

Study on Women with disabilities experiences of GBV in Malawi

June 2021

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1. Acronyms

DIWA	Disabled women in Africa
DRF	Disability Rights Fund
WWDs	Women with disabilities
PWDs	Persons with disabilities
UN	United Nation
CRPD	Convention on Rights of Persons with disabilities
GBV	Gender Based Violence
MADEF	Malawi Development Fund
YEDEF	Youth Development Fund
CARE	

2. Acknowledgements

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Researcher: Ruth Kamchacha Mkutumula

Degree in Social Science Public Health. ruthmalawi@gmail.com



Disabled Women in Africa
P.O Box 2009, Lilongwe
Malawi

Website: www.diwaafrica.org
Facebook: disabledwomeninafrica1
twitter : diwaafrica

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3. Introduction

Disabled Women in Africa (DIWA) is an independent organization of women and girls with disabilities that was established in Africa in 2002 in Tanzania and in 2012 in Malawi, which is its current headquarters.

DIWA also enjoys the membership of 12 organizations across Africa, both at the national and regional level, at work with women which include Botswana Federation of the Disabled, Disabled Women in Development in Malawi, Mauritius: Women with disabilities, Associacao Macambicana de Mulheres Portadoras de Deficiencia, Rwanda Organization of WWDs, South African Deaf Women Association, Uganda: NUDIPU & NUWODU, Zimbabwe: Disabled Women Support Organization, Zimbabwe Down's Syndrome, National Council of Disabled Persons, & Zimbabwe Women with Disabilities in Development (ZWIDE).

The organizations work together by sharing information, capacity building, learning, research and advocating for issues concerning women and girls with disabilities.

The founder and Executive Director of DIWA, the late Mrs Rachel Kachaje, explained that the oppression and invisibility of women and girls with a wide range of disabilities both in Malawi and at the regional level, prompted her and the co-founders (Maria Rantho & Beatrice Ncobo) to establish DIWA at a meeting in Tanzania in 2002, where they had been deliberating on women issues. This came out as a shared feeling and experience that there was no regional body representing women in Africa on disability but also lack of capacity of women organizations to responding to issues affecting their lives, enjoyment and defending of their rights.

DIWA focuses its work on women and girls with disabilities because it is a group of people that are found to experience greater discrimination than disabled men and non-disabled women, arising from the dual effect of their gender and disability.

4. Executive summary

The CRPD states that: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”

According to the UN statistics, there are 600 million persons with disabilities living in the world, 400million of whom live in developing countries and 80 million in Africa. This translates to 40% of Africa’s population being Persons with disabilities. According to the Malawi Population and housing census of 2018, 10.4% of the population of Malawi (Malawi population 17,563,749) are people with disabilities whilst over half of these were women and girls with disabilities. Disability is caused by many factors, including malnutrition and disease, environmental hazards, traffic and industrial accidents, and civil conflict and war. The number of persons with disabilities continues to continuously rise throughout the years.

In Africa, households of persons with disabilities are among the poorest and most disadvantaged in society. This is due to the fact that a vast majority of Africans with disabilities are excluded from schools and opportunities for work. It is estimated that a total of 10% of Persons with disabilities are enrolled in school, and 80% of persons with disabilities who are in the working age group are unemployed. The social stigma associated with disability results in marginalization and isolation, leading to begging as the sole means of survival. Disability discrimination can take many forms, but it has been defined as “any distinction, exclusion, or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It includes all forms of discrimination, including denial of reasonable accommodation”.

There have been some steps taken by the African Union, African governments, and NGOs to address the problem regarding persons with disabilities in Africa. For example, the African Rehabilitation institute was established in 1988 in Harare to address all matters relating to disabilities in Africa. Then in 2000, there was a meeting at Lomé to establish the proclamation of the African Decade of Disabled Persons by the African Union Assembly of Heads of State and Government. The Decades aim was to promote awareness and commitment to full participation, equality, and empowerment of Persons with disabilities. The responsibility of organizing the Decades was given to the African Rehabilitation institute, along with the Pan African Federation of Disabled Persons, the African Union of the Blind, and other regional organizations of persons with disabilities. Then in February of 2002, a plan of action was adopted at the Pan African Conference on the African Decade of Disabled Persons.

Africa has many legal frameworks in place to promote and protect the rights of Persons with disabilities. To date, many Africans countries have signed the UN CRPD. The

signing of this Convention meant that each country that signed is committed to promote equalization of opportunities of persons with disabilities.

The disability movement in Malawi is young with the majority of the DPOs formed in the 1990s, with many still functioning weakly. Their capacity is highly compromised by inadequacies in leadership skills, poor representation especially at community and district levels and piecemeal approaches.

Malawi acknowledges in its 2018 housing and population census that 11% of the population of Malawi comprises of people with disabilities and that half of this population are women and girls with disabilities. Apart from a few statistics obtained in the situation analysis of Persons with disabilities in 2005, and the baseline survey by DIWA in 2014, there is no data available on the situation or extent of Gender based violence (GBV) and abuse regarding WWDs in Malawi hence the commissioning of this study.

This report contains the findings of a research, which was carried out in seven districts and one urban setup of Malawi namely Lilongwe, Blantyre, Salima, Rumphi, Dedza, Mangochi and Mzuzu respectively. The main aim of the research was to measure the extent of GBV for persons with disabilities and to inform national wide inclusive interventions addressing GBV.

The survey employed questionnaires, key interviews, and focus group discussions as data collection tools with WWDs, Police, Judiciary, Ministry of Gender, and community leaders.

This survey has revealed that WWDs experience GBV and abuse in various spheres of their lives including in the education, employment, political, legal and participation. Though women experience abuse, very few reports and follow up with the cases, as a result WWDs continue to face multiple abuse and violence on daily basis.

There is compelling evidence that there is in adequate information on GBV cases of persons with disabilities. This research has therefore recommended immediate and long-term interventions to address these gaps. In general, the findings noted that there is a gap in the system both from the policy making process to the way the policies are implemented and how the beneficiaries receive and use these policies. The research has also unveiled the gap that exist in GBV interventions among the law enforcement agents, community leaders, the district/local structures, and the persons with disabilities residing in the society.

Services required for all victims and survivors of GBV include health services, justice and policing services social services and coordination at both the national and local level. Survey revealed that WWDs often do not receive these necessary services. Many interventions on GBV often omit accessibility and communication hence making services not inclusive of persons with disabilities, besides that, Service providers regularly demonstrate a lack of knowledge, sensitivity, and expertise about how to serve WWDs, making it difficult to know which women are experiencing GBV often.



Mr Moses Chiwaula, project and resource mobilization officer. Making a presentation of the GBV Research in Salima, Blue waters hotel in Malawi

5. REPORT METHODOLOGY

5.1 Objectives of the study

- ✓ To determine the extent of GBV amongst women and girls with disabilities in Malawi.
- ✓ To document successful interventions in addressing GBV by various stakeholders.
- ✓ to identify opportunities to end GBV amongst women and girls with disabilities.

5.2 Research Design

The research design used in this report was both quantitative and qualitative. Both these tools helped to complement each other in the collection of the data. The tools used in the quantitative data collection was a close-ended questionnaire, while qualitative data collection was based on the use of focus group discussions and a checklist of questions.

5.3 Research Tools

a. **Questionnaires**

The questionnaire focused mainly on three areas, knowledge, attitudes, and practices. One hundred and fifty-nine questionnaires were administered to the respondents, both women and girls with disabilities.

b. **Focus Group Discussions**

These were group conversations between the researcher and the respondents focusing on some areas in the questionnaire and technical areas that related to the issue of GBV. These questions were more of probing questions, deeper reflections, and elaborations by respondents.

C. Desk research

A desk research of successful interventions and opportunities available were conducted and added to the research findings.

5.4 Sampling Techniques

The method used in this research was the random sampling techniques where any female person with disabilities had an equal chance of being selected. The kind of target group focused on depended on where they can be found and mobilized for the survey. For instance, to find women and girls with disabilities the researcher consulted Disabled

Women Network Group from Lilongwe, Disabled Women in Development (DIWODE), Association of Persons with Albinism (APAM), National Epilepsy Association (NEA) and Visual and Hearing Association of Malawi (VIHEMA) from Blantyre, Mzuzu Disability Organization in Mzuzu and Disabled Women in Development in Salima.

Women and girls with disabilities were mobilized from these formal groupings and others came from informal groupings, that is, those who organize themselves in the communities. The survey also interviewed the police, Court and the Community leaders' and line ministries.

5.5 Respondents

A total of 163 respondents with disabilities (128 women and 35 girls) were selected randomly from Lilongwe, Blantyre, Mzuzu, Rumphi, Dedza, Mangochi and Salima as a representative sample. Sixty-two respondents with disabilities took part in the focus group meetings and a total 91 key informants that involved law enforcement agents, like police and the judiciary, gender officers and community leaders. In total, the survey had 260 respondents.

5.6 Data analysis

The data collected and collated from the mentioned tools was analyzed using the SPSS.

5.7 Limitations to the research

Despite the Covid19 challenge, respondents came out to respond.

GBV definition

Gender-based violence [1]is defined as violence that is directed against a person on the basis of their gender or sex, including acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. It includes physical, sexual and psychological violence perpetrated or condoned within the family, the general community or by the State and its institutions.[1] Such violence can take many different forms such as the following: **Sexual violence:** Includes actual, attempted or threatened (vaginal, anal or oral) rape, defilement, sexual abuse and exploitation; forced prostitution; transactional/survival sex; and sexual harassment, intimidation and humiliation.

Physical violence: Includes actual, attempted or threatened physical assault or battery; slavery and slave-like practices; and trafficking.

Emotional and psychological violence: Includes abuse and humiliation, such as insults; cruel and degrading treatment; compelling a person to engage in humiliating acts; and placing restrictions on liberty and freedom of movement.

Harmful traditional practices: Include female genital mutilation/cutting (FGM/C); forced marriage; child marriage; honor or dowry killings or maiming; infanticide, sex-selective abortion practices; sex-selective neglect and abuse; and denial of education and economic opportunities for women and girls.

Socio-economic violence: Includes discrimination and denial of opportunities or services on the basis of sex, gender, or sexual orientation; social exclusion; obstructive legal practices, such as denial of the exercise and enjoyment of civil, social, economic, cultural and political rights, mainly to women and girls.

Gender-based violence is deeply rooted in discriminatory cultural beliefs and attitudes that perpetuate inequality and powerlessness, in particular of women and girls. Various other factors, such as poverty, lack of education and livelihood opportunities, and impunity for crime and abuse, also tend to contribute to and reinforce a culture of violence and discrimination based on gender. Women and girls are no exception to these GBVs.

Gender-based violence (GBV)[1] is a grave human rights violation that can cause long-term and life-threatening injury and trauma to victims/survivors.

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[1] Handbook for the Protection of Internally Displaced Persons,

https://www.unhcr.org/4794b3512.pdf

Research Findings

6. RESEACH FINDING

6.1 Demographics

The distribution of the respondents in the survey reveals that the majority were middle aged women with 26% in the age group of 46-60 and 14% in the age group of 36-45

Young women aged 21-25 were 7% and 15% were in the age group of 26-35.

The young girls in the age group of 10-15 were 18%, and those in the age group of 16-20 were 7% whilst the older women in age group of 60 and above were 13%.

62% had physical disabilities, 11% had Visual impairment/total blindness, 2 % were deaf, 7% were dumb, 1% had psychosocial disabilities, 5% were persons with Albinism and 12% were epileptic.

31% of the respondents were still single, 34% were married at the time of the survey and 21% were divorced whilst 14% were widowed.

Of those married, 17% have been married for a period between 1-5 years, 6% have been married for a period between 6-10years, 13% have been married for a period between 11-16 years and 30% have been married for over 17 years

The majority of the respondents about 31% had only done half way of their primary education, 25% had completed primary education, 20% had reached secondary education and 1% attained tertiary education whilst 24% have never been to school.

While 36% of the respondents are unemployed, 21% are subsistent farmers, 5% of these are commercial farmers.

15% are self- employed, 7% are employed part time basis, 4% are employed on full time and 13 % are students.

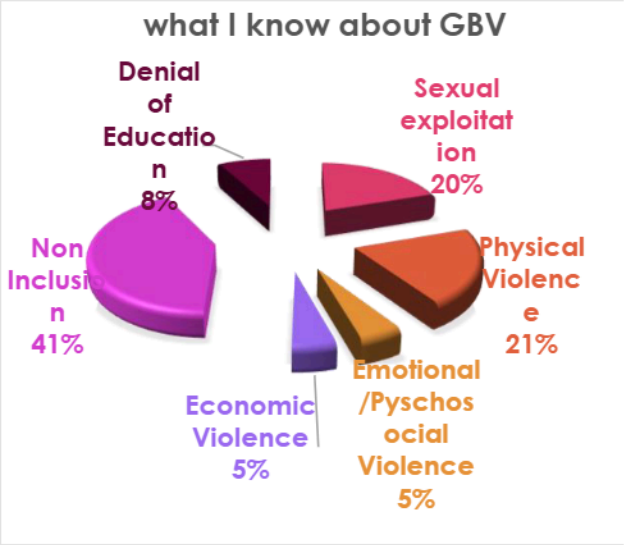
Though the 31% had no family dependents, the survey reveal that 9% had between 1-2 other family dependents, 36% had between 3-5 other family dependents, 16% had 6-7 children, while 8% had more than 8 family dependents.

6.2 Assessing GBV at Household level

68% of the respondents had an awareness that at least about 1-10 people in their community and their family had also a disability, 11% had awareness of about 10-20 people with disability,

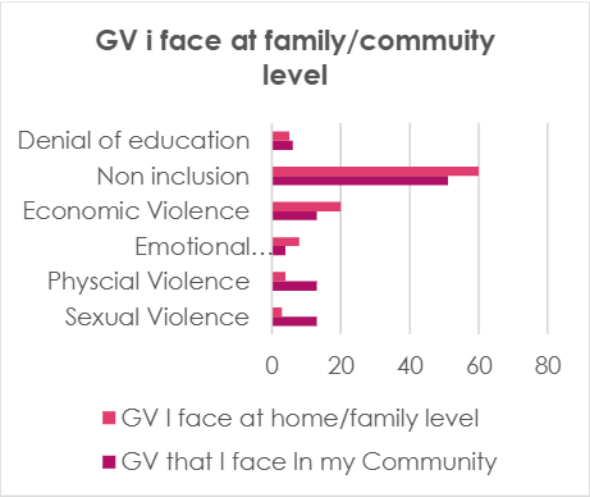
17% had an awareness of approximately 20-50 people who had disabilities and 5% had awareness of more than 50 people who had disabilities in both their family and communities respectively.

The majority of the respondents of about 92% revealed that they had an awareness of Gender Based Violence (GBV) whilst 8% had no awareness of GBV at the time of the survey.



A large share of the respondents 42% had knowledge of non -inclusion as a form of GBV, 20% had knowledge of physical violence whilst 19% had knowledge of sexual exploitation as GBV respectively.

A few of them about 5% each recognized that Psychosocial/emotional violence and economic violence also exist as GBV and 8% of them recognized denial of education as another form of GBV.



Coincidently, the form of GBV they knew, is the GBV they faced a lot both at their home and at the community level. While 51% expressed lack of inclusion at community level, 60% expressed lack of inclusion at the family level.

25% of the respondents confessed that they experienced GBV at home on daily basis, 21% on weekly basis, 19% on monthly basis, 10% on quarter basis, and 11% twice a year whilst 14% of them experience GBV on an annual basis.

While the survey revealed that 25% of those who experienced GBV in general remained silent and did not report the case anywhere, only 4% were able to report to the police and friends, while the majority of 25% reported to community leaders, 23% reported to their own family members and 6% confided in the community members and 14% could not tell if they reported or not.

Though, 52% were able to report GBV experienced at household level, 48% never reported.

Psychosocial support counselling ranked high as most of the response they received after reporting the GBV about 43% was reported, followed by 11% of the respondents that received security protection, another 11% who were sensitized, give awareness on the issues of GBV and what they could do in future to prevent occurrence of similar GBV.

8% received health services and only 5% received legal services after reporting GBV and 21% were referred for further services.

However, only 27% of the respondents felt that, it would have been better if they

had received psychosocial support services, 13% wanted legal services compared to only 4 % who actually received legal services.

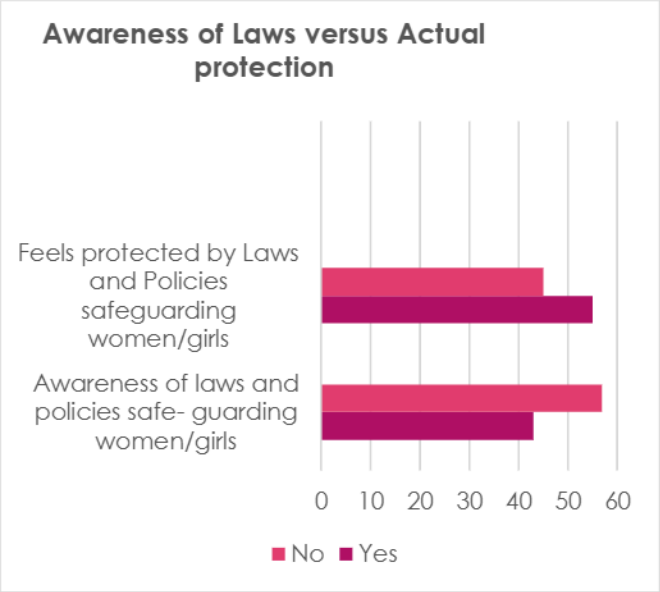
Another 13% wanted to receive security protection and 20% wanted to receive referral whilst only 3% wanted awareness or sensitization of the issue at hand. Of these 23% had no any expectation but to receive any help decided from the place the case was reported to.

Why was GBV By relatives not reported?

38% of the respondents revealed that it was difficult to report the GBV because the perpetrator of the violence was mostly the person who took care of them on daily basis and 26% revealed that they were afraid to report them because the persons who perpetrated the abuse was the breadwinner.

While 9% did not know where to report the abuse 8% felt the act was shameful to report, they felt ashamed about it and that it may take away their dignity in front of others.6% of the respondents normalized the situation, they did not feel there was any case to report as it became normal to the to experience such things demonstrating lack of awareness of their own rights.

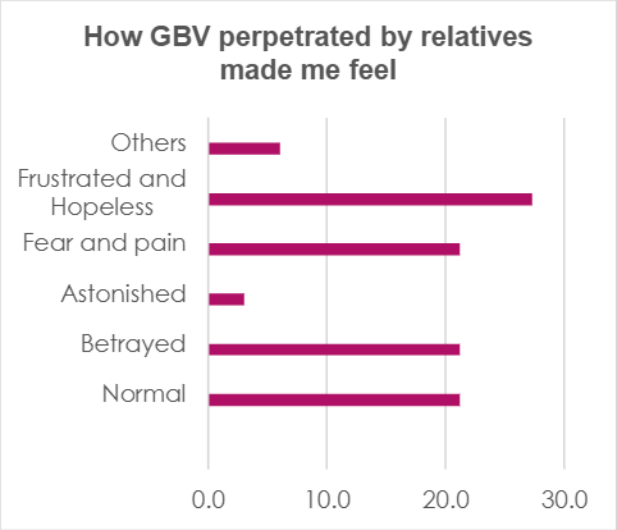
2% of the respondents sighted family members as blockers to attaining justice. The family members influenced the victim not to report and sort out the issue by discussing at family level. 11% were not sure of the reason why they decided to stay quiet and not report but also consist of others who felt they never experienced GBV.



Though 43% of the respondents were the one who knew the existence of other instruments/laws and policies that speak about women's protection from gender-based violence and abuse, 55% felt that they were being protected with such existence of those laws.

This meant that, though some segment of the respondents had no knowledge of such laws, however, they just had an intuition that there must be such kind of laws and that they must be able to protect women and girls.

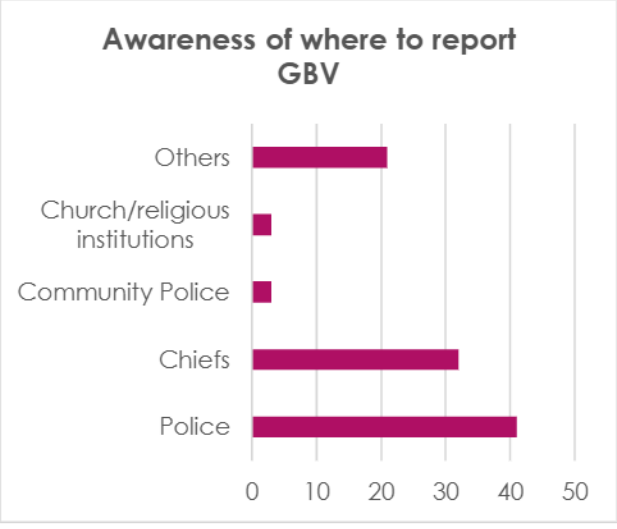
57% of the respondents knew nothing about laws and policies existing to protect women and so 45% of them never feel protected.



The majority of respondents 21% perceived it as normal, they felt it was not abuse at all, the other 21% had feelings of betrayal and 27% of the respondents felt frustrated and hopeless, not knowing what to do.

Though 3% were astonished that the violence was perpetrated by their own relatives, 21% of the respondents also expressed that they had a lot of fear and pain inside from the shock of knowing their own relatives had abused them.

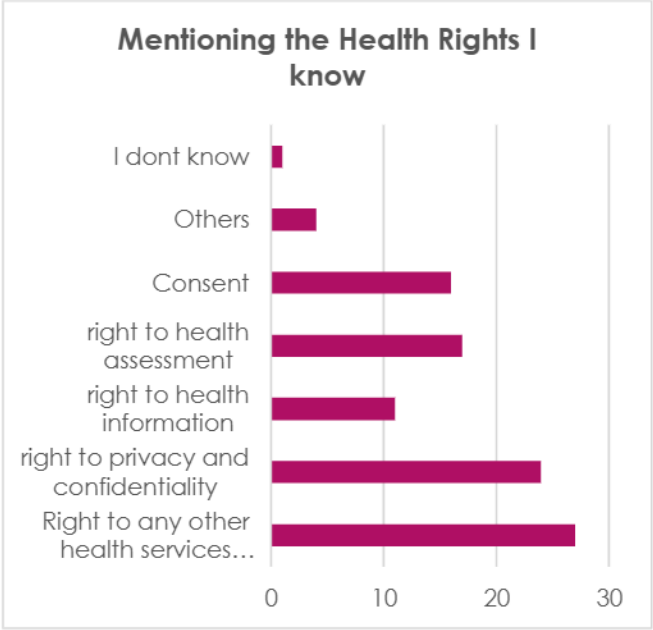
6% of the respondents did not know how to feel about the whole situation.



41% of the respondents knew that GBV must be reported to the police, 32% knew that it must be reported to the community chiefs, whilst 3% only knew that it must be reported at the community policing and religious institutions respectively. 21% of the respondents were not sure where GBV must be reported.

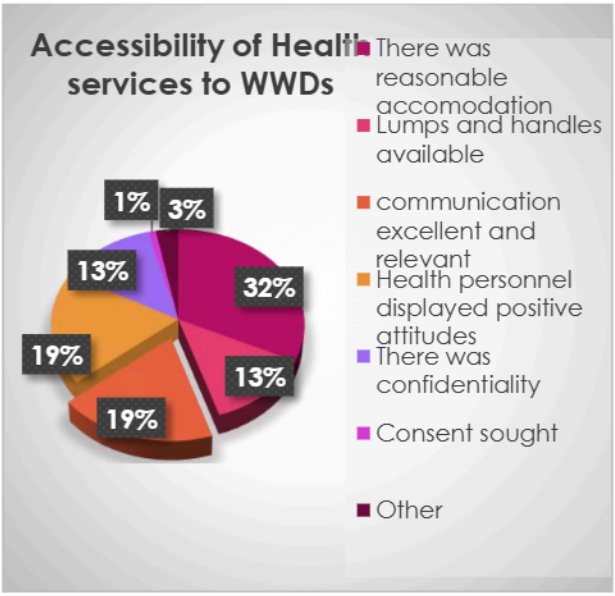
6.3 Assessing GBV in Accessing Health Services and Reproductive Rights

In terms of the awareness of the health rights, 65% of the respondents claimed to know that they have Health rights and 35% did not know that they have health rights.



27% of the respondents were able to mention that they had rights to any other health services including sexual and reproductive Health services, 24% mentioned right to privacy and confidentiality, 11% mentioned right to health information, 17% mentioned right

to health assessment and 16% mentioned right to give Consent, 4% did not know yet.

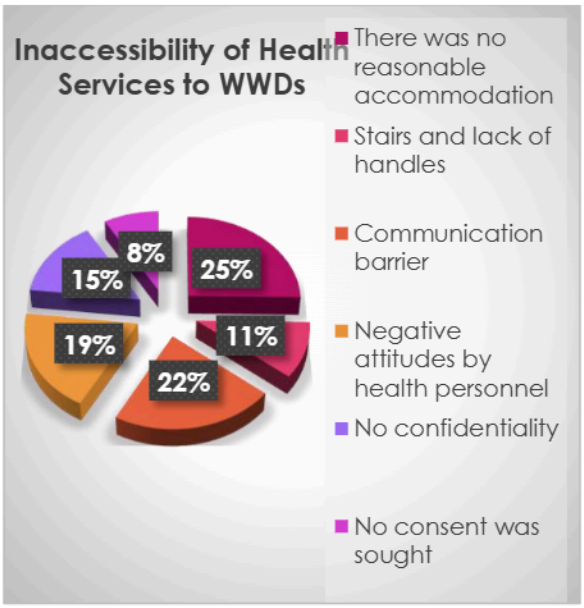


Though health rights services maybe available, it's important that it is accessible to women with disabilities.

The survey reveals that 32% of the respondents had reasonable accommodation, 13% of the respondents expressed that Lumps and handles were available,

19% of the respondents expressed that communication was excellent and relevant, 19% expressed that Health personnel displayed positive attitudes,

13% mentioned that there was confidentiality and 1% lamented that Consent was sought whilst the other 3% were not sure.



24% of the respondents confessed that while accessing health services, there was no reasonable accommodation.

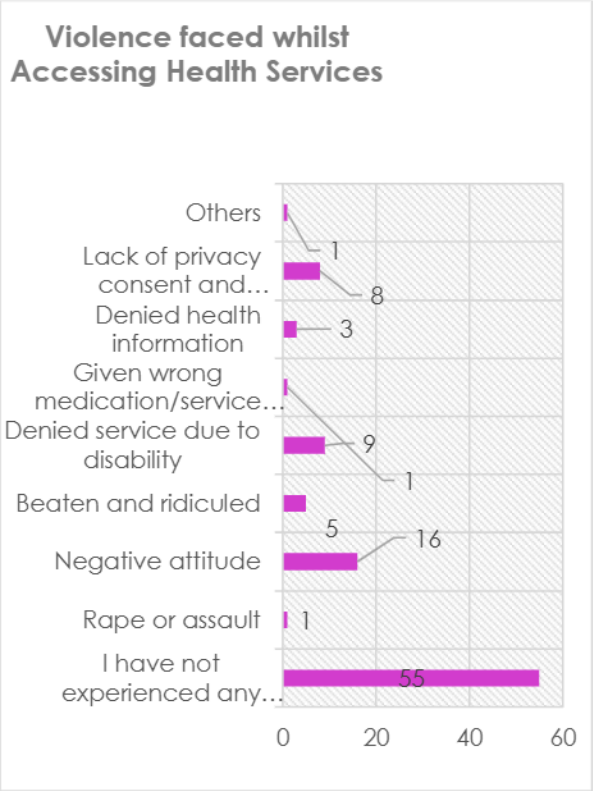
21% confessed that there was barrier in communication as they tried to access the services, either they could not understand the type of communication made (sign language, messages at the health centre not applicable to the disability of the person and not explaining of the injection they are getting (this was especially revealed from the women with deaf and blind WWDs).

18% said that they experienced negative attitudes from the health personnel which included negative perceptions about family planning methods and child bearing insinuating that WWDs are not supposed to be sexually active, the personnel either felt very sorry for them or despising them for indulging in such acts.

14% of the respondents, beamed lack of confidentiality in accessing services i.e. guardian is present when seeking and getting the service making it difficult to

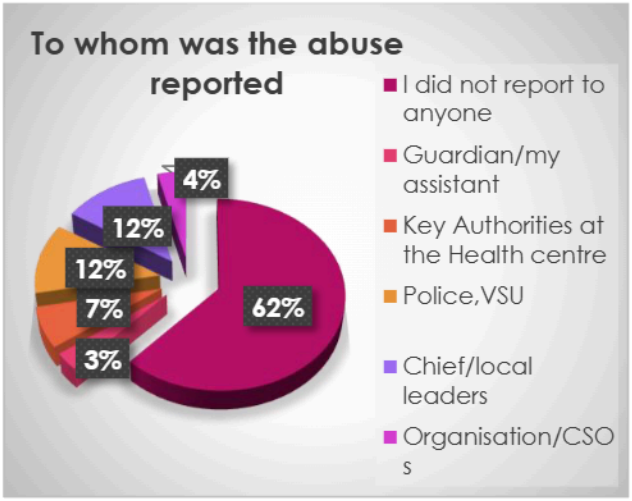
choose which information to keep or to let the assistant or other personnel to know or not.

9% observed that consent was not asked or given, for instance, getting certain family planning methods.10% felt the physical environment was not as much accessible as it was supposed to be, the premises had stairs with no option areas for passage and often the lack of handles in railways and even toilets.



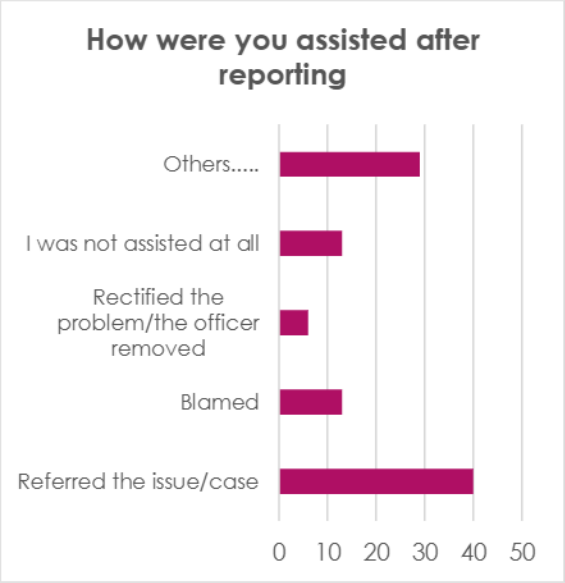
Although 55% of the respondents expressed that they never experienced any abuse in the course of accessing health services, 16% of the respondents experienced negative attitude from the health personnel, 9% were literally denied service due to disability, 8% were raped and assaulted and 5% were slapped and ridiculed for either taking family planning methods and during the childbirth time.

3% of the respondents were denied health information, 1% were given wrong medication, a service which was not relevant with the problem due to communication barrier and lack of clear information health services available whilst another 1% could not recall how the health service was.



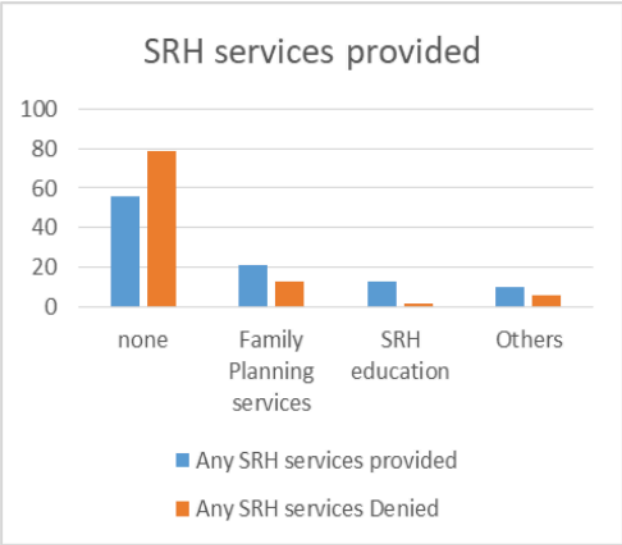
62% of a section of respondents who experienced abuse whilst accessing health services did not report the abuse to anyone, 3% confided in their guardian/ assistant helping them at that moment.

7% reported to the key authorities at the health centre, 12 % reported the matter to the Police victim support unit and another 12% reported to the local leaders whilst 4% reported the matter to the civil society organizations.



While 40% of the cases reported were referred, 13% of them ended up Blaming the victims, 6% of the cases were resolved and the offender was sacked from their duties, 13% of the cases were not resolved at all and 29% is not known what happened.

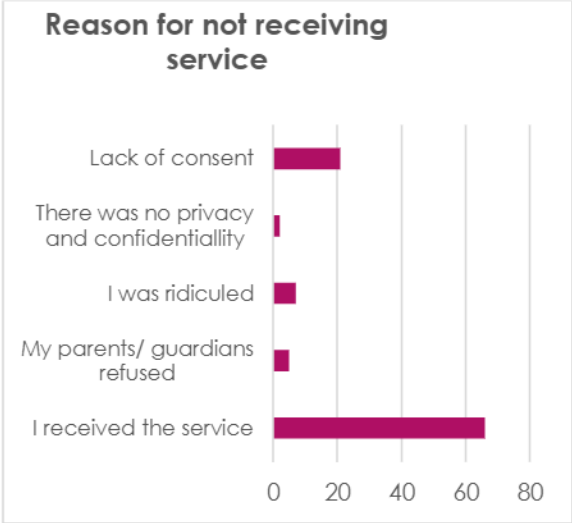
Though 56% of the respondents expressed that they were not provided with SRH services because they did not seek for services at all, however, 79% were not denied SRH services after seeking for the services.



21% of the respondents had received family planning services while 13% were denied family planning services when they tried to access.

13% of the respondents had received SRH education in their life while 2%never received SRH education when they wanted to.

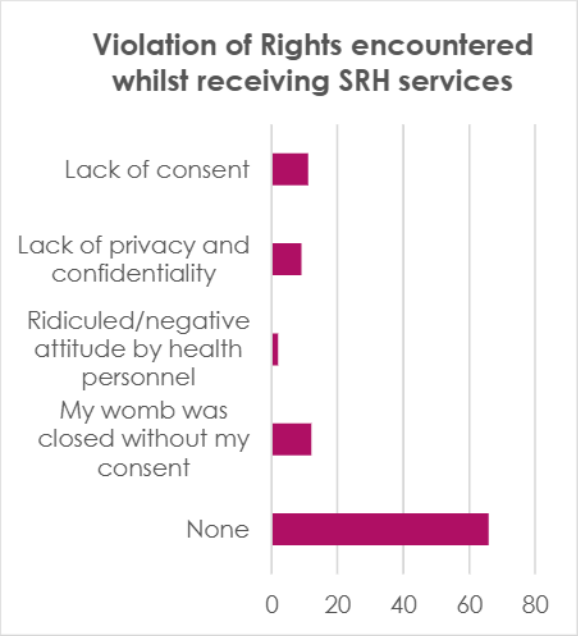
10% of the respondents were not sure if they had received SRH services in their life time or not but 6% were also not sure if they were denied either.



Even though 66% of the respondents received the service, 5% could not receive SRH service because their guardian refused, their guardian had a different opinion.

While 7% were ridiculed, 2 % claimed that there was no privacy and confidentiality while attempting to receive the service.

21% of the respondents expressed that there was no consent obtained to receive the service, hence they denied the service.



66% of the respondents said that they had not encounter any violation of rights while receiving sexual reproductive health services.

While 11% said, consent was not obtained while giving the service, 12% expressed that their womb was closed without them giving consent, 2% said that they experienced negative attitudes from the health personnel and 9% experienced Lack of privacy and confidentiality.

6.4 Assessing GBV in accessing the Legal service

Legal service is key



62% of the respondents revealed that they had no knowledge of legal rights, 12% had awareness of equal recognition and protection before the Law.

15% had awareness that access to legal services and provision of reasonable accommodation is a legal right Only 3% had awareness of the Access to justice itself as legal right, another 3% had awareness that they had a right to heard and represented in legal matters. 4% had awareness that having legal information is their legal right.



Much as 64% of the respondents did not face any abuse while accessing legal services.

17% of the respondents expressed that they lacked legal representation while accessing their legal rights.

9% lacked legal information to help them understand the processes and understanding of what they will experience either as victims or witnesses in the justice system.

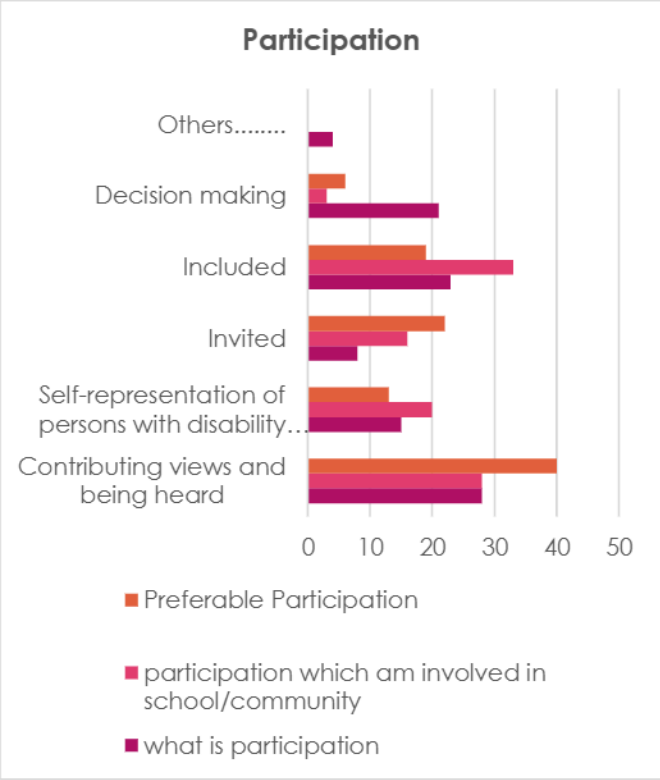
3% mentioned that communication was a barrier as it was not relevant with the people involved as some required sign language, raising volume of speech, communication through their guardian and others.

7% of the respondents said issues were taken lightly and therefore the officers did not really help them.

Reporting the abuse in accessing legal service

47% of the respondents did not report the abuse faced whilst accessing legal service to anyone, 5% took the matter and reported further to the Supreme Court while 14% of the respondents reported the matter to the other civil society organizations. 36% were not sure if they reported to any person or entity.

6.5 Assessing GBV in participation



While 28% of the respondents expressed their understanding of participation to mean contributing views and being heard.

28% of the respondents also had actually participated through contributing their views and being heard, however, 40 % of the respondents would have preferred contribution of their views and being heard as a highest form of participation.

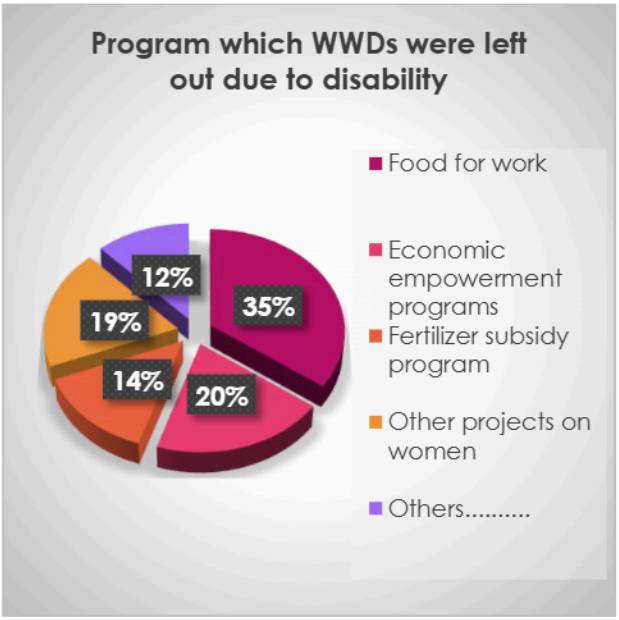
15% of the respondents understood participation as self-representation of persons with disabilities and speaking. Though 20% of the respondents were the

ones who actually were able to self – represent, 13% of the respondents were the ones who would have preferred self-representation as a way of participation.

While 8% understood participation as being invited in programs and activities, 16% were in actual sense invited, however, 22% would have preferred being invited to programs and activities as a form of participation.

Although 23% understood participation as being included in programs and activities, 33%had actually been included in programs and activities, however, only 19% would have preferred this.

21% of the respondents understood participation to be empowerment in Decision making, but only 3% were in actual sense able to make decisions.6% of the respondents would have preferred empowerment in decision making as participation.



35% of the respondents were left out in food for work programs such as road works, 20% were left out in economic empowerment programs such as the MADEF programs, Mtukula Pakhomo initiatives, social cash transfer and others.

14% of the respondents were left out in fertilizer subsidy programs where farmers are encouraged to farm either for consumption or commercial purposes.

19% of the respondents were left out in other programs that involve women empowerment such as savings and loans scheme initiatives at community level, projects that come into the community that requires women but women with disabilities are left out.

12% of the respondents were not sure if they were ever left out in programs due to disability.

Any abuse faced in participating in programs/activities

While participating in programs and activities, 57% of the respondents reported that they experienced nepotism, 8% felt there was unequal distribution of resources.

13% do not get paid after working or receive equal pay for an equal job, 18% experienced sexual exploitation.

4% others said they did not experience any abuse or violation of rights while trying to participate in programs and activities.

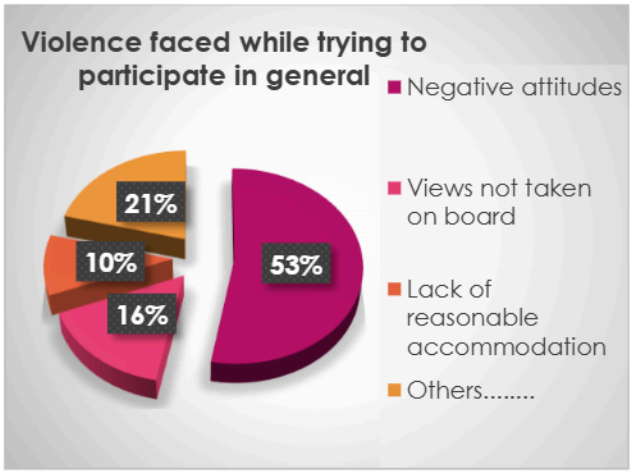
Ability to engage with key people to influence and reasons for not engaging

46% of the respondents confessed that they were able to engage with key people, 54% of the respondents said they are unable to engage with key people.

Of those who were unable to engage, 29% said they just were not interested to engage, 51% did not know where and who to talk to influence change.

8% did not grant audience to engage them 5% claimed that they received threats while trying to engage key authorities.

6% said because they were not educated, they felt they would not be heard whilst 2% of the respondents were not sure if they wanted to engage or not.



53% of the respondents experience negative attitudes, 16% felt their views were not even considered.

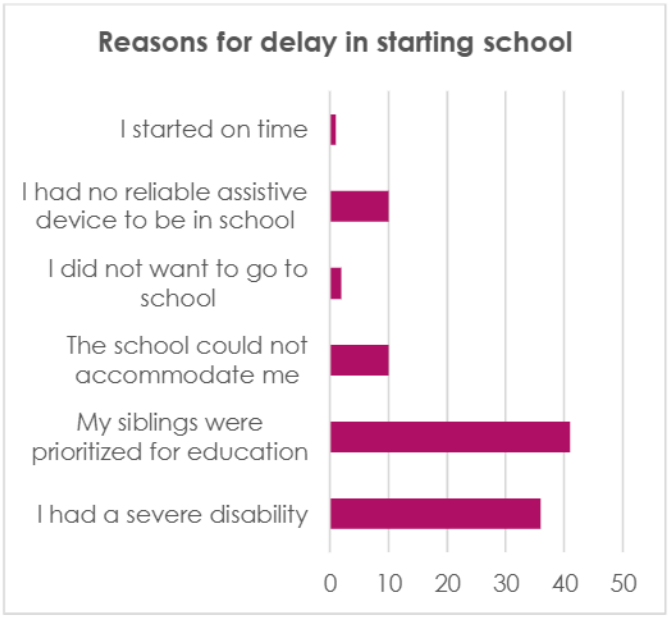
0% felt there was no reasonable accommodation at all and 21% others did not experience any violence while participating.

6.6 Assessing GBV at Education Level

44% of the respondents expressed that they understood education rights for children with disabilities as reasonable accommodation being provided.

35% understood that the classrooms, school facilities must be accessible even to children with disabilities.

7% said textbooks and learning materials must be available and 1% said there must be adequate allocation of teachers and teacher support



41% of the respondents started school between the age of 6-7, 46% started between the age of 8-10, 5% started between the age of 11-13 and 2% between 14-16.

Amongst the reasons why others started school later than the normal age of six, 36% of the respondents expressed that they had a severe disability, 41% said their families prioritized their siblings

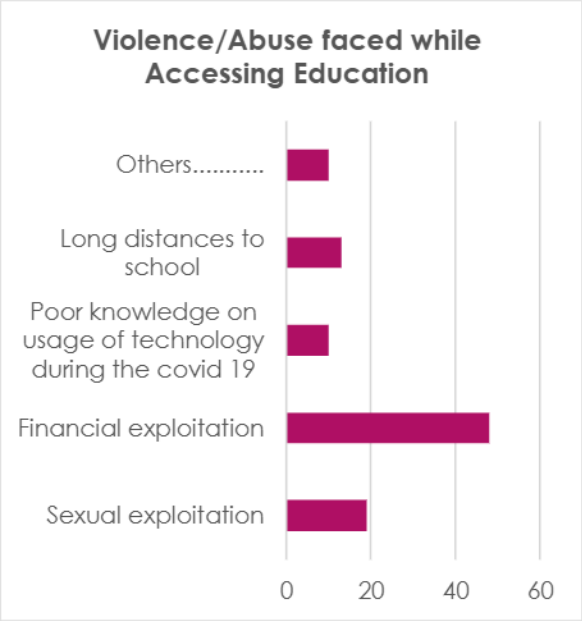
for education and they were last to be considered

10% said the school environment was not conducive enough to accommodate them, 10% had no reliable assistive device to be in school, and 2% of the respondents did not simply want to go to school and 1% started on time.

Although some of the respondents went on and enrolled in schools, later, they dropped out of the school and could not complete, primary, secondary and tertiary education levels. 24% revealed that they dropped out of school because there was no reasonable accommodation.

31% said the classrooms and facilities within the school were not accessible, 12% said there was no text books and Learning materials available for their type of disability.

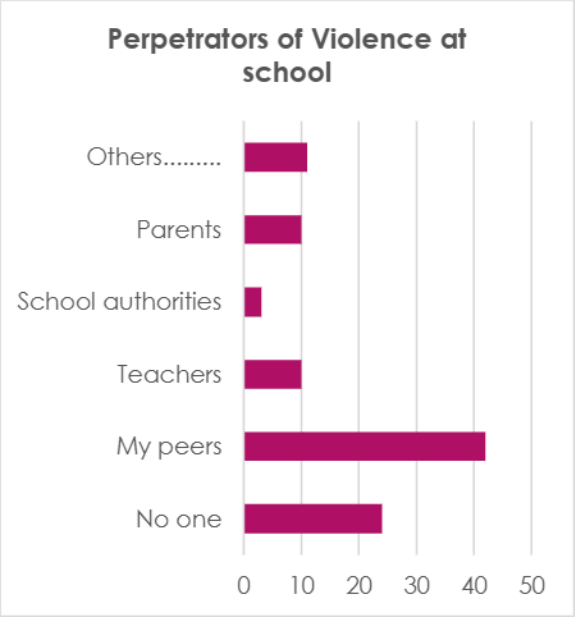
10% said teachers and teacher support was not available, 19% said there was no conducive environment as peers and teachers looked at them with negative attitudes and 5% of them said they experienced sexual exploitation.



Of the respondents who managed to be in school, 19% of the respondents said they experienced abuse in form of Sexual exploitation, 48% were financially exploited.

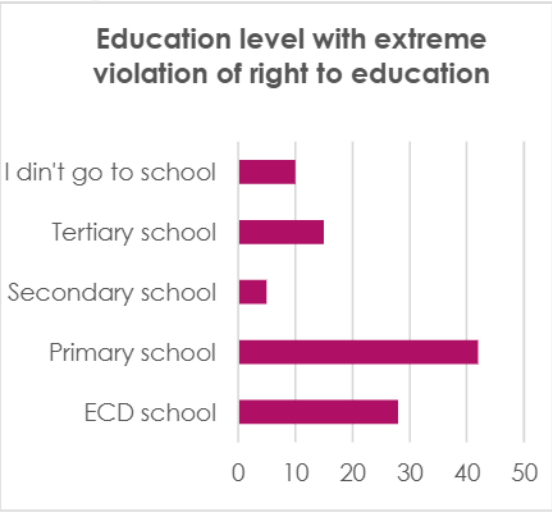
10% said they could not do well as they had poor knowledge on usage of technology during the Covid 19 since the schools had to change ways of offering education, online platforms and technology were used.

13% said due to long distances to school, they could not go to school regularly since only particular schools had resource centers. 10% were not sure if they faced any violence while at school.



24% of the respondents said none perpetrated violence at the school, 42% mentioned their peers,10% mentioned teachers, 3% mentioned School authorities and 10% mentioned their Parents whilst 11% others were not sure

Although 26% of the respondents had received extra education on sexual, gender and human rights 74% had never received any of that extra education on sexual, gender and human rights training.

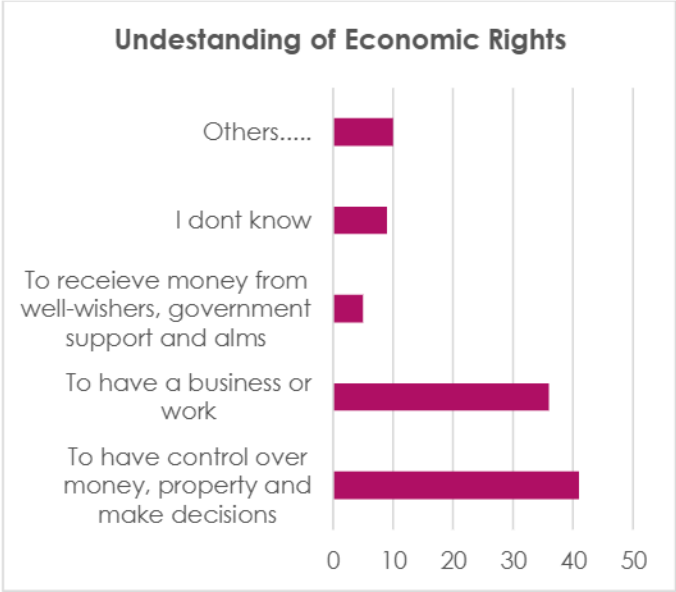


The majority of the respondents, about 42% experienced violation while at the Primary school level, 28% at the Early Childhood Development school level and 15% whilst at the Tertiary education level.

5% of the respondents experienced violation at Secondary school level and 10% did not experience as they were not in school.

The violation of this right included lack of reasonable accommodation, negative attitudes of the teachers and peers and bullying.

6.7 Assessing GBV on Economic Rights

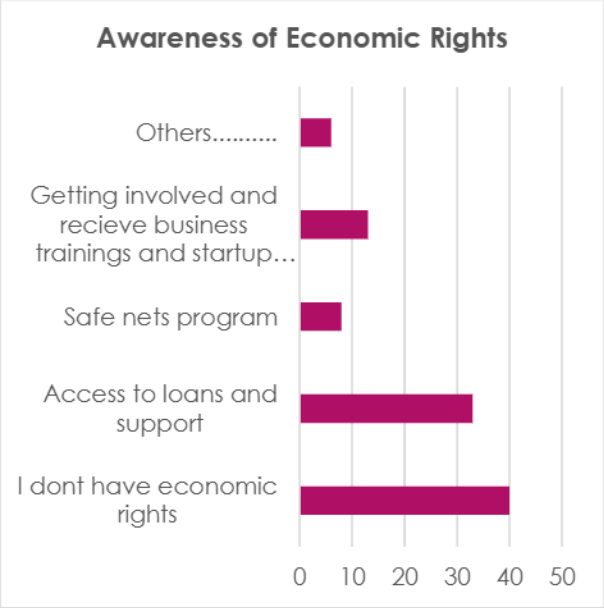


41% of the respondents understands that to have economic rights is to have control over money, property and make decisions

36% understands that to have economic rights is to have a business or work

5% understands that to have economic rights is to receive money from well-wishers, government support and alms

9% were not aware of what economic rights is and 10% of the respondents 10% were not sure if they understood or know economic rights.

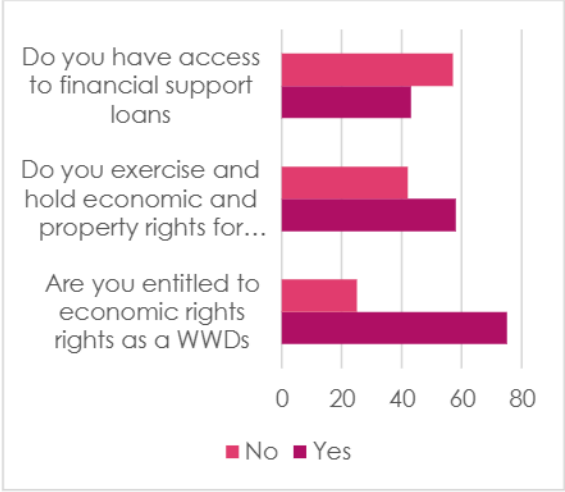


40% of the respondents said that they do not have economic rights,

33% of the respondents had awareness that one of their economic rights is to have access to loans and support,

8% had understanding that Safe nets program is one of the economic rights,

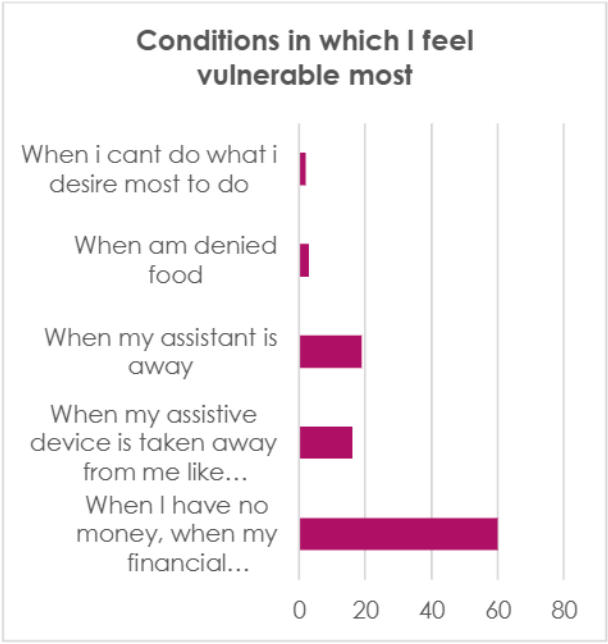
13% thought getting involved and receiving business trainings and startup funds is economic rights whilst 6% others were not sure.



75% of the respondents said that as women with disabilities, they also were entitled to these economic rights while 25% said they were not entitled.

58% of the respondents were able to exercise and hold economic and property rights in their families whilst 42% could not.

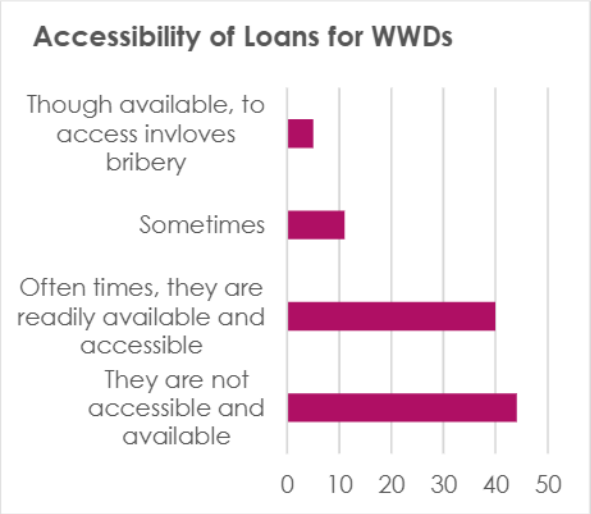
43% of the respondents had access to financial support loans and 57% had never accessed loans



60% of the respondents felt vulnerable most **to** abuse when they had no money and the financial independence is taken away.

16% felt vulnerable to abuse when their assistive device such as the wheel chair, hearing aid, clutches etc. is taken away from them.

19% of the respondents felt vulnerable to abuse when their assistant is not with them at the time and some 3% felt vulnerable when they are denied food.



44% of the respondents said loans are not accessible and available to women with disabilities.

40% of them said often times, the loans are readily available and accessible,

11% said sometimes and 5% said though the loans are available, and to access them involves bribery.



66% of the respondents mentioned that their economic empowerment right is demonstrated in their ability to make financial decisions in their families

19% said they have property in their name, 13% own and run their own business/work and are able to make all decisions regarding their business and finances whilst 3% were not sure.

61% of the respondents mentioned that they had full control over the income/property 39% did not had full control over their income and property.

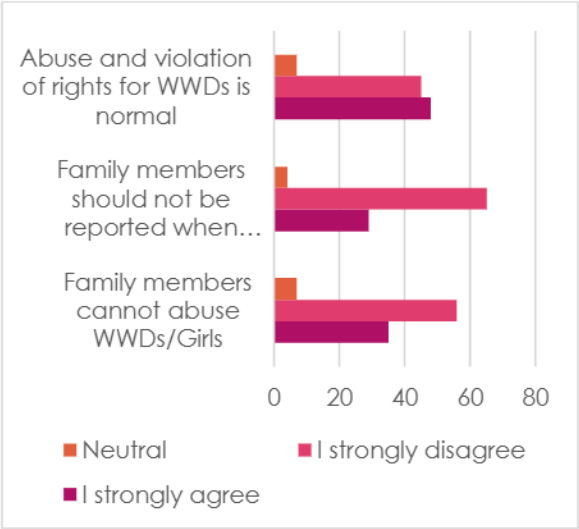
50% of the respondents had no full control because family members including husband had taken higher control, 29% could not have full control because they gave it willingly to their family members or husband to take control, 7% said their family members snatched it away from them and 7% said the property is not In their name whilst the other 7% were not sure.



54% of the respondents expressed that the abuse that they experienced at the workplace was negative attitudes by clients/workers.

38% said they received unequal pay, 6% had limitations to do other things and 2% says there was no reasonable accommodation at the workplace.

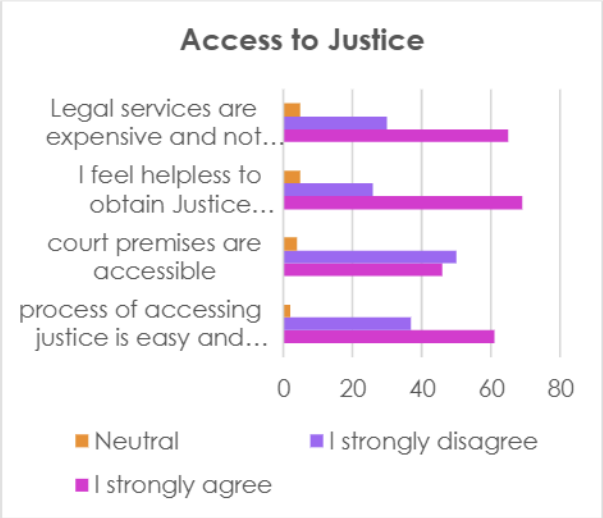
6.8 Assessing attitudes and practices fueling GBV



34% of the respondents strongly agree that family members cannot abuse WWD/girls, 55% disagree with this and 7% were neutral.

29% of the respondents strongly agree that family members should not be reported when they abuse their rights, 66% disagree and 4% were neutral.

48% of the respondents strongly agreed that abuse and violation of rights for WWDs is normal, 45% disagreed with this and 7% were neutral.



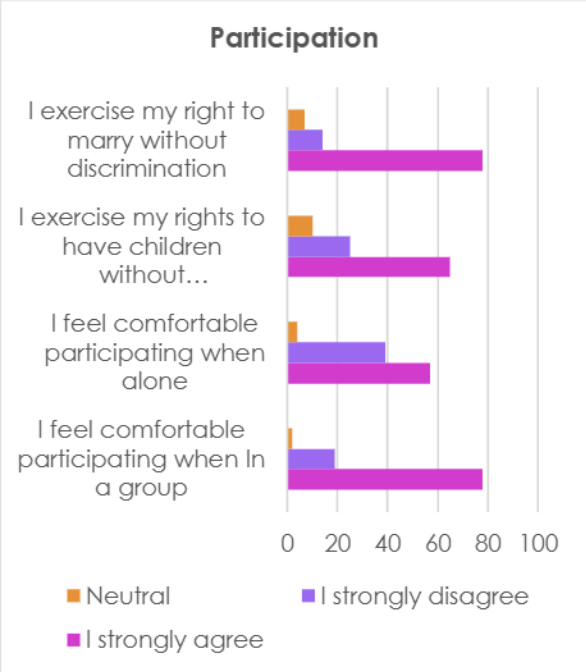
61% of the respondents strongly agree that the process of accessing justice is easy and affordable, 37% disagree and 2% were neutral.

46% of the respondents strongly agree that the court premises are accessible, 50% disagree and 4% were neutral.

69% of the respondents strongly agree that they felt helpless to obtain justice due to poverty, 26% disagree on this and 5% were neutral.

65 of the respondents strongly agree that legal services are expensive and not

easy to get, 30% disagree and 5% were neutral

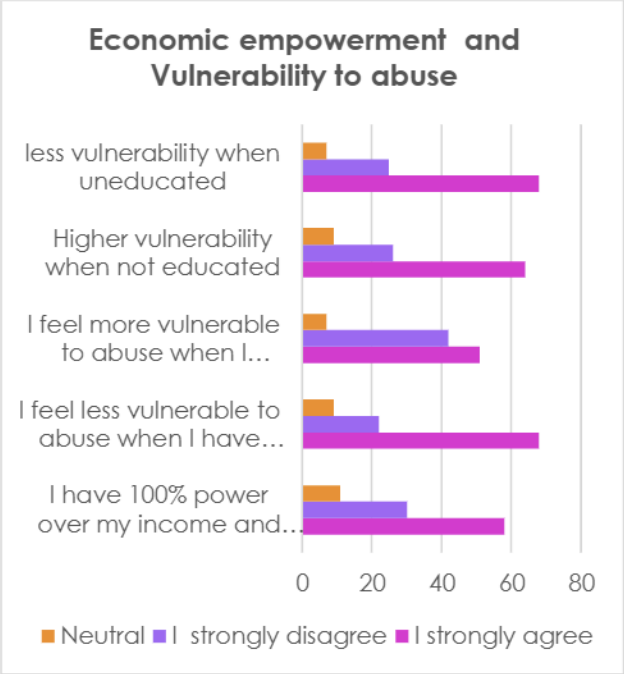


78% of the respondents strongly felt comfortable participating in a group, 19% disagree and 2% were neutral.

57% of the respondents strongly agree that they felt comfortable participating when they are alone, 39% disagree and 4% were neutral.

65% of the respondents strongly agree that they exercise their rights to have children without discrimination, 25% disagree and 10% were neutral.

78% respondents strongly felt that they were able to exercise their right to be married without any discrimination, 14% disagreed with this and 7% were neutral on the issue.



58% of the respondents strongly agree that they have full power over their income and property, 30% strongly disagree and 11% were not sure.

68% of the respondents strongly agree that they feel less vulnerable to abuse when they have no money, 22% strongly disagree and 9% were not sure.

51% of the respondents strongly agree that they felt more vulnerable to abuse when they have no money, 42% strongly disagree and 7% were not sure.

64% of the respondents strongly agree that they felt more vulnerable when they are not educated, 26% strongly disagreed and 9% were neutral.

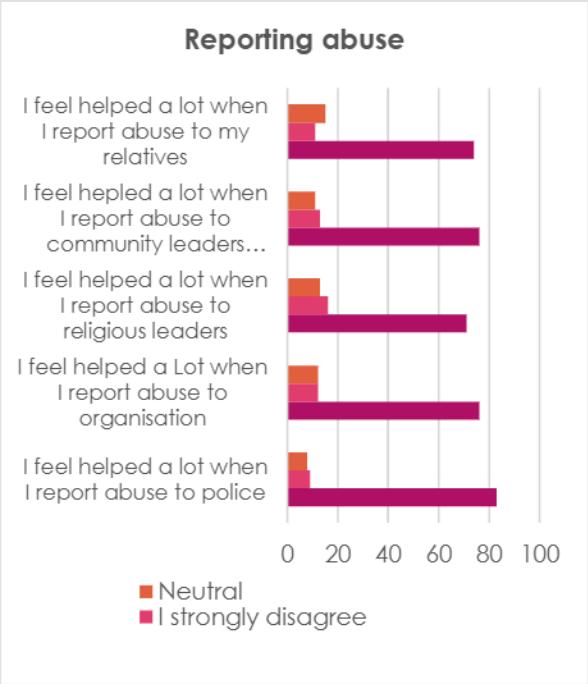
68% of the respondents strongly agreed that they felt less vulnerable to abuse when they are uneducated,

25% strongly disagree and 7% were not sure.

Reporting abuse

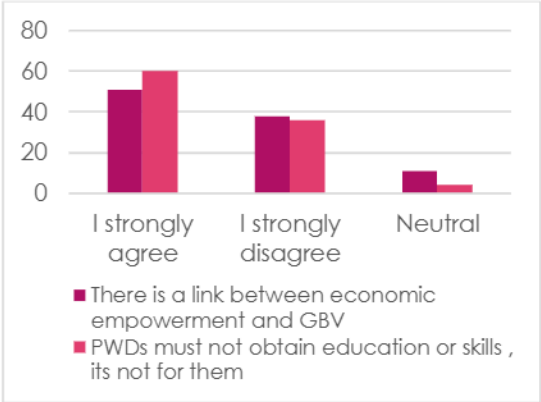
83% of the respondents strongly agree that they felt helped a lot when they report abuse to the police, 9% disagreed and 8% were neutral. 76% of the respondents strongly agree that they felt helped a lot when they report the abuse to organizations, 12% disagree and 12% were neutral.

71% of the respondents strongly agree that they felt helped a lot when they report abuse to religious leaders, 16% disagreed and 13% were neutral.

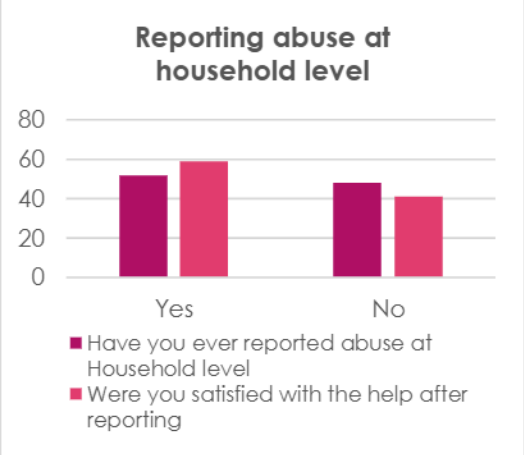


76% of the respondents strongly agree that they felt helped a lot when they report abuse to community leaders and the policing, 13% disagreed with this and 11% were neutral.

74% of the respondents strongly agree that they felt helped a lot when they report abuse to their relatives, 11% disagree with this and 15% were neutral.



51% of the respondents strongly agreed that there is a link between economic empowerment and GBV while 38% strongly disagreed and 11% were neutral. 60% of the respondents strongly agreed that PWDs must not obtain education or skills but 36% disagreed while 4% were neutral.



52% of the respondents have reported abuse which took place at the household level whilst 48% never reported the abuse taking place at the household level. 59% of the respondents were satisfied with the response after reporting abuse while 41 were not satisfied with the response.



A woman with disability sitting on her wheel chair gazing outside in her home, Canada

Discussion of the results as per the findings

7. DISCUSSION OF THE RESULTS AS PER THE FINDINGS

7.1 GBV at Household level

The majority of the respondents seemed to have high awareness of the existence of other persons with disabilities either in their own family or at the community level. This is an important discovery and interventions must build on this to encourage formation and strengthening of disability groups in such areas where there are not available or are weak. It is in human nature to be attracted and feel confident with peers going through same challenges, such interventions can break the silence on key issues affecting persons with disabilities and advocacy can bring change.

Though 98% of the respondents expressed having knowledge of GBV, the awareness for most of them ended with knowing non-inclusion, physical violence and sexual violence as forms of violence and consequently, this was also the major violence which they faced at home. This means psychological and emotional violence as well as economic violence were not forms of violence they knew enough to mention at the tip of the hands, thus, though it may occur to them, it will go unnoticed.

Chiefs and other community leaders in the North shared the sentiments with the women that commonly, violence occurring in their district is non-inclusion in development activities while in the South (Blantyre and Mangochi), chiefs reported of receiving commonly Sexual and psychological violence cases.

It would therefore seem vital that at case management level the case manager must engage with the survivor, working with them to solve the case to their satisfaction while advising accordingly other than the case only depending on what the case manager decides to happen.

This survey has revealed that although violence is frequently experienced at home, the survivors of GBV have commonly reported the cases to their family members and yet, very few have taken the cases further from their first point of report.

48% of them never reported violence experienced at home, meaning that, majority of persons with disabilities continue to suffer violence in the home as long as it is not reported. For some, this happens on a daily basis while others it's occasional.

Of those who reported, not all of them expressed satisfaction of the service they received after reporting abuse. For instance, although after reporting abuse 43% of the survivors received psychosocial support counselling services, only 27% of the respondents actually would appreciate this service. 13% would want to access legal services as compared to only 4% who did.

It would therefore seem vital that at case management level the case manager must engage with the survivor, working with them to solve the case to their satisfaction while advising accordingly other than the case only depending on what the case manager decides to happen.

Of the reasons given for not reporting abuse happening at household level, we would only conclude to lack of awareness and will to exercise their rights as women and girls with disabilities. It has been revealed in the study that the majority of the respondents felt frustrated, hopeless and not knowing what to do knowing that the perpetrator of violence is the one who was supposed to protect them and was their relation. While many of them knew they needed to report to police or community leaders over 21% were not sure of where to report GBV.

Women with Disabilities In

HEALTH RIGHTS



Human Rights of Women and Girls with disabilities through funding from Mama cash advocates for Access to Health services at Crossroads Hotel, in Lilongwe, Malawi.

7.2 Health and SRH

Health is also one of the fundamental human rights of all, and any good and sound health system and services must be inclusive of all citizens, including persons with disabilities. Although the Ministry of Health has taken responsibility for ensuring that persons with albinism can receive sunscreen lotion at any government hospital and provides free family planning methods to all, generally, health services in Malawi are not accessible to, and inclusive of, persons with disabilities. This is particularly the case for women with disabilities and access to sexual and reproductive health services.

This study revealed that 35% of the respondents were not aware that they have health rights. As such, right to confidentiality, seeking consent, accessing SRHR services were not known and hence not utilized. There is a link to knowing and using the rights

Of those who were able to access services, only 13% had confidentiality and 19% received positive attitudes from the health personnel as they gave the service.

Alarmingly, 45% experienced abuse in the course of accessing health services which ranged from complete denial of SRHR services due to disability, barrier to communication and eventually receiving wrong medication and lack of consent and experiencing negative attitudes from health personnel with no reasonable accommodation at all.

Respondents in the Central region (Lilongwe and Dedza) said this "we stand in queues instead of telling us to stand in the front and it mostly takes the effort of other patients who feel sorry for us and give us an opportunity to be at the front.

In the North, women with disabilities expressed that they had right to access the health facilities however, upon reaching the Health Centres, they are forced to queue like anyone else in the name of equal service. No consideration are being given to the difficulty of a person with disability to reaching the Health Centres as compared to others who have no disability.

Health services must be accessible, affordable and available. In this study, it shows that the health services are available, however, accessibility is minimal and considerations for reasonable accommodation must be provided that includes physical infrastructure, consideration of receiving the service first instead of queuing and communication as well as information which is relevant be given.

Attitudes of the health personnel in providing services and the role of guardians also needs to be checked as this has impact on whether clients are able to come back for the service or not and devising ways of bringing SRHR services closer to the people with disabilities.

One of the grave violations of human rights discovered in this study is also where women reported of health personnel conducting Hysterectomy (the act of closing their womb) without consent or where in some circumstances, health personnel have made decisions with the guardian and not the woman herself.

Low intake of SRH services also comes as a result of lack of knowledge, automatically, what is not known cannot have demand.

The majority of those who experienced abuse whilst accessing Heath services did not report to anyone at all, whilst those who managed to report were either referred, blamed and many instances, cases remained unresolved though in some cases, action was taken.

> *Respondents in central and Northen region: "We usually don't report because we're afraid that if we report them they won't help us again another day but sometimes we're ignorant on where to report".*

Women with disabilities worldwide face a wide range of unique human rights abuses in sexual and reproductive health care settings, due to both their gender and disability.

In its General Comment No. 3 on women with disabilities, the CRPD Committee recognized that "[I]n practice, the choices of women with disabilities, especially women with psychosocial or intellectual disabilities are often ignored, [and] their decisions are often substituted by third parties, including legal representatives, service providers, guardians and family members."[2] When women with disabilities are deprived of legal capacity, this can "facilitate forced interventions, such as: sterilization, abortion, [and] contraception…"[3]

These practices are also frequently based on false and discriminatory assumptions about the sexuality and ability of women with disabilities to parent, or on the desire to control their menstrual cycles,[4] and are considered severe human rights violations, including forms of torture or ill-treatment

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[2] CRPD Committee, General Comment No. 3: Article 6: Women and girls with disabilities, ¶ 44, U.N. Doc. CRPD/C/GC/3 (2016) [hereinafter CRPD Committee, Gen. Comment No. 3].

[3] UN Special Rapporteur on Violence against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶¶ 28 & 36, U.N. Doc. A/67/227 (2012) [hereinafter SRVAW, *Report on women with disabilities*].

[4] CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), in Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, ¶ 22, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008); CRPD Committee, *General Comment No. 1: Article 12: Equal recognition before the law,* U.N. Doc. CRPD/C/GC/1 (2014); Human Rights Committee, *Concluding Observations: Czech Republic*, ¶ 11, U.N. Doc CCPR/C/CZE/CO/3 (2013); CAT Committee, *Concluding Observations: Czech Republic*, ¶ 12, U.N. Doc. CAT/C/CZE/CO/4-5 (2012); Human Rights Council, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Mendez*, ¶ 48, U.N. Doc. A/HRC/22/53 (2013).



A good practice example: How a Cambodian eye Hospital became inclusive …..Community eye health Journal

In Malawi, women with disabilities experience discrimination in the context of pregnancy and childbirth and contraceptive access, among other areas. In particular, women with disabilities have reported mistreatment during antenatal clinics and delivery and postnatal services, stemming from negative stereotypes about women with disabilities' ability or entitlement to parent.[5] In a 2014 baseline survey conducted by DIWA, 39% of girls and 24% of women with disabilities reported having experienced violence and abuse from health workers.[6]

In 2017, Tereza, a woman with a disability, went to give birth to her first baby at Kawale Health Centre. Upon arrival, she was confronted with stigma and negative perceptions about her identity as a woman with disability. Instead of attending to her health care and delivery needs, the health worker verbally abused and insulted her, saying things like: "How can you get pregnant without considering your condition?" As a result of the nurse's negligence, the baby died immediately after birth. The woman's husband ended the marriage shortly thereafter, due to unfounded concerns that she would be unable to give birth to a healthy child because of her disability.

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[5] Alister C. Munthali, *A Situation Analysis of Persons with Disabilities in Malawi, supra* note 3, p. 12.
[6] DIWA, *Exploitation, Violence and Abuse Among Women and Girls with Disabilities: Baseline Survey*

The choices of women with disabilities are also ignored in the reproductive health context and substituted for the decisions of guardians or health care providers.

A woman with epilepsy who requested contraception at a health care center in T/A Njewa was denied access to contraception. She had experienced sexual violence due to her disability on multiple occasions and already had two children that were conceived following rape. She requested contraception in order to prevent future unwanted pregnancies. It appears that the woman's guardian and the health care provider conspired to deny her access to contraception.

The Disability Act requires the government to "provide appropriate health care services to persons with disabilities."[7] This includes the provision of "the same range, quality and standard of free or affordable health care services as provided to other persons, including sexual and reproductive health services."

However, the current sexual and reproductive health policy is not inclusive of women with disabilities and persons with disabilities more generally. Although the policy was supposed to be reviewed and revised in 2015, the government has yet to do so. In the meantime, there are no specific measures in place to enable women with disabilities—or persons with disabilities more generally—to access sexual and reproductive health information and services.

[7] Disability Act

Women with Disabilities In

LEGAL RIGHTS



One of the famous sign post found outside the main court In Mangochi, Malawi.

7.3 Legal Rights

Malawi is a signatory to various international and national instruments that ensures women and girls are protected and are enjoying their rights as anyone else. Such instruments include the Convention on the Elimination of Discrimination against Women (CEDAW) and domestically, we have the Gender policy. As per the constitution of Malawi, women with disabilities have a right to access legal services like anyone else.

As observed in this study, 62% of the respondents do not have any knowledge of legal rights, how can then WWDs have confidence of accessing legal rights.

The research has revealed that most women and girls with disabilities are not aware of the laws and policies that protects them from abuse. This does not leave out the community leaders and other community structures that support in case of mediations at the community level to facilitate justice within the formal and non-formal justice system. This calls for awareness and sensitization on the laws and policies that protects women and girls with disabilities from GBV. The awareness and sensitizations must also be done to the structures that help curb GBV in the communities.

The research revealed that the law enforcers are doing a commendable job in eradicating GBV and safeguarding the vulnerable groups in the society like women and girls with disabilities. Police have established community policing structures that work hand in hand with the community in protecting the victims of GBV from the time the crime is reported to the time of investigation. Although this is the case, on one hand, the law enforcers have not managed to keep and compile data of cases of GBV on women and girls with disabilities. This possess a challenge in determining the extent to which the cases are considered and managed. On the other hand, the police do not have cells (custody places) that accommodate PWDs when they commit crimes. Other challenges that the police face in course of their work also include lack of resources during investigations of GBV cases and Lack of skills in disability related case management.

Case study.

> ***Delayed justice!, The Mchinji Rape case***
> *Linda (name withheld) was a patient at a central hospital where she regularly received assistive devices, including special gloves, as a woman with disability. One day, while at the hospital to receive her gloves, the male nurse on duty, who was the only one around at lunch hour, raped Linda. He threatened her, warning her not to tell anyone what had happened, and tried to buy her silence by giving her an extra pair of gloves, instead of the usual 1 pair. Afraid to report the rape, Linda told no one for five months. However, she noticed that, from the day she was raped, she never stopped bleeding and she finally sought medical attention at another hospital and explained what happened to the doctor.*
>
> *She then approached DIWA about her case and, together with another organization, DIWA helped bring the case to court and gather evidence for the case. The magistrate*

presiding over the case noted that she had heard about cases of sexual abuse against women with disabilities occurring in hospitals, but that no one had ever brought a case to court. However, despite the support from DIWA and the evidence gathered, justice has been delayed for a year, due, in large part, to prosecutorial missteps, as well as a lack of resources, evidence gathering (forensic investigations) and political will. Similar barriers to justice are faced by persons with albinism in prosecuting cases of violence on their behalf. Not only is justice delayed, sometimes indefinitely, but prolonged and poorly managed investigations also create significant transportation burdens for some persons with disabilities. Linda had to travel a significant distance to regularly attend court hearings, which was very challenging for her due to her limited mobility.

While the courts of law through its judicial system is doing recommendable work in providing justice to its citizens, they still need to do more work to be inclusive of persons with disabilities in case management. The Courts, depending on the judicial officer, give consideration to the disability in court proceedings. However, just as the police, the judiciary has not managed to keep and compile data of cases of GBV on women and girls with disabilities. This possess a challenge in determining the extent to which the cases are considered and managed. Judiciary is also yet to come up with courts that are easily accessible by persons with disabilities.

As at the time of this study, the government of Malawi has failed to conduct trainings on disability for the judiciary and judicial actors. This has occurred only where OPDs like DIWA have initiated some trainings for a few magistrates, prosecutors or court clerks. As a result, there is lack of awareness about the protections in the U.N. Convention on the Rights of Persons with Disabilities (CRPD) and Malawi's Disability Act; hence, the lack of full application of these rights protections during court proceedings. Many actors in the justice system do not know what to do when they are faced with certain types of disability.

Some of these barriers to accessing justice stem from shortcomings in the Disability Act itself. For example, there is no provision in the Disability Act that explicitly addresses access to justice and ensures that justice actors are trained on the rights of persons with disabilities and provides for the effective participation for all types of persons with disabilities in the justice system, in whatever role they may find themselves. As a result, many persons with disabilities are denied justice.

For example, "*a deaf woman from Lumbadzi reported a rape case after a gender-based violence awareness campaign was conducted in her community. The case went to court; however, the case did not proceed because the victim could not provide for a sign language interpreter"*

Furthermore, the Disability Act does not address discrimination that women with disabilities may experience in the context of access to justice, including discrimination that women with disabilities who are victims of gender-based violence may experience in courtrooms, such as denial of legal capacity and perceptions and stereotypes that undermine their credibility. Instead, legislation in Malawi perpetuates stereotypes and stigma surrounding persons with disabilities. For example, Malawi's Penal Code, in a

provision specific to women and girls with certain types of disabilities, criminalizes the "Defilement of idiots or imbeciles."[i] As a result, the term "imbecile" is widely used by police and other justice system officials; just recently, a police officer called a woman with an intellectual disability who was raped in Chikwawa district an "imbecile." This language, in addition to being offensive and discriminatory, impacts women's access to justice. *In 2014, a woman with a disability from Chisapo who was called an "imbecile" at the police Victim Support Unit, did not receive the required assistance from police.* The failure to articulate specific disability rights or use the term "disability" in legal frameworks often leads to complacency and discrimination.

A study conducted by DIWA through a consultant DR Magaret Wazakili on access audit of court and police for PWDs in 2015 also revealed that though PWDs go to courts or victim support units, they are confronted with challenges that blocks their ability to pursue justice. Such challenges include their identity as PWDs to access justice, for instance Sections 139 and 155A of the Penal Code (2010) of Malawi refer to persons with intellectual disabilities as idiots or Imbeciles, to this end, they still use derogatory terms to refer to PWDs with intellectual or psychosocial disabilities. Many courts have no Sign Language interpreters – communication barrier.

Many of those that came in contact with the justice system were not entirely satisfied with the service for various reasons including a lack of legal representation and reasonable accommodations in court proceedings. This study found that the court premises have varying levels of physical inaccessibility for wheelchair users and the blind. Many Barriers included lack of ramps, handrails, rough terrain outside the court rooms and a lack of disability parking space in addition, there were inaccessible toilets in terms of door handles that were too high for a wheelchair user.

In these findings, commonly, many of the violence and abuse PWDs faced in accessing legal services were lack of legal representation while accessing their legal rights and lack of legal information to help them understand the processes and understanding of what they will experience either as victims or witnesses in the justice system.

Legal representation is a right and in Malawi, Legal Aid Bureau plays an important role to ensure that poor people have access to justice and legal remedies as provided for under

From this perspective then, it shows that there is a gap between what is available and necessary to be done and what is actually being done to ascertain the extent of its impact on the people. Though the entities/institutions and documents available to provide that need, the affected say otherwise

section 41 of the Constitution. Legal Aid Bureau provides legal aid services to persons of

insufficient means to hire private lawyers. Priority for legal aid is given to vulnerable groups, such as women, children, the elderly and the sick. Legal Aid Bureau also provides general legal advice and assistance in all legal matters. This may include advice on how the law applies in particular circumstances, legal assistance in preventing and settling disputes and advice in court.

In general, persons with disabilities are routinely denied access to justice in Malawi due to significant shortcomings in the criminal justice system as a whole. Many cases concerning persons with disabilities, including persons with albinism, fail to proceed due to a lack of resources, flawed investigations, a lack of evidence, a lack of training for justice actors on how to prosecute cases involving persons with disabilities, among other issues. As a result, perpetrators go unpunished.

Generally, the research has observed that the majority of the respondents have trust in the police and the chiefs to provide justice. The research has however discovered that some respondents felt comfortable to report cases of abuse to the church, to their relatives. There are also many other community structures that exist in the communities that have been operating to support in case of mediations at the community level to facilitate justice within the formal and non-formal justice system. Nevertheless, there is a very small percentage of reported cases of GBV at the community policing.

This could be that many women and girls with disabilities are not aware of these other structures in their communities. The research has shown that a higher percentage of girls report the abuses at the police as contrasted to women while many women pursue non-formal justice system. There were concerns raised by the chiefs and the police on how to handle the GBV cases.

The community leaders expressed a concern that they are not aware of the processes and procedures that are required to handle cases of GBV on women and girls with disabilities. The police personnel indicated that some cases take long to finish due to prolonged investigation. This deprives women and girls with disabilities their right to access to justice.

Women with Disabilities In

PARTICIPATION



One of the meetings held In Salima, Malawi where WWDs voiced their issues to Law enforcers, an act of self-representing.

7.4 Participation

To participate is another thing and to be heard is also another thing. It is evident that WWDs though some successfully participated, often times, their views were not truly taken on board.

The chiefs and community leaders' interview in Dedza expressed that they ensure WWDs are participating but they choose for them which tasks or form of participation they can be involved in. The chiefs and community leaders in Mangochi equally shared the same view that participation depends on if they see that they are well-able.

Participation of WWDs in the community includes being included in the Village and area development committees and being given a role in the committees.

This entails that there is no full consultation on the part of the person being involved on whether they can express themselves that they can do it or not, this limits growth, deters confidence and effective participation and eventually being heard. This research reveals that only 20% were able to fully represent but sadly, they were only there in body but no tangible contribution as only 3% were actually able to make and influence decisions. On further inquiry, only 13% would truly want to self-represent.

This is attributed to lack of confidence and knowledge of issues to self-represent effectively. Many of such women would on several occasions attend meetings but not contribute anything tangible and at times return without saying anything hence losing an opportunity to effecting change and raising alarm on need for inclusion to the public, key authorities, policy and law enforcers etc.

The research shows that women lacked will to be empowered for decision making in order to fully participate such that only a handful and are the very same people who speak up.

Though in general there are programs happening in the community requiring women, women with disabilities are normally left out, there is an element of stigma pressing a limitation of what WWDs are able to do and achieve.

Having a disability is a disadvantage to participation on their part but to buy favor in order to participate through sexual exploitation is increasing vulnerability and barrier to effective participation and being heard.

For those that were able to participate, 57% reported stigma while others were not even paid for work done like anyone else and 18% were sexually exploited in the process.

Having a disability is a disadvantage to participation on their part but to buy favor in order to participate through sexual exploitation is increasing vulnerability and barrier to effective participation and being heard.

Evidently 54% of the respondent revealed that they were unable to engage with authorities and the reason was that they did not know who to influence while others were not interested at all. This means WWDs do know issues, gaps, there is no confidence and motivation for participation, while for others, there is no space given to participate. For those that tried to participate were also confronted with threats due to lack of education.

In concluding, the idea of participation has to be fully understood and embraced to both women themselves and those including them to achieve its purpose.

Women with Disabilities In

EDUCATION



Mrs Odilia Phiri, during the 16 days activism in 2018, at DIWA offices in Lilongwe, Malawi.

7.5 Education

Education is key to unlocking all other doors and is a fundamental human right for all, including children with disabilities. Many countries, including Malawi, are making adjustments to promote the idea of inclusive education. We applaud the government of Malawi for putting in place the 5-year National Strategy on Inclusive Education, which was launched in 2017, its commitment to education in the context of the current Malawi Growth and Development Strategy, and its decision to make inclusive education a priority at the Disability Summit in 2018.

However, despite these commitments, the education sector remains inaccessible and excludes many children with disabilities.

Women and girls with disabilities in this study understood inclusive education as ensuring reasonable accommodation being provided and school facilities being accessible, very few had understood the need for availability of learning materials and availability of teachers. Without understanding inclusive education, there is little that can be done to bring change in the schools hence knowledge empowers an individual to claim the rights and enjoy them.

It has been revealed that many children with disabilities starts school at the universal age of 6 and few of them who started later between age of 11-16, was due to severe disability and others due to unconducive environment and lack of assistive devices to support them in the schools.

This shows that many factors are at play for children with disabilities not to be in schools and not to remain there though they have enrolled. The research has revealed that though some respondents went on and enrolled, they later on dropped due to lack of reasonable accommodation and 31% said it was due to inaccessible facilities and classrooms.

Their identity as Children with disabilities has been an obstacle than opportunity to enjoy education rights in the schools and as such, are confronted with a mountain of challenges ranging from attitudes, accessibility, availability of education and socialization.

According to the Education Act of Malawi, every 5km, there must be a school, however the reality is that children with disabilities who require specialist teachers travel long distances to find school with a resource centre and in many circumstances, 10 schools which makes a zone, share one resource centre in the community making education inaccessible to CWDs. Moreover, 19% of the respondents said they experienced abuse

Completing education at each level as persons with disability has not been an easy road and especially for girls with disability.

in form of Sexual exploitation and 48% were financially exploited while trying to access education. This included, paying to be taught in sign language when it is already provided for by the government, exchanging grades for sex ad favors i.e. text books. This shows that completing education at each level as persons with disability has not been an easy road and especially for girls with disability.

Though 26% of the respondents had received extra education on sexual, gender and human rights 74% had never received any of that extra education on sexual, gender and human rights training hence many girls fell victims to the sexual abuse by their perpetrators in the school.

The Disability Act requires the government to "ensure an inclusive education system by taking into consideration the special requirements of persons with disabilities in the formulation of educational policies and programmes, including the provision of assistive devices, teaching aids and learning support assistants."[8] However, there is a pervasive lack of disability-friendly educational facilities and of assistive devices in schools.

The Covid 19 pandemic also affected education for every child, CWDS were also the most to be affected due to government decision to resort to other ways of delivering education, such ways included introduction of technologies requiring usage of online digital platforms. Statistics reveal that 95% of persons with disability are poor and in rural areas and as such, could not afford the technologies introduced. Such online platforms did not take care of communications needs for instance, children requiring sign language interpretation and visual needs and learning for the deaf blind children. As a result, their performance got affected tremendously.

Often times, the majority of perpetrators of violence and abuse in the school for CWDs are their peers, 42% of the respondents mentioned that their peers are involved in bullying, discrimination and ill-treatment towards them and 10% mentioned teachers and their parents/guardians.

One study of school girls with visual impairment in Malawi found that the violence and abuse they experienced in school resulted in high dropout rates and that "very few girls with visual impairment make it to secondary school."[9]

Focus group discussion in the central region revealed that some students bully/ tease those with disabilities mostly those that are blind are victims, some students hide their walking sticks and pushing them harder on wheel chairs and denying them access to notes.

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[8] Disability Act

[9] Alister C. Munthali, *A Situation Analysis of Persons with Disabilities in Malawi, supra* note 3, p. 17

Some Students with disabilities revealed the following: *"Teachers look down on us because of our disability and they think we cannot do better"*. Clearly, attitudes as those towards learners with disability cannot promote hard work but read to low self-esteem and withdrawal. The majority of the respondents who experienced abuse from either their peers or teachers did not report the abuse as they often felt confused, frustrated and not knowing what to do, in few cases others reported their peers with little change coming out of it.

The majority of the respondents, about 42% experienced violation while at the Primary school level, 28% at the early childhood development. This shows that many children with disability are at higher risk of experiencing abuse at the school when they are younger and at low levels of education than when they are older and at higher levels of education.

Women with Disabilities In

ECONOMIC EMPOWERMENT



Women with disabilities in Rumphi, Malawi dancing to their savings scheme.

7.6 Economic Rights

CARE International defines women's economic empowerment as the process by which women increase their right to economic resources and power to make decisions that benefit themselves, their families and their communities[10].

Having a clear understanding of economic empowerment is the first step for women with disabilities to claim and enjoy their economic rights as women.

In this study, women with disabilities understood economic empowerment as the right to have control over money, property while others understood it as being able to make decisions and others understood as right to have a business or work.

The truth is that all these models are true to some extent, however each is dependent on another and other several factors are considered in economic empowerment. Women needs to be in business or doing work, however, work or business itself is not enough to qualify economic empowerment but being in control, financial decisions and owning property are vital.

According to this study, though 43% of the respondents had access to financial support loans, 42% of the women were unable to exercise and hold economic and property rights in their families whilst 57% had never accessed loans in their lifetime.

Though the majority of the respondents felt that women with disability have economic rights, 25% felt that they were not entitled and not deserving of such opportunities to be economically independent.

In this regard, women with disability are not fully enjoying their economic rights.

The government of Malawi has the obligation to provide opportunities that will facilitate conducive environment for participation, inclusion and enjoyment of economic rights for women, however, due to lack of specificity, women with disabilities have been sidelined in many economic empowerment initiatives in the country and such has been omitted in key instruments and documents such as the Disability Act of 2012.

There are economic consequences that rise due to omitting persons with disabilities from participation in the economy as they make up a large number of people that are dormant and consumers when they could have been productive and improving the economy, eventually reducing the economic burden on the government itself.

According to the British economist, Maurice Dobb (1900-1976), in order to imagine a new kind of society, the right to employment, to social security, to a minimum wage, to the

[10] Women's Economic Empowerment | Care International (care-international.org)

freedom of assembly and association, to free access to employment are the essential elements to integrate into a charter of human rights[11].

Undeniably, 60% of the respondents admitted that they felt more vulnerable to abuse when they do not have money or when financial independence is taken away. This shows that many women with disabilities that are not employed or doing business and not owning property are more vulnerable. Those that earn a living are more respected and accepted in society and at family level than the ones totally dependent on others or family. The findings in this research also correlates with the findings in the Living Conditions Study that revealed that 44% of the women and girls with disabilities who had gone to school, only 26% were employed on fulltime and part-time employment. This demonstrates that there is need for more work to be done to address challenges associated with employment and educational inequalities. There is also a need to ensure persons with disabilities complete certain levels in schools and have equal employment opportunities.[12]

Assistive devices and assistants have proved to be key in facilitating economic empowerment for women with disabilities, when these were taken away, their vulnerability to abuse and not being able to be financially independent was increased.

To possess start-up capital to start business is necessary to push and facilitate businesses for women with disabilities. The government of Malawi introduced the MARDEF as well as YEDEF though not specifically mentioning how persons with disabilities will benefit, it is not known how many women with disabilities have so far

Though women would want to access loans to start up their own businesses, very few are able to access without buying favors.

benefited from the fund. The survey revealed that though some women benefited from various other loans, many women have never received any loans at all in their lifetime and 5% said though the loans are available, access involves bribery. This means, though women would want to access loans to start up their own businesses, very few are able to access without buying favors. The Disability Act requires the government to empower persons with disabilities economically, including by ensuring that they are “able to access loans and credit facilities for purposes of carrying out income generating activities,” and further requires the government to ensure equal access to social support programs and social services. However, persons with disabilities face a lack of access to financial

[11] He elaborated on this idea in this text which he sent in 1947, in response to UNESCO’s survey on the philosophical foundations of human rights[11].

[12] Living conditions study

resources and economic development initiatives, including agribusiness programs and loans, and land or other forms of property.

Women with disabilities are also particularly vulnerable to financial abuse and property grabbing by family members upon the death of their spouse.

Annie Mandundu, a 62-year old woman with a physical disability from Lilongwe, was left speechless when, following her husband's death, his relatives came and grabbed all the property she and her husband had accumulated over the years of their marriage. The relatives fought with the kids, while Annie looked on helplessly. She did not know her rights or what to do in response to this behavior.

Although the majority of the respondents were able to make financial decisions in their families only 19% said they had property in their name, very few owned and were running their own business/work and were able to make all decisions regarding their business and finances.

Of those that were unable to be in control of finances or property confessed that their family members snatched it away and a few gave up control willingly.

That shows that, women with disabilities are capable of being in control of finances and owning property as any other woman, however, women with disabilities tend to have low self- esteem to maintain that capacity.

Having a job or business is greatest achievement for a person with disability as it is a road to financial independence and control, however, the majority of those that were able to secure a job or business expressed that they experienced negative attitudes by clients/workers at the workplace and their employers gave them the lowest pay compared to others on the same post.

The Disability Act requires the government to guarantee the right to work and employment, including by "providing persons with disabilities employment opportunities and career advancement in the labor market, as well as assistance in finding, obtaining, maintaining and retaining employment." Yet, persons with disabilities in Malawi face higher rates of unemployment as compared to those without, with women with disabilities facing the highest rates (47%), even as compared to men with disabilities (41%)[13]. The Disability Act prohibits employment discrimination, yet this form of discrimination contributes to this disparity, making it difficult for persons with disabilities to find employment.

Meanwhile, although other countries have put conditions to ensure people with disabilities are employed, the government of Malawi has not yet made deliberate decisions to ensure employment and reasonable accommodation for persons with disabilities at workplace.

[13] Alister C. Munthali, *A Situation Analysis of Persons with Disabilities in Malawi,*

Successful interventions in addressing GBV



One of the sign posts at the court in Mangochi, that explains details of court procedures on issues of GBV.

8. Successful interventions in addressing GBV

International level

The United Nations Population Fund (UNFPA) is the lead UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. As part of this mandate, UNFPA's work on disability has focused on ensuring that women, adolescents, and youth are empowered to make decisions regarding their sexual and reproductive health and life options.

WE DECIDE: Young Persons with Disabilities for Equal Rights and a Life Free of Violence. The programme promotes the human rights and social inclusion of women and adolescents and youth with disabilities, with an emphasis on access to services to prevent and address GBV and access to SRHR-related services, information, and education.

Women Enabled International (WEI) works at the intersection of women's rights and disability rights to advance the rights of women and girls with disabilities around the world. Through advocacy and education, WEI increases international attention to, and

strengthens international human rights standards on, such issues as GBV, SRHR, and access to justice, education, legal capacity, and humanitarian emergencies. Working in collaboration with women with disabilities rights organizations and women's rights organizations worldwide, WEI fosters cooperation across movements to improve understanding and develop cross-cutting advocacy strategies to realize the rights of all women and girls.

Local level

There are several initiatives happening in Malawi to address GBV though others are not directly benefiting the PWDs, they could be used to adjust so that they are inclusive of PWDs, just to mention a few:

16 days activism initiatives on GBV from month of November to December have included themes on disability, the Spotlight initiatives and Tiulula nkhaza Initiatives

The Malawi Development Fund (MADEF) and Youth Development Fund (YEDEF) initiatives are already providing economic empowerment opportunities to Malawians.

The DIWA project[14] on Access to Justice and GBV projects funded by DRF have conducted awareness of rights to WWDs in Lilongwe and Salima, worked with Media personnel to document positive stories of WWDs, engaged with local key authorities such as the chiefs, community policing to develop community by-laws for protection of rights for PWDs, signed memorandum of understanding with Malawi police in response to GBV cases and engagement with the judiciary, development of the police and Judiciary disability management module, disability source book for schools and others, and the access to justice conference initiatives that brings various players, CSOs, Police, Judiciary, women forums and Private sectors working to reduce GBV and promote Justice for vulnerable groups in Malawi.

The research has shown that the department of social welfare is doing a commendable job in the fight to eliminate GBV in women and girls with disabilities. In Mzuzu, the officers in the department together with one stop Centre at Mzuzu hospital, they keep records of cases of GBV and they are able to track and provide the required support to the victims. They provide shelter to the victims and the necessary physiological support to the women and girls with disabilities whose cases they handled. However, this is only in the areas where the research was done and not in the whole district.

[14] www.diwaafrica.org

Opportunities to end GBV amongst PWDS

9. Opportunities to end GBV amongst PWDS

Since the finished 2020 NAP to combat GBV was not inclusive of PWDs, organizations of PWDs can advocate for inclusion by making their submission of key priority areas for them.

WWDs have managed to mobilize themselves into groups enabling an opportunity for self-advocacy and empowerment of their rights.

CSOs who are already implementing women focused GBV and social economic empowerment projects in Malawi can be inclusive in their approach ad deliberately also target WWDs.

Malawi developed a disability mainstreaming strategy which can be used to support various Ministries, departments, and organizations to mainstream issues of disabilities in their interventions.

WEI has very key important documents and resource materials that they have put together over the years on access to justice, GBV and SRH on WWDs which includes guidelines, Tool kits and research reports that can be used to further the work on disability as regards to justice and GBV.[15]

The Malawi police GBV register and court case documentation can be improved to include PWDs.

The Mangochi court are implementing mobile court initiative where cases and court is conducted in remote areas, cases heard, witnesses provided and case judgment and sentencing done. This can benefit PWDs and especially WWDs who are often victims of violence and fail to follow through court case due to mobility and accessibility issues.

Donors can and must increase funding (basket pool to fund women initiatives to end GBV) towards GBV and access to justice projects that addresses multiple intersecting issues affecting WWDs, few projects in Malawi and including those conducted by organizations of Persons with Disabilities OPDs are doing projects on GBV and Access to justice.

[15] Women Enable International website

10. Recommendations

School facilities must be standardized to ensure children with disabilities are considered from the planning and designing stages of any infrastructure and education system.

Ensure consent and understanding of legal matters is available to PWDs and service providers and support staff are trained on obtaining consent, confidentiality and legal capacity[16].

Review existing laws and regulations, in collaboration with women with disabilities, to identify current laws and regulations that create barriers to accessing services, including those that create barriers in practice that may not be apparent on the face of the law or regulation.

Advocate for mandatory minimum standards of accessibility to ensure that all services have a minimum level of accessibility, including those from private service providers.

Develop and implement a National Action Plan (NAP), with adequate budget allocation, to combat GBV inclusive of PWDs ad I particular WWDs. For example, the finished 2020 NAP to combat GBV was not inclusive of PWDs.

Data collection systems on GBV should be improved to ensure the disaggregation of data includes disability at local and national levels.

WWDs must receive livelihood support to mitigate the risk of GBV, and survivors access socio-economic support as part of a multi sector response.

Referral Systems: Referral systems are established to connect WWDs to appropriate multi sector GBV prevention and response services in a timely and safe manner.

Preventing GBV before it happens is essential to combating it, and is a core component of a State's due diligence obligation. GBV prevention requires both high-level policy and community-based interventions. GBV prevention programmes for women and young persons with disabilities include advocating for laws, policies, and awareness-raising campaigns aimed at preventing GBV against women and young persons with disabilities and dismantling harmful stereotypes and practices that contribute to such violence; educational programmes about the right to be free from GBV, how to recognize such violence, and how to report it; and identification of GBV victims/survivors.

Create programmes for families of persons with disabilities that improve the care and support they provide for their family member with a disability. For example, assistance

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[16] *Utilize tools such as The Women's Refugee Commission and International Rescue Committee's 'Guidance for GBV Service Providers: Informed Consent Process with Adult Survivors with Disabilities—Tool 6: Guidance on Communicating with Persons with Disabilities' to educate service providers and support staff on how to communicate with people with a range of disabilities*.

programmes such as caretaker trainings, counselling, financial assistance, and respite care.

Raise awareness and conduct sensitization on laws and policies that safeguard rights of women and girls with disabilities. These laws and policies form the essential part of protecting the rights of the vulnerable people such as women and girls with disabilities.

Raise awareness and strengthen the non-formal justice system in the communities since many of the women and girls with disabilities have trust on their community leaders. Since many of the respondents would wish to resolve their cases amicably, it is important that case mediation and negotiations are opted in the informal justice system in cases which cannot really need the formal justice system. However, this must be done in accordance with the law. Serious offences are not negotiable.

Work closely with law enforcement and policy implementation agents such as the police, the judiciary and the department of social welfare as key stakeholders and support them to deal with the cases effectively and urgently. One of the issues that need consideration by all stakeholders is keeping properly the records and statistical data to be inclusive of Persons with disabilities.

Empower the Malawi Human Rights Commission and Ombudsman with adequate resources to ensure that they are able to operate independently.

Ratify the CRPD's Optional Protocol and the Optional Protocol to CEDAW

Adopt measures to remove physical, structural, communication, and attitudinal barriers, with a view to promoting full and unrestricted access by persons with disabilities to judicial and court facilities and services. Sign language interpreters must be available at all times in all courts; court officials and prosecutors must possess basic knowledge in sign language and be trained on the CRPD and the Disability Act. Legal information must be readily available, in accessible formats, to persons with disabilities, whether they are witnesses, victims or defendants.

Ensure that the Malawi Council for the Handicapped (MACOHA) is fully funded so that it can fulfil its mandate to provide vocational training to persons with disabilities.

11. Conclusion

Women and girls with disabilities are experiencing such violence and abuses and are suffering in silence. The consequence of GBV among women and girls with disabilities is double compared to women and girls without disabilities.

Unfortunately, there are not many programs carried out in Malawi to address GBV among women and girls with disabilities. It must be noted that women and girls with disabilities are human beings born with rights just like any other person. They are entitled to the full enjoyment of their rights on an equal basis with others.

"All human beings are born free and equal."[17] These are the famous words found in the Universal Declaration of Human Rights (UDHR), the document upon which all human rights are founded.[18] The reality, however, is that some are more equal than others. Women with disabilities face multiple forms of discrimination resulting from the intersection between disability and gender as well as other factors such as race, religion, class, amongst others.[19] When these characteristics intersect, they create a compounded experience of discrimination that is unique and distinct from the experience of all other women.

[17]Article 1 Universal Declaration of Human Rights (UDHR) 1948 available at https://www.un.org/en/universal-declaration-human-rights/.
[18] As above.
[19] LN Murungi & E Durojaye 'The sexual and reproductive health rights of women with disabilities in Africa: Linkages between the CRPD and the African Women's Protocol' (2015) 3 *African Disability Rights Yearbook* 1-30 page 4 http://dx.doi.org/10.17159/2413-7138/2015/v3n1a1.

12. Annex 1

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

CEDAW recognizes GBV as a form of discrimination and it is recommended that States take measures to prevent and respond to violence against women.

African Charter on Human and Peoples' Rights

Article 18 states that "the State shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international

Declarations and conventions."

Convention on the Rights of the Child

Nations that have signed on to the convention should take measures to protect children from all forms of physical and mental violence, including sexual abuse.

Vienna Declaration on Human Rights

This declaration states that GBV must be eliminated and calls on governments to take various measures to address it, including legal measures, national action, and international cooperation efforts.

Beijing Platform for Action/Malawi National Platform for Action

The Beijing Platform outlines a number of actions to respond to and prevent GBV. The Malawi National Platform for Action (1997) is a commitment from the Malawi government following the 1995 Beijing Fourth World Conference on Women. It has four priority areas for advancement of women, one of which is Violence against Women.

SADC Declaration on Gender and Development

The declaration reaffirms commitments and resolves to "[take] urgent measures to prevent and deal with the increasing levels of violence against women and girl child"

Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa

The protocol ensures a number of rights protecting women, including property rights, rights to a consensual marriage, protection against child marriage, the right to medical abortion in cases of rape, widows' rights, inheritance rights, and protection against

violence. It also stipulates that States shall take measures to prevent and respond to all forms of violence against women.

B. National policies

National Gender Policy

The policy speaks of an increasing number of cases of GBV under the main problem statement. One of the four policy outcomes is “reduced gender-based violence at all levels”. One of the seven policy objectives is to reduce gender-based violence. The policy also states that “the policy shall ensure that:

a) Laws and policies shall be formulated and enforced to eliminate gender based violence and human trafficking;

b) Response and access to socio economic services are improved to address gender based violence and human trafficking;

c) Knowledge, attitudes and practices on Gender Based Violence are improved”.

Sexual and Reproductive Health Rights Policy

One of the ten policy themes of this policy is harmful practices/domestic violence, which includes “initiation, wife inheritance, fisi (hiring of the man for sex and conception), dry sex, death rituals, use of traditional herbs to induce labor, battery, rape, sexual harassment, psychological abuse, and genital mutilation”. The goal for this theme is “to reduce the incidence of harmful practices and domestic violence among women, men, and young people”.

National HIV/AIDS Policy

The policy contains various strategies to address GBV, including a) Ensuring that women and girls are protected against violence and harmful traditional practices; b) Protecting women’s rights to have control over issues of sexuality free from violence.

National Policy on Early Childhood Development

Two main objectives of the policy are “to protect children against any form of abuse or discrimination” and “to protect and safeguard children who are in difficult circumstances, i.e. orphans, street children, children with disabilities, abused and exploited children”. The background section of the policy also references that children in Malawi suffer from sexual, physical, and emotional abuse.

National Youth Policy

The policy states that protection against “exploitation, discrimination and abuse” is one of the rights of all youth. It also references the vulnerability of youth to sexual harassment and the need to inform them of laws that protect them. National Policy on

Equalization of Opportunities for Persons with Disabilities GBV is not specifically referenced. However, a strategy is included to “enforce systems … to protect the rights of persons with disabilities against any form of discrimination and abuse in society”

C. **National laws**

Constitution

Specific references to GBV in the Constitution include mandates that no person should be forced to marry against her/his will, that there must be no early marriage, and laws should be passed to end violence against women.

Prevention of Domestic Violence Act

A broad definition of domestic violence is used to encompass not only violence between man and wife, but also violence between persons living in the same household (e.g., including family members) and violence toward persons who are socially or financially dependent. It recognizes physical, sexual, emotional, psychological, and financial abuse as forms of violence. The law’s stated purpose is “to ensure the commitment of the State to eliminate gender-based violence occurring within a domestic relationship, and to provide for effective legal remedies and other social services to persons affected by domestic violence”. It establishes structures for protection of victims by defining who can apply for a protection order, occupancy order, or tenancy order under the Act, and outlining what the different orders mandate and entail, as well as detailing the enforcement of the orders. It speaks to roles and responsibilities of enforcement officers as well as service providers. It establishes the duty to report GBV by anyone who witnesses it or has a reason to believe it is occurring.

Gender Equality Act

GBV is addressed in the context of prohibiting harmful practices, along with sexual harassment. Harmful practices are social, cultural, or religious practices that, “on account of sex, gender or marital status” [are likely to, or do] “undermine the dignity, health or liberty of any person,” or “result in physical, sexual, emotional or psychological harm”. The act also mandates that the government ensure that employers create and implement policies to comply with the law regarding sexual harassment.

Child Care, Protection and Justice Act

Legal procedures to keep children safe are outlined. This includes procedures on what to do in cases of suspected or known violence, including sexual abuse, child trafficking, abduction, harmful cultural practices, and forced marriage.

Penal Code

The Penal Code establishes punishments and legal definitions for various forms of gender-based violence. These include rape, punishment for rape, attempted rape, abduction, abduction of girls under sixteen, indecent assaults on females, insulting the

modesty of a woman, defilement of a girl under thirteen, attempt of defilement of a girl under thirteen, defilement of women and girls with mental disabilities, prostitution (obtaining or forcing a girl into), detention with intent or in brothel, conspiracy to defile, attempt to procure abortion, assault of boys under fifteen, incest, and assault.

Marriage, Divorce and Family Relations Act

GBV-related elements include establishing consent procedures for marriage of minors, making marriages to deceased wife's sister or niece invalid, and making bigamy illegal and punishable by imprisonment.

D. Guidelines

Guidelines for the Provision of Comprehensive Services for Survivors of Physical and Sexual Violence (One-Stop Centres) in Malawi (2012) Provides guidance for helping GBV survivors access medical, social, and legal services. Provides information on procedures and referral and reporting mechanisms for cases. The focus is on care for women and children, although the definition of a victim/survivor acknowledges that men can also be victims or survivors.

Management of Sexually Transmitted Infections using Syndromic Management Approach (2007)

Includes a section on GBV, discussed in terms of human rights. It notes everyone's right to live a life free of sexual violence and states that access to information and services is also the right of all persons.

From the above instruments, it can be noted that the issues of GBV are discussed in general and applying to everyone and only few has small statement on disability except for the CRPD, being a disability specific instrument which discusses issues of violence to women and girls with disabilities. Article 6 recognizes that women with disabilities experience gross violations of their human rights. High rates of violence both at the hands of family members and care–givers.

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[i] Malawi Penal Code, sec. 139.