SUMMARY
of the
National Plan of Action to Combat
Gender-Based Violence in Malawi
2014 – 2020

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Introduction

This National Plan of Action against Gender Based Violence (GBV) (the NPA) is a statement of Government priority actions to address gender-based violence in Malawi in the five-year period from mid-2014 to the end of 2020. The Government of Malawi is concerned at the consistent prevalence and the high level of non-disclosure or non-reporting of incidences of GBV with particular reference to women and children. The NPA sets out a plan of action for a more effective system to prevent GBV. Under the leadership of the Ministry of Gender, Children, Disability and Social Welfare (MoGDSW), other ministries, Government departments, local authorities, non-governmental organisations, the private sector and development partners are involved in work relevant to the prevention, early referral and action and alleviation of GBV through efficient responses. The strategy thus aims to provide a strong framework for sustainable intervention to prevent and effectively respond to GBV. The NPA draws on experiences from previous national responses on GBV, learning from gaps and sustaining best practices.

NPA Model, Framework and Goal

The model chosen for this NPA focuses on primary (prevention, recognising and understanding) and secondary intervention (reporting, responding, and referring) while placing an emphasis on co-ordinated impact assessment and the generation of data on which policy and implementation is firmly based. It is not enough that one action in the NPA is progressed. It is not enough that one ministry, organisation or one sector is making advancements. The key difference is that activities are coordinated, planned and implemented with a conscious regard to impact and outcome (results based approach). With a reasonable level of evaluation and monitoring and a systematic approach to data, it will be possible to assess the overall impact of the NPA through its comprehensive Monitoring and Evaluation Plan.

The NPA thus uses the following framework:
 Human rights based approach (participation accountability etc)
 Multi-sectoral and Multidisciplinary approach
 Working with men (linked to the HeforShe Campaign, MEGEN)
 Targeting youth
 Researching promising programming approaches
 Ensure sustainability through gender- and gender-based violence responsive budgeting at the national and local levels.
 Advocacy and Communication
 Decentralised and action oriented

Using this model and framework, the NPA is constructed to achieve the goal:

To create an enabling environment for the elimination of GBV in a holistic, participatory and multi-sectoral manner

The NPA is premised on a problem analysis that has looked into:

 Prevalence, forms and pattern of GBV
 GBV, sexual and reproductive rights, HIV and AIDS
 Violence Against Children
 Child Marriage
 Roots, Causes and factors influencing GBV
 Impact of GBV

The gaps identified in previous national responses and the positive lessons learned from the responses also formed the basis of the NPA. These are:

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<tr>
<th>GAPS IN PREVIOUS NPAS</th>
<th>POSITIVE LESSONS</th>
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<tbody>
<tr>
<td>• Lack of dissemination</td>
<td>• changed Government approach to GBV</td>
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<td>• Limited capacity of implementing partners</td>
<td>• GBV mainstreamed with</td>
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</tbody>
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• Un-coordinated research
• Weak problem analysis
• Private sector exclusion
• to address issues of HIV and AIDS and GBV
• lack of reference to violence against children

| targeted focus on female survivors | Catalyst for the creation of a conducive legal environment for GBV | NGOGCN initiated coordination of partners |

As a result, five Priority Areas have been identified in the NPA. The Priority Areas:

1. **Prevention of GBV by addressing the root causes and promoting transformation of harmful social norms.**
2. **Promotion of an early referral system that identifies violence and thus reduces its impact and continuation.**
3. **Creation of an effective response mechanism supporting the survivors of GBV.**
4. **Coordination, implementation and sustainable financing of the NPA.**
5. **Research, data collection, monitoring and evaluation.**

The Priority Areas cascade down into detailed ‘on the ground’ activity through outcomes, outputs and activities by both by both primary and secondary interventions. Primary interventions are those that aim to prevent a problem from occurring or, when it has taken place, to prevent its recurrence. Secondary interventions arise once an incident has occurred and there is a direct role for services to deal with a report, to respond, or to refer on for needs to be met by a more specialised service. In the context of GBV, secondary interventions are mainly the services offered to victims. Secondary interventions therefore range from routine enquiry in hospital or health services which aim to facilitate disclosure, to direct service provision to victims, such as assistance with accommodation, counselling and medical attention, to relief provided through the civil and criminal justice process. A basic first step in increasing confidence in service provision for those affected by GBV is making sure that information on services is available to victims in user-friendly formats. Secondary interventions also include action promoting high-quality standards in service delivery for survivors and perpetrators of GBV; action strengthening intra-and inter-organisational co-ordination with a view to improved service effectiveness.
and consistency; and action supporting and enabling collaboration across all stakeholders.

In the context of identifying the root causes of GBV, primary interventions are those used to raise awareness, increase understanding and recognition, educate people about the dynamics of the problem, root causes, underlying factors, exacerbating factors, predisposing factors and triggers, its impact, and to thus equip people to better respond to the problem. In the long term, incidences of GBV will be reduced or prevented through raising awareness of the problem and changing attitudes. The activities aim to increase recognition and understanding of GBV throughout society as a whole, within high-risk groups and within specific audiences such as health-care professionals, the justice system and other front-line staff. Primary interventions also involve developing and implementing training programmes to ensure that front-line staff and professionals provide an effective response. Further activities aim to review GBV training curricula to include root causes, underlying factors, exacerbating factors, predisposing factors and triggers, and impact of GBV.

The link between the NPA and other existing strategies or campaigns aimed at achieving the same results is highlighted in the activities under the First Priority Area. Coordination of the VACS 2014 campaign, MEGEN campaign, HeForShe Campaign, Ending Child Marriage campaign, Unite2Act campaign and 16 Days of Activism which engage a variety of actors, including men and boys in primary intervention as a strategy for combatting GBV.

The role of humanitarian crises in exacerbating GBV is also highlighted and both primary and secondary interventions are provided for in the activities.

Finally, a detailed implementation and costing matrix has been included to ease implementation of the NPA.