



---

# Evaluating the Impact of the 2015 National Gender Policy on Reducing Gender-Based Violence in Malawi

*Limbikani Mkangadzula, Dr. Alvin Nchemba, and Dr. T. Velmurugan.*

**Affiliation:** DMI-St. Eugene University, Zambia

**Program:** Master of Social work in Project Monitoring and Evaluation

---

## ABSTRACT

The 2015 National Gender Policy of Malawi was a critical legislative framework aimed at combating Gender-Based Violence and enhancing gender equality. This study assesses the policy's impact, identifying both notable advancements and significant challenges that hinder its efficacy. While the policy led to significant institutional and legislative developments, such as the enactment of the Trafficking in Persons Act 2015, the Electronic Transactions and Cybersecurity Act 2016, and the National Strategy on Ending Child Marriages 2018, there remains a noticeable gap in the awareness, and utilization of these frameworks.

Identified Institutional adaptations such as the introduction of the Victim Support Unit guidelines by the Malawi Police Service signify progress in GBV management, yet suffer from a lack of comprehensive training and sufficient resources. The policy aimed to reduce GBV by 35% by 2020, a target not met, as evidenced by the sharp increase in reported GBV cases as a result of the COVID-19 pandemic. This analysis reveals that the policy, while well-intentioned, suffers from significant implementation and resource allocation gaps. These findings demonstrate the need for rigorous policy revisions, enhanced implementation strategies, and robust support mechanisms to sustain realized gains in combatting GBV in Malawi.

---

**Keywords:** Gender-Based Violence, National Gender Policy, Malawi, policy impact, institutional change.

---

## Introduction

Gender-Based Violence (GBV) is a pervasive issue globally, defined as any harmful act perpetrated against an individual's will, stemming from socially constructed differences between males and females [1]. GBV manifests in various forms, including physical, sexual, and psychological harm, as well as coercion and deprivation of liberty, affecting individuals in both public and private spheres. GBV occurs in both public and private settings and is a complex problem exacerbated by cultural, societal, and economic factors.

Globally, approximately 35% of women have experienced physical and/or sexual violence from an intimate partner or non-partner during their lifetime [2]. In Africa, this violence is intensified by deep-seated societal structures such as rape culture, patriarchal norms, and a critical lack of supportive resources for prevention and response initiatives. These societal issues are exacerbated by widespread poverty, which disproportionately affects women and girls by confining them to economically dependent and exploitative relationships, limiting their ability to report abuse and seek help.

In Malawi, the socio-economic landscape demonstrate an urgent need to address GBV. The nation, with a population where 51% are female and over half live in multidimensional poverty [3] sees significant instances of GBV. According to the Malawi Demographic and Health Survey 2016, over 42% of ever-married women between the ages of 15 and 49 have experienced intimate partner violence (IPV), with prevalence rates of sexual, physical, and emotional abuse alarmingly high [4]. The 2018 GBV Survey further highlights the widespread occurrence of sexual violence against children, including rape and forced early marriages [5].

Compounding these issues are the entrenched cultural norms and harmful practices that perpetuate gender inequalities and violence, particularly in rural areas. Traditional gender roles, which dictate aggressive and dominant behavior for men and submissive, nurturing roles for women, reinforce these disparities [6]. Such cultural expectations not only perpetuate cycles of dependency and vulnerability among women and girls but also contribute to high rates of child marriage, teenage pregnancy, and sexually transmitted infections including HIV [7].

These cultural practices also impact the broader societal fabric. For instance, traditional initiation ceremonies in Malawi teach and sometimes coerce young individuals into early sexual activity, significantly increasing risks for unwanted pregnancies and exposure to sexually transmitted infections [8]. The influence of these practices extends beyond individuals, affecting community structures and complicating efforts to implement and enforce policies and laws aimed at protecting women and girls from GBV [9].

To combat GBV, the National Gender Policy outlined several key strategies, including advocating for the enactment and enforcement of GBV related laws, creating awareness on GBV laws services, and advocate for the modification and elimination of harmful cultural practices that perpetuate GBV and discrimination against women and girls [10]. The policy also had an ambitious target of reducing GBV and human trafficking, aiming to achieve a 35% reduction by 2020. To meet this goal, the government of Malawi committed to strengthening GBV delivery systems by advocating for improved legal services, psychosocial support, and vocational and business skills training for survivors.

Despite the implementation of the 2015 National Gender Policy between 2015 and 2020, GBV cases have continued to rise. This persistent increase raises critical questions about the effectiveness of the policy and its capacity to achieve its stated objectives. The World Bank (2022) highlighted GBV as a major impediment to gender equality and socio-economic development, with numerous programmes in Malawi struggling to bridge the gap between policy intentions and tangible community-level impact [11]. While the National Gender Policy emphasizes legal enforcement, access to services, and shifts in societal attitudes, it remains unclear how the policy has impacted individuals, communities and the nation as a whole.

## Methodology

The methodology of this study combined qualitative and quantitative research methods to examine the impact of the 2015 National Gender Policy on reducing GBV in Malawi. Adopting a descriptive survey design, the study utilized in-depth interviews and thematic analysis to capture nuanced feelings, attitudes, and opinions from various stakeholders.

Qualitative methods were emphasized to explore underlying social dynamics crucial for developing effective interventions in the context of GBV. The study area, selected for it hosts several key institutions, government departments across various levels and headquarters of non-governmental organizations, making it an ideal locale for assessing the policy's impact across different social strata.

Purposive sampling was employed to select participants, including officials from the Ministry of Gender, Social Welfare and Community Development, NGO officers, and law enforcement personnel, all of whom provided critical insights into the policy's strategic implementation and challenges. A total of 31 stakeholders participated in the study, providing a balance of qualitative depth and diverse perspectives. Data collection involved interviews, supplemented by online questionnaires to accommodate participants' availability. Quantitative data included the analysis of annual registered GBV cases, offering a statistical evaluation of changes pre- and post-policy implementation.

The mixed-methods approach facilitated a comprehensive understanding of the policy's effectiveness, allowing for triangulation of data to enhance reliability and validity. The qualitative component, conducted through semi-structured interviews, provided flexibility and depth, while quantitative analysis helped to identify trends and measure the policy's impact over time. This methodology ensured a robust analysis of how the National Gender Policy has influenced GBV rates

## Results

The study involved key stakeholders from the Ministry of Gender, Malawi Police Service, and various NGOs active in Lilongwe District. A total of 31 participants were successfully interviewed, consisting of 16 females and 15 males. Detailed demographic breakdowns are provided in Tables 1 and 2, highlighting a balanced gender participation and a broad range of work experience among respondents.

Category	Number of Participants	Breakdown
Government Officials	8	Ministry of Gender officials (3), Social Welfare officers (2); Malawi Police Service (3).
NGO Representatives	23	International NGOs (7) Local NGOs (16)

Table 1: Respondents interviewed

Participants category	Gender			Work Experience				
	Male	Female	Total	0-5	6-10	11-15	16-20	Total
<b>Ministry of Gender Officials</b>	2	3	5	0	2	3	0	5
<b>Percent %</b>	40.00	60.00	100.00	0.00	40.00	60.00	0.00	100.00
<b>Officers from Malawi Police Service</b>	2	1	3	0	1	2	0	3
<b>Percent %</b>	66.67	33.33	100.00	0.00	33.33	66.67	0.00	100.00
<b>NGO officers</b>	11	12	23	2	5	12	4	23
<b>Percent %</b>	47.83	52.17	100.00	8.70	21.74	52.17	17.39	100.00
<b>Total</b>	<b>15</b>	<b>16</b>	<b>31</b>	<b>2</b>	<b>8</b>	<b>17</b>	<b>4</b>	<b>31</b>
<b>Overall percentage</b>	<b>48.39</b>	<b>51.61</b>	<b>100.00</b>	<b>6.45</b>	<b>25.81</b>	<b>54.84</b>	<b>12.90</b>	<b>100.00</b>

Table 2: Demographic analysis

### *Awareness and Implementation of National Frameworks*

Participants were asked on their awareness and the implementation of several frameworks introduced as a result of the National Gender Policy. Notably, introduced as a result of the National Gender Policy, 6 respondents identified the National Plan of Action on GBV (launched in 2014), 10 respondents mentioned the National Male Engagement Strategy (2023), 4 respondents referenced the National Sexual Harassment Policy 2023, four describe the constitutional amendment on Child Definition and 5 did not respond (see table 3).

Framework/Mechanism	Frequency
<b>Trafficking in Persons Act</b>	1
<b>Electronic Transactions and Cybersecurity Act</b>	2
<b>Constitutional Amendment on Child Definition</b>	4
<b>National Children Policy</b>	1
<b>The National Plan of Action on GBV,</b>	6
<b>National Male Engagement Strategy for Gender Equality, GBV, HIV and Sexual and Reproductive Health</b>	10
<b>National Sexual Harassment Policy</b>	4

Table 3: Respondents response on frameworks

All the participants who responded believed that the policy has had an impact on the legal landscape in as far as prevention, response, and survivor support is concerned at the district and national levels.

“The introduced frameworks post the policy frameworks have promoted awareness raising on GBV, increased Protection for survivors and enhance access to justice.” (Officer working with the Ministry of Gender)

### *Institutional Changes Post-Policy Implementation*

Further it was observed that significant institutional changes have been made since the implementation of the National Gender Policy in government departments. Some of the interviewed stakeholders 14 out of 31 mentioned the introduction of Victim Support Unit guidelines, trainings on GBV, revamping of Community Victim Support Units, and one stop centers as visible changes as part of the institutional changes which can be linked to the policy.

Three officers from Malawi police service identified improved handling of GBV cases as one notable area of impact in the Malawi Police Service (MPS).

“The policy has helped the police in handling GBV in such a way that it enhanced collaboration in most districts. Malawi Police Service developed Victim Support Unit guidelines to help its officers in handling GBV cases. This was deliberately done to enhance implementation of the policy.” Officer working with Malawi Police service.

It was also observed that officers from the local NGO's were unable to provide specific adjustments in their programs, interventions, or strategies which were put in place in their institutions to align with the 2015 National Gender Policy. Despite their active involvement in addressing GBV, there was a noticeable lack of clarity and specificity regarding the integration of policy directives into their operational frameworks.

"Indeed, there has been a significant enhancement in our collaboration with various government departments. Over time, as an organization we have incorporated numerous aspects of our operations to align with the policy's objectives. However, identifying these integrations as direct outcomes of the policy itself necessitates further analysis and documentation on our end, as our implementations often align with the needs and requirements of our donors" (Officer working with an NGO).

### ***Challenges in Policy Implementation***

Despite these improvements, several challenges hindered the effective implementation of the policy. All respondents cited severe constraints in funding and human resources, impacting the rollout of awareness campaigns, trainings, advocacy activities, and other critical activities. In addition the respondents pointed out that there is a significant gap in policy awareness at the grassroots level, with many stakeholders lacking detailed knowledge of the policy's strategies and goals.

Persistent patriarchal norms and cultural barriers, especially in rural areas, were identified as significant challenges by 22 out of the 31 respondents. These barriers continue to hinder the effectiveness of the policy, underscoring the necessity for ongoing community engagement and education to transform these deeply ingrained norms.

Just over half of the respondents 18 out of 31 participants highlighted overlapping mandates and fragmented responsibilities among agencies, particularly non-governmental organizations (NGOs), as a barrier to policy effectiveness. They cited duplication of efforts often results in inefficiencies, confusion, and reduced accountability. Respondents noted that without better coordination and alignment of activities, development programs risk redundancy and diminished impact.

In addition, fewer respondents 12 out of 31 identified the absence of proper tools for monitoring and evaluating the policy, their responses contrasted with those from the ministry, which cited the existence of indicators and tools. Nonetheless, the challenge remains significant. Interviews revealed a clear lack of robust tracking mechanisms, or rather a knowledge of such, which undermines the long-term assessment of policy effectiveness and hampers opportunities for improvement.

### ***Observed successes***

On the other hand, stakeholders believe that adoption of the National Gender Policy significantly transformed the coordination mechanisms among law enforcement agencies, social services, healthcare providers, and non-governmental organizations in Malawi. Where interactions between these entities were previously fragmented and lacked synergy, the post-policy period has witnessed substantial advancements in joint planning, and communication.

"Unlike before the policy, institutions now collaborate more effectively, particularly law enforcement agencies, social welfare departments, and healthcare providers. For instance, survivors of GBV are referred seamlessly between police stations, one-stop support centers, and medical facilities, reducing response time and improving survivor experiences." (An Officer from an NGO).

An official from the Ministry of Gender further detailed the strategies employed to strengthen these efforts:

"We have engaged in joint planning to better utilize resources from relevant MDAs, and we have continued to work together to raise awareness on GBV in targeted communities. This in turn has strengthened the cooperation between MDAs and has optimized resource utilization, thereby increasing the efficiency and effectiveness of activity delivery".

Respondents also identified the emergence of impactful programs and Initiatives as a direct result of the National Gender Policy. According to one respondent from an NGO "These efforts have extended beyond merely addressing GBV to promoting broader gender equality".

Notably, participants mentioned initiatives implemented between 2015 and 2020 which include the globally recognized Spotlight Initiative, along with the United Nations Joint Programme on Girls Education, the Safe Schools Programme, the Women Empowerment program by Trocaire, the DREAMS project and the Tithetse Khaza initiative. These programs are part of a broader strategy to end GBV and reflect the comprehensive influence by the policy to foster gender equality across various sectors.

### ***Impact on annual GBV Prevalence***

The analysis of annual concluded GBV reported cases, as compiled by the Malawi Police Service, illustrates a dynamic and complex trajectory shaped by policy interventions, societal awareness programs, and external shocks, particularly the COVID-19 pandemic. This data, when contextualized with insights from stakeholders and relevant literature, highlights both the progress achieved and the persistent challenges in eradicating GBV in Malawi.

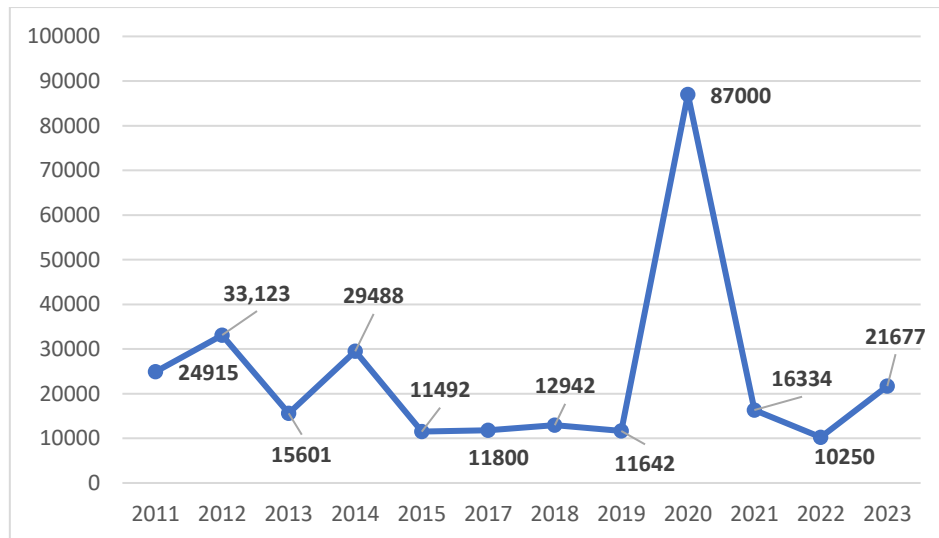


Figure 2: Trends in annual GBV Cases

The initial years from 2011 to 2014 marked a critical phase for GBV interventions in Malawi, characterized by notable fluctuations. The fluctuations in GBV cases—24,915 in 2011, 33,123 in 2012 (a 33% increase), 15,601 in 2013 (a 52.9% decrease), and 29,488 in 2014 (an 88.9% increase)—were likely influenced by heightened public awareness campaigns and the introduction of significant policy developments during this period.

Conversely, the sharp decline in 2015 suggests the effectiveness of community-led initiatives and stricter enforcement of GBV-related laws and implementation of key frameworks including the National Gender Policy. Between 2017 and 2019, GBV case reports showed a relative stabilization, with annual figures ranging between 11,000 and 13,000 cases: This period of stabilization is indicative of the enduring effects of various comprehensive interventions aimed at curbing GBV. This includes the enactment review and enforcement of GBV related laws, the active implementation of the National Gender Policy (2015-2020), and the National Strategy to Combat GBV (2014-2020).

The year 2020 marks a significant outlier where over 87,000 cases (654% increase from 2019) were reported. During this period GBV cases rose sharply during the COVID-19 pandemic particularly during the lockdown. Malawi's experience mirrors global trends, where pandemic-related restrictions exacerbated vulnerabilities for women and girls.

Further the decline in 2021 and 2022 indicates a partial recovery as COVID-19 restrictions eased, and access to services and reporting systems improved. Programs such as the Spotlight Initiative, and Tithetse Khanza Programme, were instrumental in rebuilding trust, improving survivor support systems, and fostering accountability. The rise may also reflect improved reporting mechanisms and increased survivor confidence in seeking help, which is a positive development but also underscores the need for further systemic strengthening.

## Discussion

The findings of this study offers a nuanced perspective on the impact of Malawi's 2015 National Gender Policy in addressing GBV. The revised National Gender Policy builds upon a legal and policy framework that took four decades to evolve, reflecting Malawi's gradual recognition and response to GBV. The study found that it took 36 years after Malawi's independence and six years after the adoption of the 1994 liberal Constitution for GBV to be thoroughly addressed in a national instrument. From 2000 to 2014, eight critical frameworks were established to combat GBV, signaling significant progress in this area see table 4.

Post policy frameworks	Year	Pre policy frameworks	Year
<b>Penal Code</b>	1974	Marriage, Divorce, and Family Relations Act	2015
<b>Malawi Constitution</b>	1994	Trafficking in Persons Act	2015
<b>First National Gender Policy</b>	2000	Land Act	2016
<b>National Strategy to Combat GBV</b>	2002	Electronic Transactions and Cybersecurity Act	2016
<b>Prevention of Domestic Violence Act</b>	2006	Constitutional Amendment on Child Definition	2017
<b>Child Care Protection and Justice Act</b>	2010	National Strategy on Ending Child Marriages	2018
<b>Deceased Estates (Wills, Inheritance, and Protection) Act</b>	2011	National Children Policy	2019
<b>Gender Equality Act</b>	2013	National Male Engagement Strategy for Gender Equality, GBV, HIV and Sexual and Reproductive Health	2023
<b>National Strategy to Combat GBV</b>	2014	National Sexual Harassment Policy	2024

Table 4: Pre and post National Gender Policy frameworks and amendments

The post-policy framework era represents a transformative phase that has driven the enactment and strengthening of numerous legislative and strategic initiatives aimed at tackling GBV and addressing related inequalities which exacerbates GBV. As the first policy statement, statement 7.1, in the National Gender Policy on the eradication of GBV, the intent was to advocate for the formulation and enforcement of laws and policies aimed at reducing GBV, emphasizing the enactment and strict implementation of GBV-related legislation.

It is not surprising then that between 2015 and 2019 a total of eight instruments were established. Notably, the Marriage, The Divorce, and Family Relations Act of 2015 was the first pivotal framework, which empowers women by safeguarding their rights within familial contexts and challenging long-standing discriminatory practices [12].

Further legislative progress includes the Trafficking in Persons Act 2015, which was a specific primary the National Gender Policy strengthens legal protections for women and children and promotes human rights. The Electronic Transactions and Cybersecurity Act 2016 also represents a significant advancement, addressing digital forms of violence such as cyber harassment and revenge porn, which disproportionately affect women [13].

In addition to these, the Constitutional Amendment on Child Definition in 2017 raised the legal age of a child from 16 to 18, strengthening protections against child exploitation and aligning Malawi's laws with international standards. The National Strategy on Ending Child Marriages 2018 and the National Children's Policy in 2019 further built on this particular foundation, targeting the root causes of child marriage and enhances child protection efforts across the country[14][15].

Recently, the National Male Engagement Strategy for Gender Equality, GBV, HIV, and Sexual and Reproductive Health (2023) as introduced a novel approach systematically encouraging the involvement of men and boys as active participants in combating GBV, promoting gender equality through behavioral change and community involvement [16]. These collective efforts demonstrate Malawi's committed progress towards mitigating GBV and fostering a more equitable society.

However, from this study, it was observed that gaps still remain in the dissemination and operationalization of these frameworks. Stakeholders often lack awareness and understanding of newly established mechanisms, limiting their functionality. This underscores the need for targeted communication strategies to enhance policy visibility and stakeholder engagement at all levels.

The implementation of the National Gender Policy in Malawi has also precipitated significant institutional shifts, enhancing the response to GBV and promoting gender equality across various sectors. The research found that the Malawi Police Service has introduced the Victim Support Unit guidelines. These guidelines have standardized the handling of GBV cases across different districts, ensuring a consistent and victim-focused approach [17].

In addition, the policy has fostered improved coordination among various agencies including the Malawi Police Service, Social welfare offices, Health facilities, and non-governmental organizations. This multi-sectoral approach has streamlined referral systems, enabling timely and comprehensive support for survivors, which includes medical, legal, and psychosocial assistance [18]

In addressing access issues, the Malawian government initiated the establishment of one-stop centers in 2010, starting with the Queen Elizabeth Central Hospital in Blantyre. These centers provide integrated services — medical, legal, social welfare, and counseling — under one roof. By 2018, the expansion included four major and 23 smaller one-stop centers across the country, significantly improving the health, safety, and well-being of survivors and leading to quicker case resolutions and higher prosecution rates [19].

The 2013 Gender Equality Act, which supported the implementation of the policy has also been instrumental in ensuring that victims of sexual violence have access to necessary secondary interventions such as Sexual Reproductive Health (SRH) services, emergency contraceptives, and post-exposure HIV prophylaxis [20] [21]. Despite these advances, challenges persist, particularly in the rural areas where 80% of the population resides in hard to reach

areas. Survivors of GBV often face a tedious and long process to access both medical and legal services, which includes long distances to facilities, lengthy waits, and expensive processes that deter follow-ups on court cases.

However, the Ministry of Gender has been pivotal in forming partnerships with NGOs, civil society groups, and community leaders to strengthen grassroots responses, particularly in underserved areas. These partnerships have been essential for extending the reach of the policy, improving community awareness, and fostering prevention strategies at the local level [22]. Furthermore, the government and its partners have also focused on capacity-building initiatives that have trained personnel across different sectors to handle GBV cases more effectively. These trainings address new challenges such as cyber violence and provides updated skills for managing the evolving dynamics of GBV

Reports from Civil society organizations, such as the Catholic Commission for Justice and Peace (CCJP) and Women's Legal Resources Centre (2022) indicate that there has been a great collaboration with the judiciary, in implementing mobile court sessions in remote areas. These initiatives have improved access to justice and rehabilitated courtrooms to enhance service delivery. However, mobile courts face sustainability challenges due to their reliance on donor funding.

Further, from the interactive conversations with the service providers especially those from NGOs, and government departments like social welfare, in-lign with Statement 7.3 of the National Gender Policy since 2015 there has been an increase in national level programs aimed at improving knowledge attitudes and practices related to GBV. The policy statement emphasized on improving knowledge, attitudes, and practices related to GBV.

Key initiatives such as the United Nations Joint Program for Girls Education, the DREAMS program, the Safe Schools program, the Spotlight Initiative and the Tithese Khaza program just to mention a few have been pivotal in promoting education, women's empowerment, and community engagement in an effort to eradicate GBV.

School-based, Community-based, and Media interventions have been common GBV prevention strategies that the government has promoted in addressing GBV. The government through its ministries has worked with local and international agencies to deliver School-based intervention, including the Safe School's program, and the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) project.

Common activities in these programs include, after-school health clubs, meetings by community structures including religious groupings, and mother support groups networks for the re-enrollment of girls who drop out of school, teacher trainings on positive discipline, life skills education, health education (including menstrual hygiene management), formulation of community bylaws by traditional leaders to annul child marriages and use of transformative approaches to change gender attitudes and behaviors that are deeply engrained in boys and girls.

The community-based interventions have effected change in individuals and communities at large, by creating awareness and providing support to victims of GBV. Mass media, for example, programs on YONECO radio have created awareness on the existence of GBV in communities, as well as its consequences, and promoted access to social services through a hotline for victims of GBV.

Programs like the Women's Empowerment Program (2015 – 2024) led by Trocaire which engages all key community stakeholders on the prevention of GBV using the SASA! Faith methodology has given participating communities an effective platform to enact sustained change by addressing gender inequality which is a root cause of VAWG [23]. In 2016, Trocaire conducted a study on this program, and the report revealed that the program had influenced the elimination and modification process of 22 harmful cultural practices that disempower women and girls and 13 local by-laws to end GBV in targeted areas.

Results from a similar program by Action Aid [24] had shown that men identified GBV as a woman's issue' as a result of an increased number of GBV prevention interventions that only were targeting women. The report suggested that the coming in of approaches that target men and boys in recent years has yielded positive results in most gender-related programs. For example, it was proven in this assessment that involving men in Village Savings and Loans (VSL's) associations which were earlier comprised of women only, greatly improved communication between couples, reduced economic stress within households, in turn, reduced levels of GBV.

School-based, community-based, and media interventions have emerged as key strategies for preventing GBV and improving societal attitudes. Through partnerships with local and international organizations, the government has implemented programs like the Safe Schools initiative and the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) project.

Community-based interventions have further supported GBV prevention by building awareness and providing direct support to survivors. Mass media campaigns, such as those aired on YONECO Radio, have played a vital role in increasing knowledge about GBV and promoting access to social services, including a hotline for survivors.

In reference to the discussion above, the analysis of GBV prevalence data from 2011 to 2023 in this study reveals significant fluctuations. These variations are influenced by the highlighted frameworks, behavior change programs and targeted awareness campaigns discussed earlier, and are also shaped by external shocks such as the COVID-19 pandemic.

Initially, from 2011 to 2014, awareness campaigns significantly decreased GBV cases, indicating not only improved reporting mechanisms but also enhanced community engagement [25]. These early efforts led to an increased awareness of GBV issues, empowering more victims to come forward. However, this was followed by a temporary spike in reported cases, likely due to the improved reporting systems themselves in 2014 as a result of the National Strategy to Combat GBV which made it easier to report incidents.

Between 2015 and 2019 the data shows stabilization of reported cases at lower levels. Subsequently, there was even a decline in cases between 2017 and 2019, which can be attributed to effective community-led initiatives and stricter law enforcement. During the pandemic, GBV cases experienced a marked surge, exacerbated by factors such as confinement with abusers, economic stressors, and disrupted support systems. This period, often referred to as the "shadow pandemic," highlighted the vulnerability of progress in GBV prevention under crisis conditions [26].

In the post-pandemic period (2021–2023), while there was an initial decline in GBV cases, a resurgence can be observed in 2023. This resurgence reflects persistent systemic challenges, including economic stress, cultural stigmas that discourage reporting and ongoing resource limitations that hinder effective intervention and support.

### ***Challenges in Policy Implementation***

In this study, a primary obstacle to effective policy implementation has been identified as the scarcity of financial resources and personnel. This limitation severely restricts the capacity for essential activities such as training, advocacy, and the delivery of services crucial for the robust implementation of the policy. Without adequate funding, the reach and impact of the policy are constrained, and without sufficient personnel, even well-funded programs struggle to achieve their intended outcomes.

The study also found out that there is inadequate sensitization about the policy at grassroots and district levels. This deficiency hampers the policy's adoption and acceptance across various community segments. Effective policy implementation requires not only the enactment of legislation at the national level but also deep engagement and consistent communication at the community level, where the realities of GBV are most experienced.

Deeply ingrained patriarchal norms significantly perpetuate GBV, especially in rural areas where traditional views on gender roles remain entrenched. These cultural norms posed a considerable challenge to the policy's acceptance and effectiveness, as they influence individual behaviors and societal attitudes towards gender and violence. Overcoming these norms requires targeted cultural interventions that promote gender equality and reshape perceptions and behaviors concerning gender roles.

Lastly, the study notes the presence of weak mechanisms for tracking the progress and effectiveness of the policy. The lack of robust monitoring and evaluation tools significantly undermines the ability to assess the policy's impact accurately and to make necessary adaptations based on empirical evidence. Effective monitoring is essential for understanding the policy's outcomes and for refining strategies to enhance its impact.

---

### **Suggestions and Recommendations**

Based on the findings of this study several recommendations emerge as critical for enhancing the policy's effectiveness and sustainability. In order to close the awareness gaps evident among various stakeholders, it is crucial to implement policy targeted communication and training programs. These programs should aim to increase the familiarity with GBV frameworks among law enforcement officials, grassroots leaders, healthcare providers, and educators. Regular workshops, seminars, and information sessions could be used to disseminate knowledge and updates about the policy and its supporting mechanisms.

The government along with international and local partners, should increase financial and human resources dedicated to GBV related policies implementation. This enhancement will support the scaling of successful strategies and will enable consistent training for service providers, and ensure the sustainability of GBV prevention and response efforts. Efforts should also be made to secure sustainable funding through government budgets and partnerships with the private sector and international donors.

Further government should encourage and support the development of community-based interventions that address cultural dynamics and norms perpetuating GBV. This could include community dialogues facilitated by respected local figures and survivor advocacy groups, aiming to change harmful gender norms and behaviors.

The study also recommends regular review and updates of the National Gender Policy and its associated strategic plans to reflect the evolving landscape of GBV and incorporate lessons learned from ongoing efforts. This should include input from a wide range of stakeholders to ensure that the policies are inclusive and comprehensive.

Moving forward, it is imperative that policy makers, together with stakeholders in the GBV prevention space, focus on a multifaceted approach to implement these recommendations. Enhancing financial and human resource allocations, and improving community-level sensitization are crucial steps towards achieving the policy's objectives. Additionally, fostering a culture that challenges the existing gender norms and promotes gender equality is essential for the long-term success of any interventions aimed at reducing GBV.

---

### **Conclusion**

The 2015 National Gender Policy of Malawi represents a crucial legislative framework designed to combat GBV and foster gender equality. This thesis has explored its impact, uncovering both its strengths and areas requiring significant improvements to meet its ambitious goals. The findings indicate that while the policy has initiated vital institutional and legislative changes, significant challenges in its implementation and effectiveness persist, particularly in the integration of efforts across different sectors and the availability of resources.



Firstly, the policy has undoubtedly spurred numerous positive changes, including the establishment of crucial frameworks such as the Trafficking in Persons Act 2015, Electronic Transactions and Cybersecurity Act 2016, as well as the National Strategy on Ending Child Marriages 2018. These have laid strengthened the systematic and comprehensive approach to combating GBV.

Secondly, institutional adaptations have been observed within various service providers, including law enforcement and social services, which have been developed to align with the policy's strategies. The introduction of the Victim Support Unit guidelines by the Malawi Police Service has been a significant stride toward enhancing the management of GBV cases. However, the effectiveness of these adaptations is often hampered by a lack of resources and comprehensive training, limiting their potential impact.

The 2015 National Gender Policy also aimed to reduce GBV by 35% by 2020. However, this evaluation has shown a failure to meet this target, with GBV cases rising dramatically from 11,642 in 2019 to 87,000 by 2020. This increase was largely fueled by the COVID-19 pandemic, which worsened conditions conducive to GBV through lockdowns, economic stress, and social isolation.

Despite the significant impact of the pandemic, the policy itself exhibited intrinsic weaknesses in its design and execution. It was not effectively implemented, as evidenced by the limited awareness of the policy among stakeholders, and insufficient resource allocation for the strategies outlined in the policy.

In conclusion, while the National Gender Policy has made commendable strides towards addressing GBV in Malawi, its full potential is yet to be realized. The insights gained from this study should inform future policy revisions and implementations, ensuring that they are not only well-designed but also effectively executed and adequately supported at all levels. The path forward should involve a concerted effort from all sectors of society to ensure a comprehensive and enduring impact against GBV in Malawi.

### **Acknowledgment**

The author expresses profound gratitude to the study participants, local and international non-governmental organizations, the Malawi Police Service, and the Ministry of Gender, Social Welfare, and Community Development for their invaluable support in conducting this study. Special appreciation is extended to the author's supervisors, Dr. Chibuno Alvin Nchemba and Dr. T. Velmurugan, whose guidance and expertise were crucial in shaping the research. Additionally, heartfelt thanks are given to the peer reviewers, whose detailed insights and constructive suggestions greatly enhanced the quality and accuracy of this work.

### **References**

1. Inter-Agency Standing Committee. (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: Reducing risk, promoting resilience, and aiding recovery. [https://interagencystandingcommittee.org/sites/default/files/World Bank. \(2020\).](https://interagencystandingcommittee.org/sites/default/files/World%20Bank.%20(2020).)
2. Poverty and shared prosperity 2020: Reversals of fortune. <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity>
3. National Statistical Office of Malawi. (2019). 2018 Malawi Population and Housing Census Main Report. <https://unstats.un.org/unsd/statcom/50th-session/side-events/documents/20190306-1L-Mercy-Kanyuka.pdf>
4. National Statistical Office (NSO). (2017). Malawi demographic and health survey 2016. <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>
5. Decker, M.R., Wood, S.N., Ndinda, E. et al. Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training. *BMC Public Health* 18, 1341 (2018). <https://doi.org/10.1186/s12889-018-6220-0>
6. Health Policy Project. (2015). Gender-based violence in Malawi: A literature review to inform the national response. Health Policy Project, USAID. [https://www.healthpolicyproject.com/pubs/436\\_FINALHPPMalawiGBVLiteratureReview.pdf](https://www.healthpolicyproject.com/pubs/436_FINALHPPMalawiGBVLiteratureReview.pdf)
7. Chirwa, G. C., "Who knows more, and why?" Explaining socioeconomic related inequality in knowledge about HIV in Malawi". *Sci African*, 7, Mar 2020. <https://www.sciencedirect.com/science/article/pii/S2468227619307744>
8. Molloy, E. (2017). *Trocaire\_WE Baseline\_Report HDF.pdf*. Trocaire.
9. Hayes, N. C. (2016). "Marriage Is Perseverance": Structural Violence, Culture, and AIDS in Malawi. *Anthropologica*, 58(1), 95–105. <http://www.jstor.org/stable/26350527>
10. Ministry of Gender, Children, Disability and Social Welfare. (2015). National gender policy. Government of Malawi.
11. World Bank. (2020). Poverty and shared prosperity 2020: Reversals of fortune. <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity>
12. Government of Malawi. (2015). The Divorce and Family Relations Act of 2015. <https://malawilii.org/akn/mw/act/2015/4/eng@2017-12-31>
13. Government of Malawi. Electronic Transactions and Cybersecurity Act 2016 <https://tradecca.thecommonwealth.org/document/electronic-transactions-and-cyber-security-act>

14. Government of Malawi. National Strategy on Ending Child Marriages 2018. <https://forequalityafrica.org/wp-content/uploads/2023/01/Policy-brief-Ending-Child-Marriage-in-Malawi.pdf>
15. Government of Malawi. National Children Policy 2019. <https://www.yonecofm.com/index.php/2019/06/27/malawi-launches-national-childrens-policy/>
16. Government of Malawi. National Male Engagement Strategy for Gender Equality, GBV, HIV and Sexual and Reproductive Health 2023.
17. Manda, S. M. (2023). Police approaches to victims of domestic violence in Malawi: A case of Kanengo and Lilongwe police stations (Publication No. 30633327) [Doctoral dissertation, Northern Arizona University]. ProQuest Dissertations & Theses.
18. Kishindo, P. (2017). Referral mechanisms and multi-sectoral response to GBV in Malawi. *Malawi Medical Journal*, 29(1), 12-16.
19. Mulambia, Y., Miller, A. J., MacDonald, G., & Kennedy, N. (2018). Are one-stop centres an appropriate model to deliver services to sexually abused children in urban Malawi? *BMC Pediatrics*, 18(1), 145. <https://doi.org/10.1186/s12887-018-1121-z>
20. Government of Malawi. Gender Equality Act 2013. Republic of Malawi. <https://malawilii.org/akn/mw/act/2013/3/eng@2014-12-31>
21. Miller, A. J., & Barlup Toombs, K. (2014). Educating Physicians Internationally in the Diagnosis of Child Sexual Abuse: Evaluation of a Brief Educational Intervention in Malawi. *Journal of Child Sexual Abuse*, 23(3), 247–255. <https://doi.org/10.1080/10538712.2014.888120>
22. Banda, M. (2019). Community responses to GBV in rural Malawi. *Journal of African Studies*, 34(2), 45-59.
23. Trocaire. (n.d.). *Malawi*. Malawi. <https://www.trocaire.org/whatwedo/wherewework/malawi>
24. Gaynor, N., & Cronin, M. (2016). *A Research Report prepared in collaboration with ActionAid*
25. Smith, J. (2015). *Impact of awareness campaigns on GBV: Analysis from 2011 to 2014*. Department of Social Studies. [https://www.fictionalrepository.org/impact\\_of\\_awareness\\_campaigns](https://www.fictionalrepository.org/impact_of_awareness_campaigns)
26. Felten, L. Recognising the shadow pandemic in the humanitarian sector: ending violence against women in the aftermath of COVID-19. *Int J Humanitarian Action* 8, 9 (2023). <https://doi.org/10.1186/s41018-023-00142-5>