

# Annex 1

## DFID Gender Audit Methodology: Its implementation in DFID Malawi

By

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### **Introduction**

The objective of this background annex is to provide an outline of the gender audit methodology developed to undertake a gender audit for DFID. The purpose of the gender audit itself is to systematically assess DFIDM policies, strategies and activities in terms of their implementation of DFIDM's GM strategy. This is contextualized within the broader political, economic and social environment on gender issues in Malawi that includes the government's MPRSP, its national gender policy and the associated institutional structure of the MOGCWCS. The recommendations are intended to assist DFIDM in supporting the Government of Malawi (GoM) to achieve the country's MDGs.

With no standardized DFID gender audit methodology, the Malawi audit, of necessity, has elaborated a pilot one, that uniquely incorporates eight different quantitative and qualitative assessment tools with the results triangulated for the purpose of analysis. This annex is divided into four sections.

**Part One**, by way of a background, outlines critical definitional issues relating to an audit as well as gender mainstreaming itself

**Part Two** focuses on measurement issues in gender mainstreaming (GM) describes the gender score card specifically developed for this audit.

**Part Three** summarizes the types of information collected in the eight different qualitative and quantitative assessment tools

**Part Four** concludes with a description of measurement techniques used in different components of the assessment

## **1. Background: Definitional and methodological issues**

### **1.1. Definition of a gender audit**

At the outset it is useful to clarify the similarities and distinctions between audits, assessments and evaluations. While evaluation definitions and methodologies are well known in social science research, audits are a more recent innovation, particularly participatory gender audits. The most important difference relates to the extent to which this is an internal programmatic assessment as against an internal organizational self-assessment (see Box 1).

Gender audits as recently developed by NGOs such as InterAction focus primarily on internal self-assessment. These are extensive exercises with their success heavily dependent on the level of commitment from senior management (see InterAction 2003). At the outset in Malawi, therefore it was necessary to consult DFIDM senior management about their approval and commitment to an internal self-assessment component. Agreement was reached with DFIDM that the objective of the gender audit was to assess their performance in GM by focusing on both 'external' and 'internal' aspects of DFIDM as follows:

- An external *operational* assessment of DFIDM's development objectives in relation to GM in its policies, programmes and projects
- An internal *organizational* assessment of management objectives to GM within DFIDM as an institutions

While the second component is much shorter than the guidelines outlined in InterAction's Gender Audit Questionnaire Handbook (InterAction 2003), nevertheless it marks an important first stage in a shift in

assessment focus from one that examines only external development objectives, to one that also recognizes the importance of internal issues of accountability and ownership.

**Box 1: Evaluations and audits: A clarification**

Traditionally audits are commonly associated with accounting audits in the financial world, used to certify that the finances and administration are legitimate, with established rules and regulations correctly followed. More recently quality management audits have been developed to assess company compliance with internal and external demand to help an organization innovate and develop. Participatory gender audits are a new methodology. As currently developed, unlike regular evaluations they are based on self-assessments of how gender issues are addressed in programming portfolios and internal organizational processes, and not on external evaluation.

These derive out of a growing awareness of the important role organizational structure and culture plays in the design and delivery of gender sensitive programmes and projects, and the premise that ‘Working on gender issues obliges organizations to set their own houses in order, and change aspects of the organizational culture which discriminate against women staff and women “beneficiaries”’ (Sweetman, 1997). NGOs such as InterAction and the Netherlands Development Organization (SNV) have both been instrumental in moving forward with this methodology, and emphasize the critical importance of ‘demonstrated political will’ from senior management if they are to be successfully implemented.

*Sources: InterAction (2003); Netherlands Development Organization (n.d.); Sweetman, (1997).*

**1.2. Defining DFID’s policy to promote gender equality and its associated gender mainstreaming strategy**

To audit DFIDM’s programme, it is also necessary to outline policy goals and associated strategy against which it is being evaluated, as well as the indicators with which this is to be undertaken. DFID London’s development of a specific goal and associated strategy to promote gender equality was the outcome of Beijing Conference Platform for Action (PfA). This endorsed a policy of the empowerment of women and the promotion of the gender equality, with gender equality as essential to poverty elimination—subsequently reinforced in MDG Goal 3. In addition it established GM as the internationally agreed strategy for governments and development organizations to achieve this<sup>1</sup>.

DFID London’s Target Strategy Paper, ‘*Poverty Elimination and the Empowerment of Women*’ locates gender equality and the empowerment of women as a key component of their strategy that aims to contribute to the elimination of world poverty. It identifies a twin track approach (subsequently referred to as a strategy) which combines focused actions aimed at women’s **empowerment** and **gender-aware** actions in the **mainstream** of development work.<sup>2</sup>

DFID’s subsequent manual, while not further elaborating on the TSP ‘twin-track’ approach, provides a more detailed definition of mainstreaming as:

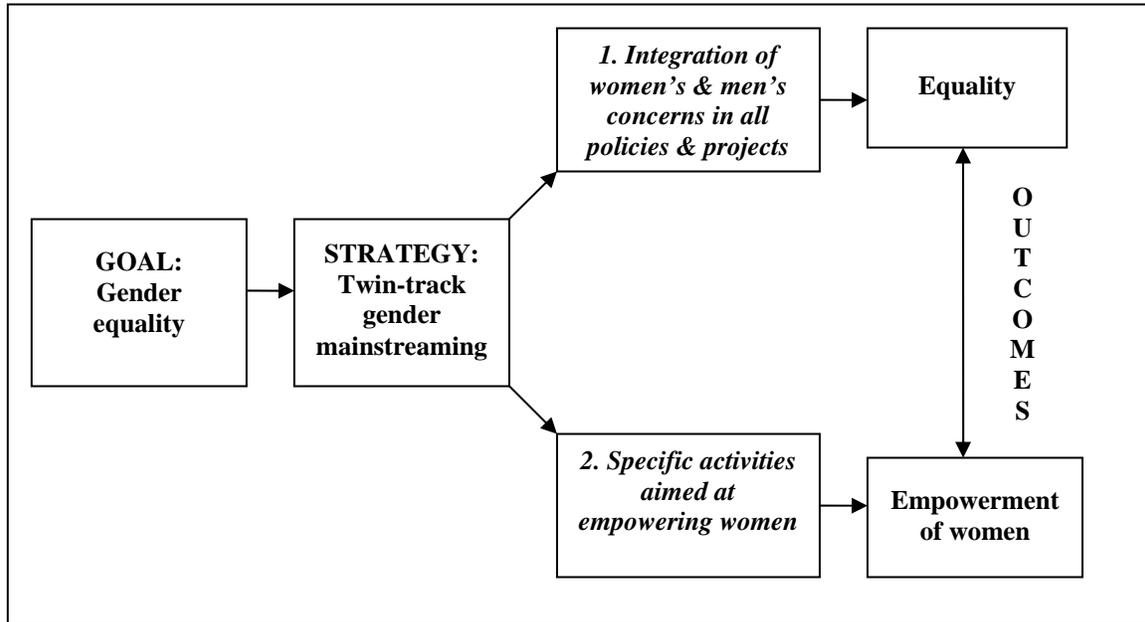
‘A commitment to ensure that women as well as men’s concerns and experiences are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programmes so that women and men benefit equally and inequality is not perpetuated. Gender mainstreaming is integral to all development decisions and interventions; it concerns the staffing, procedures, and culture of the development

<sup>1</sup> In 1997 the UN adopted gender mainstreaming as the approach to be used in all policies and programmes in the UN system.

<sup>2</sup> The fact that the overall objective of the TSP was to make the case for women’s empowerment means that the critical goals, objectives and strategies of gender equality are lost in the depth of the document and only mentioned on page 30 (DFID, 2000). DFID’s subsequent manual provides no further elaboration of the DFID-specific ‘twin-track’ approach, such that this important information is largely obscured.

organizations as well as their programmes: and it forms part of the responsibility of all staff' (DIDF 2002, 9).

**Diagram 1: DFID Gender Mainstreaming Strategy**



Building on these documentary sources, in undertaking the DFIDM gender audit it was important to start by identifying a working definition of gender mainstreaming. This is defined as a twin-track strategies that comprises the following (see Diagram 1)<sup>3</sup>:

- a) Integration of women and men's concerns (needs and interests) throughout the development process (in all policies and projects)
- b) Specific activities aimed at empowering women.

This definition of GM is intended to avoid the semantic confusion that occurs when 'gender mainstreaming' is both an overall approach as well as one of the two twin-track strategies; it equally confronts the confusion of 'empowerment' identified as one of the twin-track strategies, as well as an outcome. Both these semantic confusions occur in the current DFID TSP (see Moser forthcoming). While this simple diagram may seem to state the obvious, to my knowledge none of DFID's manuals or guidelines present the strategy in such a visual form. The fact that various DFID advisors in Malawi commented 'how useful' this diagram is, suggests that a visual representation such as usefully this could be incorporated into DFID user-friendly GM guidelines – implementing one of the recommendations made in the internal self-assessment.

## 2. Gender mainstreaming assessment measurement issues

A systematic gender audit of DFIDM's policies, strategies and activities requires consensus regarding its analytical framework as well as the associated tools, quantitative indicators or qualitative assessment measures by which its performance is to be assessed.

<sup>3</sup> This diagram was developed in collaboration with Henrietta Miers (consultant) who was concurrently providing technical assistance to the Ministry of Gender in redrafting their National Gender Programme. This usefully ensured both DFIDM consultancies were 'speaking with the same voice'

### **Box 2: DFID London Gender Manual gender sensitive indicators and PIM markers**

Gender-sensitive indicators allow measurement of benefits to women and men and include the impact/effectiveness of activities targeted to:

- Address *women's or men's practical needs* i.e. new skills, resources, opportunities or services in the context of their existing gender roles
- Increase gender equality of opportunity, influence or benefit e.g. targeted actions to increase women's role in decision-making; opening up new opportunities for women/men in non-traditional skill areas
- Develop gender awareness and skills among policy making, management and implementation staff
- Promote greater gender equality within the staffing and organizational culture of development organizations i.e. the impact of affirmative action policy.

PIM markers are distinguished as follows:

**P – Principal project objective.** This score should be given to projects where the removal of gender discrimination or the promotion of gender equality *is the whole purpose of the project* that is a *targeted projects* working with men, women, boys or girls wholly designed to tackle elements of gender discrimination or discrimination

**S – Significant project objective.** This score should be given to projects where the removal of gender discrimination, or the promotion of gender equality is *an integral part of the purpose of the project* e.g. *projects where gender equality is mainstreamed*. These include *equitable* access to services as well as *equitable* benefit from new resources

**N – A non-targeted** score should be given to projects that fit into neither of these categories

*Source: DFID (2002, 28-29).*

#### **2.1 Analytical framework: GM evaporated, invisibilized or resisted?**

The analytical framework for the gender audit is contextualized within a wide ongoing contested debate closely linked to the MDG goals, relating to DFID's preoccupation with gender *policy evaporation*<sup>4</sup>. Interrelated with this is the concern that 'gender mainstreaming has failed', due to the lack of real impact on gender equality on the ground.<sup>5</sup> In addition, the gender audit introduces two further concepts, with these three in totality providing the basis for assessment of the implementation of GM:

- *Evaporation:* When good policy intentions fail to be followed through in practice.
- *Invisibilization:* When monitoring and evaluation procedures fail to document what is occurring 'on the ground'.
- *Resistance:* When effective mechanisms block GM, with opposition essentially 'political' and based on gender power relations, rather than on 'technocratic' procedural constraints (Kabeer 1994; Moser 1993).

It also identifies policy approaches that underpin GM interventions, distinguishing among welfare, economic efficiency and the more recently introduced human rights approach.

The guidelines provided by the DFID London TSP and associated manual identify four key steps of gender mainstreaming. These comprise sex disaggregated data and gender analytical information; women as well as men influencing the development agenda; context-specific action to promote gender equality; and organization capacity building and change. They also include a listing of four gender sensitive indicators that allow measurement of benefit to women and men, although they provide no guidance as to how these may be numerically weighted. Finally they identify the PIM (Policy Information Marker) used for the

<sup>4</sup> See DFID gender TSP (DFID 2000) and DFID's Development Committee comment that 'progress within DFID on effectively tackling gender issues could be eroded' (DC Minutes 27/03/03).

<sup>5</sup> For instance, a recent UNDP report concluded that gender equality perspectives are not adequately mainstreamed into the MDG Reports and confined primarily to Goal 3 (UNDP 2003). See also Birdsall et al (2004); Watkins (2004).

DFID internal monitoring process with the different categorization linked to the two twin-track gender mainstreaming objectives identified above (see box 2).

### 2.2 Gender audit methodology: the gender audit score card

Other than this useful background guidance, DFID does not have a standard gender evaluation methodology. Consequently the DFIDM gender audit provided the opportunity to pilot a gender audit methodology. The gender audit score card provides a useful overall methodological tool to briefly synthesize the audit findings that assess a GM strategy. This score card has been adapted from a comparative analysis of multilateral and bilateral gender mainstreaming strategies across institutions that showed a high level of consistency regarding a number of key components (see Moser 1995; 2004; Moser and Moser 2003).

**Table A: Gender Audit Score Card**

<b>DFID Gender Strategy</b>	<i>Detailed GM Component</i>	<i>Assessment of implementation in DFIDM</i>
<b>Stated twin-track gender policy</b>	Specific country gender strategy	
<b>1. GM strategy in country policy</b>	Gender equality mainstreaming into DFID country strategy	
<b>2. GM strategy in sector programmes</b>  <i>a) PIM assessment of entire programme</i>  <i>b) All other components of GM strategy in 10 selected programmes</i>	<i>GM in Header sheet (PIM marker)</i>	
	Gender specific objectives and OVIs	
	Gender Analysis (GA): sex-disaggregated data and gender information	
	Gender sensitive budget analysis	
	Gendered components identified in implementation	
	GM Training	
<b>3. Specific activities aimed at empowering women</b>	Strengthen gender equality in government, donors, and private sector	
	Support to women's participation in decision-making / empowerment	
	Strengthening women's organizations and NGOs through capacity building	
	Working with men for gender equality	
<b>4. Internal institutional responsibility and associated capacity building and budgetary resources</b>	Responsibilities shared between all staff and gender specialists	
	Internal capacity to implement GM by staff	
	Manuals, toolkits	
	Internal capacity strengthening	
	Counterpart gender training	
	Allocation of financial resources for staff for GM	

As outlined in Table A, the scorecard identifies different components and activities of an institution's GM strategy and compares these with progress in the field. Information is categorized in terms of the four components, which in totality represent DFIDM's performance in implementing GM.

1. GM strategy in *country policy*

2. *GM strategy in sector programmes*
  - a) *PIM assessment of entire programme*
  - b) *All other components of GM strategy in 10 selected programmes*
3. Specific activities aimed at empowering women
4. Internal institutional responsibility and associated capacity building and budgetary resources

In this gender audit the comparison is between DFID London's TSP and its implementation in DFIDM. The results of this gender audit are shown in the main gender audit document, in Table 1.

### 3. Quantitative and qualitative assessment tools

The audit methodology combines a number of assessment tools that provide either quantitative or qualitative information, or both. Whenever possible information is triangulated. These can be loosely categorized in terms of eight different research tools; while some are more focused on 'external' assessment, others, in contrast are more pertinent to the 'internal' self-assessment of gender audits. The following description identifies their implementation in the Malawi context.

#### 1. *Briefings and focus groups with DFIDM advisors and with Malawians working on DFIDM supported programmes*

A wide range of interviews were undertaken during the gender audit. Within DFIDM these included individual and group meetings with senior management, advisors and administrative staff working in the different programme areas. Consultations were also undertaken with Malawian colleagues in both Lilongwe and Blantyre working on DFIDM supported programmes including NAC, CARE and the National Health Programme. In Lilongwe focus group meetings to explore perceptions of mainstreaming and priority gender issues in Malawi were undertaken with the Ministry of Gender, DAGG and in Blantyre with the NGO Gender Network (Appendix 1 provides a detailed list of people met).

#### 2. *Documentation review*

A detailed documentation review provided information at three levels (See Attachment 1 below)

- DFID London documents relevant to gender issues<sup>6</sup>;
- Policy level documents in Malawi included DFIDM policy, the Government of Malawi gender policy and a range of MPRSP related documents from both government and DFIDM
- DFIDM programmatic level documents. This included the following:
  - a) A quantitative PIM review of 68 ongoing programmes in the current DFIDM portfolio
  - b) A qualitative desk review of 10 programmes/ projects representative selected by DFIDM advisors as representative of GM practice in five main programmatic areas (Annex 3).

#### 3. *In-depth review including field trips*

Four of DFID's programmes were selected for in-depth review in consultation with the Senior Policy Advisor and the SDA. Field visits were undertaken to the Shire Highland, TB, BLM and ILTPWP

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<sup>6</sup> It is important to note important methodological limitations in this desk review. A considerable amount of time was spent trying to access the necessary documents. This required essential support from already overstretched DFIDM support staff, who had to fit this in along with their extensive regular work activities. In many cases files were incomplete. Another constraint resulted from the changes in the names of projects/programmes during implementation or redesign which caused additional problems in locating documents. Staff turnover resulting in a severe lack of institutional memory meant that many times issues may have not been correctly captured, with DFIDM's long history of working on gender not always recognized.

For instance, reflecting on their own experience, SDAs identified the early 1990s as the period when gender training began: in reality the first round took place in 1996-98 (see Moser 1993). But equally, the important role played by a series of SDA advisors in 'pushing gender' during the 1990s may not be adequately recognized in the audit (SDA London advisor's comment).

programmes. In each case consultations were held with project staff (both government and NGO) as well as primary stakeholders (the project beneficiaries) (see Annex 3).

#### **4. Background review of gender issues in Malawi**

As identified in the TORs, a background review of gender issues in Malawi was provided by a Malawian gender consultant (see Annex 2)

#### **5. Gendered cost-benefit analyses**

Also as identified in the TORs, gendered cost benefit analyses were undertaken by a Malawian economist/gender consultant (see Annex 4). These were an important contribution to the gender audit in making the 'economic case' for gender equality resource allocations within DFIDM programmes.

#### **6. Self-assessment questionnaires**

These were the first of two components of the internal self-assessment. A short background questionnaire (10 minutes maximum), provided background conceptualization for the focus groups as well as assisting in triangulation of results (See attachment 2 for questionnaire details). Two sets of issues were covered:

- a) Existing gender expertise, competence and capacity building in terms of gender mainstreaming in DFIDM's policies, programmes and projects. This includes information, and monitoring and evaluation systems.
- b) Organizational culture, institutional decision making and recommendations.

Questionnaires were completed by 28 (76 %) of the DFIDM staff that included UK-based and Malawian advisors, as well as administrative staff.

#### **7. DFID Internal focus group meetings**

As the second component of the internal self-assessment, focus groups complemented the questionnaire and provided the opportunity for a group brainstorming on key operational and institutional issues relating to GM. Three focus groups were held comprising the following: UK staff (male and female); Malawian women staff; Malawian male staff.

#### **8. Two-stage final consultations with DFIDM advisors**

This final methodological tool was implemented after the completion of the draft gender audit and a dissemination meeting on its main findings to DFID advisors. As a follow-up a two-phased consultation process was undertaken with senior management and each of the programme /sector teams. Building on DFIDM's endorsement of its commitment to gender equality within the framework of the MDGs, sector advisors identified appropriate GM opportunities and brainstormed around a strategy of 'picking winners'. After the first round of consultations, draft matrixes were prepared from the information provided and these were then assessed by advisors in a second round consultation in order to ensure agreement was reached (see Appendix 7).

## **4. Measurement techniques used in different components of the assessment**

Wherever possible efforts were made to quantify gender audit results. These were more successful in areas where hard data was available, than those where subjective assessments were required.

### **a) PIM data**

As described in the gender audit, the most robust data came from the PIM scores. Information from the five sectors was provided by advisors from the header sheets (see appendix 4) and then compiled as shown in Table B below. As noted in the gender audit, however, the fact that so few programmes have a PIM marker leads to the conclusion that this is not a useful monitoring and evaluation tool. Either GM is resisted on the basis that it is not considered of importance in the majority of DFIDM's portfolio, or staff members drafting key sheets are not sufficiently skilled in gender issues to include them.

**Table B: Summary of gender scores on 68 programmes identified in current portfolio by key sectors (2004)**

Sector	Total no. of programmes identified	Gender Scores		Total with any score	%	Total Budget
		P	S			
Health	16	0	2	2	12.5	105.02m
Livelihoods	20	4*	5	9	45	55.78m
MASSAJ	1	0	1	1	100	34.9m
<i>Education</i>	5	0	2	2	40	51.05m
Governance, Voice & Accountability	26	0	2	2	8	11.3m
<b>TOTAL</b>	<b>68</b>	<b>4</b>	<b>12</b>	<b>16</b>	<b>23.5</b>	<b>260.75m</b>

P – primary; S – significant. \* Including the one which ‘should be P’

**b) Quantification in the sector programme assessment**

The desk review of the 10 sector programmes is based on the score card components, as identified in table A. The real challenge relates to measurement indicators. A first effort to develop such

**Table C: Sector programme measurement indicators**

Programmatic stage	Detailed GM component	Measurement Indicators	Subjective Numerical rating
<b>1. Twin track gender strategy</b>	1. Integrating women and men’s concerns	Mainstreaming	
	2. Specific activities to empower women	Empowering	
	PIM Header sheet rating	P / S / N	-
<b>2. Design and Preparation</b> <i>Input indicators</i>	1. Gender objectives	Y / N	0 – 3*
	2. Gendered OVIs	Y / N	
	3. Gender analysis	Y / N	0 – 3
	4. Gender in budget	Y / N	
<b>3. Implementation</b> <i>Output indicators</i>	1. Gendered components	Y / N	0 – 3
	2. Training undertaken	Y / N	
	3. Specialist staff	Y / N	
<b>4. Monitoring and evaluation</b> <i>Approximate gender equality outcome indicators</i>	OPR data and completion report data on gendered outcomes	<b>a)</b> PGN reached** <b>b)</b> Evidence that women and men benefited equally <b>c)</b> Increased equality of opportunity <b>d)</b> Increased participation of women in <b>e)</b> decision making	

\* 0 – none : 1 – minimal: 2- average: 3 – extensive ; \*\* These outcome indicators are an elaboration of those provided in DFID’s gender strategy (PGN - practical gender needs) as well as other examples of composite empowerment indicators.

indicators is shown in Table C, which distinguishes between input, output and approximate gender equality outcome indicators. In the majority of cases these are straightforward yes/ no indicators; however, in some cases subjective numerical ratings are identified. Assessments are then made on the basis of content analysis of the sector programme documents (see Annex 3). It is interesting to note that even this very simple measurement allows for some level of quantitative analysis, as discussed in the gender audit (see appendix 6 for a useful quantification of the entire data from DFIDM). The gender audit in Malawi shows that there is still a great deal of work to be done in order to move forward on equality outcome indicators, which at this stage are still entirely qualitative in nature.

**c) Quantification of questionnaire results in the internal self-assessment**

The gender audit questionnaire comprised a total of 18 questions. For quantification purposes these are divided into three types:

- Technical capacity (including political will) - first 12 questions;
- Organizational culture – next 5 questions;
- Forward planning – last question.

Data was analyzed in two ways (see InterAction 2003).; first in terms of **composite** analysis in which ‘an index is made up of the answers respondents provide on multiple questions that represent various indicators of a single concept, in this case technical capacity and organizational culture’. This uses a scale of 1-3 (based on the total number of possible responses) with one being low and three being high. Second, **univariate** analysis which focuses on the response to a single question at a time, to describe the range and average answer respondents provide to each question.

As cited in the DFIDM gender audit results included the following:

- Less than a third of DFIDM staff are technically very knowledgeable on gender mainstreaming, while the majority have limited knowledge (28 percent had higher than average composite score, while the average composite score for the whole sample was 1.33).
- Less than 1 in 5 people (17 percent) are completely aware that DFID has a gender strategy, with half insufficiently aware.
- Virtually none of DFID staff has read the London DFID documentation.

This provides another interesting example of a simple yet effective tool that adds weight to an assessment by providing quantitative data that is complemented by qualitative data – in this case quotes from DFID staff.

**Attachment 1**  
**Documentation Reviewed**

Level		Document	Date	Review methodology
1. <b>DFID London</b>	Gender documents	Gender Target Strategy Paper	2000	Content analysis
		Gender Manual	2002	
2. Malawi Policy level documents	<b>DFID Malawi Policy</b>	Country Strategy Paper	1998	
		Annual Performance Reviews	1999-2002	
		CAP	2003	
		Change Forecast	2002-4	
	<b>Malawi Govt. Policy</b>	National Gender Policy		
		MPRSP	2000	
		MPRSP Report	2002/3	
		Gender Analysis of PRSP		
		Budget Analysis Report	2000/1 2/3/4	
3. DFID programme level	<b>DFID Programme Quantitative Review</b>	42 projects in all sectors	1998-2004	i. Quantitative PIM data identifying <ul style="list-style-type: none"> <li>• Principal (P)</li> <li>• Significant (S)</li> <li>• Not assigned (N)</li> </ul> ii. Budget allocations by sector
	<b>DFID Programmes Qualitative review</b>	10 projects in current portfolio		Desk review including content analysis of <ul style="list-style-type: none"> <li>• Project header sheet</li> <li>• Project memorandum</li> <li>• ORP</li> <li>• Project completion report</li> <li>• Research studies</li> <li>• Other documentation</li> </ul>
		1. ILTPWP (Pro-Poor Growth)		
		2. Shire Highlands Sustainable Livelihoods Programme (VAR)		
		3. HIV/AIDs NAC (HIV/ AIDs)		
		4. Sexual Reproductive Health (Health)		
		5. TB Equity Project (Health)		
		6. Banja La Mtsogolo (BLM) (Health)		
		7. Support to Education Sector: PACE (Education)		
		8. Support to the Education Sector: Teacher in service training (Education)		
		9. MASSAJ Programme (MASSAJ)		
	10. Community policing (MASSAJ)			
	<b>DFID Programmes In-depth case study review</b>	1. ILTPWP (Pro-Poor Growth)		<ul style="list-style-type: none"> <li>• Field trips</li> <li>• Consultations with primary and secondary stakeholders</li> <li>• Gendered social cost benefit analysis (SCBA);</li> <li>• Qualitative data from other sources</li> </ul>
2. Shire Highlands Sustainable Livelihoods Programme (VAR)				
3. TB Equity Project (Health)				
4. Banja La Mtsogolo (BLM) (Health)				
<b>DFID Forward Looking Strategies / programmes</b>	PRSP Review		Desk review	
	MTF II: Medium Term Expenditure Framework Phase Two: Consolidations and Revitalization: Gender Budgets		Qualitative review Comments form Naomi	

*Attachment2*  
**2. PILOT STAFF QUESTIONNAIRE**

*A. The purpose of this questionnaire*

**You may be aware that we are currently undertaking a gender audit for DFIDM. This focuses on two aspects of DFID's work in mainstreaming gender.**

- An *operational* assessment of DFIDM's **development** objectives in relation to gender mainstreaming outside DFID in its policies, programmes and projects
- An *organizational* assessment of **institutional** objectives to mainstream gender within DFIDM as an institution

As part of the Gender Audit we are consulting DFID staff in order to understand their perceptions on gender mainstreaming. This comprises a short anonymous questionnaire as well as a number of focus group discussions. The questionnaire is intended to provide background information for the focus group discussions and should not take longer than 10 minutes to complete. For each of the following 20 questions can you please ring one the answers that you consider most appropriate. We would be most grateful if you could make the time to complete it.

**A. Operational Issues**

1. Are you aware that DFID has a strategy of gender mainstreaming?
  3. Completely
  2. Sufficiently
  1. Insufficiently
  0. Not at all
  
2. How many of the relevant documents on DFID's gender mainstreaming strategy have you read (for example the strategy paper or the gender manual)?
  3. All of them
  2. Some
  1. Few
  0. Not
  
3. Do you understand the distinction between gender equality and gender empowerment in DFID's gender mainstreaming strategy?
  3. Completely
  2. Sufficiently
  1. Insufficiently
  0. Not at all
  
4. How important do you think DFIDM considers the gender mainstreaming strategy for the realization of DFIDM's objectives in Malawi?
  3. Very important
  2. Important
  1. Of limited importance
  0. Not at all important
  
5. How well do you think that DFIDM operationalizes its gender mainstreaming strategy in its CAP and country programmes and projects?
  3. More than sufficiently
  2. Sufficiently
  1. Insufficiently
  0. None at all
  
6. Were you made aware that gender mainstreaming is an important DFIDM strategy in your selection process (recruitment; interview etc)?

3. Completely
2. Sufficiently
1. Insufficiently
0. None at all

7. Does DFIDM offer enough opportunities (capacity building, training, technical support, documentation) to strengthen your knowledge of gender issues in your professional or technical area?

3. More than enough
2. Enough
1. Not enough
0. None at all

8. Do you consider there are available tools and techniques for gender mainstreaming in your work?

3. More than enough
2. Enough
1. Not enough
0. None at all

9. Does DFIDM provide sufficient information on, and practice in, the use of instruments to conduct gender analyses, and to incorporate the conclusions of these analyses into all stages of the design process of programmes and projects? Based on your answer to this question, how capable would you say the organization is in this regard?

3. Very capable
2. Sufficiently capable
1. Not capable enough
0. Not at all

10. Do you consider that you are expected to introduce gender issues in different stages of programme or project design and implementation at any level. How well do you fulfill these expectations?

3. Very capable
2. Sufficiently capable
1. Not capable enough
0. Not at all

11. Do you consider it important to include gender mainstreaming outcomes in your programme or project reporting procedures?

3. Very important
2. Important
1. Not very important
0. Unimportant

12. How often do you integrate gender explicitly in your work? For example in the choice of activities, the choice of methods used?

3. Always
2. Usually
1. Seldom
0. Never

### ***B. Organizational Issues***

13. Does DFIDM have an active policy to promote gender equality and respect for diversity in decision making, behaviour, work ethics, information etc? If so how would you rate its effectiveness?

3. Excellent
2. Sufficient
1. Insufficient
0. It does not have such a policy

14. Does DFIDM do enough to discourage expressions of gender inequality, such as disrespectful jokes etc.  
3. More than enough  
2. Enough  
1. Not enough  
0. Nothing at all

15. How much attention do you pay to ensuring respectful relations between men and women in your workplace in DFIDM?  
3. Very much  
2. Some  
1. Not enough  
0. None at all

16. Have you undertaken activities to identify existing gender related problems or constraints in your workplace in DFIDM?  
3. Yes, many  
2. Yes, some  
1. Yes, but very few  
0. No, none at all

17. Have you ever taken any actions in relation to a gender related problem in DFIDM?  
3. Yes, many  
2. Yes, some  
1. Yes, but very few  
0. No, none at all

18. Do you think it would be useful to establish a working group on gender issues in the workplace in DFIDM to further explore these issues?  
3. Yes, very useful  
2. Yes, quite useful  
1. Not very useful  
0. Not useful at all

19. If yes, can you elaborate why? .....

20. Are there any further workplace gender issues that you consider important?  
.....

21. Do you consider further capacity building on gender mainstreaming is useful? Please elaborate any specific requirements  
.....

*The survey is anonymous but it would be helpful if you could tick one response in each of the following three categories:*

**Sex**

Male.....

Female.....

**Nationality**

British.....

Malawian.....

Other.....

**Position in DFID**

Advisor.....

Administrative Staff.....

Consultant.....

Many thanks for your help

## **Attachment 3**

### **Focus Group guidelines**

#### **1. Introduction**

To the team  
Of the group

#### **2. Objectives of Gender Audit**

***We are currently undertaking a gender audit for DFIDM. What is an audit?***

*This focuses on two aspects of DFID's work in mainstreaming gender*

- An *operational* assessment of DFIDM's **development** objectives in relation to gender mainstreaming outside DFID in its policies, programmes and projects
- An *organizational* assessment of **institutional** objectives to mainstream gender within DFIDM as an institution

To undertake this we have worked at a number of different levels

- Quantitative data
- Field visits
- Review of documentation
- Interviews

#### **3. Objective of Focus Group**

To triangulate results from other sources on operational assessment of development objectives

BUT also to have the opportunity to raise a few issues relating to institutional objectives inside DFID as an institution

#### **4. A number of very short participatory exercises in time available**

##### **a. Background information**

##### **1. Most important gender issues in Malawi today (excluding poverty)**

Listing  
Ranking

##### **2. DFID has a gender mainstreaming strategy that was written**

ZOPP

Definition of gender mainstreaming: What does it mean?

Clarification of Gender Mainstreaming: The Twin-track approach

i. Objective: Gender equality

ii. Strategy

- a) Ensuring both women and men's needs and interests are integrated into policies, programmes and projects
- b) Empowering women in decision making (c.f. political agenda)

##### **Outcome: Gender equality and women's empowerment**

**General definition:** To integrate gender equality in all aspects of the organizations objectives, activities, systems, structures and resource allocation (personnel as well as financial). Gender is not an add on – it directs the organization's performance and thereby partially determines the organization's choices

### 3. Constraints on adopting or integrating gender mainstreaming strategy into DFIDM's programmes

Matrix

Constraints	Recommendations to overcome the problem

### 4. An *organizational* assessment of institutional objectives to mainstream gender within DFIDM as an institution

Here we are talking about the 'institutional culture' inside DFID. Is it a 'male' culture  
If we are asking other institutions to implement gender mainstreaming we also need to do so inside the institution and get our own house in order. Indeed for many institutions a gender audit means an internal audit from a gender perspective

### 5. Discussion about gender institutional issues SWOT Exercise to try and unpack some of these

1. Can you please identify:
  - a) The main institutional **strengths** in DFID to mainstream gender
  - b) The main **weaknesses** in DFIDM in mainstreaming gender
  - c) The main **opportunities we can make use of**
  - d) **The main constraints that we need to overcome**

### 6. Open discussion

## **Annex 2**

### **Key Gender Issues and their relationship to poverty in Malawi**

**By**

**Olivia M'Chaju-Liwewe**  
**Gender Equality Results Consultancy Services**

#### **1. Introduction.**

This paper seeks to present an overview of key gender issues in Malawi that are relevant to the pro-poor development agenda that DFID Malawi supports, in four broad sectors: health, education, rural livelihoods and the environment, and social and economic sector reform. In recent years, the Malawi programme has made increasing efforts to integrate gender into its portfolio of activities. The 2001/02 Annual Plan and Performance Review commits the DFID Malawi programme to develop and implement a strategy for gender mainstreaming within its present and future activities.

Although the paper is meant to serve as background information for the DFID Malawi gender audit, the information highlights critical gender concerns in Malawi that are relevant to other development assistant organisations. The material used has been derived from a wealth of gender documentation and analysis written by both Malawian and international gender experts in various fields. Some of the documents consulted are those of DFIDM programmes and projects.

#### *1.1 Background.*

Over the past decade Malawi has witnessed an over riding recognition of women's challenges in development. As a result gender issues in Malawi have become almost synonymous to women's issues. This is a direct outcome of the reality of women and girls lives as they endure greater poverty and health challenges. They also carry the burden of all aspects of productive work for the family particularly in the agricultural sector as they produce the bulk of the food that is consumed. This is reinforced by the fact that irrespective of men's social position, level of education, employment, economic and political status they exert power over women in all spheres of life as demonstrated by the existing gender disparities in all fields.

The root cause of the prevailing gender inequalities is in social practices as reflected in a range of ideologies which govern the way in which women and men perceive and relate with each other in families and communities. Ideologies are present in every sphere of life and is also mirrored in all institutions that govern women and men's lives at local and national levels. The operational context of these ideologies are the value systems placed on women and men which put men on a higher pedestal and regard women as lesser members of society. It is this value system that determines the unequal power balance between men and women and results in gender relations that favour men. The value system also determines how society in general interacts and relates with women and girls and informs how government officials make decisions on how to distribute resources that would benefit men, women, girls and boys and determines how these groups as members of the society access national resources, services and information.

The disadvantaged situation and position of women and girls tend to get little attention because the interventions that are meant to deal with their specific needs are often muddled up by the use of generic categories of descriptions of the poor. There is need to unpack and demystify the gender perspective of the definition of terms such as poverty, the poor, the vulnerable and Gender Based Violence popularly known as "GBV".

#### **2. Gender Indicators in Malawi**

### *i. Poverty and gender*

Poverty in Malawi is not just gendered but is also entrenched, severe and wide spread, among women, men, girls and boys. According to the 1998 Integrated Household Survey (IHS), 65.3% of the population was poor and 75% of these were women and that 40% survive on an income of less than US\$0.30 per day. The IHS revealed that 28.7% of the poor were living in extreme poverty and it is evident that most of these were women.

“Female head 25 percent of all households and these households have always been disproportionately poor, especially in the rural areas” (MPRS 2000 p7). The (IHS) further, revealed that 3.6 percent of the households were headed by women aged over 65 years, whilst 0.6 percent of households were headed by individuals under the age of 20” (MPRS 2000 p7). This poses a constraint to economic development activities since this group of women and children have low incomes and earnings. This is a result of the fact that, their major livelihood is subsistence farming which is labor intensive due to lack of appropriate farming technologies. Poverty is rampant among female- headed and child headed households and unemployed married women in rural and semi-urban areas. There are glaring indications that this situation has worsened over the years especially with the advent of the 2002-2003 food crisis, rising inflation, impact of corruption and HIV and AIDS.

The key causes of poverty as outlined in the MPRS are limited access to land, low education, poor health status, limited off-farm employment and a lack of access to credit and this describes the situation of the majority of women and child headed households in Malawi. The Government on the other hand is expected to halve the incidence of poverty by 2015 in accordance with the Millennium Development Goals (MDG). However, this cannot be achieved unless the government and all development partners and stakeholders make a concerted deliberate effort to deal with situations that perpetuate women’s poverty in Malawi which are fundamentally rooted and informed by the existing and entrenched gender differences among women, men, girls and boys. It is imperative therefore, that the rampant gender inequality be challenged and corrected in all sectors of life for any meaningful development to take place in Malawi.

One of the most prominent challenges for addressing the impeding factors for development in Malawi is the continued reluctance and mindset against itemizing the gender groups that constitute the poor and a preference of the document drafters for generic terms such as pro- poor which are politically correct even when in fact statistics clearly demonstrate a huge disparity of the poverty levels among women and men girls and boys. This tendency to mask the reality and nature of poverty differentials between women and men, boys and girls makes it difficult to effectively tackle poverty and put resources where it would greatly matter most and make a tangible poverty reduction impact.

### *ii. Malawi poverty reduction strategy*

The Government of Malawi just like other African countries within the region has developed a Poverty Reduction Strategy Paper (MPRS). Recognizing that poverty has a gender dimension, the MPRS technical working group enlisted gender experts to draw up a Gender and Empowerment Strategy (GES) as an integral part of the MPRS. GES aims at creating a conducive and enabling policy and legal environment for women, girls, and boys as well as the disadvantaged groups in Malawi to benefit from the country’s development programs as well as to enjoy their human, social, political, legal and economic rights. Emphasis is placed on empowering women and girls so that they are able to make informed decisions about matters affecting their day to day lives.

Malawi Poverty Reduction Strategy Paper (MPRSP 2002) has been viewed as a first step in implementation of the Malawi Vision 2020 and is structured into four pillars namely;

- Rapid sustainable pro-poor economic growth and structural transformation;
- Enhanced human capital development;
- Improved quality of life for the most vulnerable;
- Good governance

However, questions of representation and the voice as well as full involvement of women and the vulnerable groups such as people living with disabilities, the elderly and the child headed households especially girl orphans are not evident in these four pillars. The lack of inclusion of the voices of the

vulnerable is a reflection of the non-transformative, inclusiveness and poor supportive conceptualization of the MPRS process which did not promote the fundamental elements that would deal with equality issues for women, men, girls and boys.

A number of potent challenges arise as the MPRS is in the implementation process, these include issues of who participates in what and on what basis, who benefits and who loses out. These questions are key for an efficient implementation process that would result in some form of poverty reduction. The fact that gender was not adequately mainstreamed and clearly articulated in the dimension of interventions portrayed in the four pillars reflects a critical disconnect in poverty reduction. The language and terminology used obscures women's situation, needs and role in realizing the MPRS goals and objectives making equitable benefit of the MPRS an elusive goal.

One of the critical elements of implementing the MPRS will be the promotion of increased participation of women in exercising their voice and choice and the development of their human capacity to manage their lives on an equitable basis with men.

### *iii. Poverty gender and education*

According to the MPRS Malawi has a low adult literacy rate, of 58 percent, with the female literacy rate estimated at 44 percent. 11.2 percent of adults aged 25 years and above completed Standard eight which is the primary leaving school level, 16.2 percent of these were male while only 6.2 percent were female.(MPRS 2000 p7). The gender gap with that of male literacy levels may not be closed for a long time since the MPRS education goals deliberately maintains it by stipulating that it seeks to improve the literacy levels of males from 58 percent to 70 percent and that of females from 44 percent to 60 percent. In a Cost Benefit Analysis of maintaining this literacy gender gap in the MPRSP Naomi Ngwira argues that the government loses out more than it would have gained in real economic terms by closing the literacy gender gap (Linda et al 2003). Low female literacy levels is an issue that starts as a girls literacy issue and goes right the way up the system. One of the critical factors contributing to low female literacy levels is gender roles of the girl child which has been exacerbated by the burden of caring for the sick with advent of HIV and AIDS. There is overwhelming evidence to suggest that girls drop out of school to take care of their parents when they are ill and their siblings when both parents die. Other girls drop out of school because of lack of resources for school fees and teenage pregnancies.

Special programmes for girl education in the past resulted in great gains. The Girls Attainment to Basic Literacy Education (GABLE) followed by the advent of free primary education did not just close the gender gap in enrolment rate for girls in standard one to be 50:50 with that of boys, but also increased retention rate of girls from 5 percent to 12 percent in primary school and percent to 11 percent in Secondary School while the University selection also increased from 4 percent and went up as high as 25 percent then moved to 30 percent between 1995 and 2002 (GOM. CEDAW report 2003 p25). One of the millennium goals is to Eliminate gender disparity in Primary and Secondary Education by 2005 and at all levels of education by 2015 and yet no deliberate mechanism has been put in place to alleviate the increased demands of girl child labour with the advent of HIV and AIDS which is undermining the progress and momentum that the GABLE programme had set in motion. There is great demand for Malawi to come up with innovative or alternative forms of education that would be sensitive to the challenges the girl child is currently facing as she grows up in an HIV and AIDS environment and facilitate education for girls regardless of their situation.

### *iv. Poverty, gender and health*

Malawi has poor health indicators especially as they pertain to women and children. Instead of decreasing maternal mortality rate over the years from 680 per 100,000 live births it has remarkably doubled to 1,120 per a 100,000 live births (MPRSP 2002) in the past decade. Life expectancy at birth has dropped from 43 years in 1996 to 39 years in 2000. 23 percent of children die before they reach the age of five years. The majority of the diseases and premature deaths are largely preventable or curable (Grose Bob et al 2003p5). Statistics indicate that 70 percent of inpatient deaths are due to pneumonia, malaria, tuberculosis, anemia, nutritional deficiencies and AIDS (Grose Bob et al 2003p5). Many of these adult diseases are associated with HIV infection, but because routine HIV testing of inpatients does not automatically translate into

routine disclosure to patients of their sero-status, the majority of patients do not know if they are HIV positive or not.

*v. Gender and HIV/AIDS*

Gender is a core issue in HIV/AIDS since the root of the problem and seed of the solution exist in modifying the balance of power in the male-female relationship. The unequal power balance and gender relations that favours men determine sexual interaction as well as women's and men's access to resources and information. There is overwhelming evidence to suggest that HIV/AIDS disproportionately impacts on women more than men. Major issues in relation to how HIV/AIDS impacts on women differently from men, include high infection rates among women and girls, the disproportionate responsibility of care for the sick and orphans, and stigma and discrimination for women and the low access to health services. The UNAIDS (1999) reports that research has shown that gender plays a role in "determining women's and men's relative access to care and social support". Factors such as economic constraints, religious and cultural norms, vertical arrangements for care stigmatize women and limit their access to care, treatment and support.

HIV transmission in Malawi is primarily via unprotected sexual activity between men and women and it accounts for about 80% of the transmission. This is compounded by the higher physical susceptibility of women and girls and is worsened by their comparative powerlessness in terms of negotiating safe sex. It is not surprising then that HIV infects women and girls in far larger proportion than men and boys. At the end of 2003, 900,000 adults and children in Malawi were infected with HIV (NAC 2003) The National AIDS Commission (NAC) reports indicate that infection rate among females aged between 15 – 24 years is 6 times higher than among males of the same age range. 60 percent of young people infected are females of the same age group (NAC 2003). There is also evidence that women are infected at a much earlier age than men. In 1997, 17.3 percent of women infected were aged between 20-24 as opposed to 5.9 percent infected men of the same age group (UNAIDS, UNICEF, WHO 2002). A study that was conducted on the impact of HIV/AIDS on human resource in the Malawi Public Service also revealed that female employees were dying at a much younger age than male employees (GOM/UNDP 2002). The NAC 2003 HIV estimates stipulates that the male / female infection ratio is as negative as 1:6 and that 56.8 percent of adults living with HIV and AIDS in Malawi at the end of 2003 were women (UN Secretary General's Country Report p17).

Although all People Living With HIV and AIDS (PLHAs) are stigmatized, women in general are more stigmatized. HIV positive mothers suffer social exclusion from the community. In Malawi there is anecdotal evidence that some husbands abandon their wives who are diagnosed HIV positive and suffering from AIDS. Society normally regards women as 'vectors' of HIV (UNHCHR & UNAIDS 1998).

*vi. Poverty gender and tuberculosis*

National reports on tuberculosis case notification in Malawi has revealed an increase from 7,581 per annum in 1987 to 28,234 in 2003. The number of TB cases per 100,000 population has increased from 95 in 1987 to 275 in 2001. The increase in the number of TB cases is fuelled by the HIV/AIDS epidemic. A countrywide survey conducted in 1999, showed an HIV-sero-prevalence rate of 77 percent among TB patients. A countrywide survey conducted in 2000, showed that 60 percent or more of hospitalized TB patients had one or more of the other HIV-related diseases. National figures for patients registered with new smear-positive pulmonary TB in 2000, showed a case fatality rate of 19 percent. Mortality rates in patients with smear-negative TB are two times higher, while recurrence rates of TB are 10 percent or higher. Although, these figures are not sex disaggregated, it is thought that women are under-represented in TB case data and there is some evidence that they are less likely than men to seek care or have less access.

In an effort to draw conclusive answers on this situation a study to identify barriers to access care and to develop strategies for reaching under-served groups such as women and the urban and rural poor was commissioned. The findings became the basis for the current decentralized provision of treatment for TB. Decentralization of services, specifically addresses the gender needs of women as it has increased accessibility to care by reducing travel time and expenses which were initially prohibitive for the majority of women. Women in general are guardians of others that are ill even when they are unwell themselves,

short distances to a health facility therefore enable them to help others during times when they are themselves ill.

*vii. Men's gender issues in reproductive health*

There has been a great gender imbalance in Malawi in the way women's need for sexual and reproductive health care services has received attention in comparison to men's need for sexual and reproductive care services. There are legitimate reasons for this imbalance because only women become pregnant and bear children; therefore one could argue, that "the number, timing and safety of pregnancies and births are directly relevant to women's health and well being" (Alan Guttmacher Institute 2003 p7). However, men and women are indispensable partners in sexual relationships, marriage and family building, as such it is about time that the sexual and reproductive needs of men received greater attention beyond their role as women's partners. According to the Alan Guttmacher Institute (AGI) research findings,

sexually transmitted infections (STIs), including HIV and AIDS, and unplanned pregnancies can devastate the lives of both men and women, and can have negative consequences for families and communities. Addressing the sexual reproductive behaviors and health of men creates a win-win situation. The more informed and more effective men become in living safer sexual lives, the better it will be for them and for their partners and their children. Men who know how to protect their and their partner's sexual and reproductive health are likely to be better husbands and fathers than men who lack this knowledge. (Alan Guttmacher Institute 2003 p7).

The Ministry of Gender and Community Services with the technical assistance of UNFPA and funding from WHO and UNAIDS implemented a one year project (from August 2001-August 2002) on Men, Culture and HIV /AIDS Project (MCHAP) under the Community Based Population Education Programme (CPEP) following the findings of the CPEP evaluation in 1999. The Project purpose has been identified as " To contribute to increased support of community leaders and development partners in addressing cultural values and practices that put men and boys at risk of contracting HIV/ STI and that limit their involvement in care provision and the adoption and maintenance of safe SRH behavior." (MOGYCS 2003 p6)

The project was a direct result of a baseline survey which was conducted by Msefula P.J. et al under the Community Based Population Education Programme (CPEP) to establish men's and boys levels of knowledge on SRH / HIV /AIDS and their attitude and practice regarding cultural practices and behavior that promote the transmission of STIs/ HIV and AIDS.

The age group of young men consulted ranged from 12-17 and men of 18 years and above in three communities falling under the MCHAP project. The findings of the baseline survey established critical knowledge gaps in both men and boys' on HIV and AIDS as well as STIs, and negative attitudes towards condom use. In addition a number of cultural practices were identified that put both men and women at risk of contracting STIs including HIV. "The major finding was that although awareness towards the dangers of HIV/Aids and risky cultural practices was there, behavior change is lacking" (MOGYCS 2003 p6).

The MCHAP project was therefore an attempt to set up a number of measures that would help address the identified knowledge shortfalls in men and boys and their negative cultural attitudes and cultural practices. The project tried to specifically target Men, Boys, culture and HIV/ AIDS in an effort to bring about behavioral change and was implemented in eight areas falling under four Traditional Authorities (TAs) in Mzimba District namely TA M'mbelwa, Chindi, Kapingo Sibande and Yobe Gama. Although the implementing period was too brief a remarkable entry point into male issues was made in a highly patrilineal community where patriarchy is deeply rooted in customs and culture and determines all aspects of life including sexuality. Elements of change in sexual behavior had been noted in-terms of reduction of sexual partners. It was reported that men and boys had become afraid of engaging in promiscuity or having multiple partners.

The execution of MCHAP was guided by yet another study on the socio- cultural and operational research study that CPEP conducted in three Districts namely Mzimba, Zomba and Ntchisi. "The study findings put emphasis on the need to involve men and adolescent young men in behavior change initiatives with a special focus on culture and its role in the transmission and spread of STIs including HIV. It aimed at providing socio- cultural and operational research information and data that would contribute to a more

effective design, implementation of the CPEP programme incorporating behavior change in sexual and reproductive Health (SRH)"( MOGYCS 2003 p6).

The evaluation of the MCHAP project observed that targeting men and boys was appropriate and needed to be continued in the project areas and replicated in other areas for more impact. However, this initiative was only a ground breaking initiative as far as dealing with men's sexuality from a cultural point of view was concerned because Banja La Mtsogolo had already started to engage men in sexual reproductive health issues from a family planning point of view from as early as the 1990's. The Banja La Mtsogolo "Man to Man" Programme was an information, education and motivation pilot initiative targeted at men and funded by the United Nations Development Programme which was later funded by ODA and assisted in the establishment of four more clinics in 1991. It was extended to a national Information, Education and Motivation network. The programme was successful and became widely known because of its media strategy.

However, just like the MCHAP project, the Man- to Man programme has not been intensified even after making remarkable gains in drawing men's attention to their responsibility and valued participation and ownership of family planning initiatives. The increased involvement of men was hinged on their decision making role in the family and worked on their comparative advantage as household heads, unfortunately this very strength is a critical missed potential in the fight against HIV and AIDS pandemic as well as the gender equality movement that would greatly impact not just on the sexual health of men but would also greatly impact on the general lives of women too and the society at large as demonstrated by the Alan Guttmacher Institute (AGI) research findings. Therefore, more work needs to be done on men, that would entrench their responsibility for family planning, sexual behavior that would protect both their lives and that of their sexual partners and reduce the risk of women to HIV infection as well as result in a great social gain which would be the reduction of the number orphans in Malawi which is on the increase. Reduction in infection rates would also greatly reduce poverty in many households.

#### *viii. Women in decision making*

Although the percentage of women in parliament has been steadily increasing over the years, women in Malawi still face numerous obstacles to go into positions of power and decision making even when international declarations, protocols and conventions and the constitution guarantees gender equality. Laws that Regulate Participation in Public life provide for every citizen in Malawi who is above 18 years of age the right to vote as provided for in the Constitution. Women and men above the age of 21 can stand as candidates for parliamentary elections. In addition to the Constitution, there are some laws in place to regulate participation in public life. One such law is the Political Parties Registration Act which regulates the registration of parties and running of elections. Another is the Non Governmental Organisations Act which regulates the formation, registration and management of NGOs in Malawi. In the same vein the Labour Relations Act provides for the registration and regulation of trade unions in Malawi (Liwewe 2003 p6)

However, it is glaring to note that most of these statues are not gender specific in their regulation with the exception of the Labour Relations Act of 1996 that provides for affirmative action in the positions for women in union activities. "It is the only law in Malawi which provides for a threshold of executive position for women members"(Malawi Law Commission 2002) although it still falls short by 10% for the minimum requirement. The Act clearly states that there shall be 20% or a number proportionate to the percentage of women in the trade union if lower than 20% representation by women in all trade union executive committees. This is a very progressive provision, which has attempted to be inline with the Constitutional provisions and the Labour Relations Act itself on the qualifications to the right to equality and non-discrimination.

Malawi has adopted a decentralization policy which is aimed at devolving power to the communities. It offers an opportunity to women for an enhanced public participation in public life. Based on the principle of equal participation, the decentralization policy should have clearly articulated a deliberate attempt to increase women's participation in the district assemblies. The current situation is such that most district assemblies are highly dominated by men because almost all key government positions in the districts are managed by men. It is only in the NGO sector that one mostly find women in leadership positions. This

could be attributed to several factors one which could be historical differences in terms of how the civil services evolved in Malawi right from the colonial times when all government positions were managed by male colonialists. Since British Civil Service positions were predominantly male the model was exported to Malawi during the colonial era. Another factor could be the educational differences between women and men in Malawi where more men than women are highly educated, and heightened by the negative cultural perception of women in leadership positions. The location of district assemblies could also be a contributory factor to having few women in key positions since they tend to be semi-urban and most educated women live in cities with spouses. Currently, however, OXFAM UK has more women in top management positions in Malawi and this has been reflected in the number of senior women working at district level too. The fact that there are more women in NGO's in higher positions even at the district level makes one begin to wonder as to whether the absence of women in government positions is indeed due to the factors cited above or that government has not made a deliberate effort to ensure that more women are considered for decision making positions.

*ix. Gender based violence*

According to the GTZ funded baseline survey on what communities understood as to what constitutes violence in Malawi it was discovered that, "the local understanding of violence (nkhanza) is very much broader than the western one; it includes cruelty, injustice, heartlessness and harshness"<sup>7</sup>. As a result of this finding GTZ developed a project that aims at combating "nkhanza" (violence) in its broadest sense called the Lekani Nkhanza Project. The project among other things would like to realize a coordinated approach to dealing with violence against women because of the multi-sectoral nature of the issues of violence. Therefore, one of the expected outcomes of the Project is to develop effective networks among organizations concerned with combating gender-based violence. One evident coordination result has been the adoption of the use of the term Gender Based Violence commonly simplified as GBV. The use of this term "GBV" has to a great extent influenced the masking of the critical as well as prevalent forms of violence in Malawi which, are essentially sexual forms of violence that predispose women and girls to HIV/AIDS as an urgent and priority issue. Sexual violence is itemized as one of the four forms of GBV namely, emotional, physical, sexual and economic violence.

The WHO (2000) report advocates for the need to formulate policies and programmes for HIV prevention and care that recognize the link between violence against women and HIV transmission. At the same time WHO recommends the need for more research on the country and culture specific issues of violence against women and HIV/AIDS. The mere fact that over 56% of the HIV positive adults are women and 60% of HIV positive young people aged between 15 and 24 are girls should send shock waves and force any institution into prioritizing sexual violence as issue number one and look at the issue of violence against women.

*x. Livelihoods approaches to development*

Livelihoods approaches to development have been evolving over the years in Malawi. According to CARE International a livelihoods based approach to development provides a route map for navigating the complex ways in which people live. "Livelihoods describes how people access resources, what gets in the way of access, how resources are used to build assets and crucially how assets reduce people's vulnerability to disasters"<sup>8</sup>.

Women in Malawi are generally described as a vulnerable group. One of their greatest forms of vulnerability is poverty and food insecurity. There are a number of interventions on a small scale to deal with this challenge at the national level such as the Economic activities programme managed by the Ministry of Gender and Child Welfare and Community Services. This programme was initiated because most women especially those in rural areas in Malawi could not access loans due to lack of collateral. They were organised in groups with the intention of using group solidarity as collateral as well as for encouragement and mutual support. This was based on lessons learned from the Gramin Bank experience in Asia in the early 90's with initial funding from GTZ, African Development Bank and later supported by

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<sup>7</sup> GTZ Lekani Nkhanza : "TOR's for the GBV Manual Development".

<sup>8</sup> CARE International Website Resource Centre p1.

DFID. This programme later developed into a scheme that incorporated women into the commercial banking system which was a deliberate effort to get women accepted as clients in the country's banking system. Funding began to be offered through the commercial banks. This initiative complemented other local efforts such as the loan schemes implemented by the National Business Women association, (NABW) which began in 1985 followed by Women's World Banking (WWB) ten years later and National Association of Small and Medium Enterprises (NASME) and many others. International NGO's support to local communities also tend to include support to small business enterprises for women especially Action Aid, World Vision International, Save the Children UK and Save the Children USA, CPAR and Plan International just to mention a few. Other well known loan schemes that target women include PRIDE Africa and FINCA while men mostly got loans from organisations such as SEDOM and DEMATT in addition to getting loans from Commercial Banks.

The main focus of these programmes is to facilitate women to develop savings schemes. However, the amount of money involved tends to be meagre for the majority of women. For most of the women to sustainably move out of poverty and food insecurity they would require an enabling environment for the savings schemes to lead to small businesses that go beyond earning low incomes. The current savings schemes may only end up reinforcing traditional roles as women can easily be trapped in a narrow range of female activities. Some of these projects do recognise the need for women to be supported with additional business skills (management, marketing, elementary financial management, risk identification and management, legal counselling, dealing with government offices) as these are some of the critical challenges due to their low literacy levels or indeed illiteracy. Women may benefit from such type of training as it would compensate for lower education levels and help increase their confidence and self esteem. An effective gender mainstreamed approach to women's economic empowerment would demand an holistic approach which would also have to consider influences outside the scope of the specific initiative that will have an impact on women's ability to benefit from the initiative (such as discriminatory legislation, negative attitudes towards women in business).

Complementary strategies to ensure maximum impact have been implemented by women's rights NGO's who have trained women in human rights and given women legal literacy and support. A number of rights education programmes by different institutions have been implemented by organisations such as Women's Voice, Malawi CARER, Women Lawyers in Southern Africa (WLSA) Malawi chapter, Civil Liberties (CILIC), Society for Advancement of Women, (SAW) and the Women Lawyers Association. In addition however, women require other workload reducing social services, that would free some of their time for maximum participation in community leadership interventions. They need basic support in child care as well as skills in community organisation to lobby for improved community services and help to ensure that their daughters are not withdrawn from school to support family-run enterprises or replace women in domestic functions.

This support is of critical importance in a livelihoods programmes because research has demonstrated that women, more than men tend to efficiently convert resources into welfare gains for their households since their gender is the stronger proximate of a household's well being. Furthermore, the growth of the economy in Malawi could be much higher if major gender disparities such as these were addressed and women were enabled to effectively participate in not just uplifting their lives but had an input in the national development agenda.

### **3. Historical Background to Interventions on Women's issues.**

The evolution of gender programmes in Malawi is closely related to the history of the country's government as it started with missionary work, which was followed by the colonial government interventions and later interventions of an independent government.

Specific programmes targeting women in Malawi began in the 1930's when missionaries introduced Home Economics and Community Social Work that aimed to assist communities around the mission stations to be self reliant. Twenty years later the colonial government in 1950 began to build on what the missionaries had started and supported home economics programmes throughout the country and encouraged formation of women's clubs. This was scaled up by the training of the first Home Craft Workers with funding from

UNICEF in 1961. Soon after independence the government of Malawi trained the first group of Community Development Assistants (CDA's) who were all women. A year later in 1966 the course was offered to both women and men at Magomero College. The work of CDA's at the time was all inclusive as they had to deal with community development work, home economics and social welfare. In 1967 government positioned home craft workers in the Ministry of Local government although their work was supervised by CDA's. The focus and priority areas of community development work at any particular time determined which ministry it was to be placed as a result between 1967 and 1979 CDA's positioning changed several times. First they were placed under Ministry of Education as the emphasis at the time was adult education and then later was shifted to Agriculture when new farming technology was the issue, after which they were put under Information and Health in that order. Between 1979 and 1981 the core was the Office of the President and Cabinet and later split into two with two Deputy lady Ministers, one responsible for Social Welfare and the other Community Development.

In response to the UN's recommendation that national bureaucratic women's machineries be established as part of UN Decade for Women (1976-85) to replace the ruling political parties women's wings, Malawi established the National Commission on Women in Development (NCWID) to spearhead, coordinate and monitor cross sectoral initiatives for women and integrate women's issues in development programmes. While the Ministry's role was giving government policy direction the Commission was to focus on dealing with specific women's issues that required urgent attention and was regarded as a technical national machinery for integrating women in national development. An Executive Board was appointed by Presidential approval. NCWID secretariat was located in what was previously the Ministry of Community Services. At this point in time the Ministry had not yet acquired the spearheading responsibility for policy formulation, coordination and implementation of women's programmes. Membership to the commission included government and NGO's dealing with women's issues. The Principle Secretary of the Ministry of Women and Children was by virtue of the NCWID's constitution the chairperson of the Commission. The Commission operated through seven specialized committees namely: Legal; Education and Training; Family Health and Welfare; Monitoring Research and Evaluation; Employment; Small and Medium Scale Enterprises; and Agriculture and Natural Resources. In addition the Commission had desk officers in key organizations which included Agriculture, Education, Justice, Health and Labour. The commission helped focus and deal with women's issues, such as the legalizing of three months maternity leave, the provision for pregnant school girls to go back to school, the publishing of a simplified women and the law booklet and helped establish local NGO's such as National Business Women Association (NABW) and Women's World Banking (WWB). The commission also was in charge of developing the country position paper for the Beijing conference.

However, with the establishment of the department of Women's Affairs in the Ministry of Women, Children, Community Services and Social Welfare in 1994 and the onset of a democratic government the structure of the commission changed. Instead of having a government principle secretary lead the commission an independent person was appointed to chair the commission by the head of State. An interim Board was appointed comprising of nineteen Commissioners, and five ex-official members from Government. This appointment changed the commission's direction as the new chairperson and her team of commissioners grappled with the mandate, logistics and operations of the commission that was not funded. The challenge was to find a niche within the Ministry's whose resources they depended on and which had taken on the role of spearheading policy formulation, coordination and implementation of women's programmes and made the Commissions work redundant. A study was commissioned to review the structure of the commission to be an independent body in 1999 at a time when government was clamping down on parastatal organizations and the new proposal never managed to get the recognition it sought.

By the year 2000 the commission had been developed into a trust with its own constitution and the Minister of Gender of the day was given the powers to appoint the chairperson and new commissioners with the Ministry as an ex official member of the commission. The trust never got registered and commission meetings have not been convened. In addition no Minister of Gender has up until now tackled the issue of the commission despite position papers and minutes having been presented to them by the technical staff of the Ministry. The Commission therefore, only exists in name and some commissioners still feel they are commissioners since the Minister of Gender has not informed them otherwise. The main function of the new commission was to be an independent advocacy and lobbying institution for gender equality goals

which was to monitor the implementation of the National Gender Programme .The commissioners are expected to be respected gender experts and advocates with a special interest in the gender movement if properly identified. The main challenge is that appointments to the commission being the prerogative of the Minister of Gender maybe problematic as chances of appointing friends and influence of political biases may compromise on the quality of the people to be appointed which would defeat the purpose of the commission. If properly managed however, the commission would stand a better chance of pushing gender issues which are politically sensitive and may be a powerful ally for the Ministry and the NGO sector.

#### *i Institutional issues in gender mainstreaming*

The Ministry of Gender, Child Welfare and Community Services is the designated government body to promote gender equality goals in Malawi. It is the National Gender Machinery whose mandate is to spearhead the formulation, implementation, coordination monitoring and evaluation of the National Gender Policy. Secondly, it is mandated to oversee the mainstreaming of gender in all development policies, programmes, projects and activities at all levels. The Ministry has, in addition, to provide backstopping services for mainstreaming of gender in public, private and parastatal organizations.

The national Gender Policy was developed through a consultative process and launched in 2000. It has six thematic areas, namely:

1. Education and Training
2. Reproductive Health,
3. Food and Nutrition Security,
4. Natural Resource and Environmental Management,
5. Governance and Human Rights,
6. Poverty Eradication and Economic Empowerment.

The overall objective of the NGP is to guide and direct at all levels the planning and implementation of development programmes with a gender perspective including resource allocation for equitable national development. However, the National Gender Policy's main shortfall can be observed in its lack of definition of essential terms such as the term "gender" or the term "mainstreaming". In addition it is narrow in dealing with women's health concerns by viewing it from the sexual reproductive health point of view and HIV/AIDS perspective only.

#### *ii. Challenges and constraints to the implementation of the National Gender Policy*

The greatest challenge to the implementation of the National Gender Policy is at the conceptual level of what is meant by the promotion of gender equality in realist terms at national level. Although there seems to be some political will with the existence of a national gender machinery in the name of the MGCS the levels of commitment are marred by the patriarchal systems of running government and allocation of resources that continue to undermine the government's full appreciation of the impact of persisting gender inequalities amongst the Malawian men and women and its negative effect on the attainment of national economic goals and poverty reduction. This is compounded by capacity challenges within the MGCS, which is so thinly spread out in the management of the national gender agenda. This calls for a streamlined effort with clear strategic gender equality goals and mechanisms that would make a dent in the current persisting inequalities among women, men, girls and boys to the betterment of the nation. The current development of the National Gender Programme which DFID co- funded with the Norwegian Embassy offers that opportunity. A Ministry of Gender and Community Services sector reform programme is under development. Plans include: streamlining organisational structures; training needs analysis for all technical staff; performance management system; an information technology network to improve knowledge and information flow; and a Human Resources Development Plan for the ministry, which could have relevance for gender mainstreaming in other sectors

## **4. Conclusion**

According to the Malawi Poverty Profile, women are the poorest of the poor while at the same time are acknowledged as key actors in the development process. The recognition of the critical role women play in the development of the country demands that, social, cultural political and economic discrimination that

persists against them be addressed as a prerequisite to the eradication of poverty in Malawi. It could be argued that the elimination of discrimination against women is key to the promotion of sustained economic growth in the context of sustainable development.

However, although most of the critical government documents classify women and girls as the poor and vulnerable group they continue to give limited attention to their plight. Government programmes and social services continue to do very little in the way of uplifting the status and situation of women and the girl child. This is evident in the increased maternal mortality rate, high HIV infection rates, low education attainment levels, persistent violence against women and low participation in decision making. At the same time development programmes thrive on their free labour and they are the major providers of care for the chronically ill as the government policy for health promotes guardians and this is evident in dealing with TB patients and Home Based Care for the chronically ill especially AIDS patients.

The relationship between gender and HIV/AIDS described above requires gender- focused prevention and impact mitigation approaches. Effective responses need to also focus on male and female constituencies, the social context that determines and influences the differential gender relations and imbalances, institutions that deliver services, and the legal framework and policy environment. A human rights approach to programming is also critical to ensure an effective response to the epidemic. Even more critical is the fact that, interventions recommended for fighting the epidemic should recognize and address the prevailing gender disparities. It is important that, gender responsive programming, recognizes, understands and responds to the needs and constraints of women, men, girls and boys. Provision of appropriate and user- friendly SRH information and services to women, men, girls and boys, as well as changing their behavior are some of the strategies that need to focus on males and females as constituencies. Emphasis on the need to understand how gender influences women's and men's attitudes, knowledge and behavior, in order to initiate interventions that focus on transforming the underlying gender norms that promote the spread of HIV/AIDS (Gupta 2000; Fhi 2003; UNAIDS 1999) is imperative. However, since gender is a social construct, and is cultural specific, understanding the social context of the gender norms requires cultural specific research on gender and HIV/AIDS. DIFID Malawi has already began to commission such cultural specific research on cultural beliefs and practices influencing sexual and reproductive Health whose findings have contributed to the understanding of issues of sexuality in Malawi and health seeking behavior in Malawi( DFID Malawi 2003).

In order for steps towards the achievement of gender equality to be met government needs to be clear of the economic and governance incentives that will be attained with the realisation of gender equality goals unless this is done it will be difficult for a male dominated leadership in Malawi to see the value of focussing on gender mainstreaming. Most women face serious constraints in their attempts to deliver on their womanhood roles. The high infant and maternal mortality rates and the low literacy and education attainment rates for women are manifestations of failures in power relations between the government and people and amongst people. These social indicators are key as well as determinants of the well being of women and children which also significantly contribute to men's well being and also to the overall economic growth. These are also the areas that differentiate women and men. The biggest violence against women is therefore due to government and donor failure to respond to women's needs in meaningful terms by allocating resources in those areas where women and girls are mostly marginalized and by promoting policies that exacerbate poverty among women and the poor men such as user fees in hospitals and the promotion of day secondary schools which make it difficult for girls to excel or persist in education especially as the government is also promoting Home Based Care for the chronically ill. In the advent of HIV/AIDS girls find themselves burden with nursing duties and drop out of school.

There is what Linda Semu would call "an evaporation" of gender between recognition of its importance and policy formulation as exemplified in the MPRSP. The concept of gender as a cross-cutting issue needs to be questioned because of lack of its effectiveness in addressing gender disparities. There is therefore need to raise the gender profile so as to highlight gender as a broader societal issue rather than confining it to women. This requires the creation of a critical corpus of facilitators and mobilizers who acknowledge and are committed to gender issues. The cost-benefit analysis of (CBA) of the T.B and Sexual Reproductive Health Programmes show that neglecting gender may lead to loss of lives.

The glaring realities of the differential nature of poverty and its impact on women and men, compounded by the high illiteracy rates among women and high HIV infection rates among women and girls are however, not matched with specific interventions to deal with their specific challenges. The general blindness to such reality results in policies and programmes that are counter productive and retrogressive such as the widely accepted Health Policy on Home Based Care which does not only feed the vicious cycle of poverty for women and girls but also deepens the nature of poverty experienced by women and girls in Malawi.

Strategies, policies and actions addressing poverty reduction in Malawi should realistically deal with the impact of HIV and AIDS among women and children as well as the elderly, since the majority of the infected are women and girls and the most affected are again women and girls and the elderly whose social capital is critical in managing and caring for the sick. Targeting men and boys is not only appropriate but is the missed potential that needs to be scaled up and be viewed as a critical element in the fight against HIV and AIDS as well as poverty reduction if matched with intensive civic education on men's responsibilities and institutional as well as technical capacity.

The greatest challenge to scaling up gender responsive interventions is governments commitment to the national gender equality goals that go beyond political rhetoric and tokenism where government once in a while makes appropriate announcements instead of instituting a holistic concerted effort to uprooting the causes of gender inequality that fuel poverty and the country's under development. The articulation of gender differentials in all sectors of development should be maintained and appropriate interventions outlined for both bilateral and multilateral agencies. If this is not consciously and deliberately enforced by our policy makers and budget officers and planners, poverty reduction will continue to be an illusive goal and all developmental efforts may end up exacerbating women's poverty and marginalisation. There is the tendency for people to utter certain politically correct statements and assume that making such statements is an indication of political commitment. However, when one sees a pattern of such statements being made now and again with nothing on the ground to show for it (to demonstrate their seriousness for the sentiments uttered on the platform, these in all intent and purpose are nothing short of merely just being political interests with no political commitment. The existence of the Ministry of Gender Child Welfare and Community Services may end up to be such a political interest if its status and funding continue to be what it currently is.

The livelihoods approach to development if properly managed will be the most promising way to uplift the economic status of many rural populations. However, the structure of these livelihoods programmes should give ample attention to training and skills development support. In particular, reference must be made to what Government wants to do about out-of-school young women 15-24 who are increasingly becoming vulnerable for reasons of economic hardship and 'exploitative tendencies' of old men with means. The education sector is a vast sector with great potential to turning around the HIV/AIDS situation among children and young people age 15 – 24. The school curriculum must integrate reproductive health education taught by adequately trained teachers and supervisors motivated to facilitate real social reform in Malawi. Currently life skills education is optional and non examinable therefore not taught in most schools.

The rights based approach to development could offer an entry point for gender mainstreaming in DFID. It can be used to remove the underlying factors of all forms of inequality and discrimination, including gender inequality and discrimination; to improve access to information on HIV/AIDS, care, support and treatment among people of different sexes and ages, to improve the dignity of PLHAs and to protect the human rights of the marginalized and disempowered segments of society such as women.

Equi-TB Knowledge Programme has conducted a number of gender-sensitive operational research initiatives which have produced recommendations that have been taken up by the National TB Programme in favour of women's gender needs, particularly amongst the poor. This is one of the best practices that has been supported by DFID Malawi and UK, and has the potential to make a great deal of difference to the lives of women in Malawi. Measures have been put in place to ensure the sustainability of and continued responsiveness to gender needs through the appointment of a Gender Equity Focal Officer in National TB Programme and the linkage of the research group to the TB Programme"

DFID Malawi in addition to a number of core programmes that contribute to poverty reduction has directly supported the development of the MPRS as well as the development of a poverty monitoring system and policy impact assessment that will effectively monitor and evaluate MPRS implementation and feed this into pro-poor policy decisions. It is envisaged that this will contribute to the DFID Malawi goal of “Malawian policies and programmes achieving sustainable poverty reduction through effective design, implementation and monitoring” (DFID Malawi 2004). However, there is only one gender indicator in the Master Plan that refers to the percentage of women in decision making positions, this could have been a result of having failed to engage gender expertise during the development of the MPRS Monitoring Master Plan. Monitoring for gender impact is the weakest part of the DFID project management cycle as mechanisms have not been put in place to ensure that adequate data is generated for a gender impact assessment. It is only an effective gender mainstreaming approach that would facilitate an efficient monitoring for gender equality results.

The DFID support to education in Malawi recognizes the challenges the girl child faces in school and these include; abuse of girls in Schools by male teachers which tends to be under-reported and the fact that in mixed sex schools girls tend to get the raw deal from both teachers and boys. The drop out rate of girls remains a major concern and the school system and the home situation provides a huge disincentive for girls to continue with education. Normally, girls start school at an older age than boys and mostly drop out soon after puberty and this resulted in senior classes to have a ratio of 3:1 in favour of boys. DFID is one of the major players in the promotion of girl education. Currently, the education programme is in the process of correcting some of the identified disincentives for girls to continue with education such as infrastructure constraints; which include access and location of latrines, which make girls vulnerable to abuse by boys. Lack of water for sanitation purposes which make it difficult for girls to go to school during their menstrual cycle and long distances to school which make them vulnerable and offers no protection for girls and ‘exploitative tendencies’ of old men with the means by constructing more schools in the communities that take care of such concerns. DFID would also like to help increase the numbers of female teachers in rural areas where they are very few role models for the girls to emulate. These efforts will complement UNICEF, WFP, GTZ and CIDA efforts in promoting girl education in Malawi. Local and international NGO’s are also playing a part in supporting girl education, whether directly or indirectly by upholding the rights of the girl child; these include human rights NGO’s such as Women’s Voice, Malawi Carer, CADECOM, MANASO, Human Rights Resource Centre and Action Aid just to mention a few.

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## Annex 3

### Qualitative project analysis: desk review and field visit information

by

Caroline Moser, Olivia M'Chaju-Liwewe and Annalise Moser

<b>1. Banja La Mtsogolo Reproductive Health Project (BLM)</b>
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#### ***1. Background programme information***

**a) Dates/Funds:** 1999/9 – 2001/3: £11,000,000.00

**b) Goal / Objective:** 2001-2006 BLM –ISRHP improved Sexual and Reproduction Health for all Malawians.

**c) Purpose:**

1. 1999: Increased utilisation of services for family planning and prevention and treatment of sexually transmitted diseases (STD)”
2. 2001-2006: to promote safer sexual and reproductive health practices by Malawians including increased use of high quality, accessible Sexual and Reproductive Healthcare (SRH) services.
3. Nov. 2003-April 2004 :To promote safe sexual and reproductive health practices and improve equitable access to and use of high quality rights based sexual and reproductive health services especially for the poor and vulnerable complementing government services

**d) Outputs:**

**1999**

- New clinics in urban and rural areas established
- Community Based Distribution and promotion established around clinics
- IEC Programme established and operational
- Marketing Campaign operationally effective
- Project Management Capacity in BLM expanded and increased
- Government Family Planning Service Improved

**Phase 2**

- Expanded access to high quality sexual and reproductive health services.
- Increased engagement in SRH policy formulation and effective collaboration with partners
- Assisting young people to access information and services

***Nov 2003 – April 2004***

- Increased utilisation and expanded access to high quality SRH services especially for the poor and vulnerable
- Increased influence in SRH policy formulation and implementation and effective collaboration and coordination with MG, NGOs and other development partners at all levels
- Young people involved in programming and empowered to adopt safe sexual and reproductive practices, access and use high quality SRH information and youth friendly services.
- Strengthened capacity of BLM to provide expanded and efficient STI, HIV/AIDS interventions consistent with GoM policy especially populations at high risk
- Strengthened capacity of BLM to monitor and evaluate its activities, conduct OR and disseminate experiences and lesson learned

#### ***2. Gender mainstreaming in programme design (inputs)***

**a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

**b) Gender focused objectives and OVIs:**

**Phase 2 OVIs**

- Promotional and IEC strategies planned and implemented to include differential strategies for different target groups including in and out of school young people especially girls.
- 3.7 Demonstrate increase in support for young women/men's use of FP/RH services amongst gate keepers within the community.
- 3.8 improved ability of girls to negotiate safer sexual practices and avoid sexual abuse
- Sex-disaggregated OVI data that address output 1 and 3

**c) Gender Analysis:**

“Improved reproductive Health for poor women and men in urban and rural areas”

The spread of HIV can be slowed through practical gender sensitive interventions to change behaviour – to reduce the number of sexual contacts, to use condoms and seek early and effective treatment for STI's

**Phase 2 New Initiatives**

P.23 Young Women “ it is difficult for women who do not conform to public norms to access services. In addition, Malawian women are unable to easily negotiate safe sexual encounters, which make them not only vulnerable to unwanted pregnancy but also HIV infection. Some women fear stigmatisation and lack of confidentiality when accessing services. This particularly applies to unmarried women, married women involved in extra marital relationships, single, widowed or divorced women who are sexually active”.

**d) Gender in the budget**

- Subsidised treatment fund for youth, prisoners and the poor.
- Community mobile clinics.
- Community outreach teams (Reproductive Health Assistants) formerly called CBDAs

**3. Gender Mainstreaming in Implementation (outputs)**

**a) Gendered components implemented**

- Male Motivation Programme undertaken
- Vulnerable groups targeted–sex workers, truck drivers and construction site workers, general workplace programme.
- Youth Project implemented with girls only component

**b) Training**

- Curriculum Development for Prison Peer Educators
- Clinicians planning training course
- RHA's refresher course
- Peer educators training on HIV/AIDS, STI, and VCT for National Bank Employees

**Staffing responsibility:**

None

**4. Approximate gendered outcomes: Greater equality and empowerment**

**a) Effective gendered monitoring systems and tools**

Biannual Report for the period November, 2003 to April 2004 does not disaggregate number of clients managed in the 29 clinics nor does it indicate the male and female differentials in the 6% increase recorded. The same goes for the number of STI clients managed and the 7% increase recorded. One would assume that the number of family planning clients managed during this period were women but this is not specified either.

OPR 1999.p28: Masking gender disparities in reports through the aggregation of outcomes.

5.1.1 How different groups of the poor are using BLM services is not clear

**5. Recommendations / conclusion**

A clear shift on gender integration from 1994 to 2004;

Gender disaggregated data reporting need to be emphasized.

## 2: The Shire Highlands Sustainable Livelihoods Programme

### 1. Background programme information

a) **Dates/Funds:** 2002-2004: £1,002,719

b) **Goal / Objective:** To improve livelihoods of poor men and women in three districts of the Southern Region of Malawi

#### c) **Purpose**

To support and facilitate participation, inclusion and obligation of citizens, states and other development agents to protect, respect and fulfil human rights to enable poor citizens in three districts of the Southern Region of Malawi to improve livelihoods ( In line with 1998 CSP and DFID's 1999 TSPs on Human Rights and on Gender, seeks to mainstream gender throughout the programme and to operationalize rights-based approaches into all project processes (PM, p 6)

#### d) **Outputs**

1. People, especially women and marginalized groups, actively participate in their development and governance by demanding applicable and accountable services, based on a clear understanding of their rights and responsibilities
2. Service providers (CSOs, Government, private business and donors) provide services and resources in a transparent and accountable manner, based on a recognition of people's rights and responsibilities.
3. Development partners mainstream HIV/AIDS to enable themselves and communities to reduce the impact of HIV/AIDS
4. Development partners mainstream gender to enable themselves and communities to (TEXT LOST in photocopy) improve recognition of equal rights for men and women, leading to improved participation of women in decision making
5. OXFAM's ability to understand and implement a rights based approach to livelihoods, working through and supporting partners, is enhanced.

### 2. Gender mainstreaming in programme design (inputs)

#### a) **PIM Marker: S**

Gender strategy: Mainstreaming and empowering  
(The January 2000 Header Sheet has an 'S' PIM indicator for 'The Removal of Gender Discrimination'; However, the October 2002 Header Sheet drops a gender PIM (now identified as 'promote gender equality and empower women')

#### b) **Gender focused objectives and OVIs**

Purpose: District and village level decision making increasingly influenced by women and vulnerable households ;

Increased representation of women in district assemblies

#### **Output 4:**

- Extension messages/training content include issues of gender and address key gender issues.....raised in VAPs (*training modules*)
- Ensure equal gender representation in all community development structures (*MoV Membership lists*)
- Women take a more active role in decision making (M & E Reports)
- HIV/AIDS and gender mainstreaming will now form distinct components of the programme

Narrative summary: Training farmers and especially women and marginalized groups on recommended agricultural techniques

Training of partners in gender mainstreaming in ... and programme activities

Training district and governance structures in analysing and responding to issues in a gender perspective manner

Training EACs, VDC, etc on gender

#### c) **Gender Analysis**

- Poorest sections of population include orphans and labour constrained female headed households
- Gender imbalances are major source of poverty and underdevelopment in Malawi
- 30% of households ♀ headed; their land holdings 1/3 smaller than those of ♂ headed

- 70% of agricultural labour force is full-time women's farmers but access to extension, training, inputs, and particularly credit for women is limited.
- Constraints in working with VDCs and District Assemblies given gender disparities in 'power sharing, participation and control over decision-making processes which favour men and put women in a subordinate position' (p PM 12). Therefore development of gender and HIV/AIDS strategies are central to the programme (PM 12)

**d) Gender in the budget**

No gender-specific budget line in project design (c.f. rights; HIV/AIDS)  
THIS IS NOT CONSISTENT WITH PURPOSE AND ACTIVITIES

**3. Gender Mainstreaming in Implementation (outputs)**

**a) Gendered components implemented**

2003 OPR: Important critique of the limitations of capacity building on both supply and demand side of the RBA but no mention of gender here: Focus entirely on RBA and HIV/AIDS with one mention that 'While Oxfam is comfortable educating communities about the rights of children and women they appear reluctant to advocate for the rights of People Living with AIDS to Anti-Retrovirals (ARVs) (p 7.) Suggestion that OVI target of 30% of programme beneficiaries to be women (4.30 in Logframe) be increased to 50% as a realistic objective

Mention of the particular problems of former tea-estate workers who may comprise a large number of landless women not directly benefiting from the project, PRA exercise in Thyolo indicating that women had to give sexual services to estate clerks in order to get employment on the estates.

2003-2004 Annual Report: Excellent description with gender-disaggregated data of production yields in different agricultural sectors that clearly show the increased yields of both men and women farmers (the latter particularly with increased yields in mushroom production, beekeeping and fish farming). Training in vegetable production, soil and water conservation, agro-forestry, kitchen gardens, small ruminants and fowl, NRM, s.c. irrigation to both men and women. This type of report demonstrates the importance of women farmers. Other interventions and associated gendered impacts recorded include:

- Women are reporting a reduction in workload because they are walking a short distance to water points
- Selection of VDCs is based on 1:1 ratio which has seen women occupying leadership positions
- The programme has been promoting male community motivators in Family Planning Programmes ' so that they can participate in family planning methods.
- In HIV/AIDS two people (a man and a woman) are elected to represent the vulnerables in the VDCs

**b) Training**

2003 OPR: Absence of action learning component; Reference to educating communities about women and children's rights

2003-4 Annual Report: A Core Gender Training Team of extension workers from all sector has been established in both Mulnje and Thyolo to facilitate gender training for staff and VDCs. Comprises 8 men and 4 women, with a Training of Trainers course implemented to introduce concepts

GBV committees have been established in 4 areas (22 women and 18 men in total, including church leaders, men and women police with training organized focusing on roles, nature of GBV and applicable support for victims.

'Assertiveness' training organized for all women in VDCs; 305 women from 61 VDCs trained in leadership skills, communication skills, how to be assertive and their roles in VDCs. This was upon recognition that electing women into leadership position is just the first step, but there is need to build their capacity so that they are able to fulfil their leadership obligations' ; Training manual developed for these include gender training manuals for extension workers as well as assertiveness training manuals in both English and Chechewa

**c) Staffing responsibility:** No data.

**4. Approximate gendered outcomes: Greater equality and empowerment**

**a) Effective gendered monitoring systems and tools**

Output 4: States that 'monitoring systems will track the extent to which district and village level decision making, including customary justice, is increasingly influenced by women and vulnerable households, including increased representation of women in District Assemblies. This will be supported by measures to support partner organizations and district governance structures to develop the capacity to analyse and

respond to issues from a gender perspective and to ensure that extension messages and training content include issues of gender and address key gender issues raised by Village Action Plans' (PM p 9)

- 2003: No mention of gender in monitoring and reporting (mention of rights)
- No identification of obstacles to women in decision making in community matrix on 'Causing factors of priority problems and suggested solutions as analysed by community members'

2004 Annual Report: 'Women in leadership positions has improved confidence among women in that they are able to contribute in various forums. The attitude and perception of men towards women is also changing as they have seen that women too can lead and be better leaders than some men' (point 4.5)

Recommendation: for "support towards girls and women to be able to analyse and address inequalities in gender and sexual relationships in order to reduce their vulnerability to HIV/AIDS

### **5. Recommendations / conclusion**

Very strong gender analysis and gendered components in implementation but invisibilized in OPR document; In contrast the Annual Report provides a very rich gendered analysis which includes a description of a 'empowerment' component to train women leaders.

## **3: Multi Sectoral Response to HIV/AIDS**

### **1. Background programme information**

**a) Dates/Funds:** No data

**b) Goal / Objective:** To mitigate the social and economic impacts of HIV/AIDS on individuals, households and wider economy.

**c) Purpose:** To promote an effective multi-sectoral response to HIV/AIDS in Malawi covering prevention, care and impact mitigation.

#### **d) Outputs**

- More effective and better coordinated DFID response to HIV/AIDS mainstreaming.
- More effective and better coordinated multi-lateral and bi-lateral agency responses to supporting a national multi-sectoral response.
- A Malawian National AIDS Commission with enhanced capacity to promote multi-sectoral approaches.
- Ministry of Health and other Ministries adapt their core business to mitigate present and future impact of HIV/AIDS on their workforce and on the communities they serve.

Stronger national civil society response incorporating both more effective service delivery and advocacy.

### **2. Gender mainstreaming in programme design (inputs)**

**a) PIM Marker:** No data

Gender strategy: Mainstreaming and empowering

**b) Gender focused objectives and OVI:** No data

#### **c) Gender Analysis**

Sect. 3.2.8 in the PM Jan 03 P.8 states that: "the strategy will address DFID's policies as set out in the CAP 2003 – 06 and as set out in the HIV/AIDS Strategy and the following Target Strategy Papers: Realising Human Rights, Empowerment of Women, Making Governments Work for Poor People.

Interventions should address inequitable power relations between men and women and incorporate better analysis of how poverty, cultural norms and values affect livelihood strategies and sexual behaviour.

**d) Gender in the budget:** No data

### **3. Gender Mainstreaming in Implementation (outputs)**

**a) Gendered components implemented:** No data

**b) Training:** No data

**c) Staffing responsibility:** DFID support will lead to strengthening social development research capacity in Malawi.

### **4. Approximate gendered outcomes: Greater equality and empowerment**

**a) Effective gendered monitoring systems and tools :** No data

### **5. Recommendations / conclusion**

Example of policy evaporation: the fact that the HIV/AIDS mainstreaming strategy seeks to address DFID's policies as set out in the CAP 2003 – 06 and as set out in the gender TSP demands that the gender profile in this programme be raised more prominently than is the case at present. This observation is validated by the implication of the statement made in the PM on the need for interventions to address inequitable power relations between men and women and incorporate better analysis of how poverty, cultural norms and values affect livelihood strategies and sexual behaviour.

## **4. Improving Livelihoods through Public Works (ILTPW)**

### **1. Background programme information**

**a) Dates/Funds:** 2002-2004: £4.95 million

**b) Goal / Objective:** Improving livelihoods of vulnerable and marginalized groups in Malawi society by enhancing their productivity and thereby increasing their self-reliance (MPRS indicators)

#### **c) Purpose**

Implement district-managed public-works sub-projects in vulnerable areas in order to improve livelihoods of the poor that contribute to longer term economic growth.

The project is one component of the much bigger Malawi Social Action Fund which was started in with MASAF I (1995-1998), and MASAF II (1998-2003) by the World Bank and other donors. This public works component also builds on an earlier DFID-funded CRIMP (Central Roads Improvement and Maintenance Project) project, also managed by CARE (designed to assist rural households maximise the use of their earnings through saving a portion of their wage and investing in productive activities); as well as a 2000/1 DFID funded Malawi Public Works Programme

#### **d) Outputs**

- Public works sub-projects implemented by all district assemblies in Malawi
- Improved capacity of District Assemblies to manage Safety Net activities
- Capacity developed at National and District level to respond to emergency situations through public works programmes
- Best practice developed for maximizing the value added benefits of Public Works Programmes
- Opportunities for mainstreaming HIV/AIDS and nutrition across the public works programme implemented
- Experiences and approaches to implementation of sub-projects relate to catchments reclamation, flood repairs or flood protection works consolidated
- National Safety Nets Programmes influenced by ongoing assessments (M&E) of impact on livelihoods, trends and lessons learnt from PE projects

### **2. Gender mainstreaming in programme design (inputs)**

#### **a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

#### **b) Gender focused objectives and OVI**

Output 1: Gendered OVI: Minimum of 30% of unskilled jobs taken by women, with an average of 50% across the programme

- Performance indicators to include poverty and gender profile (PM, 2002, 14)
- Capacity building inputs to be provided by CARE in four pilot districts will seek to strengthen targeting methods used by project committees and explore gender relations (PM, 2002, 14)
- Other measures to encourage the participation of women (e.g. training women supervisors, child care and child minding provision) will be strengthened through CARE's inputs in the four pilot districts (PW 2002, Annex 4)

NB: These not included in OVIs

#### **c) Gender Analysis**

Procedures developed under MASAF include provisions to ensure that the poor including female-headed households have access to cash income through work. The MASAF programme is increasingly seeking to develop mechanisms for participants to graduate out of safety net dependency

Project rationale refers to the fact that women suffer continued discrimination and children's rights are inadequately protected

- Important gender analysis in the SD section of the 2002 OPR of the DFID funded MPWP identified that 79% participated in the programme, a target of 50% was used in MASAF publicity (and this was found on one site). But 'more needs to be understood around the dynamics of female participation – voluntary, perceived quality of work. It was reported that the high participation of women was due to work availability close to home while men travelled for ganya (casual labour) further from home. Efforts have been made, with some success, in employing women in skilled jobs (gang leader, timekeeper, even some foreman). Little evidence was seen of women being given lighter tasks, even with babies on their backs. The labourers have not contracts but some labour standards are enforced – equal wages for men and women and water on site. No child labour was observed, though babies were in evidence on site' (2002 OPR, p 12).
- The same OPR recommend 'After due consideration with women on site, it is recommended that MASAF strengthen in the launch reference to the provision for employing an elderly or disabled woman to look after babies near the site and implement necessary arrangements' (p 12)
- Intra-village targeting in a context of real hunger and oversupply of demand for work (up to five applying for every job), those who got to foreman first got registered. International experience suggests a risk of exclusion of those with least social capital (A3.ii)

All the above information fed into the 2002 Programme Memorandum

- a) Sensitivity to the wage rate (not gender specific)
- b) Community targeting: The CRIMP project successfully targeted disadvantaged women in rural areas for participation using community targeting methods. Community meetings were held and simple PRA methods used to identify participants
- c) Employment of women: MASAF-funded public works sub-projects are currently achieving over 70% involvement of women in the work force. This is attributed to the following
  - Nation-wide publicity campaign implemented by MASAF Information, Education and Communication Unit
  - The shorter length of the daily task (4 hours) which enables women to cope with domestic responsibilities
  - Appropriate assignment of tasks to women

**d) Gender in the budget: No**

### **3. Gender Mainstreaming in Implementation (outputs)**

#### **a) Gendered components implemented**

Difficult not to reach the identified OVI of 30%, since the previous project had reached over 70% and the project launched at a time of extreme hunger

'Activities by CARE Malawi ...appear to have been effective in mobilizing local authority resources designed to have been effective in mobilizing local authority resources to support community level activities designed to add value to public works activities (DFID, Nov. 2003).

'MASAF progress reports indicate that the required proportion of expenditure on unskilled wages and the required proportion of women in the workforce achieved' (DFID 2003, 5)

A broader assessment of gender in community participation in the MASAJ programmes provides a number of useful impact indicators that may also be of relevance to this sub-project: (World Bank 2003)

- Representation: MASAF has been very successful in meeting its 40% target of female representation in project committees. Nevertheless the electoral process seemed to work against women since most of them were perceived not to have many of the leadership qualities; men tended to hold key position such as be Chairperson '(p. 9)
- Effectiveness: Women faced more barriers to effective participation than men. These included logistical constraints relating to time use; lack of experience in public speaking which may have been compounded by the absence of a critical mass of women within the committees; lack of recognized

authority, social constraints relating to norms about women's capabilities and roles; poor timing of PMC meetings; husband's jealous attitude

- Impact: The strategy of stipulating a minimum number of women in PMCs has been successful in increasing the critical mass of women in community-based decision-making committees. However emphasis on numerical targets alone did not address the socio-cultural context of women's *voice* associated with actual or perceived male resistance and silencing, internalised oppression and the difficulty of articulating women's interests within the existing framework of public debate Therefore necessary but not sufficient condition for promoting effective participation of women in decision making (p13).

In their assessment of gender-related issues in PWP, the assessment also raised a number of implementation issues that may be relevant to this project:

- Few communities said they were of MASAF's guidelines regarding recruitment of workers. Nevertheless the criteria they used gave priority to selected vulnerable groups
- Giving priority to vulnerable groups did not guarantee that those recruited were the most vulnerable
- The low wage appears to have been a successful self-targeting mechanism for attracting the more vulnerable members of the community, especially women
- In all projects visited, more women were recruited as unskilled labourers than men, again suggesting another positive PWP objective- to use as much unskilled labour as possible.
- Factors other than wage rate influenced participation in the PWP. These included delays in payment, the presence of more lucrative alternative cash sources, season, and the administration of PWP at the community level.
- How the work was organized affected self targeting behaviour (p24-28)

**b) Training:** None specified

**c) Staffing responsibility:** No

#### ***4. Approximate gendered outcomes: Greater equality and empowerment***

##### **a) Effective gendered monitoring systems and tools**

This specific component to also include a Qualitative Impact monitoring component

A useful monitoring paper debating the adequacy of the wage rate 'Getting the wage rate right in Public Works Safety Net Programmes' did not provide sex-disaggregated data or analysis

Results from the 2003 OPR about two limitations of the project, the low wage rate (set at 20% below the government rural minimum wage) and the short duration of employment (3-6 months) are not disaggregated by gender. Equally concerns by community members about the savings mechanism are not disaggregated.

The recommendation relating to 'gender dimensions' is that 'MASAF should consider increasing the quota of women for PWP project' with the identified action stating 'gender issues may prevent higher levels of female participation. Lessons regarding promotion of female participation to be shared from CRIMP to ILTPWP and LAMP component of MASAF III by CARE. MASAF already achieving a 40% female involvement

World Bank MASAF II Implementation Review (May 2003): MASAF progress reports indicate that the required proportion of women workers in the work force are being achieved, and site observations tend to confirm this. (percentage of women benefiting from the project 60%)

#### ***5. Recommendations / conclusion***

Provides an important example of a small project which is part of a much longer, larger social fund programme. Therefore it benefited in design from gender mainstreaming limitations identified in previous OPRs and evaluation report.

## **5. The Malawi Safety, Security and Access to Justice MaSSAJ Programme**

### ***1. Background programme information***

**a) Dates/Funds:** 2000-2005: £34,958,713

**b) Goal / Objective:** To enhance the quality of life in Malawi, especially for the rural poor and other vulnerable groups

**c) Purpose:** Improved safety of the person, security of property and access to justice

**d) Outputs**

*Component A:* Improved co-ordination of SSAJ Policy, institutions and systems; Improved accountability, transparency and public confidence in SSAJ institutions; Strengthened responses to the impact of HIV/AIDS on SSAJ institutions

*Component B:* Knowledge of human rights and skills of application within the CJF enhanced; Framework developed for improving access to rights and legal education and support at local level

*Component C:* Responsive Policing strategy and systems sustained; Criminal investigations and crime management strengthened; Operational (Serious) Crime Units established; Reduction in availability of firearms achieved; Victim support, lay visitors schemes and domestic violence schemes effective; Suspects rights procedures institutionalised within MPS; MPS Human Resources Management & Development Strategy implemented; MPS IS Strategy implemented

*Component D:* Improved delivery of formal justice systems

*Component E:* Prisons Reform Implementation programme formulated ; Formulation of MG Alternatives to Prison Policy

## **2. Gender mainstreaming in programme design (inputs)**

**a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

**b) Gender focused objectives and OVs**

*Purpose:* Incidence of serious crime (%armed or violent; % against women or children)

*Component C:* NCSJ confirms support for phased programme of victim support and domestic violence facilities (to be rolled out to 33 stations) from February 2001.

**c) Gender Analysis**

- Hierarchies reflect divisions based essentially on age, gender and family relationships: women find it difficult to undertake commercial transactions in the absence of male relatives.
- A number of Bills supportive of women and children's rights have been enacted. The MPS has an authorized establishment of 6723 and strength of approximately 5976 police officers of which approximately 10% are women.
- The MPS are ill prepared to deal satisfactorily with women and children victims, especially those who have been sexually abused or are victims of domestic violence.
- Women make up only 2% of the prison population but as they are not seen as a security risk they often languish in a forgotten wing of a prison, effectively serving their time in solitary confinement. Both the women and the juveniles are open to sexual abuse and exploitation and exposure to AIDS related illnesses.
- The customary justice for a is the lynchpin of accessible justice for many poor people. The importance of community integration and cohesion often gives priority to social harmony at the expenses of vulnerable people, particularly women and the landless poor.

**d) Gender in the budget:** Not explicit

## **3. Gender Mainstreaming in Implementation (outputs)**

**a) Gendered components implemented**

First year target for recruitment of female police officers achieved

Victim support units established in police stations and UK training of police officers to take place – which will establish national standards and practices for dealing with rape and other gender and child-based crimes.

The Victimization Survey and National Household Survey will provide data disaggregated by sex, age, income group which will enable MaSSAJ to develop programmes that target the key concerns of poor people

**b) Training:** Not specified

**c) Staffing responsibility:** Not specified

## **4. Approximate gendered outcomes: Greater equality and empowerment**

**a) Effective gendered monitoring systems and tools**

The 2003 OPR provides a clear example of monitoring of gender issues

1. General summary of progress includes the following gender related comments:

Ensure issues such as gender, poverty, human rights and HIV/AIDS are mainstreamed into programme activities; The NPF needs to examine and set out the contribution other Ministries and government bodies such as Education, Health, Gender and Community Services (etc) could play in preventing people going to, or returning to prison.

Analysis of mainstreaming: This is often implicit rather than explicit and difficult to track. Household surveys may not capture abuse within households or domestic violence, crimes which particularly affect vulnerable groups' (p 22). 'The mainstreaming of gender is less obvious in MaSSAJ (than poverty). The predominant client group in the criminal justice system is men and therefore they have by default been the main focus of MaSSAJ. Currently there appears to be inadequate focus/attention given to the impact of crime and punishment on women and their families. The main area of work being undertaken to address gender issues is GTZ's work on gender-based violence and the associated NGO sensitisation of communities.

Victim support training needs to be broadened to ensure that the improved approach to dealing with victims is not solely restricted to the police but is extended to other parts of the justice sector, to hospitals, to clinics, social workers and others relevant.

Recommendations include the following:

Recommendation 9: A review is undertaken by a SD expert to establish what, if any, additional resources / skills are required by the Secretariat to progress GM, human rights, focus on poverty etc. and how they should be procured

Recommendation 22: The Secretariat in consultation with the NCSJ examine the feasibility of MaSSAJ funds being used to complete the building of Mzimba prison and that funds are provided against criteria that among other things addresses the needs of women, juveniles, prison staff and the provision of recurrent costs (NCSJ and Secretariat).

Recommendation 15: Institutional capacity versus community capacity building: Capacity building within Ministries is essential in relation to developing the capacity of community services, victim support, child protection and social workers who will be key in developing a more crime centred programme. The MOG is the main institution responsible, however, it is recognized that their capacity is weak, despite NORAD, UNICEF and other agencies having invested in them... therefore need for a creative approach which looks at a variety of stakeholders who can be supported to deliver the necessary services.

Recommendation 22: The recommendation that MaSSAJ funds are used for the completion of the Mzimba prison include as one of the criteria: The prison contain a separate facility for women

Recommendation 23: Recognition of challenging cultural norms including the apparent cultural acceptance of domestic violence – NCSJ should be providing a more rigorous challenge to this.

### **5. Recommendations / conclusion**

It provides a very useful case study of some of the constraints of mainstreaming gender in a sector programme, as well as the ways gender issues can so easily be evaporated or invisibilized.

## **6. Community policing project as part of MaSSAJ programme**

### **1. Background programme information**

**a) Dates/Funds:** 2000-2005: £7,705,600 (Out of total for whole MaSSAJ programme of : £34,958,713)

**b) Goal / Objective:** Improve Safety of person, security of property and access to justice particularly for poor and vulnerable

#### **c) Purpose**

To consolidate the implementation of the nation-wide Community Policing Strategy and evaluate the impact of recommendations for identifying further actions and initiatives

To further develop the concept and staff of MPS Community Policing Task Team as a pre-requisite to the approval and creation of a National Community Policing Services Branch

To develop Strategic partnerships by ensuring as appropriate Donor coordination with particular reference to the agreed NISAT/ MALPOD collaborative strategy

#### **d) Outputs**

Responsive Policing strategy and systems sustained

Criminal investigations and crime management strengthened

Operational (Serious) Crime Units established  
Reduction in availability of firearms achieved  
Victim support, lay visitors schemes and domestic violence schemes effective  
Suspects rights procedures institutionalised within MPS  
MPS Human Resources Management & Development Strategy implemented  
MPS IS Strategy implemented; improved delivery of formal justice systems

## **2. Gender mainstreaming in programme design (inputs)**

### **a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

### **b) Gender focused objectives and OVIs**

NCSJ confirms support for phased programme of victim support and domestic violence facilities (to be rolled out to 33 stations) from February 2001.

First year target for recruitment of female police officers achieved

### **c) Gender Analysis**

- The MPS has an authorised establishment of 6723, and a strength of approximately 5976 police officers of which approximately 10% are women.
- The MPS are ill prepared to deal satisfactorily with women and children victims, especially those who have been sexually abused or are victims of domestic violence.
- Women make up only 2% of the prison population but as they are not seen as a security risk they often languish in a forgotten wing of a prison, effectively serving their time in solitary confinement. Both the women and the juveniles are open to sexual abuse and exploitation and exposure to AIDS related illnesses.

### **d) Gender in the budget: Not explicit**

## **3. Gender Mainstreaming in Implementation (outputs)**

### **a) Gendered components implemented**

Translated community policing guidelines by community members

CP consolidation workshops with 2500 members – no disaggregation

To undertake research on gender based violence in Chitukula area – report of findings past to GTZ

### **b) Training: Not identified**

### **c) Staffing responsibility: Not identified**

## **4. Approximate gendered outcomes: Greater equality and empowerment**

### **a) Effective gendered monitoring systems and tools**

OPR 2001: Progress continues to be made towards achieving the purpose and Goal of MALROD particularly as a consequence of the commitments to establish Community policing as the style and philosophy of policing in Malawi

Develop a national strategy of victim support (2001); Sensitization workshop held; Mtakataka Women's

Hostel environmentally friendly 80 bed facility established (MASSAF General 2001 report)

MPS Recruitment Selection procedure intended to yield 'top caliber young men and women' implemented (p 7. 2001)

### **5. Recommendations / conclusion: None specified**

## **7. Partnership In Capacity Building In Education (PACE)**

### **1. Background programme information**

**a) Dates/Funds:** 2003/5 – 2006/5: £ 988,304

**b) Goal / Objective:** Increased access for children to an equitable primary education of improved quality, delivered through a strengthened coherent and responsive system.

### **c) Purpose**

To develop, implement and monitor a District support partnership programme in Mzimba, Mangochi, Chikwawa, and Phalombe Districts that address the actions set out in MoEST's Policy Investment Framework.

### **d) Outputs**

- Enhanced quality education and strengthened institutional capacity of Civil Society Organisations and Local Authorities to be effective education service providers.
- Increased basic education attainment and strengthened capacity of Civil Society and communities to support the provision of basic education.
- Improved social inclusion through a rights based approach (that ensures gender equity in basic education and addresses the impact of HIV/AIDS).

Coordination and management mechanisms in place at the district and central levels for PACE and linkages with other ESSP outputs established.

## **2. Gender mainstreaming in programme design (inputs)**

### **a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

### **b) Gender focused objectives and OVIs**

#### **OVIs for Output 3:**

All SIPs include components on HIV/AIDS and gender mitigation which are generated throughout years 1 – 3.

All research conducted during years 1 – 3 will include an HIV/AIDS and gender focus.

#### **c) Gender Analysis**

Absenteeism and dropout rates, especially for girls, are very high.

A special consideration was put in place in the selection of schools to benefit from DFID funded classroom block construction wherever girls only schools existed.

One of the objectives of SIP is to build a shared commitment to monitor change and improvements outlined in the SIP that will contribute to a gender equitable and quality- learning environment that helps to mitigate the impact of HIV/AIDS.

#### **d) Gender in the budget:** Not explicit

## **3. Gender Mainstreaming in Implementation (outputs)**

### **a) Gendered components implemented**

The School Improvement Plans (SIP) Development process helps communities move up the ladder of sustainable development by putting in place a participatory planning process which focuses on ensuring an inclusive school environment, which addresses the cross cutting and inter-related issues of rights, gender equality, and the mitigation of HIV/AIDS.

Practicing gender equality and rights to improve the quality of the school and mitigate the impact of HIV/AIDS on the system.

### **b) Training**

CARE Malawi Programme has Gender and HIV/AIDS staff provide input to PACE as needed in terms of gender and HIV/AIDS trainings and develop appropriate manuals. PACE – First semi-annual report (May-November 2003) p.19

CSO and LA capacity enhanced to incorporate gender equity and HIV/AIDS issues.

- 10.1 Assess CSO and LA capacity to address gender and HIV/AIDS issues
- 10.2 Identify training needs and develop HIV/AIDS and gender

10.3 Conduct training in HIV/AIDS and education and gender in SIP TOT

### **c) Staffing responsibility:** No data

## **4. Approximate gendered outcomes: Greater equality and empowerment**

### **a) Effective gendered monitoring systems and tools**

Ability of students, especially girls, to recognize, resist and report abuse by teachers and students increased – CS-BESP& HIV/AIDS; Social change tools developed, tested and in use -PACE

School improvements plans addressing gender equity and HIV/AIDS issues at community level.-PACE  
Lessons documented and information shared with DFID and Malawi National AIDS Commission to mainstream strategies and activities-PACE

HIV/AIDS and education research conducted and information disseminated to PACE and CSBESP for training enhancement –NWYI (May- November 2003) p.33

Improved social inclusion through a rights based approach (that ensures gender equity in basic education and addresses the impact of HIV/AIDS) (May- November 2003) p.26

The main constraint which results in gender evaporation is at the reporting stage or in the linkages with DFID as stipulated in activity 10.4 (Quarterly meeting with DFID to reflect HIV/AIDS progress) where PACE interfaces with the DFID HIV/AIDS Advisor, this is the only time when gender is not mentioned and no reference is made to reporting on progress made in gender.

### **5. Recommendations / conclusion**

There is need to put a mechanism in place that ensures that gender interventions are followed through by outlining means and ways of progress review for gender. The challenge seems to be the absence of a DFID officer to champion gender and be the contact liaising officer with which projects like PACE can work with.

## **8. Sexual and Reproductive Health Programme (SERPS)**

### **1. Background programme information**

**a) Dates/Funds:** 1999-2005: £24,373,456 (BLM £11 (1994-2001))

**b) Goal / Objective:** Improved health and economic status of Malawian families and individuals; Improved sexual and reproductive health for Malawians, especially the vulnerable and under-served

**c) Purpose:** People benefiting from increased access to a range of quality and effective sexual and reproductive health services

#### **d) Outputs**

Supply: Consistent and adequate supply of SRH commodities and equipment, including safe blood, available to all facilities

Adequate numbers of health care providers appropriately deployed, skilled and supported

Adequate, appropriate and well-managed physical assets for providing HR services

Demand: People (including health care providers) seeking, adopting and maintaining safer sexual and RH practices

Reproductive Health Management: Management and monitoring systems to ensure effective allocation and use of resources, co-ordination and support to the Malawi National Health Plan and RH Strategy

### **2. Gender mainstreaming in programme design (inputs)**

#### **a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

#### **b) Gender focused objectives and OVIs**

- Gender-based obstacles making it difficult for women to negotiate safe sex and the use of FP with partners; Equal difficulty to discuss difficulties regarding SRH with men to take proactive role in accepting these responsibilities
- Programme will identify ways to support positive changes in gender equality that will benefit both women and men. This is likely to include work with CSOs and NGOs
- Adolescents key group for behaviour change: affects young women disproportionately reflecting unprotected sex between very young women and older men

#### **c) Gender Analysis**

- Sex-disaggregated OVI data
- Targeted intervention for people at particular risk of infection such as 'bar girls', women and children who exchange sex for favours or money as a survival mechanism, people along transport corridors and prisoners
- (86% of population in rural areas: epidemic spreads from urban to rural areas)
- Demand side gendered study of sexual
- Women only recently able to access FP without husband's consent
- Need for promotion of condoms for regular sexual partners, such as wives – often difficult for women to insist on men using them in culture where women have low autonomy – therefore introduction of female condoms recommended
- Clients for STI treatments include pregnant women; ART treatment for babies of mothers infected, and syphilis treatment

- Gendered indicators: HIV prevalence in adolescent girls as against boys; % of girls experiencing pregnancy;
  - Comparative costs of male condoms (MK1) and female Depo-Provera injections (MK10-150)
  - Cost benefit analysis of the benefits of reduced maternal mortality (p 53)
  - Direct output gains through the increased working lives of mothers affected
  - Gains in DALYs from the same life extension of mothers, and from reduced complications, illness and hospitalisation
  - Gains in DALYs to infants whose survival is worse in cases of maternal mortality
- d) Gender in the budget:** No data

### ***3. Gender Mainstreaming in Implementation (outputs)***

**a) Gendered components implemented:** No data

**b) Training:** No data

**c) Staffing responsibility:** Reproductive Health Unit

### ***4. Approximate gendered outcomes: Greater equality and empowerment***

**a) Effective gendered monitoring systems and tools**

2004 OPR (DFID Health Resource Centre): Almost entire focus on institutional constraints with no mention of gender

Recommendation that support needs to be given to Gender Mainstreaming Advisor Group to reassess the TORs

Mechanisms to monitor gender mainstreaming under the SWAP also needed. Active involvement and approval of gender mainstreaming by senior MOHP is necessary.

‘There appears to be theoretical support at all levels but it is more difficult to identify work against this goal’ (p 19)

### ***5. Recommendations / conclusion***

Gender mainstreaming should be expanded beyond SRH to the Essential Health Package

## **9. Support to Education Sector FA**

### ***1. Background programme information***

**a) Dates/Funds:** 2001/1 – 2007/12: £61,000,000

**b) Goal / Objective:** Better educated and trained Malawian Citizens in order to reduce poverty, improve livelihoods and meet the needs of sustained and sustainable economic growth.

**c) Purpose:** Increased access for children to an equitable primary education of improved quality, delivered through a strengthened, coherent and responsive system.

#### **d) Outputs**

- System change: Central MoEST planning and management systems strengthened to support PIF implementation in the context of decentralisation, - supported by increased on-budget funding to education from the combined resources of government and external assistance and – displaying strengthened responses to all inclusive primary education and the reduction of risk, vulnerability and impact of HIV/AIDS.
- National Primary Education System: Improved teaching and learning of literacy numeracy in Standards 1-4 through – a reformed primary curriculum, concomitant classroom based assessment procedures – increased professional competence of male and female teachers through engagement in continuing professional development, and – increased community responsibility and capacity to manage primary schools.
- Decentralized Primary Education: Needs based system in operation for the management of education in focus districts in accordance with national decentralisation programme and national strategy for community involvement in primary school management with primary schools resourced with infrastructure and teaching and learning materials specified in the PIF.

### ***2. Gender mainstreaming in programme design (inputs)***

**a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

**b) Gender focused objectives and OVIs:** Girls' enrolment increases to 50% of total enrolment

**c) Gender Analysis**

Equitable gender balanced Human Resource Development Plan in place from 2003.

This was identified as necessary in the Strategic Plan because of problems with HRD especially in filling posts and in capacity building. It was supposed to be addressed as part of the refocusing process which was to include a critical analysis of the rural/urban inequalities, special human resource needs, equity of school status: religion/government etc and the balance between men and women in all levels of the system and what will need to be done to ensure equity in the system. (DFID Project Progress Report - Version 0.6 Annex D.)

Equitable gender balanced Human Resource Development Plan in place from 2003

**d) Gender in the budget:** Not explicit

**3. Gender Mainstreaming in Implementation (outputs)**

**a) Gendered components implemented**

(– increased professional competence of male and female teachers through engagement in continuing professional development) The programme plans to train 15,000 unqualified teachers who currently work in schools and most of these untrained teachers are women and to address the gender imbalance in the workforce they need to be trained.

**b) Training:** No data

**c) Staffing responsibility:** No data

**4. Approximate gendered outcomes: Greater equality and empowerment**

**a) Effective gendered monitoring systems and tools**

Feedback from field visits indicates a strong case for the review of the MoEST policy on the provision of teacher housing in order to attract teachers, and particularly female teachers to remote locations.

**5. Recommendations / conclusion:** No data

<b>10. Malawi National Tuberculosis Control Programme (NTP)</b>
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**1. Background programme information**

**a) Dates/Funds:** 1999/3 – 2004/3: £9, 639,145

**b) Goal / Objective:** To eliminate TB as a major Public Health Problem in Malawi and to reduce the burden of ill health due to tuberculosis in the population of Malawi.

**c) Purpose:** To improve on an equitable basis, the case detection, quality of diagnosis and TB treatment outcomes

**d) Outputs**

- To investigate and influence positively health seeking behaviour of suspects
- To improve/sustain equity in the process of decentralisation of TB care
- To improve TB diagnostic practices
- To enhance the capacity of NTP to deliver and monitor effective treatment
- To enhance collaboration with other public health programmes, health training institutions and the private sector
- To perform operational research relevant to NTP

**2. Gender mainstreaming in programme design (inputs)**

**a) PIM Marker: S**

Gender strategy: Mainstreaming and empowering

**b) Gender focused objectives and OVIs**

- It is thought that women are under- represented in TB case data and there is some evidence that they are less likely than men to seek care or have less access. The implications of this remain unclear due to lack

of adequate data on gender influence and TB risk. Work is underway to answer this question and will be completed in 1999.

- A study to identify barriers to access care and to develop strategies for reaching under-served groups such as women and the urban and rural poor

**c) Gender Analysis**

Operational research to develop specific strategies for under-served groups such as **the very poor and women** who have less access to TB services

**d) Gender in the budget:** Not explicit

**3. Gender Mainstreaming in Implementation (outputs)**

**a) Gendered components implemented**

Key Issues: Output 1: OPR 2003 p.19 . Observes that although the IEC Strategic Plan is guided by the equity principle with respect to access to information, reaching the underserved needs innovative targeting....The challenge remains in applying community and gender friendly approaches. The OPR recommends that with the up-take of a variety of IEC material, health staff need to be skilled in wrapping persuasive TB information in community and gender appropriate ways.

OPR 2003 P22: Gender sensitivity: Poor emphasis on the families of T.B patients. This reflects a low gender sensitive approach as women were found to be the main guardians of ill health in the family and OR revealed that women perceive that they are more vulnerable to TB as they are the care providers for TB family members. It is recommended that more explicit gender sensitivity may be required when working in the joint diseases field (especially in HIV/AIDS)

**b) Training**

Strengthening national capacity to carry out operational and social research including investigations into health seeking behaviour, equity, better diagnosis, decentralisation of TB treatment, improving treatment outcomes and prevention of TB in high risk groups(including health workers and prisoners)

DFID support will lead to strengthening social development research capacity in Malawi. Strengthening national capacity to carry out operational and social research including investigations into health seeking behaviour, equity, better diagnosis, decentralisation of TB treatment, improving treatment outcomes and prevention of TB in high risk groups(including health workers and prisoners)

**c) Staffing responsibility:** DFID support will lead to strengthening social development research capacity in Malawi.

**4. Approximate gendered outcomes: Greater equality and empowerment**

**a) Effective gendered monitoring systems and tools**

OPR 2003 recommends the need to develop a variety of approaches on how to involve the underserved, (initial) defaulters and women as the guardians of health and illness at household level

Few published studies disaggregate their findings by sex, thereby masking gender disparities ( UNDP/World Bank/ WHO- TDR/REPS) 2001

**5. Recommendations / conclusion**

Contradictions in OPRs

Consistency in clarification and need for standardization of coding information.

## Annex 4

### Engendered Cost Benefit Analysis of DFID programmes

By

Naomi Ngwira

#### I. National Tuberculosis Control Program (NTB)

##### 1. Executive Summary

The aim of the CBA is to illustrate the reduced disease burden, measured in net economic benefits, of addressing gender inequalities in the formulation and implementation of a health project. Tuberculosis (TB) is the biggest single cause of adult illness and death from a communicable disease in Malawi. Gender dimensions include a 51% caseload of men; primary burden of care borne by women; and women's decreased access to diagnosis and the onset of treatment.

Scenario 1 is the current project, which aims to reduce the burden of disease caused by TB through the following objectives: improve case detection, quality of diagnosis and treatment outcomes, and achieve these on an equitable basis. Scenario 2 is the engendered project, which gives more attention to increasing the access of women to TB diagnosis and treatment, through: increasing the quality of diagnosis and reducing its cost to suspects; researching ways of delivering more women- and poor-friendly services; increasing expenditure to allow for a higher case load; implementing specific programs to target women.

##### Benefits and costs

In scenario 2, the benefits increase primarily because case notification goes up by 49% due mostly to a new approach to case detection. Additionally women now make 58% as opposed to 49% of the caseload due to a more women friendly approach, so the saved household costs of prolonged illness are higher. The cost averted of guardian care decreases from scenario 1 to scenario 2 because of reduced time seeking diagnosis. In the scenario 2, as compared to scenario 1, the cost to the patient decreases from 2139 to 1779, and to the household from K862 to K133, calculated as averting costs of prolonged illness. For the health system, the cost increases to \$8.75 per patient starting treatment in 5 days, based on costs for case finding, surveys and research. However there is an increase in cost effectiveness, since the number of cases increases by 49%.

##### Findings

The CBA illustrates that for all the increase in cost due to the new approach and the activities implemented to get more women and the poor diagnosed and treated, there are positive economic gains.

The net incremental benefit (NIB) of Scenario 2 over Scenario 1 is a net present value (NPV) of K78,670m. This is the net income lost and the cost incurred by the government and households due to not paying adequate attention to equity (gender and poverty) issues in treating TB.

When the average of this NIB is considered over the 12-year period (2002-2013) of the project, it represents 3% of the 2004 gross domestic product (GDP), which has been growing at 2 - 4%; thus engendering the NTP yields benefits that could double the growth rate of GDP.

In an engendered TB program, 765315 more disability-adjusted life years (DALYs) are gained, at an incremental cost of K645,660,976. Thus the cost effectiveness of each incremental DALY is K843 (\$8).

Thus engendering the NTP actually increases the cost effectiveness and the NPV of the expenditure on the program. These findings illustrate that paying attention to reducing gender inequalities when implementing health programs can increase the economic returns to the programs, in addition to other benefits.

##### 2. Introduction

This paper reports the procedure and findings of implementing an engendered Cost Benefit Analysis (CBA) of the National Tuberculosis Control Program (NTP) in Malawi. The aim is to illustrate the reduced disease burden, measured in net economic benefits, of addressing gender inequalities in the process of formulating

and implementing a health project. Tuberculosis (TB) is the biggest single cause of adult illness and death from a communicable disease in Malawi (Malawi Government [MG] 1999:5). The NTP aims to reduce the burden of disease caused by TB. The objectives are to: improve case detection, quality of diagnosis and treatment outcomes, and achieve these on an equitable basis.

A CBA is a tool for evaluating the welfare implications of alternative courses of social and economic policy or investment decisions. There are 5 main stages in conducting a CBA (Gittinger 1972; Ngwira 2003). These are:

*Identification of the project or intervention.* Among other things this stage involves defining the goal or objectives of the projects, and the targets of those objectives, and understanding the institutional or management aspects of the intervention. Another aspect is to delineate the scenario without implementing the project, that is the activities that would happen (and hence the inputs required), and the benefits that would accrue. In many situations the without project scenario involves doing nothing, however some level of outputs or benefits are still gained or realized. This step helps to identify costs and benefits of the project. Often the with project scenario increases the benefits.

*Identification of the costs and benefits of the project over its life.* Costs and benefits are defined with respect to the objectives. Things that contribute positively to the objectives are benefits and those that contribute negatively are costs. Costs are mostly inputs required to achieve targets. Benefits can include increases in income, cuts in output losses, or reduction in costs.

*Valuing the costs and benefits.* For financial analysis, the valuation is done using market prices. For economic analysis the main principle for valuation is the use of opportunity costs or shadow prices. The market prices are adjusted for market distortions or imperfection due to government interventions in the market or due to externalities.

*Discounting the stream of costs and benefits.* This is done to account for the social rate of time preference, as a sum of income in the future has less value than the same sum today. The discount rate also shows the gain in alternative use, of the resources to be committed to the project. We use here a rate of 15% per year that is the mean of the rates used by donors.

*Sensitivity analysis.* Sensitivity analysis is done to find out the profitability of an investment if the values of critical or uncertain variables change. Sensitivity analysis is done using a discount rate of 25% that is a close to the commercial market rate.

The main weakness of a CBA is that it is partial analysis that looks at the impact of a project in isolation, and in the context of marginalist paradigm of economics. When major disruptions of changes are going to happen in the economic or health system because of implementing the project then the marginalist approach is not appropriate especially in estimating value of costs and benefits. Additionally not all costs and benefits of a project can be valued because they may be intangible, like the psychic well being, and family harmony following being cured from a disease. Other costs and benefits happen as externalities and may be difficult to delineate and measure. Finally a CBA is only as good as the data that are used in computing it. Often data limitations in developing countries are serious.

### **3. Project identification**

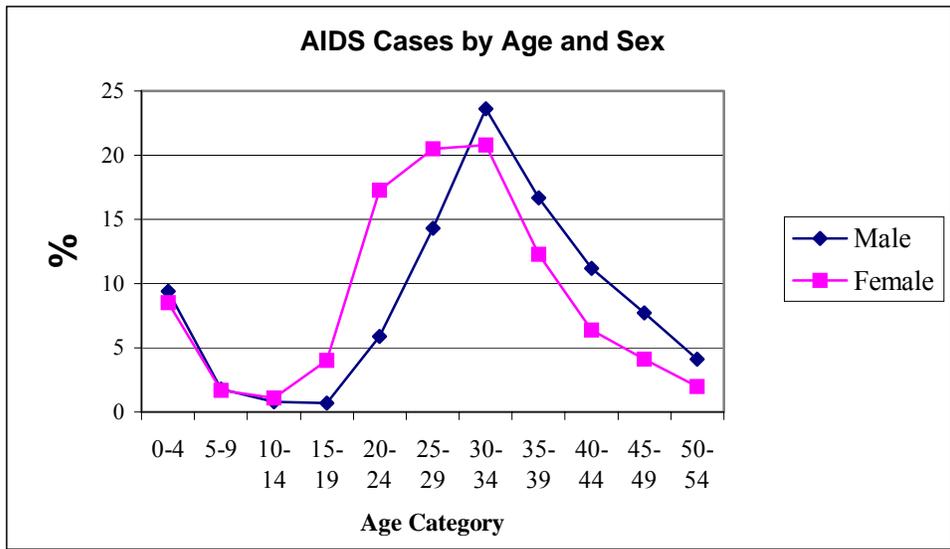
This CBA is implemented based on two scenarios, the current project and the engendered project. Both scenarios are assumed to start in 2002. Scenario 2 is counterfactual. Both scenarios are evaluated using a base of a no project scenario (Scenario 0) where the NTP does not receive any support from donors and is implemented in its streamlined version (MG 1999). This Scenario 0 starts with a patient caseload of 10739, representing only 32.5% of the projected caseload. The cure rate is estimated to be 71%, the death rate 21% and the smear positive proportion of patients 37% (MG 1999:47). Since we are interested in the Net Incremental Benefits (NIB) of Scenario 2 over Scenario 1, and not the NIB each of the two scenarios over scenario 0, the costs and benefits of Scenario 0 have not been laid, as the same net benefits would be subtracted from both Scenarios 1 and 2.

Scenario 1 is of the project as it is being implemented now, with the objectives as stated above. The project started with a caseload of 33000 in 2002. The plans were to have a cure rate of 75%, a death rate of 15% and 40% of cases being smear positive (MG 1999:47). These figures generate a certain level of an effective cure rate (EFR), and the number of averted deaths and hence the disability adjusted life years gained, as will be shown later.

The current program does not overtly deal with gender issues. The phenomenology of the disease reveals gender dimensions (Sanudi et al 2002; Mann 2002; Luhanga 2001; Luhanga et al 2002). Although only slightly less number of women than men notify cases of TB – 51% of the caseload is men, the burden of care for both women and men patients is mostly borne by women. The possibility of women to get diagnosed and start treatment is negatively affected by their lower cash earning positions, and inability to get away from domestic work to search for diagnosis which at present could take up to 24 days for smear+ patients and 20 days for Smear- patients. Studies show that women spend less money when looking for diagnosis and care, but that the opportunity cost to the patient and household of seeking treatment and care is higher for women patients (Luhanga 2001; Mann 2002).

TB infection is closely related to HIV status. About 80% of the TB patients are HIV+. As of 2003 women made up 58% of those infected with HIV (National AIDS commission 2004). Among the younger age group even more women are infected (60%) UNAIDS 2004. (See also figure below). It is thus expected that women’s issues will become more important in the diagnosis and treatment of TB. The stigma associate with HIV/AIDS and TB is higher for women, and often makes it more difficult for them to access care and treatment (Luhanga et al 2002).

In engendering the NTP, there is thus need to give more attention to negative impacts on women’s access to diagnosis and care that originate from the household dynamics that affect women’s time, and their access to cash income. Women patients may need more support at the household level to seek treatment and stay on treatment (Kabwazi et al 2001). There is also need to examine more carefully the home-based care approaches to TB treatment for their impacts on demand for women’s time, and women’s exposure to TB infection.



Source: Ngwira et al 2001, based on figures from UNAIDS 2000

So Scenario 2 thus gives more attention to increasing the access of women to TB diagnosis and treatment. The approaches to doing this are:

Increasing the quality of diagnosis (increase detection rate) and making it cheaper for suspects to get it. This will make it more likely that men and women will seek it.

Increase the applied research effort to find ways of delivering more women and poor people friendly services.

Increase expenditure in all categories to allow for handling a higher case load that will be made possible by improved diagnosis

Implement specific programs to target women suspects, e.g. in antenatal clinics.

The components of the first part of the approach have been described in Mann 2002. The aim of this approach is to increase effectiveness in diagnosis and treatment. Effectiveness is defined as getting a patient diagnosed and starting treatment within five days. Starting treatment early increases the chances of cure. Cost effectiveness is thus the cost per patient that is diagnosed and starts treatment within 5 days. The lower the cost the higher the cost effectiveness.

The approach involves 3 sub components. (1) Having an on spot sputum sample, with one sample leading to diagnosis, and starting treatment immediately if the sample is found to be positive. (2) Providing services in the community. (3) Using a total quality approach that increases chances of correct diagnosis and so reduces cost of getting diagnosed. Combining these three approaches increases effectiveness to 82.9%.

The first component is different from the current approach where 3 samples are needed to make a diagnosis. Studies show that up to 80% of patients who are smear+ can be detected with one sputum test (Squire et al 2001). It is thus more cost effective if treatment is started after one test. Under the current system only 23% of those diagnosed start treatment in 5 five days. There is on average a 12day wait between the first test and starting treatment. This leads to a lower cure rate as those patients who are HIV+ tend die within one month. Starting treatment early increases the chances of positive outcomes of treatment.

The CBA aims to illustrate that for all the increase in cost due to new approach and the activities implemented to get more women and the poor diagnosed and treated, there may be positive economic gains. The numeraire of the analysis is value in Malawi Kwacha in 2004 prices.

#### **4. Costs and benefits**

##### *4.1 Benefits*

The CBA assumes 2 major categories of benefits. The first category is the value of the output (income) of those whose deaths would be averted. The deaths averted are converted into disability adjusted life years (DALYs) that are then valued. The weighted average DALY of HIV+ and HIV- patients is used as proxy for the average length of years that a patient who is cured of TB lives.

The second category is the saved cost to patients and their households, of continuing to seek care in hospitals, and the burden their households face because they did not get diagnosis and cure in a timely way, due to the fact the project as in either Scenario 1 or 2, was not implemented. All patients have at least one episode of seeking diagnosis and care and treatment. This is the case in both Scenarios. However in Scenario 2, most patients would get diagnosed and treated much more effectively, and hence would seek diagnosis and care only once. Those that are not diagnosed are more likely going to get sicker and may come back to the health system seeking care and some of them may get another hospital admission. During this extra time of illness their labor value is lost, and that of their household members spent of providing care. With the current approach, effectiveness is 23%, and the new approach in Scenario 2 would raise it to 82.9%. That means that for 23% in Scenario 1, and nearly 60% of patients in Scenario 2 over Scenario 0, there will be no additional costs due to the prolonged illness, for the health system and their households. This is a benefit.

##### *Scenario 1*

In scenario 1, the value of DALYs gained due to the project is calculated as follows. The number of cases notified is set beginning at 33000, and increasing at 11% per year (MG 1999:47). The effective cure rate (ECR) is calculated based on 6 outcomes of treatment: cured, completed treatment, treatment failure, defaulted, transferred out, and died. The formula is  $ECR = [\% \text{ of patients cured} + \% \text{ patients completing treatment} + (0.65\% \text{ proportion of defaulting patients or transferred out})]$  (MG 1999:52).

The deaths averted are then found by using the weighted average of SM+ and SM- patients treated. The number of deaths averted per SM+ patient are  $[64-(100-EFR)/18]$ . For SM- patients the formula is  $[64-(100-EFR)]/100$  (MG 1999: 52).

Then the DALYs are calculated based on the weighted average of DALYs gained per averted death, and also based on the patients being HIV+ or not. The formula is described in MG 1999 at page 49, and it is based on Murray 1994, and De Jonghe et al 1994. In summary, it is estimated that for each HIV- and HIV+ patient for whom death is averted, 2, and 26.1 DALYs respectively will be gained. Since 80% of patients are HIV+, the weighted average is 6.8, rounded to 7 for laying out the CBA.

Women's DALYs are calculated based on their preponderance in the caseload, currently 49%. The value of one DALY is the weighted average of income of TB patients. This value is taken from the IHS(1998) and is the weighted average across poverty groups, and is scaled up for inflation. Based on MK66.1/day, in 2004, this gives a value of one DALY of MK21,600. The cumulative DALYs in the spreadsheet capture the fact that benefits for each death averted accrue over 7 years. The non-discounted benefits peak at years 6,7 and 8, after the start of the program. It is also assumed that a DALY gained in year t starts yielding benefits in year t+1.

If there was no project, meaning that the NTP was not supported with donor funding and run as a streamlined version that it is now, a lower case load would be handled, many patients would not get diagnosed and they would continue to seek care from hospitals and burden their households over a period longer than if they got treated. Most undiagnosed and untreated patients die within an average of one month from onset of illness. So for computational purposes it is assumed that patients that are not diagnosed and treated within 5 days are likely have prolonged illness that leads then to seek on average, diagnosis and care only one more time, and that half of these may get admitted to hospital again for the second time. The costs of care for this prolonged period could be averted by implementing the project either as in Scenario 1 or 2. The difference in costs between the two scenarios is the actual number of patients for who prolonged illness is averted, as described above. The costs of admission to hospital to the patient during this time would be the same for men and women, and they are valued using the wage rate, MK66.1/day.

The cost to patients of seeking diagnosis and also the costs to households of seeking diagnosis and of admission to hospital would vary by gender (Mann 2002). Guardians spend more time with female patients, and the household activities of female patients tend to get more replaced than those of male patients. The estimated proportion of women patients' activities that are replaced is 70%, and the converse is true for male patients. Most of those replacing activities of women patients are girls. Though in strict terms the value imputed to girls time spent in replacement activities is not income lost by households, it represents the some of the lost opportunities of the girl child who is absent from school during those days, albeit underestimated.

The average number of days lost directly by guardians, and also in replacing the activities of the patients, is estimated at 84.1 for female patients and 10.8 for male patients (based on Mann 2002).

The calculations of cost of admissions to hospital are based on assuming a 15-day stay in hospital and that only half of patients actually get an admission, and each patient has 1.5 guardians. Often one guardian stays at the hospital with the patient, and others bring in meals.

The number of cases involved is the difference between those in the no project scenario and the project scenario e.g.(33000-10739) in year 2002, for Scenario 1 and only 23% of these, as this is proportion of patients that are effectively diagnosed and start treatment within 5 days, given the current diagnosis approaches.

#### *Scenario 2*

In Scenario 2, the benefits increase for the main reason that case notification goes up by 49%, (33000\*1.49)-10739, for year 2002, and for 82.9% of these patients, because of implementing a new approach to case detection.

When calculating the averted cost of guardian care, in the case of scenario 2 these days go down from Scenario 1 ( 84.1 and 10.8 for women and men patients respectively) because of cut in time seeking diagnosis due to better diagnosis methods. The number of days goes down by 14days (17%) for women patients and 5 days (49%) for male patients, only for the proportion of patients (82.9%) that get diagnosed and treated in 5 days. The estimate is based on 7 days being reduced from approaches in Scenario 1 where it takes 12 days to get a diagnosis and start treatment. The difference is multiplied by 2 for the direct guardian and the one replacing activities, for female patients and 5 days for male patients, for direct guardian only

Additionally women now make 58% of the caseload, so in averting costs of prolonged illness, the saved household costs are higher for women patients. The increased proportion of women, (from 49% to 58%) will be due to a more women friendly approach, and since the HIV prevalence is estimated at 58% for women (National AIDS Commission 2004:17), and HIV is closely related to TB infection, the approach should achieve the same proportionate female representation among cases notified as among HIV cases.

#### 4.2 Costs

##### *Scenario 1*

There are two types of costs: those that are borne by patients and their households for diagnosis and admission to hospital, and those borne by the public health system. In Scenario 1 the cost of the NTP to the health system is set at US\$15,080,896 as in the project memorandum, (MG 1999:25). This is the total cost contributed to by all donors and the MG.(MK109=US\$1)

The cost to patients and the opportunity cost to patient and household of being diagnosed and treated are calculated as in averting costs of prolonged illness. The difference is the number of cases, as this item applies to all cases, not just those who are diagnosed and start treatment in 5 days.

##### *Scenario 2*

The cost of the NTP to the health system, are set as in Scenario 1 with additional costs for engendering it. These costs are for case finding; surveys and operational research. These have been increased by 20% over the current levels of \$1,053,377, and \$1,327,847 respectively. The cost of implementing special activities to target women has been set at \$300,000. This would be mostly targeting women for diagnosis and treatment at antenatal clinics. In order to accommodate the increase in case load, the chemotherapy and case holding line item of the budget would have to increase by 49%, as that many more cases would be found. The balance of the budget has also been increased by 20%.

The main difference in costs between scenario 1 and 2 originates from the number of cases. The costs are higher in scenario 2 due to the activities implemented to improve case finding. There are also more women (58 % to 42%). This means that some costs are higher because women and their households experience higher opportunity costs for their time spent getting diagnosed and treated.

Combining these 3 approaches of case detection increases effectiveness to 82.9%. The cost to patient goes down from 2139 to 1779, and to the household from K862 to K133. For the health system the cost for all these three goes up to \$8.75, per patient starting treatment in 5 days. However there is an increase in cost effectiveness, since the number of cases goes up by 49%.

The discounting of the stream of costs and benefits is done using the 15% rate.

## **5. Findings**

The total costs of the scenarios are spread over the first 6 years of the CBA laid out. They start at K811m in Scenario 1 and rise to K1,060m, summing up to K1645.9m. In scenario 2 the costs start at K1,117m and rise moderately to K1,383m, and total K6185.8m. The benefits are spread over 12 years. These start at K136.7m in Scenario 1, rising to K50,771.8m in year 2007, falling to K14.512n at the end of the project. The sum of benefits for Scenario 1 is K359,000.5m. In Scenario 2, the benefits start at K927.5m, peaking at K75,650m, and tapering off at K21,622.8m at the end of the project. The sum is K536263.3m .

The net incremental benefit (NIB) of Scenario 2 over Scenario 1 is a net present value (NPV) of K74,213.3m. This is the net income lost, by the government and households, due to not paying adequate attention to equity (gender and poverty) issues in treating T. When the average of this NIB is considered over the 12-year period (2002-2013) of the project, it represents 3% of the 2004 gross domestic product (GDP). The latter has been growing at between 2 – 4%, in the last 10 years. Thus engendering the NTP yields benefits that could double the growth rate of GDP. These findings are similar to other Malawian studies. For example Semu et al 2003 found that engendering the adult literacy program can double the growth rate of GPD through impacts that increase agricultural productivity and production; that dealing with gender based violence also can have significant impacts on the household economy with consequent impacts on overall GPD growth; and that increasing equality in access to agriculture services also increased the growth of GDP. These findings are also similar to those from other parts of the world. For example Klasen (1999) found through econometric studies that if the countries of sub-Saharan Africa had closed the gender inequalities in education at the rate of South East Asian countries, economic growth between 1960-1992 would have averaged 1.2%, instead of the 0.7% that was achieved. Forestrythe et al (2000) also found a relationship between long-term growth and gender inequalities.

This CBA illustrates the heavy burden that the disease puts on the nation. The number of DALYs that could be lost without project, is estimated at 1,561,867 in Scenario 1, and 2,327,182 in Scenario 2. For a total cost of K4,645,911,523, and K6,185,840,083 respectively, the cost effectiveness would be K2975 or \$27 for scenario 1, and K2658 (\$24) for Scenario 2.

In an engendered TB program 765315 more DALYs are gained, at an incremental cost of K1,539,928,561. Thus the cost effectiveness of each incremental DALY is K2012 (\$18.5). Yet each DALY gained can generate K21,600 (\$198). Thus engendering the NTP actually increases both the cost effectiveness, and the NPV of the expenditure on the program.

The calculation of income to be gained is based on the number of days spent by patients and their guardians in seeking diagnosis and admission to hospital, and valued using a low wage rate, yet the NPV is high. It is thus clear that TB and diseases in general, severely constrain the incomes that households make.

## **6. Sensitivity analysis**

Sensitivity analysis is done using the 25% discount rate. The NIB falls to MK46,677.8m.

## **7. Conclusions**

The findings of this CBA give support to the calls that are being made to increase gender equality in the implementation of social and economic programs. It has been illustrated here that paying attention to reducing gender inequalities when implementing health programs can increase the economic returns to the programs. This is in addition to other social and psychological benefits. We would thus recommend that when the Malawi Government and its development partners implement any development programs, the gender dimensions should be given adequate attention in program design and implementation; and that analyzing gender issues should not be regarded as just a socially correct add-on to projects. Studies show consistently that paying attention to gender issues in program designing actually leads to more effectiveness. Thus even when extra expenses are required to deal with gender issues, that they should be incurred because the economic returns are nearly always much greater.

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## **2. Banja La Mtsogolo Integrated Sexual and Reproductive Health Program (BLM)**

### **1. Executive Summary**

The engendered Cost Benefit Analysis (CBA) of the Banja la Mtsogolo (BLM) Integrated Sexual Reproductive Health Program (ISRHP) aims to demonstrate the economic benefits in addition to health benefits gained from addressing gender inequalities in a SRH project.

The purpose of Scenario 1, the current project, is to promote safe SRH practices and improve equitable access to and use of rights-based SRH services, especially for the poor and vulnerable, to be achieved through expanding BLM's network of clinics, improving the quality of services, and differential service pricing. Scenario 2 is the engendered project, aiming to increase women's and men's access to services by 33%, by increasing access for women to testing services, subsidizing cost to women clients, reorientation of staff to gender issues, and IEC activities targeting women.

### **Costs and benefits**

In Scenario 1, K137,280,000 worth of production or income loss is avoided every project year. The BLM would save 23333 pregnancies, resulting in a saved loss of income of K192,497,258 every year. The benefit of maternity deaths averted would be K4,773,932 every year, and the saved cost of maternity care is calculated at about K7,699,890 per year. The saved cost of maternity care to guardians is estimated at K5,205,301 each year in wages lost. In Scenario 2, these benefits are raised by 33%, because 33% more clients of both women and men are reached. For the engendered project, the current project costs are increased by 33%, in line with the 33% increase in targets.

### **Findings**

The net present value (NPV) of the project as currently implemented is very high and represents about 3.5% of the total government budget of about K90bn.

By paying attention to gender issues an additional K1.2bn can be generated. Thus on average every year about K100m could be generated if attention is paid to gender issues in implementing BLM projects.

Since the BLM deals with only about 10% of the potential clientele, if this simulation is applied to all SRH programs, it is estimated that at least K1bn could be generated. This sum is nearly ½% of the estimated 2004 GDP. If currently GDP is growing at about 2-3%, engendering sexual reproductive health programs could increase this growth rate by at least 20%.

Thus, the CBA indicates that magnitude of the economic benefits give a justification for making the extra expenditures required to give attention to gender issues when implementing the BLM project

## **2. Introduction**

This paper reports the procedure and findings of implementing an engendered Cost Benefit Analysis of the Banja la Mtsogolo (BLM) Integrated Sexual Reproductive Health Program (ISRHP). The purpose of the project is to promote safe sexual and reproductive health practices and improve equitable access to and use of high quality right based sexual and reproductive health services, especially for the poor and vulnerable, complementing government services.

The projects outputs are: (1) continued and expanded access to confidential, and high quality SRH services; BLM influencing the formulation of the national SRH policy; empowering young people to adopt safe sexual and reproductive health practices; making people aware of their HIV status and so that they take appropriate action, and strengthening the capacity of BLM to monitor and evaluate its activities and disseminate the lessons learned. These objectives are to be achieved mostly through expanding BLM's network of clinics and improving the quality of services delivered, and differential service pricing, through a special financing facility. The project has received support from DFID and the current program is different from the previous one in that it emphasizes reaching out to vulnerable and disadvantaged people, women and the youth, and also HIV testing.

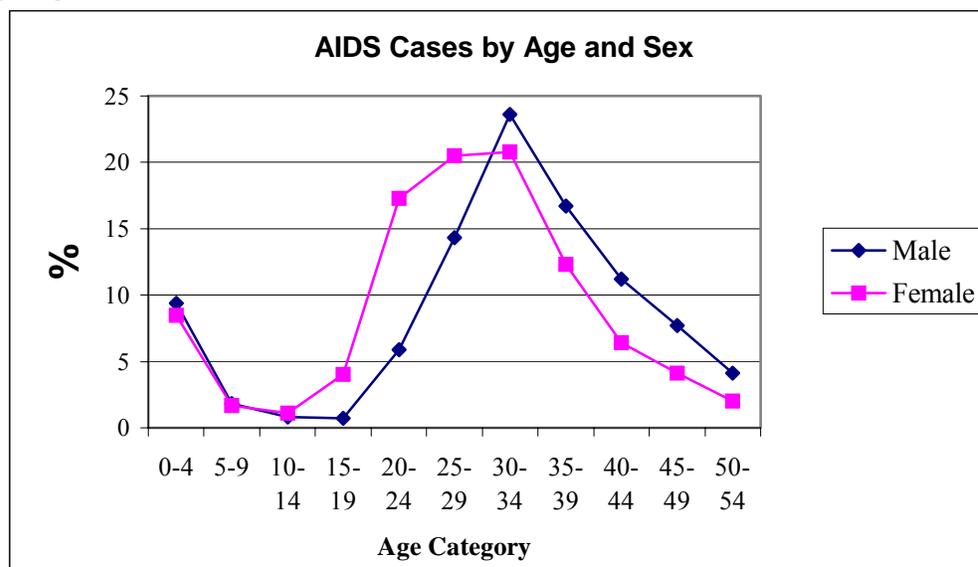
## **3. Project identification**

The process of doing a CBA are summarized in Ngwira 2004. This CBA is implemented based on two scenarios, the current project (Scenario 1) and the engendered project (Scenario 2). Both scenarios are assumed to start in 2001. Scenario 2 is counterfactual. Since we are interested in the Net Incremental Benefits (NIB) of Scenario 2 over Scenario 1, and not the NIB of each of the two scenarios over scenario 0, the cost and benefit scheme of Scenario 0 has not been laid, as the same net benefits would be subtracted from both Scenarios 1 and 2.

Scenario 1 is of the project as it is being implemented now, with the objectives as stated above. Scenario 2 in an engendered one. In the Output to purpose reviews, not much reference to given to gender issues. This is worrisome for DIFD programming since in each round of assessments there is need to review the project implementation processes and performance relating to gender. Most of the info on gender is in lower level reports. When the reports are summarized the gender issues tend to evaporate. This makes management decisions on gender issues at the higher level difficult to make. The biannual report for November 2003 to April 2004 makes reference to a policy on gender rights and vulnerability that has been made and is being used (BLM May 2004).

The current program emphasizes reaching out to vulnerable groups but does not have explicit gender targets. In a way this may be due to the fact that family planning (FP) services are perceived to be for women. But any successful FP that aims at population growth reduction need to target men as well. So for the most part in terms of FP, engendering means reaching out to men. And BLM has been a pioneer in this kind of approach with its “Mwamuna adzilera” IEC slogan.

However by bringing on board HIV/AIDS into its programs, BLM has to understand the gender dynamics and issues in HIV/AIDS, and mainstream gender, that is getting more men and women clients and improving quality for the various activities, as need may be. HIV infection rates among young women are higher (See graph below) and thus the objective of reaching young people needs to focus on getting more young women to access the services.



Source: Ngwira et al 2001, calculations based on figures from UNAIDS 2000

Scenario 2 thus gives more attention to increasing access to services particularly of young women and men, by a target of 33%. The proposed approaches to achieving this are as follows:

Increasing the access of women to STI and HIV testing services. This may involve coupling these services with FP and further subsidizing cost to women clients, of these services using the Special Fund.

Continued reorientation of staff to gender issues in SRH. This involves translating the policy into implementable and clearly understood management and clinic practices that improve services for women and men.

IEC activities that target women

These changes are going to have cost implications that are reflected in the CBA. The CBA aims to illustrate that for all the increase in cost due to the new approach and activities to get more women access services, there are net economic benefits. The numeraire of the analysis is value in Malawi Kwacha in 2004 prices.

#### **4. Costs and benefits**

##### *4.1 Benefits*

The scheme for linking the project outputs to benefits is based on the method used in the PRC Submission of October 1999 for the overall Malawi sexual reproductive health program support. The main adaptation is that the calculation of benefits is limited to the number of cases that the BLM project is going to dealing with, not for the whole nation as in PRC 1999.

The analysis is based on the categorization of BLM services into 2: HIV prevention and treatment of HIV, and FP services. The categorization is premised on two different models that are used to estimate the benefits of these 2 categories of services. The benefits of STI and HIV services come through their impact on reducing the spread of HIV and consequently averting deaths, and also reducing the costs of health care for the government and households. To assess these effects, the key assumptions to be made relate to: the rate of incidence of HIV without the project and the reduction achieved with the project; and the health effects of the infection now and in the future. The direct benefits of reduced morbidity due to treating STI/AIDS cases are not estimated due to lack of modeling information to use in the analysis.

The benefits of family planning services come mainly through reducing labor time loss due to pregnancy, maternal deaths averted, and reduction of maternity care costs for the government and households. Births however can have benefits, as the children born join the labor force later on after say 15 years. This is not factored into this analysis, because of lack of modeling information.

##### *Scenario 1*

It is assumed that in the base scenario, that is Scenario 0, the transmission rate of HIV from infected to uninfected sexually active adults will be 12.5%; and the prevalence of HIV among the five million sexually active people is 15.6%, HIV positive cases continue to rise by 1% annually. This is estimated using a baseline incidence, that is the rate of new infections per head of population, of 1.56%. It is also assumed that people who become HIV positive die 8 years later. Only gains originating from deaths averted in the 6 years of the project are included, so that the lay out of the CBA extends to year 14.

The main assumption for Scenario 1 is that the STI/HIV services lead to a drop in the transmission of HIV by 20% (to 10% from 12.5%). This is based on a study by Gilson 1997 in Tanzania, Mwanza Region.

The number of patients treated by BLM of 450,000, gives 75,000 per year, over the 6 years of the project. In any year the number of cases of STI treated by BLM would be only 10% of the national total. This means that if 1% drop of transmission rate leads to 1560 cases of HIV prevention at the national level (PRC 1999:60), and  $1560 \times 20 = 31200$  (for a 20% drop), the number of infections prevented by the BLM project is 3120, in any one-year of the project. It is assumed that those infected start getting sick on average in the sixth year and die in the eighth year.

The benefit of the lives saved should be calculated based on an expanded life expectancy of 18 years for people of childbearing age. This is based on models that predict that life expectancy without HIV would be 55 and 37 with HIV/AIDS. However, because of the uncertainty of what could happen to infection rates, and that the treatments for HIV could become more effective in future, the calculation of project benefits is truncated at 8 years after the 6 project years, to allow for those whose infection is prevented in year 6 of the project.

We assume that people of childbearing age have an annual income or production potential of \$400, twice the per capita GDP (given the dependency ratio of about 1). This means that in every project year,  $K44000 \times 3120 = K137,280,000$ , worth of production or income loss is avoided, in Scenario 1.

We also assume that the benefits of saved costs to the health system for those infected are accumulated in years 6–8, from time of treatment of the person whose infection is prevented as this is when they would be sick and they would die in the 8<sup>th</sup> year.

The saved cost to households is defined as the saving of time of guardian care for the sick, which for HIV patients is estimated to be half of the 3 years with 1.5 guardians, scaled up by 30% more for time for replacement activities for women patients (See Ngwira 2004, Mann 2002).

The benefits of FP are brought in mainly by Depo-Provera. The other methods are less popular, and effective in preventing pregnancies. BLM plans to reach 1.4 million clients over the 6 years, about 233333 per year. Given a 10% assumed risk of pregnancy, this would save 23333 pregnancies. If it is assumed that a birth leads to labor (output) loss of between 25-50%, in a year, and a 25% leak of Depo-Provera to women already using other methods, then using the lower limit of loss of labor time, and assuming \$400 output per year, the saved loss of income is  $K11000 * 23333 = K192,497,258$  every year, in scenario 1.

The maternity deaths averted would be  $(620/100000) * 23333 = 145$ . The benefit of this would be  $K44000 * 145 = K4,773,932$  every year, and this is cumulative to year 14. The saved cost of maternity care is calculated based on K330/day for 3 days i.e. K990, per case (RPC 1999:62). This means that every year about  $23333 * 990 = K7,699,890$  is saved.

The saved cost of maternity care to guardians is also estimated at 3 days per birth and taking up time of 1.5 guardians. Thus each year  $1.5 * (3 * 66.1) * 23333 = K5,205,301$ . The K66.1 is the daily wage rate (calculated from IHS 1998 and scaled up for inflation), representing the opportunity cost of one labor day.

#### *Scenario 2*

In Scenario 2, all the other assumptions remain the same. The only change is that the benefits are raised by 33%, because 33% more clients of both women and men are going to be reached. The 33% increase is estimated based on need to contribute at least 10% to reaching the sexual reproductive health targets in the Malawi Strategic Health Plan and the MPRSP.

#### *4.2 Costs*

##### *Scenario 1*

The costs of the scenario are as in the project document, which is GBP8.5m. This translates to K284,000,000 every project year.

##### *Scenario 2*

For the engendered project, the current project costs are increased by 33%, in line with the increase in targets.

The discounting of the stream of costs and benefits is done using the 12% rate used by the Project memorandum (DFID, 2001).

#### *5. Findings*

At the 15% discount rate, the NPV of scenario 1 is K3,600.7m and K4,787.2m for scenario 2. The NIB is K1,186.5m. At the 25% discount rate, the NPV is K1,761.1m for scenario 1 and K2,341.1m scenario 2. The NIB is K580m.

The NPV of the project as currently implemented is very high and represents about 3.5% of the total government budget of about K90bn. By paying attention to gender issues an additional K1.2bn can be generated. Thus on average every year about K100m could be generated if attention is paid to gender issues in implementing BLM projects. Since the BLM deals with only about 10% of the potential clientele, if this simulation is applied to all sexual reproductive health programs, it is estimated that at least K1bn could be generated, and more if all the benefits could not be valued. This sum is nearly ½% of the estimated 2004 GDP. If currently GDP is growing at about 2-3%, engendering sexual reproductive health programs could increase this growth rate by at least 20%.

## **6. Sensitivity analysis**

Sensitivity analysis is done using a 40% reduction in the transmission of HIV from those infected to those not infected. This increases the NPV of Scenario 1 to K6,943.6 and to K9,223.3 for Scenario 2. The NIB increases to K2,289.7m.

## **7. Conclusions**

The benefits of paying attention to gender issues in implementing sexual reproductive health programs cannot all be quantified. The magnitude of those economic benefits that can be quantified give a justification for making the extra expenditures required to give attention to gender issues when implementing the BLM project.

## **References**

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