



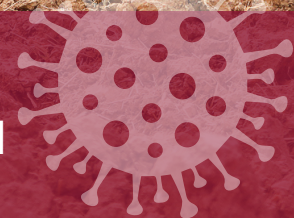
COVID-19 RAPID GENDER ASSESSMENT

MALAWI | 2020
SUMMARY REPORT



MALAWI

Highlights of a Rapid Assessment of the Gendered Effects of the Covid-19 Pandemic on Households



BACKGROUND AND CONTEXT

First reported in Wuhan, China in late 2019, the coronavirus disease 2019 (COVID-19) has since then spread to 191 countries globally. By 14 January 2021, there were 92,563,274 confirmed cases and 1,983,691 confirmed deaths globally. Although mitigated by movement restrictions and physical distancing measures, the advance of the pandemic on the African continent continues.

In Malawi, there have been 9,991 confirmed cases and 275 confirmed deaths.¹ Initially imported and reported predominantly in towns, the cases here have now spread to the community level and efforts are being invested to prevent further spread of the disease².

ABOUT THE STUDY - OBJECTIVES AND APPROACH

Commissioned by UN Women³ and the United Nations Population Fund (UNFPA)⁴, the study was aimed at producing sex-disaggregated data on the impacts of COVID-19 on women and men in Malawi aged 18 years and older. With a particular focus on disadvantaged groups of women, including women living in rural areas and women of different age-groups, the rapid gender assessment (RGA) aimed to investigate the consequences of the COVID-19 crisis on women and men and generate sex-disaggregated data to inform effective and

gender-responsive decision-making. This publication summarizes the findings of the RGA report.

Conducted between November and December 2020 as a Computer Assisted Telephonic Interview (CATI)⁵, the RGA was based on a sample of 2,481 women and men for Wave 1 and 2,402 for Wave 2 that were obtained through a process of random direct dialing. Respondents provided multiple-choice and scale-based answers in 15–20-minute interviews using two questionnaires administered in separate

¹ John Hopkins COVID-19 Cases Dashboard, 14/1/2020

² Promoting mask-wearing during the COVID-19 pandemic: A policymaker's guide

³ The United Nations' entity dedicated to gender equality and the empowerment of women

⁴ The United Nations' sexual and reproductive health agency

⁵ Given the low and uneven penetration of mobile phones in Malawi CATI surveys are not ideal if a representative picture of the circumstances of the population is desired. Nevertheless, this approach, necessitated by the COVID-19 context, provides some insight into the impacts of COVID-19 on the respondents

sessions⁶ to minimize respondent fatigue. Soft quotas were applied post collection by rural/urban and living standards measure. The margin of error is +/-2.0% at 95% confidence level for reporting at national level.

The survey is thus representative of mobile phone owners but adjusted to the demographics of the population by age, gender, and location. Unfortunately, the sample size was too small to allow for adequate measurement and disaggregation of data by disability status. Confidentiality and anonymity were guaranteed and ethical and safety principles followed to ensure that no additional harm, risk, or distress was imposed on women and men who took part in the data collection being conducted remotely. Informed consent was obtained from each participant.

FINDINGS

In addition to the direct consequences of the disease on the health and well-being of individuals, there are also indirect consequences as a result of physical distancing and confinement measures that

have had a negative impact on the population, particularly on women already living in poverty and without formal employment.

Anecdotal and other evidence suggest that several gender specific issues related to COVID-19 need to be addressed⁷. These include an increased risk of gender-based violence (GBV), safety and security concerns with violent control of curfew and lockdown requirements, the increased health risks and work burden on predominantly women healthcare workers, potential risks to income loss in the vulnerable informal sector, and food insecurity in the short to medium term.

In addition, lockdowns and other measures have impacted women's access to essential sexual and reproductive health (SRH) services such as family planning and maternal health. Recognizing the extent to which disease outbreaks affect women and men differently is a fundamental step towards understanding the primary and secondary effects of the pandemic on different individuals and communities, and for creating effective and equitable policies and interventions.

⁶ Questionnaire I was administered to the sample of n=2,481 individuals and respondents were asked whether they were willing to participate in a second interview. An appointment was made for a convenient time with those who agreed, and the second interview was conducted accordingly. In instances where respondents declined, the individual was replaced with a new sampled respondent with similar demographic characteristics.

⁷ CARE Rapid Gender Analysis for COVID 19: East, Central and Southern Africa



HOUSEHOLD ECONOMIC ACTIVITIES AND LIVELIHOODS

Like in many other countries in the sub-region and globally, COVID-19 and the associated restrictions on movement had a significant negative impact on economic activities in Malawi.

According to respondents (women 70%, men 75%), their economic activities changed during the pandemic with women and men aged 18-34 years most affected (71% and 77% respectively). The largest proportion

Economic activities



70% Women
75% Men

Respondents whose economic activities changed during the pandemic

The largest proportion of respondents affected by changes in economic activities were those who owned businesses or were freelancers



52% Women

owned a business/were freelancers before the lockdown, compared to only **34%** at the time of the study

Effect of pandemic on income sources



73% Women
76% Men

About **3** out of **4**

in all age groups indicated that they had suffered decreases in income as a result of the pandemic

24% Women
21% Men

1 in **4**

indicated no change in income as a result of the pandemic



63% Women
69% Men

indicated that they had experienced changes in combined income during the pandemic

of respondents affected by changes in economic activities were those who owned businesses or were freelancers; before the lockdown 52% of women owned a business/ were freelancers compared to only 34% at the time of the study. A similar pattern is observed for men with 43% working as business owners/ freelancers before the pandemic compared to 32% at the time of the study.

Farmers/laborers also experienced some changes; a lower proportion of women listed farming as an economic activity after the onset of the pandemic (women 23% compared to 19%). The converse was true for men 26% of whom listed farming as an economic activity before the pandemic compared to 27% during the pandemic. Those in non-agricultural part-time jobs were least affected with post-pandemic proportions remaining the same previously (11% each for women and 15% each for men). Those engaged in unpaid work in family business were also not affected in terms of economic activity (1% pre and post the pandemic for both women and men).

About 3 in 4 women and men in all age groups indicated that they had suffered decreases in income as a result of the pandemic (73% and 76% respectively) while only about 1 in 4 indicated no change in income (24% and 21% respectively) showing that a slightly higher proportion of men were affected by loss of income. A large proportion of women (63%) and men (69%) indicated that they had experienced changes in combined income during the pandemic; again, the 18–34-year age group was most affected (women 64%, men 70%), while the 55 years and above age group was least affected (women 60%, men 66%).

The most common experiences that women and men had during the pandemic were financial difficulties (67% and 68% respectively), eating less or skipping a meal altogether because of lack of money or other resources (62% and 64% respectively), not eating at all for a day or more because of lack of money or other resources (46% and 51% respectively), and loss of employment of the head of household (18% and 19% respectively).

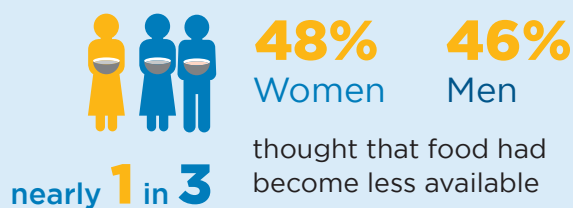


AGRICULTURAL ACTIVITIES AND FOOD SECURITY

While high percentages of both women and men lived in households that produced crops and livestock (i.e., fish farming, poultry, and other stock), on average, a much higher percentage of men (84%) reported this than women (72%). Women aged 35–54 years (79%) and men aged 55 years and above (90%) were most likely to indicate that

their household produced food. Up to 1 in 5 women (19%) and men (20%) felt that the food produced by the household provides for all their food needs and less than 1 in 10 women and men (7% each) indicated that it provides for most of their food needs. A larger proportion of women (21% or more than 1 in 5) and men (28% or more than 1 in 4) felt that

Food availability due to COVID-19-related movement restrictions



that food produced by the household meets some of their food needs while the largest proportion (women 52%, men 45%) indicated that it does not provide for their food needs.

Both women and men reported similar levels of perceived changes in the **availability of seed and other crop farming inputs** since the onset of COVID-19. About 46% of men and 48% of women thought there was no change in availability. A small percentage of men (3%) and women (2%) thought the availability of seeds and other inputs had increased since the onset of COVID-19. In terms of purchasing power, the largest proportion of respondents (approximately 1 in 3 – women 62%, men 63%) were of the view that their **ability to buy seed** had decreased, while the largest proportion of respondents who felt that it had increased (women 5%, men 6%) were in the 55 years and above age group.

Regarding changes in food availability due to COVID-19-related movement restrictions, nearly 1 in 2 women (48%) and men (46%) thought that food had become less available,

about 2 in 5 respondents (women 42%, men 39%) thought that food was just as available during the pandemic as it was previously, and a significantly smaller proportion (women 6%, men 9%) thought it had become more available, since the onset of COVID-19. A tiny proportion (women 2%, men 4%) thought that food had become less available since the onset of COVID-19 due to reasons other than movement restrictions.

The largest proportion of women and men (nearly 3 in 5 or 61% and 57% respectively) thought that the prices of food had increased since the onset of the pandemic. A significant proportion of women and men (about 1 in 3 or 32% and 34% respectively) felt that the prices had remained the same while only 6% of women and 8% of men thought that the price of food had reduced since the onset of the pandemic. Women in the 55 years and above age group (67%) were most likely to indicate that food prices had increased, while women in the 35-54 years age group (34%) were most likely to indicate that food prices had stayed the same.



EDUCATION

Limited access to learning materials such as books was the greatest impediment to learning for girls and boys (41% and 43% respectively) in Malawi during the pandemic. Lack of a skilled instructor also hindered studying from home for girls (37%) and boys (43%) as did lack of a conducive environment (28% and 34% respectively), limited access to internet (girls 28%, boys 30%), and lack of

electricity/source of lighting (girls 25%, boys 28%). Girls were more affected than boys by the learning challenge that the multiple roles of the parent/guardian presented (girls 14%, boys 11%) and by other undefined challenges (girls 23%, boys 18%). A slightly lower proportion of girls (20%) than boys (21%) experienced increased household chores as an impediment to studying from home during the pandemic.



41%
Girls



43%
Boys

Limited access to learning materials such as books was the greatest impediment to learning for girls and boys in Malawi during the pandemic



37%
Girls



43%
Boys

Lack of a skilled instructor also hindered studying from home for girls and boys



WATER AND SANITATION

Only about 2 in 5 of women (17%) and men (20%) felt that they had sufficient access to clean and safe water. The percentage of respondents who reported access to clean and safe water was noticeably higher overall for women (82%) than men (77%) with women (90%) and men (82%) in urban areas indicating significantly higher access to clean and safe water than their rural counterparts (women 76%, men 74%). Women aged 18-34 years (83%) and women aged 35-54 years (82%) were slightly more likely than their counterparts aged 55 years and above (77%) to report that they had access to clean water during the pandemic. The latter is in contrast with men aged 55 years and above (80%), who were most likely among the men interviewed to report that they had access to clean and safe water during the pandemic. Men in the 35-54 age group (75%) were least likely among all

respondents to indicate that they had access to the commodity.

Respondents named long distances to the source (28%), the fact that water access has always been a challenge (23%), and inability to afford the cost of water (19%) as the main reasons for lack of access to clean and safe water during the pandemic. A significant proportion of women and men also felt that piped water has always been a challenge (7%), and more than 1 in 10 (13%) pointed to other unidentified reasons for the lack of access.

Concerning responsibility for collecting water and firewood, nearly 3 in 4 respondents (74%) said that women carried out this task. Only 8% of respondents said that a man in the household carried out this task, while 16% indicated that this responsibility fell on women and men in the same household.

Access to clean and safe water



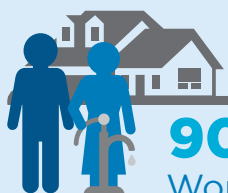
About **3** in **5**



17%
Women

20%
Men

felt that they had sufficient access to clean and safe water



90%
Women

82%
Men

in urban areas who had access to clean and safe water compared to their rural counterparts (**women 76%, men 74%**)



UNPAID DOMESTIC AND CARE WORK BEFORE AND AFTER THE PANDEMIC

The time women spend on unpaid domestic and care work has been singled out as one of the barriers hampering women's economic empowerment. Malawi has never conducted a Time Use Survey and no comprehensive information is available on the time that women and men spend on unpaid domestic and care activities. For this reason, the survey also included some questions aimed at establishing how much time women and men spent before COVID-19 on these activities and if any of them have been spending more time on these activities since the onset of the pandemic and resulting movement restrictions.

On involvement in unpaid and domestic care work activities, the study finds that although men tended to rate their own participation higher than women did, women in the household were largely responsible for these activities prior to the pandemic. Shopping for the household was the activity most attributed to men before the pandemic, according to 43% of the women and men surveyed, while

collecting water and firewood (8%), cleaning (9%) and cooking and meal preparation (10%) were least attributed to men. Since the onset of the pandemic, the women reported increases in time spent on cleaning (18%) and cooking and meal preparation (14%) while 17% of men said they spent more time on cleaning (17%) followed by cooking and meal preparation (12%).

As far as unpaid care activities go, the highest proportions of women and men indicated that women spent the most time on physical (70%) and passive (56%) care of children as well as playing with/reading stories to children (44%). Emotional support of adults (29%) and assisting other adults with administration and accounts (28%) were the activities that registered the highest proportions of participation by men before the pandemic, followed by physical care of adults (20%) and playing with and reading to children (19%). During the pandemic, increases in time spent in teaching children (women 26%, men

Activity most attributed to men



43%

shopping for the household before the pandemic

Time spent on activities since the onset of the pandemic



18% Women

reported increases in time spent on **cleaning**



14% Women

reported increases in time spent **cooking and meal preparation**

Unpaid care activities for which the highest percentages of women and men said they have been spending more time on them since the onset of the pandemic



26%

Women



28%

Men

respondents observed increases in time spent in **teaching children**



23%

Women



21%

Men

respondents observed increases in time spent in **passive care of children**



19%

Women



19%

Men

respondents observed increases in time spent in **playing with/reading stories to children**

28%), passive care of children (women 23%, men 21%), and playing with/reading stories to children (19% for each) were experienced nearly equally by both sexes. Time spent on emotional support (women 37%, men 36%)

and physical care of adults (36% each) and assisting other adults with administration and accounts (women 34%, men 35%) was more likely to decrease than increase during the pandemic for both women and men.



HELP WITH HOUSEHOLD CHORES

A relatively modest but noticeably higher percentage of women (20%) reported getting help for chores and for caring for other family members from persons outside of their household than men (15%). While this percentage holds across different age-groups for men, a substantially higher percentage of women aged 55 years and older (30%) reported receiving help for chores and caring for others than women in any other age-group (18-19%).

Respondents identified family members (women 41%, men 46%), a person outside of the family⁸ (women 28%, men 22%), and daughters (women 14%, men 20%) as the persons most likely to help with chores and providing care for others in the household. Respondents who mentioned hiring help were asked how the situation has changed since the onset of COVID-19. About 2 in 3 respondents (women 68%, men 64%) reported receiving less help from a domestic worker, babysitter, or hired nurse while less than 1 in 5 respondents (women 16%, men 14%) indicated that they received more help.

⁸ These included a domestic worker, babysitter, or hired nurse



20%
Women

15%
Men

reported getting help for chores and for caring for other family members from persons outside their household

30%

of women aged 55 years and above

reported receiving help with chores and caring for others. This was higher than for women in other age groups **(18-19%)**



MENTAL HEALTH

As in other regions globally, COVID-19 took a toll on the mental health of women and men in Malawi. More than half of women (52%) and nearly 3 in 5 men (59%) indicated that the pandemic has had a negative impact on their mental or emotional health. Among women, those aged 35-49 years (57%) were most likely to be affected while those in the 50-64 years and 65 and above years age groups registered

the lowest proportions of those affected (46% each).

More than 8 in 10 women and men (84% each) who responded to the survey indicated that COVID-19 and its related control measures and restrictions have caused them to worry. While concerns for both sexes on access to food (women 21%, men 20%), death (women 19%, men 18%), safety related to the crisis (women

10%, men 9%), and access to medicine (women 5%, men 6%), largely overlapped, some concerns varied by sex. Nearly 1 in 4 women (23%) worried about children missing school

compared to nearly 1 in 5 men (19%) while 1 in 2 women (50%) worried about their economic situation and income compared to nearly 3 in 5 (57%) men.

Effect of the pandemic on mental health



52% Women **59%** Men

indicated that the pandemic has had a **negative impact** on their mental or emotional health

57%

of women aged 35-49 years indicated that their mental health was affected by the pandemic. This was the highest proportion amongst all age groups affected

46% Women aged 50-64 years

46% Women aged 65 years and above were less likely than younger women to be affected.



HEALTH SERVICES

Overall, the study found that slightly more than 1 in 3 women (37%) and men (36%) were inclined to seek health services during the pandemic, although women aged 65 years and above (45%) were significantly more likely to do so. While more than half the respondents (women 57%, men 52%) reported not needing services, among those who did, more than 1 in 3 (women 34%, men 39%) were able to do so with the highest proportions seeking “other (unidentified) healthcare related services” (women 43%, men 40%), child healthcare services (women 23%, men 26%), healthcare services for pregnant mothers/maternal healthcare services (women 21%, men 14%),

and family planning/SRH services⁹ (women 8%, men 13%).

In as much as a significantly larger percentage of women (nearly 1 in 4 or 24%) than men (nearly 1 in 5 or 17%) reported shorter waiting times compared to before the outbreak, experiences with healthcare since COVID-19 were largely similar for women and men, although it is not entirely clear why there is such a marked difference between the sexes. Interestingly, similar proportions of women and men indicated that they experienced longer waiting times since the onset of the pandemic and the same waiting time as before the pandemic (women 36%, men 39%

⁹ Including menstrual hygiene, etc.

While more than 1 in 2 women (57%) and men (52%) did not need health services, those who did:



34% Women **39%** Men
successfully accessed the services



23% Women **26%** Men
sought child healthcare services



21% Women **14%** Men
sought healthcare services for pregnant mothers/maternal healthcare services

longer waiting times; women 34%, men 36% shorter waiting times). Only a relatively small proportion of respondents indicated that they sought healthcare services for HIV healthcare services (women 8%, men 3%), medicine for chronic illnesses (women 5%, men 10%), and

clinical management of sexual violence, i.e., rape and defilement (women 9%, men 6%).

Only a small proportion of women (5%) and men (4%) tried but were unsuccessful in accessing healthcare services.



FEELINGS OF SAFETY IN THE COMMUNITY AND AT HOME

The pandemic brought changes in respondents' feelings of safety in the community; while a significant proportion of individuals (women 16%, men 19%) indicated feeling less safe since the onset of the pandemic, a larger proportion (women 43%, men 42%) indicated feeling safer and a similarly large proportion indicated no change in feelings of safety since the start of the pandemic. This may be attributable to more time spent at home due to the restrictions on movement resulting in overall increased feelings of safety than prior to the pandemic.

Notwithstanding, when queried on whether they have personally experienced violence since the onset of the pandemic, 15% of women and 17% of men responded in the affirmative. Women in the 35-49 years demographic (16%) and in the 18-34 demographic (15%) were more likely than older women (11% for those aged 50-64 years; 13% for those aged 65 years and above) to have experienced violence in the community during the pandemic. The proportion of individuals who experienced discrimination during COVID-19 was also fairly low compared to other countries in the sub-region (women 14%, men 13%) with women aged 35-49 years (16%) and 18-34 years (15%) being significantly more likely than older

women (9% for those aged 50 years) to have experienced discrimination.

The scenario in the home was markedly different with almost half of all respondents (women 48%, men 49%) indicating that they felt the same level of safety during the pandemic as they did previously, more than 1 in 4 (women 44%, men 43%) reporting that they felt safer, and nearly 1 in 10 revealing that they felt less safe (women 7%, men 8%). For those who felt less safe, most were concerned about increases in crime (women 37%, men 45%), followed by concerns that living in densely populated areas made their homes less safe (women 26%, men 34%). Respondents also pointed to other (unspecified) reasons for feeling less safe in the home (women 42%, men 37%). Feeling more unsafe as a result of fearing discrimination due to the nature of their work, e.g., as health workers, was also a concern for some respondents (women 5%, men 0%¹⁰) while substance abuse in the household was another concern for some respondents (women 1%, men 9%). "Others in the household hurt me" was only indicated by a small proportion of respondents (women 2%, men 4%) as an explanation for feeling more unsafe at home since the start of the pandemic.

¹⁰ Percentages reported as 0 do not mean no cases were reported but rather that the numbers were so small that they reflect as 0 when they are rounded.

The pandemic brought changes in respondents' **feelings of safety** in the community.



16%

Women

19%

Men

indicated feeling **less safe** since the onset of the pandemic

43%

Women

42%

Men

indicated feeling safer



GENDER-BASED VIOLENCE

A significant part of Questionnaire II in the study focused on gender-based violence (GBV). Nearly all respondents indicated that GBV is a problem in Malawi, irrespective of the pandemic. A whopping 97% of women and 96% of men qualified the **extent to which GBV is a problem** in the country as “a lot”. There were no significant differences between different age groups of women in terms of their assessment that GBV is a big problem, except that young women (18-34 years) were slightly less likely than older women to feel that way (96% for women aged 35-49 years compared to 98% for women aged 50 years and above).

A similarly high proportion of respondents reported a high **frequency of GBV** with nearly 9 in 10 women (88%) and men (85%) indicating that GBV happens very often, irrespective of COVID-19.

More than 5 in 10 women (53%) and men (56%) perceived a **change in occurrence of GBV** since the onset of the pandemic. Women aged 65 years and older were more likely than women of other age groups to indicate that GBV has increased during the pandemic, while women in the 50-64 years age bracket (45%) were least likely to indicate that GBV has increased during this time.

The **forms of GBV** for which women and men knew someone who had experienced it covered a wide range; approximately half of respondents (women 49%, men 51%) reported

knowing of child and/or forced marriages that took place during the pandemic, 2 in 5 (women 41%, men 39%) knew someone who had been physically abused, and nearly 3 in 10 (27% each) knew someone who had experienced emotional/verbal abuse. More than 1 in 3 women (36%) and men (35%) knew someone who has experienced sexual harassment during the pandemic. Forced sexual relations also seemed to be quite common as indicated by nearly 1 in 4 respondents (24% each) who knew of a victim of this form of GBV during the pandemic. Online bullying, though reported by a lower proportion of respondents (nearly 1 in 5 or women 18% and men 20%), was still quite common as was FGM; nearly 1 in 10 respondents (women 9%, men 8%) knew a victim of FGM carried out during the pandemic. Respondents also indicated that denial to communicate with others (women 13%, men 12%) was also a relatively common form of GBV during the pandemic.

In terms of **perpetrators of GBV**, the highest proportion of respondents indicated that a neighbor (women 33%, men 32%) or spouse (women 31%, men 33%) was behind the most recent incident of GBV that they were aware of. Respondents also indicated that a friend (women 25%, men 28%) or other family member (women 23%, men 22%) was responsible for the GBV incident and about 1 in 10 respondents (women 11%, men 12%) said that security agents were behind the most recent incident they were aware of.

Nearly all respondents indicated that **GBV is a problem** in Malawi, irrespective of the pandemic



97% Women
96% Men

qualified the **extent to which GBV is a problem** in the country as “a lot”

96% Women
aged 35-49 years

were slightly less likely than older women to feel that GBV is a big problem compared to **98%** for women aged 50 years and above

PRIORITIES

The study found that women and men had similar priority needs during the pandemic with more than half identifying food (women 55%, men 56%) and healthcare (55% each) as their top priorities. Approximately 2 in 5 (women 42%, men 41%) said that earning

an income is their priority need followed by sanitation and hygiene (women 37%, men 38%). Safety and security (women 29%, men 28%) and education (women 20%, men 24%) also ranked quite highly as priority needs during the pandemic.



55% **56%**
Women Men
identified **food** as
their top priority



55% **55%**
Women Men
identified **healthcare**
as their top priority



Nearly **2 in 5**
42% **41%**
Women Men
had **earning an income**
as their priority need

CONCLUSIONS AND RECOMMENDATIONS

The study shows that the COVID-19 pandemic has had far-reaching effects on all spheres of life in Malawi.

Socio-economic:

Movement and other restrictions significantly slowed down economic activities in a context where significant gaps already existed between women and men prior to the pandemic. The study found that to some extent, these gaps either narrowed or remained the same with the pandemic having a similar impact on both women and men. Speedy economic recovery will entail safeguarding livelihoods, jobs, and businesses with specific consideration for the differential needs of rural and urban residents, women, men, people with disabilities (PWDs), and youth. For sustained recovery, the post-COVID-19 recovery period would do well to focus on connecting people, especially women, to job opportunities with Government guarantees and subsidized loans to support productive activities of women and youth. It will also be important to continue efforts to strengthen women's and youth access to education and vocational training to reduce their vulnerability for future pandemics and other crises.

Agriculture and food security:

The economic consequences of the pandemic extended into food security and agricultural production as well with a general decline in the ability of those involved in the agricultural sector to buy seeds and other inputs. In the coming months, support for food security-related interventions will be essential as will social safety net measures such as food aid and cash transfers to ease drops in income and mitigate the negative impacts on nutritional requirements. In the medium-term, increased support to small-scale food producers and subsistence farmers in the form of input supply will enhance food security especially in rural areas. Women, including older women, form the majority of small-scale rural producers. Efforts to help them have secure tenure rights to land, access credit, and transition to more commercial activities to maximize land use need to be fast-tracked.

Education:

The closure of schools in March 2020 required most students to learn from home but not without some difficulties. To ensure that boys and girls are successfully reintegrated into the school system, it will be important that both boys and girls experience social pressure and support to return to school including pre-COVID-19 programs that included cash transfers

and bursaries, and clear communication with and involvement of the community at all levels. A system-wide approach to school reopening as recommended by UNICEF will introduce a gender and inclusion lens into education analysis and support the removal of gender bias and discrimination in education systems. It will be important to recognize and prioritize the leadership of girls and women as agents of change during the recovery phase.

Access to water:

Access to clean and safe water has been more important than ever during the pandemic. The study finds that women and girls are more likely than men to collect water where no piped water is available and that women are also more likely than men to indicate that the time they spend collecting water has increased during the pandemic. Programs aimed at maintaining and servicing existing infrastructure and increasing access to safe water in communities and at schools need to continue with priority on rural communities and schools. Access to clean water and sanitation is also key to support menstrual hygiene for women and girls and needs continued support and attention at home and school.

Unpaid domestic and care work before and after the pandemic:

Time spent on unpaid domestic and care work has been identified as one of the barriers hampering women's economic empowerment. No comprehensive information is available on the time women and men spend on unpaid domestic and care activities in Malawi and the gender machinery needs to increase efforts to advocate for greater visibility and inclusion of issues on time use and informal economic activities. This will help inform policy responses that can ease women's unpaid domestic and care work and allow women to focus more on productive activities. The pandemic has shown that when circumstances dictate, men in the sub-region assist with unpaid domestic and care work. Advocacy efforts to maintain this momentum and make these contributions by men socially acceptable are needed.

Health and well-being:

The study findings on the impact of COVID-19 on health and wellbeing, including mental health, resonate with those from the sub-region and globally. It will be important to increase investments in maternal and child health, SRH services for the elderly, people living with HIV/AIDS, people with disabilities and other vulnerable groups as the diversion of resources away from these areas to deal with the pandemic will have negative long-term impacts on populations. Gender-responsive health budgets, strengthening resources of community-based organisations, and implementing WHO-recommended strategies to mitigate health service disruptions will also be instrumental in ensuring more equal and equitable access to health resources in Malawi.

Gender-based violence:

Respondents' perceptions on the extent to which GBV is a problem in Malawi speak to the need for improved GBV awareness, prevention, treatment, and other services in Malawi, unrelated to the pandemic. Lack of reliable data on GBV remains a problem and there is an urgent need to expand the coverage of standalone, nationally representative prevalence surveys across the region. More research and research capacity is needed to identify the drivers of GBV and develop advocacy and other programs at the national and provincial level to address them. Continued advocacy on GBV prevention and improved post GBV support and care - including increased availability of safe spaces and services for victims and strengthening referrals between service points - are needed.

General needs and priorities:

Given the high proportion of women and men in the study who indicated help with food and healthcare as their priority needs during the pandemic, interventions in the post-COVID-19 recovery phase would do well to focus on supporting and enhancing livelihoods in agriculture, as this is the primary livelihood activity in Malawi.

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