
| Indicator 1.1.1 | | | | |
| Indicator 1.1.2. | | | | |
| Indicator 1.1.3 etc. | | | | |
| Output 1.4: Children are empowered and supported to be protected from violence and to realize their right to education to learn in an equitable, supportive and healthy school environment | | | | |
| Indicator 1.1.1 | | | | |
| Indicator 1.1.2. | | | | |
| Indicator 1.1.3 etc. | | | | |
| Output 1.5: Men and Boys effectively and pro actively engaged in the fight against violence through linkages with Men for Gender equality Now – (MEGEN), and the HeForShe Campaign | | | | |
| Indicator 1.1.1 | | | | |
| Indicator 1.1.2. | | | | |
| Indicator 1.1.3 etc. | | | | |
| Output 1.6 Perpetrators of violence effectively rehabilitated to deter recidivism | | | | |
| Indicator 1.1.1 | | | | |
| Indicator 1.1.2. | | | | |
| Indicator 1.1.3 etc. | | | | |
| OUTCOME 2: Violence identification promoted through early referral system | | | | |
| Output 2.1: Early referral strengthened and mainstreamed for all service providers | | | | |
| Indicator 1.1.1 | | | | |
| Indicator 1.1.2. | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Indicator 1.1.3 etc. | | | | | |
| <i>OUTCOME 3: Effective response mechanism supporting survivors of GBV</i> | | | | | |
| Output 3.1: Victims of GBV Adequately Supported with Appropriate and Timely Services | | | | | |
| Indicator 1.1.1 | | | | | |
| Indicator 1.1.2. | | | | | |
| Indicator 1.1.3 etc. | | | | | |
| Output 3.2: Policies and Laws on Gender and GBV Effectively Implemented and Enforced | | | | | |
| Indicator 1.1.1 | | | | | |
| Indicator 1.1.2. | | | | | |
| Indicator 1.1.3 etc. | | | | | |
| <i>OUTCOME 4: Improved Coordination and Financing Towards GBV Interventions</i> | | | | | |
| Output 4.1: GBV Programs at Levels Effectively Coordinated | | | | | |
| Indicator 1.1.1 | | | | | |
| Indicator 1.1.2. | | | | | |
| Indicator 1.1.3 etc. | | | | | |
| <i>OUTCOME 5: Robust and coordinated M&E system implemented</i> | | | | | |
| Output 4.1: Robust and Coordinated M&E System Implemented | | | | | |
| Indicator 1.1.1 | | | | | |
| Indicator 1.1.2. | | | | | |
| Indicator 1.1.3 etc. | | | | | |

7.4. Implementing Partners Reporting Format

| REPORTING FORM FOR IMPLEMENTING PARTNERS ON GENDER BASED VIOLENCE (GBV) PROGRAMMES IN MALAWI | | | | | | | | | | |
|--|---|---------------------------------|----------------|--------------------|---------|----------|-------------------|-------------|----------|---------|
| IMPLEMENTING PARTNERS DETAILS | | | | | | | | | | |
| Name of Implementing Partner: | <input type="text"/> | | | | | | | | | |
| Postal address: | <input type="text"/> | | | | | | | | | |
| Physical address: | <input type="text"/> | | | | | | | | | |
| Phone No: | <input type="text"/> | | | | | | | | | |
| Fax No: | <input type="text"/> | | | | | | | | | |
| Website: | <input type="text"/> | | | | | | | | | |
| Email address: | <input type="text"/> | | | | | | | | | |
| Reporting Period: | <input type="text"/> | | | | | | | | | |
| Date of Reporting: | <input type="text"/> | | | | | | | | | |
| Intervention/Programme | Focus areas (e.g. Modification of harmful cultural practices, advocacy, capacity building, M&E, etc.) | Impact Areas (e.g. District/TA) | Funding Source | Planned Activities | Targets | Achieved | Budget Allocation | Expenditure | Variance | Remarks |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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7.5 Roles of stakeholders during the implementation of the NPA

| Stakeholder | Roles |
|---|--|
| Ministry of Gender, Children, Disability and Social Welfare | <ul style="list-style-type: none"> • Coordinate all stakeholders implementing the NPA • Provide overall policy and technical guidance for implementation • Facilitate implementation and institutionalization of the NPA in the public sector • Ensure that resources are accounted for by the programme • Ensure accountability measures are in place for the resources allocated for the implementation of the NPA • Monitor and evaluate the implementation of the NPA • Facilitate linkages with other existing plans, programmes (by other ministries and partners) • Building capacities of line Ministries and other stakeholders in GBV • Mobilise resources and partners to fund the NPA • Ensure mass dissemination of the NPA and its M&E Plan • Ensure accountability of stakeholders responsible for implementing • Lobby for sufficient on-going budgetary allocation to support implementation of the NPA |
| Ministry of Finance | <ul style="list-style-type: none"> • Provide sufficient and timely on-going budgetary support for the implementation of the NPA |
| Ministry of Education, Science and Technology | <ul style="list-style-type: none"> • Ensure linkages with the Girl Education Strategy and Girls Education and Communication Strategies • Ensure linkages and promote common programmes to address violence in school |
| Ministry of Economic Planning and | <ul style="list-style-type: none"> • Ensure that GBV issues are continuously reflected in national development policy processes. • Provide policy guidance on monitoring and evaluation |

| | |
|--|--|
| Development | <ul style="list-style-type: none"> • Ensure GBV indicators are highlighted in the national M+E systems • Facilitate linkages between the MGCDSW and development partner's programmes |
| Ministry of Local Government and Rural Development | <ul style="list-style-type: none"> • Provide guidance on decentralization • Facilitate integration of the NPA priorities into local government policies and programmes • Facilitate linkage of the NPA to the LDF mechanism at District Council level • Build capacities of District Councils on GBV • Disseminate and advocate for the implementation of community activities and behaviour change intervention with traditional leaders |
| Local Councils | <ul style="list-style-type: none"> • Coordinate GBV stakeholders at district level • Implement, monitor and report on various aspects of the NPA • Provide on-going monitoring and technical support to community GBV structures • Mainstream the GBV issues within existing programmes • Follow up with implementing entities to ensure that information for the NPA M&E system is generated and collated on a continuous basis • Coordinate data and information gathering for GBV indicators at the district level • Support implementing agencies with data analysis; • Ensure that the data collected for GBV indicators are accurate and reliable • Ensure that communities that are benefiting from the GBV initiatives are involved in CBM&E activities |
| Ministry of Health and Ministry of Education Science and Technology and other line | <ul style="list-style-type: none"> • Collect data related to GBV activities and performance indicators; • Collate data from various implementing entities; • Analyze and Prepare composite M&E reports to facilitate accountability in the implementation of the activities under their purview; • Support decentralized/local structures in participatory |

| | |
|---|--|
| ministries | <p>community monitoring and evaluation tools;</p> <ul style="list-style-type: none"> • Facilitate quarterly implementation monitoring visits; • Provide feedback to implementing agencies on the basis of M&E reports; and • Facilitate the organization of institutional results dissemination meetings aimed at utilizing results for programming and informing Project implementation • Implement and report GBV related programmes Provide appropriate and timely capacity building for Gender Focal Points and other staff in collaboration with MoGCDSW |
| Development partners and donor agencies | <ul style="list-style-type: none"> • Provide technical and financial support to the MoGCDSW to initiate the implementation of the NPA • Ensure coordination of NPA with other existing programmes • Provide technical and financial support of various M&E activities including evaluation studies; support regular review meetings to assess sector performance; conduct result oriented monitoring missions; and support the provision of specialized M&E expert to build capacity of staff. |
| Non-governmental organizations | <ul style="list-style-type: none"> • Implement the NPA at all levels • Provide reports to the Ministry as per guidelines developed • Advocate and lobby various stakeholders on GBV issues • Mobilise resources for GBV • Collect data on GBV activities and performance indicators and submitting to district and national level coordinating entities in the Ministry of Gender, Children, Disability and Social Welfare. • Support regular review meetings to assess the GBV sector performance at all levels. • Analyze and interpret data to compare progress against plans on GBV activities. |
| NGOGCN | <ul style="list-style-type: none"> • Coordinate activities of NGOs dealing with GBV issues • Eradicate GBV through co-ordination, lobbying, advocacy, |

| | |
|--|---|
| | information sharing and capacity building of its members |
| Community based groups and faith based organizations | <ul style="list-style-type: none"> • Implement the NPA at community level • Liaise with District Councils during implementation • Monitor and evaluate implementation using guidelines developed by the MoGCDSW • Provide reports to the local councils as per guidelines developed • Advocate and lobby various stakeholders on GBV issues • Ensure that all other programmes are mainstreaming GBV issues • Mobilise resources for GBV • Ensure wide community outreach of GBV programmes |
| Private Sector | <ul style="list-style-type: none"> • Mainstream GBV in private sector programmes by implementing NPA priorities • Provide appropriate and timely capacity building for staff in collaborate with MGCSW and other stakeholders. • Strengthen their corporate social responsibility • Implement the gender Equality Act by establishing workplace anti-harassment policies |
| Communities | <ul style="list-style-type: none"> • Participate in assessing the performance of project outputs and management processes • Participate in assessing the performance of community level institutions • Follow up on local level actions arising from the participatory M&E exercises |

7.7. Costing Matrix