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GENDER NEEDS ASSESSMENT FOR BLANTYRE CITY, MALAWI

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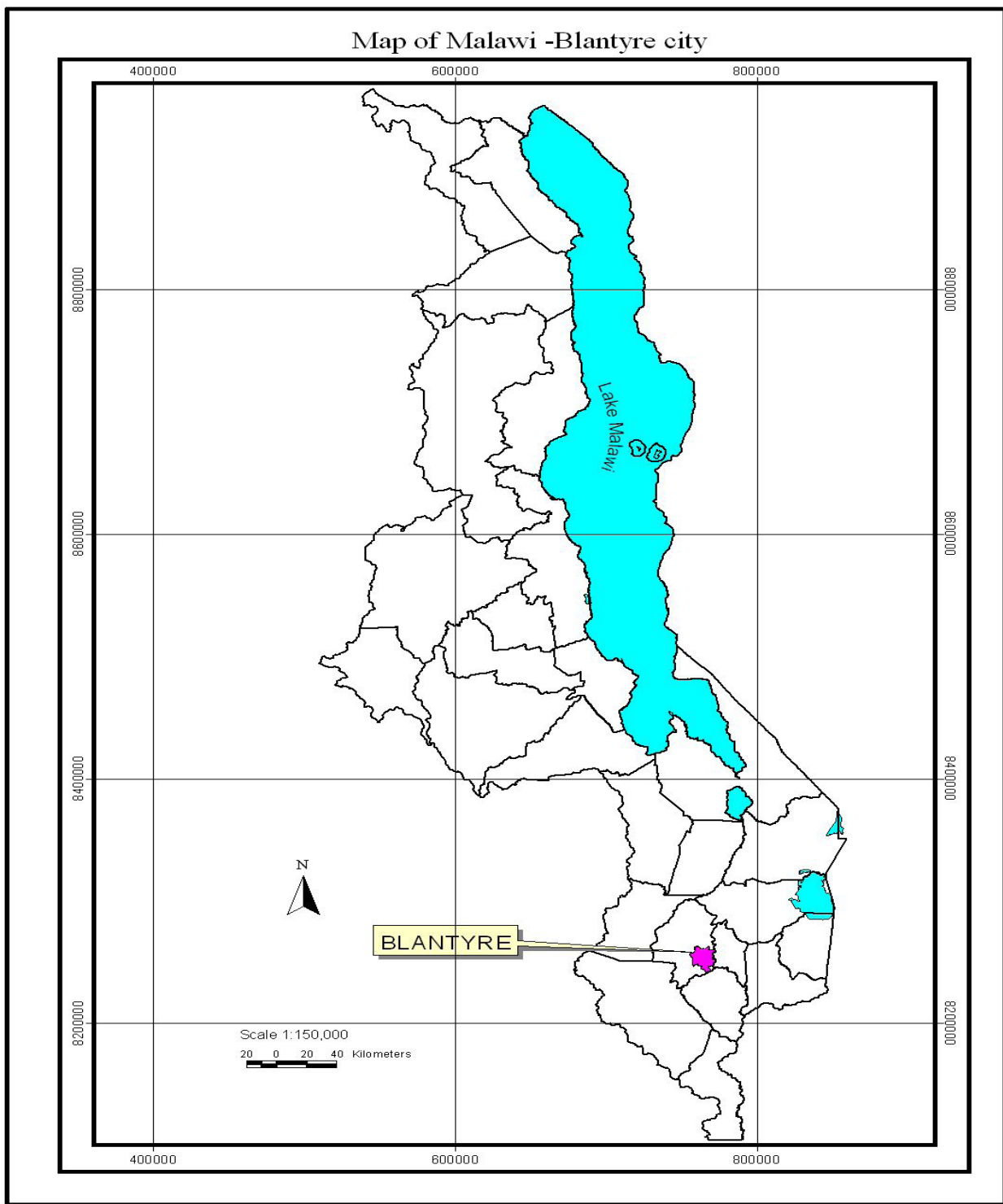
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Figure 1: Map of Malawi Showing Blantyre City



Source: Costly Chanza, Blantyre City Administration

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ACRONYMS AND ABBREVIATIONS

ADC	Area Development Committee
AIDS	Acquired Immune Deficiency Syndrome
BNL	Blantyre Newspapers Limited
BSS	Behavioural and Surveillance Survey
CAVWOC	Centre for Victimized Women and Children
CBO	Community-Based Organization
CCJP	Catholic Commission for Justice and Peace
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CEPA	Center for Environmental Policy and Advocacy
CILIC	Civil Liberties Committee
CRC	Convention on the Rights of the Child
CURE	Coordination Unit for the Rehabilitation of the Environment
DAPP	Development Aid from People to People
DCDO	District Community Development Office
DHS	Demographic and Health Surveys
FINCA	Foundation for International Community Assistance
FP	Family Planning
GBV	Gender-Based Violence
GDI	Gender Development Index
GDP	Gross Domestic Product
GMIS	Gender Monitoring and Information System
GoM	Government of Malawi
GSP	Gender Support Programme
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
ICT	Information and Communications Technology
IEC	Information, Education and Communication (materials)
IFPRI	International Food Policy Research Institute
IHS	Integrated Household Survey
JCE	Junior Certificate of Education
LPG	Liquefied Petroleum Gas
MDG	Millennium Development Goal
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicator Cluster Survey
MK	Malawi Kwacha (currency)
MLS	Malawi Law Society
MMC	Maternal Monitoring Committee
MOGCWCS	Ministry of Gender Child Welfare and Community Services
MP	Member of Parliament
MSCE	Malawi Secondary Certificate of Education
MTCT	Mother-to-Child Transmission (of HIV)
NABW	National Association of Business Women
NAR	Net Attendance Ratio
NEC	National Economic Council

NGO	Non-Governmental Organization
NGP	National Gender Policy
NGP	National Gender Programme
NICE	National Initiative for Civic Education
NSO	National Statistics Office
PACENET	Pan-African Civic Educators Network
PE	Peer Educator (sexual and reproductive health)
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PRIDE	Promotion of Rural Initiatives and Development Enterprises Malawi
PSI	Population Services International
SADC	Southern African Development Cooperation
SARDC	Southern Africa Research and Documentation Centre
SEDOM	Small Enterprise Development of Malawi
STI	Sexually Transmitted Infection
TA	Traditional Authority (ward)
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
UN	United Nations
UNDP	United Nations Development Program
UN-HABITAT	United Nations Centre for Human Settlements
UNHDR	United Nations Human Development Report
UNICEF	United Nations Children's Fund
VAT	Value Added Tax
VDC	Village Development Committee
WLSA	Women and Law in Southern Africa Research Trust

EXECUTIVE SUMMARY

Millennium Development Goal 3 (MDG3) seeks to promote gender equality and empower women. In Blantyre City, women constitute 49 percent of the population, but they still have unequal access to economic assets (such as land or housing), economic resources (such as income and employment), and political opportunities (such as representation in Parliament and other political bodies). Although the gender disparity gap at the primary school level has narrowed considerably since 2000 and an increasing number of girls are attending secondary schools, women still occupy a small share in the formal economy, and the proportion of seats held by women in Parliament and local government bodies is still lower than that held by men.

The patriarchal nature of Malawian society is partly responsible for gender inequalities and women's low status in Blantyre City. While gender parity has been achieved at the primary school level, the 2008 census shows that 59 percent of the female school age population (3-29) was not attending school compared to 57 percent of the male school age population (NSO, 2008). Socio-cultural beliefs that men are inherent leaders and women should be followers still persist. In addition, many young women do not seek sexual and reproductive health care because they encounter negative attitudes from male health workers, and the legal system is still unresponsive to women's needs.

The main objectives of this needs assessment are to outline the major obstacles to gender equality and women's empowerment in Blantyre City, and to present interventions with the potential to address to these issues. The costs associated with these interventions are also presented.

Blantyre City is Malawi's economic and commercial epicenter. Hence it is critical to reduce gender inequality and empower women in order to achieve any meaningful poverty reduction. MCI finds that an average investment of \$3.50 per capita per year between 2010 and 2015 can significantly improve the wellbeing of the city's women and contribute to the attainment of MDG 3.

The report is structured as follows: Section I summarizes the objectives and limitations of the study and provides background information on Blantyre City and Malawi. Section II analyses the current situation for women in Blantyre. Section III suggests interventions for addressing these issues at the municipal level and estimates the costs associated with each one.

I. INTRODUCTION

“If human development is not engendered, it is endangered.”
(UN HDR, 1995).

This gender needs assessment outlines the main challenges to gender equality and women’s empowerment in Blantyre City. It then proposes a set of interventions to address these challenges and outlines the costs associated with each of these.

1.1. Objectives

Gender equality and women’s empowerment are important determinants of economic growth and development. This paper assesses the roles, position and status of women in Blantyre City and discusses factors impacting women’s lives and wellbeing there. In particular, this needs assessment focuses on education, health, the economy, gender-based violence, women’s rights and civic participation.

1.2. Scope of Research

The assessment assumes the proposition underlying the UN Millennium Project’s Millennium Development Goal (MDG) framework that gender equality and women’s empowerment can be achieved by focusing on seven priority areas: 1) strengthening opportunities for post-primary education for girls; 2) guaranteeing sexual and reproductive health and rights; 3) investing in infrastructure to reduce women’s and girls’ time burdens; 4) guaranteeing women’s and girls’ property and inheritance rights; 5) eliminating gender inequality in employment; 6) increasing women’s share of seats in national parliaments and local governmental bodies; 7) combating violence against girls and women.

1.3. Limitations

This needs assessment does not include several interventions shown to further women’s empowerment because sufficient information as to their projected costs was not available. For instance, this report does not calculate costs for interventions in Priority Area 3, to decrease women’s time burden or to address gender-based violence by providing psychiatric care and counseling support to victims. MCI also found it difficult to obtain reliable data on costs for interventions that can improve women’s political participation, such as trainings for aspiring women political candidates and trainings for women who have already been elected to political positions.¹ Further research is also needed to provide stakeholders with reliable information regarding interventions designed to strengthen women’s sexual and reproductive rights.

¹ However, the Pan-African Civic Educators Network (PACENET), a local NGO in Blantyre, has been working in this priority area and has significant experience in developing the relevant materials and training.

1.4. Methodology

The field research for this needs assessment was conducted between May and June 2008. For insights on interventions that can contribute to the attainment of gender equality and empower women in the city of Blantyre, a literature review was carried out and informal interviews were conducted with representatives of several NGOs.

The needs assessment relies on an Excel-based simulation model² developed by the UN Millennium Project to provide estimates of resource requirements needed to achieve MDG 3 (UN Millennium Project, 2007). This model calculates the capital and recurrent costs of gender interventions to be implemented in Blantyre City. The majority of costs were obtained from proposal budgets of NGOs and other civil society organizations; national and city government publications also provided data on the costs of gender interventions.

1.5. Summary of Recommended Interventions

The interventions proposed in this needs assessment are as follows:

- Radio and newspaper campaigns to raise awareness on girls' schooling, gender-based violence, and health issues;
- Capacity-building for local health workers;
- Education of women regarding their legal inheritance rights;
- A gender sensitization campaign targeting political officials;
- Vocational training and the dissemination of a business newsletter for local women;
- Gender-based violence and gender sensitization training for the judiciary and law enforcement officials;
- The provision of temporary emergency shelters for victims of gender-based violence;
- Investing in local, gender disaggregated data collection and monitoring activities.

1.6. Overview of Malawi

According to the latest census, the total population of Malawi in 2008 was 13,066,320 and 51 percent of this population was female (NSO, 2008). The urban growth rate in Malawi is one of the highest on the African continent, at 6.3 percent (GoM MOGCWCS, 2006).

The Government of Malawi is committed to reducing gender inequality and empowering women. In December 2004, the government launched a National Gender Programme (NGP) to ensure that gender issues are accorded priority in development programs. The Ministry of Gender, Child Welfare and Community Services (MOGCWCS) also has a task force whose responsibility is to formulate a national plan of action for the NGP. The goal of the National Plan of Action for the National Gender Programme is to delineate a number of specific objectives and activities that can promote the status of women.

² The needs assessment instrument utilized in this report was developed under the United Nations Millennium Project, under the leadership of then-Secretary General Kofi Annan and Special Advisor to the Secretary General on the MDGs, Dr. Jeffrey D. Sachs. The UN Millennium Project costing models, now administered by the UN Development Programme and member states for use at the national level, are being applied for the first time at the municipal level by MCI.

1.7. Overview of Blantyre City

Blantyre City is located in Blantyre District, in Southern Region, one of Malawi's poorest regions. Blantyre District is divided into Blantyre Urban and Blantyre Rural, and Blantyre Urban is further divided into 26 traditional authorities (TAs), or wards.

Blantyre City is the industrial and commercial capital of Malawi and is a hub for regional and national markets. Road, railroad and air infrastructure link Blantyre to all parts of Malawi, as well as to Indian Ocean ports in Mozambique and financial markets in South Africa.

Although Lilongwe is the administrative capital of Malawi, Blantyre City has the highest population density in the country, with 3,006 people per square kilometer (NSO, 2008). The latest census shows that in 2008, Blantyre had 661,256 residents, 49 percent of them female (NSO, 2008). The annual population growth rate for Blantyre City is 2.8 percent for males and 3.1 percent for females. The average household size in Blantyre City is 4.3 members per household (NSO, 2008).

By 2015 the city's population is projected to be 804,664.³ This is a cause for concern because Blantyre City cannot accommodate this growing population. An increasing number of the city's residents are congregating in informal settlements (slum areas).⁴ According to the "Blantyre City Slum Upgrading Action Plan (2007-2015)" report, there are approximately 16 informal (slum) settlements in Blantyre.⁵ This growing urban population living in slum households has important implications for the implementation of interventions to promote gender equality and empower women because living in a slum area is often associated with negative effects on health, education, and economic achievement (Unger, 2007).

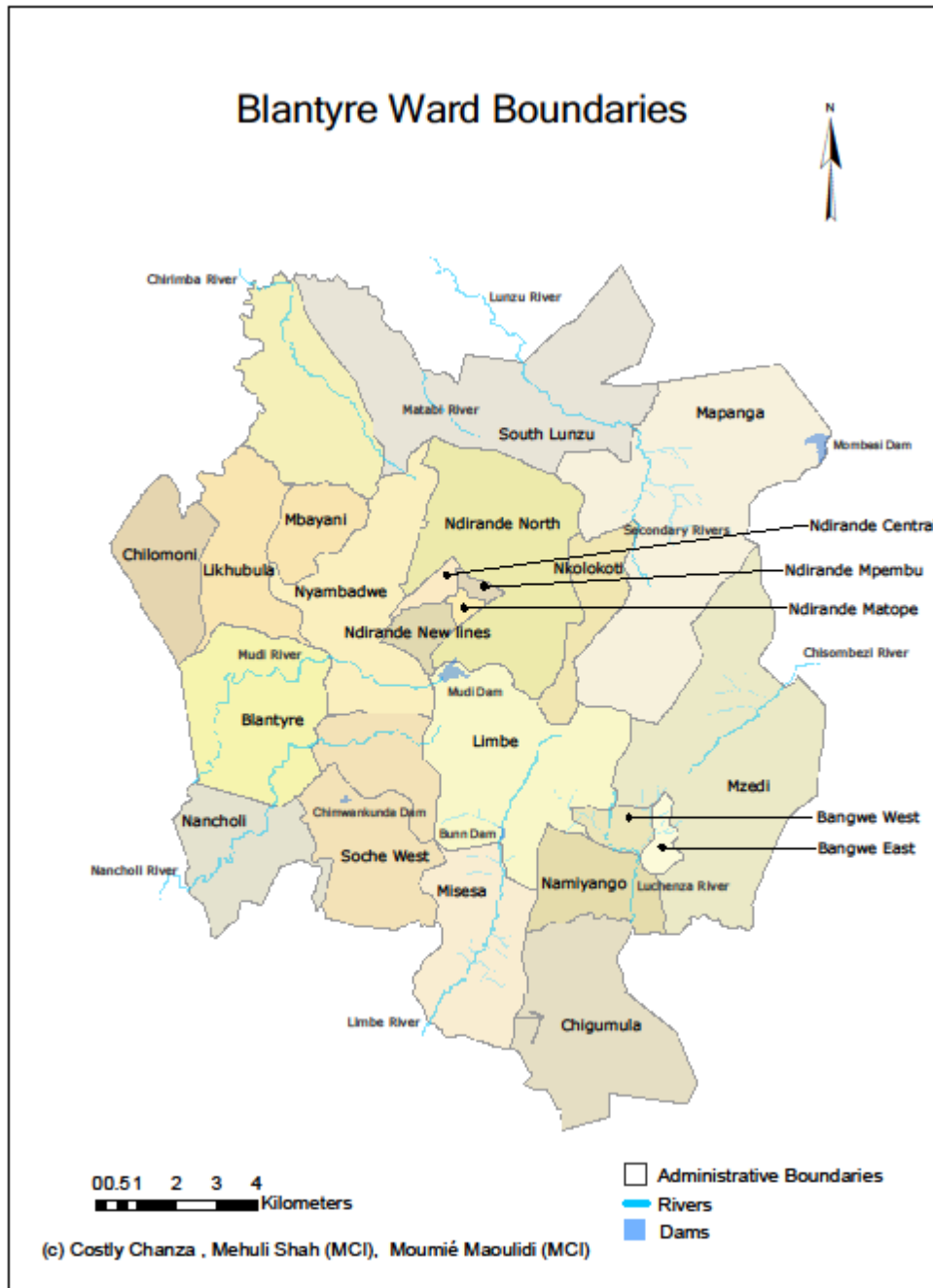
The map in Figure 2 shows the administrative areas that make up Blantyre City, while the map shown in Figure 3 shows the locations of some of the informal settlements. It should be noted that informal settlements shown in Figure 3 have increased since the map was compiled in 2005.

³ This population was projected using the 2000 census results, exponential population growth function and a growth rate of 2.8 percent.

⁴ According to the GoM (2007), a "slum area" refers to an urban area where inhabitants lack one or more of the following five conditions: durable housing, sufficient living area, access to improved water, access to sanitation and secure tenure. UN-HABITAT (2008) estimates that 82.6 percent of Malawi's population lived in slum areas in 2000.

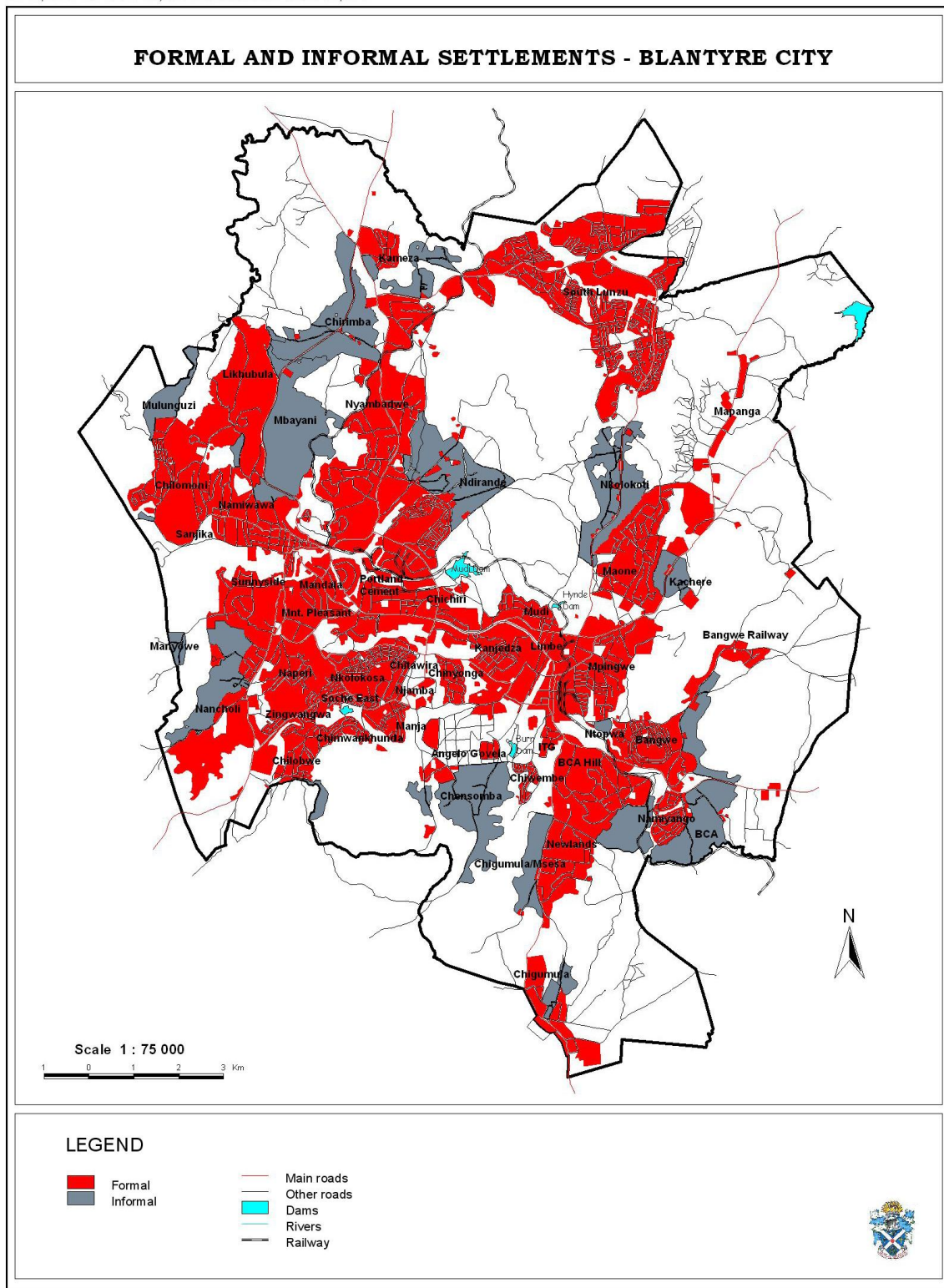
⁵ The slum areas include Mbayani/Chemusa, Ntopwa, Ndirande, Nkolokoti/Makheta, BCA Hill, Nancholi, Chirimba, Naotcha, Kachere, Namiyango/Bangwe, Manyowe, Segerege/Mulunguzzi, Misesa, Chigumula, Soche Quarry and Kameza.

Figure 2– Map of Blantyre City Showing Administrative Wards



Source: Mourié Maoulidi (MCI), Mehuli Shah (MCI) and Costly Chanza (BCA)

Figure 3 – Formal and Informal Settlements in Blantyre, Malawi



Source: Blantyre City Assembly (2005)

II. DATA ANALYSIS

2.1. Priority Area 1—Strengthen opportunities for post-primary education for girls

"Educate a man and you educate an individual. Educate a woman and you educate a family."
 -- A. Cripps

Education is a prerequisite for poverty reduction and achieving gender equality. According to the Ministry of Gender, Child Welfare and Community Services, “there is an inextricable link between education and poverty which poses a great challenge to the development agenda in the country. Not only is education positively associated with... higher incomes, lower fertility rates and improved nutrition and health, it is also a prerequisite for attaining these outcomes.” (MOGCWCS, 2006).

A 1998 report entitled “The Determinants of Poverty in Malawi, 1998” found that urban households with an adult woman who has attended secondary school had on average a 28-percent lower poverty rate than households without an adult woman with secondary school education.⁶ The same study found the households headed by adult males who had completed secondary schooling only had 21-percent lower poverty rates than households with adult male heads who did not attend secondary school.

Higher levels of education are also associated with lower total fertility rates, longer birth intervals, better child health and increased knowledge and use of modern methods of contraception (NSO, 2005). In Blantyre City, children whose mothers had a secondary or higher education were less likely to be underweight and stunted, compared to children of mothers with no education (NSO and UNICEF, 2008).

Historically, Blantyre women have had fewer opportunities and less access to education than men. Enrollment ratios by gender for primary, secondary and tertiary education for 2003 are presented in Table 1 below. It should be noted that women are particularly under-represented in science and other professional degree programs and that they receive fewer university degrees than men (GoM MOGCWCS, 2004a; GoM MOGCWCS, 2004b).

Table 1: Primary, Secondary, College and University Enrollment in Malawi, by Gender

	Year	Female	Male
Enrollment – Primary	2003	50%	50%
Enrollment – Secondary	2003	42%	58%
Enrollment – Blantyre Teacher Training College	2003	35%	65%
Enrollment – University	2003	31%	69%
University Degrees	2001	210	582
	2002	242	674
	2003	288	569

Source: GoM MOGCWCS (2004a); GoM MOGCWCS (2004b)

⁶ The poverty measure used here is the headcount index.

In 2006, only 38.1 percent of women living in the Blantyre District (urban and rural areas) while 50.9 percent of men completed secondary school or higher (NSO 2008). Moreover, the primary school completion rate for girls in 2006 was 70 percent but girls' transition rate to secondary school was only 30 percent (NSO and UNICEF, 2008).

Obstacles preventing girls from attending secondary school include early marriage, domestic responsibilities, pregnancy and disproportionate responsibilities in caring for sick family members (GoM, 2007; MOGCWCS 2004a; Chanika, 2003). This is compounded by school policies that forbid re-admission after pregnancy, inadequate boarding and sanitary facilities for girls, risk of sexual harassment and violence from male students and teachers; gender-insensitive curricula and few female teachers who can serve as role models.

Literacy is another indicator that can be used to measure gender disparities in educational attainment. Related to education, the ability to read and write contributes to health, employment and income. MICS data show that the literacy rate among women ages 15-24 in Blantyre Urban in 2006 was 88 percent, compared to 95 percent for men (NSO and UNICEF, 2008).

2.2. Priority Area 2—Guarantee sexual and reproductive health and rights

The link between healthy mothers and healthy babies is amply documented. Healthy mothers are more likely to give birth to healthy babies, and mothers are better able to care for their children when their own health is not compromised.

Malawi has one of the highest maternal mortality rates in the world. In 2005, the maternal mortality ratio (MMR) in Malawi was 984 maternal deaths for every 100,000 births (NSO, 2005). This exceedingly high rate can be attributed to a shortage of medical personnel, poor access to emergency obstetric care and poorly equipped health infrastructure and facilities (GoM, 2007). Nationwide, in 2005, there were 1.1 physicians and 25.6 nurses per million people in public hospitals (GoM MOGCWCS, 2006).

Lack of access to health services is a key factor behind high maternal mortality. According to UNICEF's 2008 MICS report, "three quarters of all maternal deaths occur during delivery and the immediate post-partum period" (NSO and UNICEF, 2008). Hence, delivery at a health facility and attendance by assistance at delivery from a health professional are important. In Blantyre City, skilled birth attendants tend to be present for the majority of births. The 2005 demographic and health survey (DHS) reports that 78 percent of births in Blantyre District were attended by a skilled health professional,⁷ while UNICEF's Multiple Indicator Cluster Survey (MICS) reports that, in 2006, 88 percent of births in Blantyre Urban were attended by a skilled health professional, and 87 percent of births were delivered in a health facility (NSO, 2005; NSO and UNICEF, 2008). Women with less education and those in the lowest wealth quintiles were less likely than educated wealthy women to deliver with the assistance of a skilled health professional (NSO, 2005).

Access and utilization of antenatal care in Blantyre Urban is high, at 98 percent (NSO and UNICEF, 2008). However, women who are less educated and poorer tend to have lower rates of

⁷ A skilled health professional includes a doctor, clinical officer, nurse or midwife; however the vast majority of Malawian women see nurses or midwives (DHS Malawi, 2004).

antenatal care than wealthy women or women with higher education (NSO, 2005). In Blantyre, antenatal quality care indicators are quite good, with the vast majority of women attending two or more antenatal visits and receiving tetanus toxoid injections, anti-malarial medication and iron tablets (NSO and UNICEF, 2008; NSO, 2005).

Postnatal care indicators are not as good. In 2006, only 26 percent of mothers received postnatal care within 48 hours after delivery, and another 26 percent of mothers did not receive postnatal care until 7- 41 days after delivery (NSO and UNICEF, 2008). The lack of adequate postnatal care is a key factor behind high maternal mortality rates.

Knowledge of at least one modern method of contraception is high in Blantyre (NSO, 2005). In 2004, 76 percent of women surveyed in Blantyre District had heard a family planning message on the radio, and 27 percent had seen a family planning message in a newspaper or magazine. Rates were similarly high for men. Although knowledge of modern contraception is high, use is much lower. The unmet need and total demand for family planning among married women in Blantyre District is 21 percent and 58 percent, respectively.⁸

Furthermore, 27.5 percent of women in Malawi never discussed family planning with their husbands, and 34.1 percent had discussed family planning with their husbands only once or twice. The percentage of unwanted births among women in Malawi was 14 percent in 1992, 22 percent in 2000, and 20 percent in 2004 (GoM MOGCWCS, 2006).

The 2008 MICS report states that 54 percent of married women in Blantyre were not using any method of contraception in 2006, while the 2005 DHS reports that in 2004, 66.3 percent of married women were not using any modern method of contraception (NSO and UNICEF, 2008; NSO, 2005).

Social and cultural practices tend to encourage early marriage and discourage contraceptive use, with disastrous consequences. According to the latest MICS, teenage mothers are more likely to have complications during delivery, resulting in higher morbidity and mortality (NSO and UNICEF, 2008). In Blantyre, the median age at first birth for women age 20-49 ranges from 18.7 to 19.4 years, and the percentage of teenage girls ages 15-19 who have begun childbearing⁹ ranges from 27 percent to 37 percent (NSO and UNICEF, 2008; NSO, 2005).

The HIV/AIDS epidemic is a major public health challenge for Blantyre and Malawi as a whole. The 2004 DHS shows that, in Malawi, women tend to have higher HIV prevalence rates than men (13.3 percent vs. 10.2 percent), and urban women tend to have higher prevalence rates than rural women (18.0 percent vs. 12.5 percent). The HIV prevalence rates were much higher in Blantyre District. In 2004, the HIV prevalence of 15-49 year olds in Blantyre District was 22.5 percent for women (among the highest burdens in the entire country) and 22.1 percent for men.

⁸ “Unmet need for family planning” is defined as women who say they do not want any more children or want to wait two or more years before having another child, but who are not using any contraception. “Met need for family planning” refers to women using some form of contraception. “Total demand for family planning” is unmet need + met need.

⁹ Adolescent girls age 15-19 who have “begun childbearing” are either already mothers or are pregnant with their first child (NSO, 2005).

In Blantyre Urban it is estimated that 60 percent of men and 65 percent of women have comprehensive knowledge of HIV/AIDS (NSO and UNICEF, 2008).¹⁰ Data show that between 84 and 95 percent of 15-49 year old women in Blantyre knew that HIV can be transmitted from mother to child, but only 60.2 percent of women knew that mother-to-child transmission can be prevented¹¹ if the mother takes medication during pregnancy. About 58 percent of women knew that HIV can be transmitted by breastfeeding and that the risk can be reduced by the mother taking drugs during pregnancy. These rates of knowledge were much lower for men (40.9 percent and 37.6 percent, respectively). For women with no education or living in the lowest quintile, levels of PMTCT knowledge were less than 30 percent (NSO and UNICEF, 2008; NSO, 2005).

Women in Malawi are not able to negotiate safe sex due to lower social status, threat of violence, prostitution and sexual abuse by male relatives, teachers, neighbors and other perpetrators (Chanika, 2003). According to MICS data, in 2006, 26 percent of women in Blantyre and 72 percent of men had high-risk sex in the 12 months before the survey was administered. In addition, about 47 percent of women and 69 percent of men used condoms during a high-risk sexual encounters¹² (NSO and UNICEF, 2008).

One of the most important methods for primary and secondary prevention of HIV transmission is counseling and testing. In Blantyre Urban, 98 percent of men and 99 percent of women knew of a place to get tested for HIV, yet only 31 percent of men and 37 percent of women surveyed had been tested for HIV (NSO and UNICEF, 2008). According to the 2005 DHS, over three-quarters of both women and men surveyed had not been tested for HIV in the 12 months before the survey was administered. Among those aged 15-24 years, only 8.5 percent of women and 15.1 percent of men had been tested in the prior 12 months (NSO, 2005).

2.3. Priority Area 4—Guarantee women and girls’ property and inheritance rights

Regarding property rights, according to the Malawi Growth and Development Strategy (MGDS) 2006-2011, the disposition of land serves to prolong poverty in three important ways: 1) by affording inequitable access to productive resources and processes, 2) through unequal land distribution, and 3) by allowing land tenure insecurity to continue indefinitely. The MGDS acknowledges that gender discrimination in land access is a major constraint and affirms that women in Blantyre are worse off than men in all three of the areas mentioned above (GoM, 2006). Widowed, abandoned or otherwise single mothers most commonly head households in the informal settlements or slums. While it is relatively easy for women to acquire housing in squatter settlements, women are limited in securing more permanent housing when settlements are upgraded and formal rules start to apply. They are often forced to find housing elsewhere or to seek help from male relatives. In Blantyre’s informal squatter settlements, only 34 percent of women, compared to 43 percent of men, indicated their ability to upgrade their land or housing (BCA, 1999; BCA and UN-HABITAT, 2006). UN-HABITAT’s “Cities Without Slums

¹⁰ A “comprehensive knowledge of HIV/AIDS” is defined as being able to identify two HIV transmission prevention methods and three common misconceptions about HIV/AIDS.

¹¹ Also known as “Vertical Transmission.” Numerous international organizations are starting to use the term, “Vertical Transmission,” rather than “MTCT,” to remove the stigma and blame placed on HIV+ mothers.

¹² “Higher risk sex” is defined as sexual intercourse with a partner who is neither a spouse nor a person who lives with the respondent (NSO, 2005; NSO and UNICEF, 2008).

Initiative” for Blantyre specifically recommends that the “land tenure registration process by government and city assembly should protect the interest of women, orphans and the vulnerable,” and that the “Blantyre City Assembly should review its plot allocation criteria to ensure access to land by women.” (BCA and UN-HABITAT, 2006)

The Wills and Inheritance Act also merits revision. According to the Ministry of Women and Child Development, “under the current law, upon marriage, a daughter inherits less than a son” (GoM MGCWCS, 2006). A special Law Commission has recommended that the Act be revised.

A matrilineal inheritance system operates in Malawi’s Southern Region, where Blantyre is located. However, this system is eroding, and property and inheritance rights increasingly favor men. The Constitution of Malawi and the Wills and Inheritance Act legally protect women from property dispossession and discriminatory land ownership policies. However, these laws are rarely enforced (GoM MGCWCS, 2006). Widows in Malawi are frequently subjected to property grabbing and dispossession by male relatives and are often denied their inheritance rights. Furthermore, cases of property dispossession are rarely if ever taken to court. The district assembly, commissioner’s office, district or city social welfare office and local NGOs mediate most property and inheritance disputes. Property dispossession, denial of inheritance rights and discriminatory land policies perpetuate gender inequalities. The lack of legal redress for women subject to such injustices highlights the ongoing unresponsiveness of Malawi’s legal system to gender issues (White, 2002; WLSA, 2000).

2.4. Priority Area 5—Eliminate gender inequality in employment

The 2004-2005 Malawi Integrated Household Survey shows that 52.4 percent of the national population lived below the poverty line (GoM NSO, 2005).¹³ According to the Malawi Growth and Development Strategy 2006-2011, female-headed households are worse-off economically than male-headed households (GoM, 2006).

In Blantyre City’s informal squatter settlements, 73 percent of women and 60 percent of men received incomes in 2005 of less than a dollar a day (BCA and UN-HABITAT, 2006). In Blantyre District, only 51.7 percent of women, as compared with 73.2 percent of men, were employed during the previous year.¹⁴ This projection thus indicates that Blantyre will not reach the goal of gender parity in nonagricultural wage employment by 2015 (GoM, 2007).

In Blantyre, women’s share of wage employment in the nonagricultural sector was 13 percent in 2000 and 15 percent in 2006. Sales, service and agriculture comprise 80 percent of women’s employment in Blantyre District,¹⁵ with only 6.5 percent of women engaged in professional, technical or managerial employment. Of women who report doing non-agricultural work, nearly half work as seasonal or occasional employees (i.e., not year-round), and 69.2 percent report being self-employed (NSO, 2005).

¹³ The 2004/2005 HIS defines the poverty line as 16,165 MK per year [or 44.29 MK (\$0.29) per day] (GoM, 2005).

¹⁴ Of those employed in the 12 months preceding the survey, 49.3 percent of women and 61.8 percent of men were currently employed. 48.4 percent of women and 26.7 percent of men were not employed at the time of the survey or in the 12 months prior (NSO, 2005).

¹⁵ “Blantyre District” refers to the combined areas known as Blantyre Urban and Blantyre Rural.

Most business establishments in Blantyre are wholesale or retail trade shops. However, the largest employer in the city is the manufacturing industry. There is also a very large informal sector, comprised mainly of trading and vending (BCA, 1999). Access to credit and loans for women has slowly increased in recent years. The number of women receiving business management training has also been increasing, mainly due to activities sponsored by the Ministry of Gender, Child Welfare and Community Services (MOGCWCS). Data from 1995 to 2003 in Table 2 below gives a picture of credit institutions and the amount of loans provided in recent years (GoM MOGCWCS, 2004b).

Yet, many women in Blantyre still lack knowledge regarding how to utilize micro-finance loan institutions (MOGCWCS, 2005). While most women are aware of their existence, they are unsure of how to go about applying for and managing a loan. Women also report that credit institutions required quick repayment on loans, a major disincentive for them (MOGCWCS, 2005).

Most women living in poverty in Blantyre do not have access to credit or other forms of capital. Typical businesses run by women entrepreneurs in Blantyre are smaller, and much of the immediate revenue is needed to provide for their families. Collateral requirements by lending institutions are also a substantial barrier, since men normally control family assets and household income, including land and homes. Women often do not have their own collateral, or sufficient decision-making power within the household to offer other family assets as collateral. In these cases, lending institutions often require a male guarantor. This system may also prevent women from escaping domestic violence: they have no ability to acquire economic capital for self-sufficiency or to leave abusive husbands (MOGCWCS, 2004b).

Table 2: Cumulative Loan Disbursements in Malawi by Institution and Gender

Institution	Women		Amount (MK)	Men		Amount (MK)
	(No.)	(%)		(No.)	(%)	
PRIDE Malawi 2000-03	15,737	46%	273,575,733	8,566	54%	313,840,352
SEDOM 1995-2003	501	35%	42,520,342	1,421	65%	159,957,478
FINCA 1995-2003	18,555	99%	1,926,794,210	18	0.01%	2,414,000
First Merchant Bank 1996-2003	22	24%	8,249,249	68	76%	65,341,721
National Bank of Malawi 1995-2003	3,165	14.5%	140,185,680	21,827	85.5%	942,580,454
Stanbic Bank 1995-2003	39,001	23%	159,724,300	132,890	77%	314,710,632
Malawi Savings Bank 1995-2003	10,000	80%	15,000,000	2000	20%	6,000,000
NABW 1995-2003	13,232	99.9%	5,575,223	15	0.01%	463,588
MOGCWCS 1995-2003	43,600	70%	49,000,000	10,900	30%	21,000,000

Source: GoM MOGCWCS, 2004b

2.5. Priority Area 6—Increase women’s share of seats in national Parliament and local governmental bodies

Malawi women held nine percent of the seats in Parliament in 1999, 14 percent in 2004 (GoM, 2007). The MDG target for women’s share of seats in the national Parliament is 50 percent, while the Southern African Development Cooperation (SADC) target is 30 percent. The projection for 2015 is 23 percent, well below both the SADC and MDG targets (GoM, 2007). The Malawi government has committed to increasing the numbers of women in decision-making positions in both the public and private sectors (GoM, 2007; GoM MOGCWCS, 2004a). In preparation for the 2009 elections, the Malawi Electoral Commission, with support from UNFPA and UNDP, created a strategy for the development and delivery of a gender-responsive civic and voter education program (Liwewe, 2008).

Women’s participation in local politics is equally low in local Community Development Committees [CDCs] (BCA and UN-HABITAT, 2006). Data from 2003 and 2004 show that 22 percent of the cabinet, 25 percent of city chief executives, four percent of district commissioners, nine percent of high court judges and 10 percent of magistrates were women (GoM MOGCWCS, 2004b).

There are three main reasons behind this paucity of Malawian women holding political positions. First is the requirement that those who participate in government speak and understand English. Second is absence of sufficient financial resources: campaigning for political positions requires money and capital that, as explained above, many women lack. Third are the deeply entrenched cultural biases against women, making it harder for them to win positions of power (GoM MOGCWCS, 2006).

In addition to holding political leadership positions, another important indicator of women’s empowerment is their role in household decision-making. In Blantyre District 44.3 percent of women claim to have the final say, either alone or jointly, in decisions regarding their own healthcare, 37.5 percent regarding making large purchases, and 48.3 percent regarding daily purchases. Men have significant influence over household economic decisions and women’s personal decisions (such as healthcare); married women were less likely to report having final say in these types of decisions (NSO, 2005).

2.6. Priority Area 7—Combat Violence Against Women and Girls

According to The 1993 UN Declaration of Violence Against Women, gender-based violence is “violence directed against a woman because she is a woman or that affects women disproportionately – that results in, or is likely to result in, physical, sexual or psychological harm to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (GoM MOGCWCS, 2002). In 2006, the Prevention of Domestic Violence Act was passed by the Malawian Parliament. The Women and Law in Southern Africa Research Trust (WLSA) and other advocacy organizations worked for six years to push this law through. Yet, structural gender-based violence in Malawi is exacerbated by unresponsive legal systems, discrimination and unequal opportunities in education, land ownership, inheritance rights, lending policies and politics (White, 2002; WLSA,

2000). Women also face gender-based violence in the form of emotional, physical and sexual abuse.

The causes of gender-based violence in Malawi are complex. A contributing factor is the patriarchal nature of Malawian society, which considers women to be inferior and subordinate (GoM MOGCWCS, 2004b). In 2001, the Malawi Human Rights Commission found that incidents of domestic violence were on the rise, and the most common forms of violence perpetrated against Malawian women were wife-battering, forced sexual acts, property grabbing, verbal threats, coercion and economic exploitation. In their situational analysis report, the Commission found that cultural beliefs and practices, combined with poverty and economic factors, were the main contributors to the increase in gender-based violence across Malawi (GoM MOGCWCS, 2002).

In urban Malawi, many young girls experience gender-based violence, and married women experience emotional, physical or sexual violence at the hands of their husbands. Among women who reported experiencing physical or sexual violence, only 41.9 percent sought help (NSO, 2005). Moreover, only 2.8 percent sought help from medical personnel, and less than five percent sought help from an official, a family member or friend (NSO, 2005).

Unfortunately, these numbers likely underestimate the true nature and extent of gender-based violence, both in Malawi in general and in urban Malawi. Reliable data, particularly at the local level are lacking; much gender-based violence occurs in the home at the hands of husbands, and cases often go unreported or are routinely dismissed by police as “family issues.” Day-to-day verbal and psychological harassment and discrimination, while exceedingly common, are also difficult to document. The lack of operative indicators to measure levels of structural violence of course impedes opportunities for any significant legal redress for violence and human rights violations.

III. INTERVENTIONS

The following cost estimates for proposed interventions include capital and recurrent costs, where capital costs are one-time costs for each intervention unit. For radio-based awareness, sensitization and education campaigns, capital costs include the radio studio charge as well as airtime, production and talent, and the costs of radio advertisement, special or sponsored programs, and panel discussions. For newspaper-based campaigns, capital costs include advertising costs. Capital costs for other gender interventions include program materials, equipment, trainings and infrastructure. Recurrent costs are annual costs for each intervention unit. Recurrent costs are most commonly staff or trainer salaries, as well as annual administrative and operational costs.

3.1. Priority Area 1—Strengthen opportunities for post-primary education for girls

Interventions to promote gender parity in education in Blantyre must first target girls at the secondary school level, and then should aim to increase enrollment and completion of women in university and teacher training colleges.

1. Radio is the most effective means of mass communication in Malawi. About 80 percent of women and 92 percent of men in Blantyre listen to the radio at least once per week (NSO, 2005). Radio-based awareness, sensitization and education campaigns can be used to promote gender equality and to empower women in all priority areas. Furthermore, radio-based gender messages reach women and men, and the inclusion of men in promoting gender equality and empowering women is absolutely critical.

A radio-based campaign focused on a “girls to school” awareness campaign using a 30 or 60-second advertising spot on MBC, will broadcast 48 or 96 times per year. The campaign will feature 96 radio ads in 2010 and 2011, and 48 ads between 2012 and 2015.

2. Like radio, newspaper-based campaigns also include men in the target audience. Of the women in Blantyre District, 22.7 percent read a newspaper at least once per week, as do 35.5 percent of all urban women in Malawi. This compares to 36.5 percent of men in Blantyre District and 51.3 percent of urban men nationwide who read a newspaper at least weekly (NSO, 2005). A newspaper-based campaign can promote education for girls, provide messages on sexual and reproductive health, educate the public on property and inheritance rights of women, sensitize the public on women’s participation in politics and/or advocate against gender-based violence. The campaign will feature 96 print ads in 2010 and 2011, and 48 ads between 2012 and 2015.

Average yearly cost between 2010 and 2015: 2,611,402 MK (\$ 18,172).

3.2. Priority Area 2—Guarantee sexual and reproductive health and rights

Interventions are needed in Blantyre to guarantee women’s sexual and reproductive health and rights, improve maternal morbidity and mortality and decrease the risk of HIV among women. Radio and newspaper-based campaigns are needed to sensitize and educate both women and men on these issues.

1. A capacity-building intervention is necessary within the city of Blantyre to promote the health of young women, pregnant women and mothers. The proposed intervention consists of training four groups of health promoters within each traditional authority in Blantyre: Traditional Birthing Attendants (TBAs), Health Surveillance Assistants (HSAs), sexual and reproductive health Peer Educators (PEs) and Maternal Monitoring Committees (MMCs). In addition, the intervention will include community education and mobilization meetings on women’s health issues, with the distribution of information, education and communication (IEC) materials. It is projected that 90 percent of the Blantyre City population will be reached by 2015.

Training costs include one trainee from each of the 26 traditional authorities (TAs) in Blantyre Urban, resulting in 52 trainees from 2010 – 2011. From 2012 – 2015 the size of the program will double, resulting in 208 trainees for each of those years.

Average yearly cost between 2010 and 2015: 118,387 MK (\$ 823,848).¹⁶

¹⁶ Exchange rate \$1 = 143.70015 MK, using 2008 rates available at <http://www.oanda.com/currency/historical-rates>.

3.3. Priority Area 4—Guarantee women’s and girls’ property and inheritance rights

Newspaper- and radio-based awareness, sensitization and education programs are essential for achieving gender equality and empowering women in this priority area.

1. An intervention such as that conducted by The Malawi Law Society is necessary to educate women regarding their legal inheritance rights. The Law Society printed and distributed 20,000 pamphlets to community organizations, businesses and individual women. MLS lawyers also provided legal advice and information to women about wills, inheritance rights and other issues arising from reading the pamphlets.

The cost of printing and distributing each pamphlet is 29 MK (\$ 0.20), for a total cost of 580,000 MK (\$ 4,036) to print and distribute 20,000 pamphlets.

Average yearly cost between 2010 and 2015: 2,064,500 MK (\$ 14,367).

3.4. Priority Area 5—Eliminate gender inequality in employment

Women in Blantyre clearly need more job opportunities in order to achieve economic empowerment and need to be equipped with the appropriate knowledge and skills to enter the labor force.

1. The first intervention seeks to provide training for women to operate small businesses in Blantyre. Each training session will assist 25 women to acquire skills necessary to operate a successful business. The intervention will slowly be scaled up to reach five percent of the adult female population in 2015.

The costs for this intervention will be the cost of materials needed to provide the training, as well as staffing and other recurrent administrative costs.

2. The second intervention seeks to disseminate information regarding available job opportunities for women. Activities include producing and distributing a newsletter and organizing meetings aimed at increasing awareness of specific economic and employment opportunities.

Average yearly cost between 2010 and 2015: 348,089,753 MK (\$ 2,422,334).

3.5. Priority Area 6—Increase women’s share of seats in national parliaments and local governmental bodies

Interventions are needed to educate Blantyre’s population regarding women’s political rights and opportunities; to mobilize communities to support women candidates; and to sensitize current members of Parliament (MPs) to accept and encourage women’s participation in political and decision-making processes. Interventions are also needed to train both women political candidates and current representatives.

A sensitization campaign for MPs¹⁷ will target the 186 members of Malawi’s Parliament. A similar intervention could be implemented at the city level, targeting the 26-member Blantyre City Assembly.

Average yearly cost between 2010 and 2015: 1,619,058 MK (\$ 11,267).

3.6. Priority Area 7—Combat violence against girls and women

1. Police officers and the judiciary need training on gender-based violence, including how to document and handle such cases. The target population for this intervention includes judges and police officers. The goal is to reach as many judiciary and police officers as possible by 2015.¹⁸

Each training program will include 25 judges and 15 police officers, with two training sessions conducted each year for judges. For police officers, 27 training programs will be conducted initially, but this number will be increased to 50 by 2015.

2. A radio drama program to raise awareness about gender-based violence (GBV) is also recommended. This intervention will be carried out by a unique and effective NGO in Blantyre called, “The Story Workshop,” which produces radio programs depicting real-life stories expressly to educate the public regarding GBV. Program officers visit local communities to gather stories, typically related to gender-based violence and HIV/AIDS. Writers then construct the scripts, actors are hired to perform the dramas, and the programs are then broadcast over the radio. The Workshop’s radio programs are popular nationwide. Costs were calculated on the basis of hosting one program on gender-based violence per year, with new episodes broadcast once a month. Costs for this program include production of the drama program, monitoring, evaluation and research, as well as annual operating and administrative costs.

3. The provision of temporary, emergency shelters for victims of gender-based violence is a critical intervention for this priority area. This needs assessment estimates that it will cost 633,500 MK (\$4,408) to set up a shelter, with one shelter being constructed in each of Blantyre’s TAs.

Average yearly cost between 2010 and 2015: 13,925,487 MK (\$ 96,907).

3.7. Systemic Issues

Investing in data collection and monitoring activities to track gender outcomes and generate gender-disaggregated data is a critical component to achieving gender equality and empowering women in Blantyre. This needs assessment estimates that an average of 518,387,7609 MK (\$ 3,607,427) is needed each year between 2010 and 2015 to strengthen the capacity of gender-disaggregated data collection and to establish a Gender Monitoring and Information System [GMIS].¹⁹

¹⁷ This intervention is actually reported in the Gender Needs Assessment Tool for three priority areas: property and inheritance rights, politics and gender-based violence.

¹⁸ Authorities predict Blantyre will have 750 police officers by 2015.

¹⁹ The unit cost for this intervention were obtained from GoM MOGCWCS(2005).

Table 3: Summary of Intervention Costs

YEAR		2010	2011	2012	2013	2014	2015
PRIORITY AREA 1: Strengthen opportunities for post primary education for girls.							
TOTAL	MK	3,913,578.00	3,913,578.00	1,960,314.00	1,960,314.00	1,960,314.00	1,960,314.00
PRIORITY AREA 2: Guarantee sexual and reproductive health and rights.							
TOTAL	MK	60,783,853.94	71,887,496.59	91,145,821.67	116,906,724.22	155,630,306.57	213,968,718.80
PRIORITY AREA 4: Guarantee women's and girls' property and inheritance rights.							
TOTAL	MK	1,772,797.00	7,501,130.00	1,192,797.00	640,092.00	640,092.00	640,092.00
PRIORITY AREA 5: Eliminate gender inequality in employment.							
TOTAL	MK	152,176,871.34	189,957,647.87	248,615,165.50	338,047,408.49	474,561,263.40	685,180,159.00
PRIORITY AREA 6: Increase women's share of seats in national parliaments and local governmental bodies.							
TOTAL	MK	645,059.00	7,572,836.00	374,113.00	374,113.00	374,113.00	374,113.00
PRIORITY AREA 7: Combat violence against girls and women.							
TOTAL	MK	9,362,667.77	16,453,025.55	11,322,178.79	12,940,922.36	15,168,741.85	18,305,384.10
SYSTEMIC ISSUES							
TOTAL	MK	54,469,281.60	47,393,891.59	39,758,007.95	30,488,396.56	18,032,920.24	0.00
TOTAL GENDER NEEDS ASSESSMENT							
YEAR		2010	2011	2012	2013	2014	2015
TOTAL	MK	283,124,108.65	344,679,605.60	394,368,397.90	501,357,970.63	666,367,751.07	920,428,780.89
Per capita	MK	393.55	440.52	450.62	498.03	559.57	635.35
Per capita	USD	2.74	3.07	3.14	3.47	3.89	4.42

IV. CONCLUSION AND RECOMMENDATIONS

Women in Blantyre and throughout Malawi face several educational, health and economic challenges. For instance, an increasing number of girls are attending primary school; yet women's illiteracy rate remains higher than men's. Girls and women have poor access to health services, and pre- and ante-natal healthcare remains extremely limited. Young women aged 15-24 are also much more likely to be infected with HIV than young men. Some women have access to credit from micro-finance institutions, but they are often charged high interest rates and are required to make weekly payments (MOGCWS, 2005). Furthermore, women have limited political and decision-making powers, and many women experience domestic violence. All of these challenges contribute to an environment in which women have fewer opportunities than men for full participation in society, with this being particularly true for poor women.

These formidable challenges must nevertheless be overcome for the development of Blantyre City as a whole. They also present unique opportunities for local, national and international stakeholders to mobilize behind improving the status of women in the city, as a model for what might be accomplished nationwide. To address these issues, interventions are needed to raise awareness, expand legal recourse for women, increase opportunities for education and healthcare and provide access to income-generating activities.

MCI estimates that at an annual cost between 2010 and 2015 of \$3.50 per capita, the interventions proposed here can effect a tremendous improvement in the status, wellbeing, safety and opportunities available to women in Blantyre City, leading to the timely achievement of MDG 3.

Achieving gender equality and empowering women in Blantyre is fundamentally about working together – men and women; rich and poor; international development organizations, investors and local stakeholders; government, civil society and the private sector. In addition, there is a need to ensure that gender concerns are mainstreamed into all local government policies.

Strategies the Blantyre City Assembly might consider pursuing include:

- Encouraging girls to pursue education in sectors traditionally dominated by men.
- Increasing budgetary allocations for adult literacy programs.
- Creating/administering school -o-work programs to encourage participation in the formal economy.
- Introducing additional affirmative action programs to increase the number of women in decision-making positions in both the public and private sectors.

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Annex I: Interventions Known to Promote Gender Equality

Education

- Build new girls' schools
- Construction of girls' sanitary facilities
- Construction of girls' boarding facilities
- Provide adult literacy courses for women
- Recruit and train female teachers
- Affirmative action to increase enrollment of females in teacher training colleges and at the university level
- Provide childcare to release female siblings from these responsibilities and allow them to attend school
- Develop gender sensitive textbooks and curriculums
- Promote gender parity on school boards
- Awareness, sensitization, education and community mobilization campaigns

Health

- Train more health professionals
- Build new and improve existing health facilities
- Ensure female trained medical staff in healthcare facilities
- Ensure that health facilities are stocked with supplies and medicines for maternal and reproductive health issues
- Increase awareness and provide education on sexual and reproductive health and rights through mass media and community based programs
- Provide sexual health education within schools and community programs
- Develop strategies to increase men's understanding of reproductive health and family planning, as well as the social and economic costs to families of high rates of infant and maternal mortality
- Increase access to contraceptives and family planning
- Promote utilization of postnatal care among women
- Expand HIV/AIDS prevention and treatment for women
- Community-home based HIV/AIDS care (to improve health and decrease women's time burden)
- Expand coverage and utilization of PMTCT
- Community-based nutrition programs
- Invest in research on women's health problems
- Generate gender-disaggregated health data for all women's targets and indicators

Time Burden

- Provide care services (for children, the elderly, the disabled, the sick) to release women from these responsibilities so they might pursue employment, education and healthcare
- Ensure access to basic water and sanitation, to release women from the time burden of collecting potable water
- Invest in improved cookstoves and alternative fuel sources to decrease cooking time and prevent the negative health effects from indoor air pollution from burning solid fuels (charcoal, wood)

Property and Inheritance Rights

- Create and/or advocate for awareness, sensitization and education campaigns
- Advocate for non-discriminatory land policies and registration practices
- Increase the number of women holding positions in local land-related decision-making bodies
- Increase legal representation for women in land dispossession and inheritance rights cases

Employment

- Increase school enrollment and completion rates for girls
- Create and/or advocate for awareness, sensitization, education and community mobilization campaigns
- Promote access to work through vocational training programs and school-to-work transition programs for adolescent girls
- Provide care services (for children, the elderly, the disabled, the sick) to release women from these responsibilities and allow them to pursue employment
- Provide credit and loans for small business development and self-sustainability among women
- Provide business management, marketing, financial and entrepreneurship skills training for women

Politics

- Create and/or advocate for awareness, sensitization, advocacy and community mobilization campaigns (to promote women in politics, increase votability, decrease entrenched stereotypes and promote specific women candidates)
- Provide training to women candidates in elections at the local, regional and national level
- Provide training to women elected representatives at the local, regional and national level
- Affirmative action and gender quotas for national, regional and local decision-making bodies

Gender-Based Violence

- Prevent violence against women through awareness, sensitization, advocacy, education and community mobilization campaigns
- Provide local support groups for victims of gender-based violence
- Strengthen the police response to gender-based violence, through improved reporting, documentation and handling of violence cases (Victim Support Units)
- Train police officers and the judiciary to increase responsiveness to gender-based violence cases.
- Provide protection from violence through medical services and counseling
- Provide emergency housing or short-term shelter to victims of violence.
- Provide punishment for perpetrators of violence through legal redress

Capacity-Building and Institutional Strengthening

- Strengthen the capacity of national, district and city government to deliver interventions

- Strengthen the Ministry of Gender, Child Welfare and Community Services, the Department of Women's Affairs, as well as the gender focal points in other ministries
- Ensure gender focal points in all relevant ministries and departments, and increase communication and coordination on gender issues among all stakeholders
- Undertake institutional reforms through sensitization programs to train judges, politicians, land registration officers and police officers
- Invest in legal aid services to help women claim their rights and access services
- Improve registration systems for issuing identification documents to women
- Invest in data collection and monitoring activities to track gender outcomes and generate gender-disaggregated data

Annex 2: Indicators for Tracking Progress Towards Gender Equality

Education

- The ratio of female-to-male gross enrollment rates in primary, secondary and tertiary education.
- The ratio of female-to-male completion rates in primary, secondary and tertiary education.

Sexual and reproductive health and rights

- Proportion of contraceptive demand satisfied.
- Adolescent fertility rate.

Infrastructure [Time Burden]

- Hours per day (or year) women and men spend fetching water and collecting fuel.

Property rights

- Land ownership by male, female or jointly held.
- Housing title, disaggregated into categories including male, female and jointly held.

Employment

- Share of women employed, both wage and self-employment, by type.
- Gender gaps in earnings in wages and self-employment.

Participation in national parliaments and local government bodies

- Percentage of seats held by women in national Parliament.
- Percentage of seats held by women in local government bodies.

Violence against women

- Prevalence of domestic violence.

Source: UN Millennium Project Task Force, 2005.