



A Disability Inclusive National Action Plan in Combating Gender Based Violence in Malawi

EXECUTIVE SUMMARY

The revised National Action Plan (NAP) on Gender-Based Violence (2025–2030) is a critical opportunity for Malawi to strengthen its commitment to ending GBV for all. However, without explicit and measurable integration of disability and gender inclusion, the NAP risks perpetuating systemic exclusion and leaving behind women and girls with disabilities, who face disproportionate risks and barriers in accessing initiatives or interventions aimed at prevention, protection and access to justice.

This position paper outlines key gaps, emerging issues, and actionable recommendations to ensure the NAP adopts a rights-based, survivor-centered, and intersectional approach in line with Malawi's obligations under the UNCRPD, CEDAW, African Disability Protocol, and the Persons with Disabilities Act (2024).



BACKGROUND AND CONTEXT

Women and girls with disabilities face heightened risks of GBV due to intersecting forms of discrimination, including inaccessible services, societal stigma, and economic dependency. Yet, the previous NAP (2014–2020) failed to integrate disability-specific measures, resulting in limited protection and participation for this group.

The NAP GBV provides the framework for coordinated prevention and response to gender-based violence in Malawi. It aligns with global and regional commitments such as the Sustainable Development Goals (SDG 5 and SDG 16), SADC GBV Strategy, and African Union's Maputo Protocol.



OUR POSITION

Malawi cannot achieve its GBV elimination targets without explicitly including women and girls with disabilities in the NAP's design, implementation, and monitoring. Disability inclusion is not optional, it is a legal obligation under national and international frameworks and a moral imperative for equality and justice.

CRITICAL OMISSIONS OF DRAFT NAP ON GBV 2025–2030

- No explicit alignment with disability frameworks such as the UNCRPD, African Disability Protocol, National Disability Policy, and Persons with Disabilities Act (2024).
- Absence of disability–disaggregated GBV data in M&E frameworks.
- GBV services remain inaccessible to survivors with disabilities (shelters, clinics, police stations lack ramps, sign language interpreters, or low–vision accommodations).
- Weak integration between GBV, disability, and mental health sectors.
- Limited participation of women with disabilities in NAP design, coordination, and monitoring.
- Inadequate training of service providers on disability–sensitive, survivor–centered care.

EMERGING ISSUES

- Rising technology–facilitated GBV, disproportionately targeting women and girls with disabilities.
- Increased GBV risks during humanitarian emergencies and climate–induced displacement, without inclusive response systems.
- Lack of integration between GBV response and broader social protection measures for survivors with disabilities.
- Underrepresentation in GBV research and evaluation, leading to evidence gaps.
- Persistent stigma and harmful cultural beliefs that normalize violence against women and girls with disabilities.

RECOMMENDATIONS



1. Prevention and Community Engagement

- Make all GBV awareness campaigns accessible (braille, sign language, plain language, community radio).
- Engage women with disabilities as peer educators and change agents.

2. Inclusive and Accessible Services

- Ensure all GBV response services (health, legal, psychosocial) are accessible to women with diverse disabilities.
- Train service providers in disability inclusion, survivor-centered care, and trauma-informed approaches.

3. Participation and Leadership

- Ensure representation of women with disabilities in GBV coordination and decision-making bodies.
- Fund OPDs and women-led disability organizations to implement localized GBV interventions.

4. Data, Monitoring, and Accountability

- Collect and publish disaggregated GBV data by gender, age, disability, and location.
- Develop NAP indicators that track service access and outcomes for women with disabilities.

5. Mental Health and Emergencies

- Integrate mental health support into GBV response, tailored to survivors with disabilities.
- Include disability in emergency preparedness and humanitarian coordination plans



CONCLUSION AND CALL TO ACTION

The revised NAP GBV is Malawi's chance to close the gap between policy and lived realities. Without disability and gender inclusion, the plan will fail to protect those most at risk.

We call on:

- Government to embed disability inclusion in all NAP pillars and enforce accessibility standards.
- Donors to fund inclusive GBV programs and OPD-led monitoring.
- Civil Society to advocate for and hold government accountable for disability-inclusive GBV response.

ENDORSEMENT



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& Women with Albinism from Association of Persons with Albinism (APAM),

Disabled Women in Development (DIWODE), Spinal Injuries Association of Malawi (SIAM), Human rights for Women & Girls with Disabilities (WAG), Disability independent Living Centre (DILICE), Young girls with disabilities advocacy (YOGDA), Voice of Women with Disabilities (VOW), Tamva Association of the Deaf

Disability Rights organization in Malawi (DROM), Malawi Council for Disability Affairs (MACODA) and Umoja Refugees

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