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UBALE

United in Building and Advancing Life Expectations

PARTICIPATORY GENDER ANALYSIS FINAL REPORT



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Acronyms and Abbreviations

ACPC – Area Civil Protection Committee
ADC – Area Development Committee
ADMARC – Agricultural Development and Marketing Corporation
CADECOM – Catholic Development Commission in Malawi
CARE – Cooperative for Assistance and Relief Everywhere
CBO – community based organization
CRS – Catholic Relief Services
FGD – focus group discussion
FHH – female headed household
FISP – Farm Input Subsidy Program
GABLE – Girls’ Attainment in Basic Literacy and Education
GALS – Gender Action and Learning System
GBV – gender-based violence
KII – key informant interview
LDF – local development fund
MCHN – maternal and child health and nutrition
MFI – microfinance institution
MHH – male headed household
NGO – nongovernmental organization
PCI – Project Concern International
PGA – Participatory Gender Analysis
SACCO – Savings and Credit Cooperatives
SILC – Savings and Internal Lending Communities
SRMH – sexual, reproductive, and maternal health
UBALE – United in Building and Advancing Life Expectations
USAID – United States Agency for International Development
VAC – Village AIDS Committee
VCPC – Village Civil Protection Committee
VDC – Village Development Committee
VSL – village saving and loans
WEF – Women’s Empowerment Framework
WORLEC – Women’s Legal Resource Center

I. Introduction

Background

United in Building and Advancing Life Expectations (UBALE), is a five-year (2015-2019) Food for Peace program funded by the United States Agency for International Development (USAID) and implemented by a consortium led by Catholic Relief Services (CRS) in partnership with the Cooperative for Assistance and Relief Everywhere (CARE), Save the Children, and the Catholic Development Commission in Malawi (CADECOM). The program aims to reduce chronic malnutrition and food insecurity and build resilience among vulnerable populations in three districts in Malawi, Blantyre Rural, Chikwawa and Nsanje. The program has three primary Purposes:

Purpose 1: Market-based production and income generation to increase household income;

Purpose 2: Maternal and Child Health and Nutrition (MCHN), particularly focusing on pregnant and lactating mothers and children under the age of 2; and

Purpose 3: Disaster Risk Management designed to empower communities to contribute to their own sustainable development.

Gender inequality is a recognized impediment to food and nutrition security, affecting the dimensions of access, availability, and utilization of food. Successfully addressing gender inequalities within the course of the UBALE program requires a context-specific, cross-cutting gender strategy that aims to positively transform women's agency, their relations, and the structures and institutions that govern their lives. To this effect, the UBALE team carried out a gender analysis in August and September of 2015, with the participation of UBALE key staff from across the three Purposes described above. The gender analysis included two components: 1) a secondary review of meso- and macro-level gender trends and 2) a micro-level, qualitative analysis carried out in two locations in Blantyre Rural and Nsanje districts. Although a large proportion of UBALE beneficiaries are located in Chikwawa, due to time and resource limitations the study chose to pilot the data collection tools in Chikwawa and focus on the two districts Nsanje and BT rural and determined that Nsanje shared many significant characteristics with Chikwawa. Under the leadership of CARE, the consortium's gender lead, the UBALE team coordinated with the team of Njira, the Food for Peace program (FFP) led by Project Concern International (PCI) (Note: Separate reports were prepared for UBALE and Njira). CARE provided the identical methodology and technical oversight to both consortia on the design, implementation, and analysis of the qualitative component. This report describes the process and findings specific to the UBALE program.

Objectives and Methodology

The objectives of the UBALE gender analysis were to:

- Identify key gender-based barriers to the equitable participation of men, women, girls and boys in the program;
- Identify and mitigate potential harms that might arise from the program strategy (such as increases in gender-based violence or workload burdens);
- Identify positive trends, role models, policies, and other opportunities that can be leveraged to transform inequitable gender practices and norms; and

- Build the capacity of program staff to understand gender relations and facilitate participatory research

The design of the gender analysis was guided by CARE International’s Women’s Empowerment Framework (WEF), which states that to achieve transformative changes in women’s empowerment, it is important to address the structural (normative), relational, and agency dimensions of gender equality. Following CARE’s Good Practices Guideline, the gender analysis examined each of UBALE’s three Purposes through the lens of the core areas of inquiry (See Figure 1, below). Focusing on those key issues that are most relevant for UBALE, the qualitative inquiry focused in particular on a) the gendered division of labor (including norms and expectations for an “ideal” man and woman); b) household decision-making (particularly around health/nutrition and economic decisions); c) access to public spaces and services (particularly women’s access to economic and natural resources); and d) women’s meaningful participation in the public sphere (including women’s leadership). Themes of gender-based violence, women’s and men’s aspirations, and men’s engagement in gender equality cross-cut the questions within each data collection instrument (See Annex 2 for an outline of the core areas of inquiry and key questions related to each theme). Each inquiry also sought to identify entry points for change—examples of changing norms and expectations or role models of gender equality whose behaviors and ideas can be leveraged to encourage broader behavior change.



Figure 1: CARE’s Gender Analysis Areas of Inquiry

Tools

To explore the areas of inquiry describe above, semi-structured key informant interviews (KIIs) and focus group discussions (FGDs) toolguides were structured around Participatory Rural Appraisal tools, including historical timelines, decision trees, body maps, and Venn diagrams. Tools were pretested before field work began. The data collection and analysis was conducted over the course of 10 days in two Districts; the tools were organized such that each day of data collection included a specific theme of focus, as follows:

- **Theme 1** explored current and changing trends in expectations and perceptions of men’s and women’s behavior and responsibilities, including the consequences for men and women who deviate from dominant norms.
- **Theme 2** explored **intra-household level**, looking closely into decision-making processes around economic control and health and nutrition decisions.
- **Theme 3** explored gender equality **in the public sphere**, looking in particular at women’s leadership, men’s and women’s access to public services and information, and the relationship of key service providers (extension agents, microfinance agents, etc.) with their male and female constituents.

In two study target districts, Blantyre Rural and Nsanje, TAs were purposively selected to capture distinct socioeconomic areas, cultural practices, family structures (patrilineal/matrilineal), and agro-ecological differences in the UBALE program management areas. The field-level data collection was carried out simultaneously in two target districts by data collectors drawn from the UBALE consortium members including Save the Children, CADECOM, and CARE. In total, 23 data collectors participated (11 male and 12 female), with males interviewing males and females interviewing females. Following a 5-day training on the Participatory Gender Analysis (PGA) tools led by Emily Hillenbrand, Billy Molosoni, and Dr Alinane Katenga-Kaunda from the CARE UBALE team, one team was placed in Nsanje, and a second went to Blantyre rural for data collection. The fieldwork took place between August 23 and September 2, 2015, with district teams interspersing each day of data collection with a day of group analysis and notes consolidation. The data analysis process with the research team was as follows:

- **Step 1:** Pairs worked on consolidating notes to compile detailed notes summaries
- **Step 2:** Pairs used key reflection questions to summarize information. Summary questions included:
 - What are the key challenges identified by respondents?
 - Which behaviors and practices are changing?
 - Who are the gender non-conformists? What are their practices?
 - What behavior and practice changes are desired by respondents?
 - What factors might support or prevent desired changes from occurring?
- **Step 3:** Pairs triangulated findings, focusing on key areas of agreement and key areas of disagreement between different respondent groups
- **Step 4:** After their data collection was completed, the two district teams came together to work on a global reflection with an eye to the three themes and the implications for their work
- **Step 5: Data entry and coding.** Following the group analysis, a select team of key personnel were chosen to assist with entering and coding data in Excel. Data was coded using level 1 codes (core areas of inquiry e.g. gendered division or labor or household decision-making), level 2 codes (reflecting the type of observation e.g. desired changes or enabling factors), and level 3 (theme e.g. MCHN or Disaster Risk Management) codes.
- **Step 6: Written analysis.** Once the data were completed and coded, two independent consultants used the completed spreadsheets to sort and organize the data, according to the frameworks and outline set by the CARE team. The final reports were revised with input from Gender Advisors of CARE and CRS.

A detailed description of the process and tools is included in **Annex 2** at the back of this report. All of the quotations used in this report are cited according to the primary tool guide from which they are

taken, to allow for cross-referencing. A complete list of the primary interview data is included at the end of this report, in **Annex 1**.

Limitations

While working with a team of UBALE program staff brings a crucial benefit to the implementation of the program, it also has inherent challenges. Namely, the data collection team was not extensively experienced in qualitative research and did not always probe in depth during their interviews. They also faced competing work obligations which limited the amount of time and intellectual energy they could commit to the process. During the fieldwork process, CARE USA gender leads provided simultaneous support to the PCI program's gender analysis; although this arrangement helped ensure uniformity of methodology between the two programs, it also greatly limited the degree of supportive supervision and quality assurance that could be provided to either fieldwork process. Finally, this study was carried out in three UBALE program sites over three days of data collection. The findings are not representative of the entire program area or of all target groups' views, but they are intended to provide usable insights into key gender concerns and opportunities for a gender-transformative UBALE program.

II. Findings

A. Theme 1: Gender Norms and Expectations

Summary of Key Findings

Through the use of historical timeline and ideal man/woman tools, the team captured information about gender norms and changes that have occurred in the recent past in communities in Nsanje and Blantyre Rural. Participants described many changes that have occurred since Malawi's transition to democracy, some of which are seen in a primarily positive light (such as women's increased access to property inheritance) and some of which are viewed more negatively (such as relaxed dress codes that some believe encourage promiscuity). Government and NGOs have both played important roles in facilitating changes in these communities; for example, the government has passed protective policy and established Victim Support Units to address gender-based violence while NGOs, such as CAWVOC, have conducted sensitization trainings intended to shift social norms and the acceptability of practices like wife beating. While it has become more acceptable for women to take on leadership roles and income earning activities over time, hegemonic constructions of masculinity and feminity continue to guide the behavior of both men and women, with men viewed as the primary breadwinners responsible for supporting their families and women expected to be respectful, responsible for household chores, and subordinate to their husbands.

A.1. Setting the stage: Historical context/recent changes in gender norms:

In order to explore the historical trends related to gender norms and expectations, the team of data collectors used a historical timeline tool, in which participants were asked to make note of key changes in gender relations and roles in their recent memory on a paper timeline (see figure below), and to explain the significance of each event or change. Three distinct respondent groups were interviewed in each of the four target sites: older village leaders, younger change agents (including village agents), and Christian and Muslim local religious leaders. The notable events and time periods are described below.

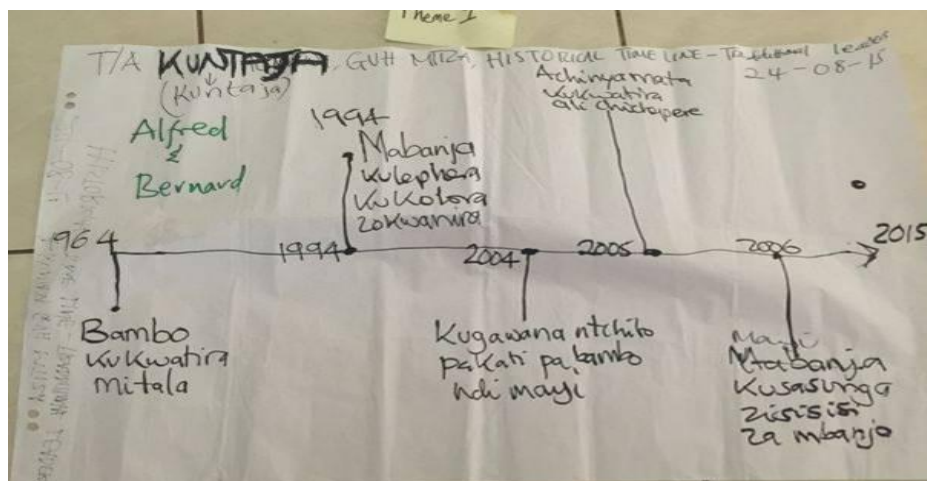


Figure 2: Timeline with Village Leaders in T.A. Kuntaja in Blantyre Rural

1964-1994: One-party rule – Malawi was governed by a one party system after independence in 1964. During this period, respondents noted that both government and religious policies strictly governed many gendered norms and behaviors, in particular women’s dress. For example, in the early 1970s the government forbade women from wearing long pants or clothing that exposed their knees, and anyone breaking this law could be punished severely. Polygamy was observed to be more common during this period, and nearly all development activities were undertaken by the government.

1994: Transition to Democracy- 1994 was the first notable event that most respondents mentioned on their timelines. In this year, Malawi transitioned to a democratic system of governance with multiple political parties and a constitution which guaranteed people’s rights. At this time, the government lifted a ban on indecent dressing and also implemented a policy of universal free primary education. With the passage of the NGO Act, NGOs also began to play a more active role initiating conversations about development and gender norms, including family planning methods. As Watt, a 48-year old male change agent, explained: “Women now have a chance to choose the number of children to have in the family with family planning methods. This is because of NGO activities, dramas in communities, and health talks at the hospital” (2).

HIV/AIDS emerged as a serious threat to communities in the 1990s and, in response, a number of community-based organizations (CBOs) emerged. Many of these CBOs focused on children orphaned by HIV/AIDS and on issues like girls’ education. Some NGOs also sprang up around issues of gender-based violence (GBV). Respondents noted that in 1998, an NGO called CAWVOC began working in Mtiza, Blantyre. Sami, a 33 year-old male religious leader, said, “The CAWVOC people came with a number of teachings and one of them was on gender-based violence and the negative effects...Many people realized what GBV was and had started changing and we saw a reduced number of cases of violence” (7). This respondent explained that prior to the work of this NGO there was a widely held belief that “wife beating is medicine for marriage,” but that the NGO helped change this attitude and reduced the use and acceptability of wife beating.

For some, particularly traditional and religious leaders, the relaxation of formal dress codes and the public dissemination through radio of information about sexuality and family planning is inappropriate, contributing to a climate of lax morality, precocious sexuality, and less respect for elders among youth. Watt, the change agent quoted above, noted, “We should be able to scrutinize what NGOs promote. Some of these rights are not good for us” (2). Nyarai, a 51-year old female leader, said, “Girls became deaf in listening to what the culture stipulates by using human rights abusively. Girls could not listen to their parents and elders advice in the village by hiding behind human rights: ‘We have freedom and a right to do whatever we want,’” and Aida, a 45 year-old female change agent, said, “Children are not respecting parents. Dress code is very bad. They show buttocks, thighs, breasts” (38, 2). Watson, an 84 year-old male leader, stated, “There is a lot of adultery and children are not respecting themselves in dressing in the name of freedom. There are a lot of unwanted pregnancies and some are even rude to their parents (1).

2000 - 2010

In the 2000s, women began to experience greater access to property and more protections. In 2006, the government of Malawi passed the Prevention of Domestic Violence Act¹. Respondents observed changes in the acceptability of GBV and a reduction in harmful cultural practices like wife inheritance (*chokolo*). Allan, a 49 year-old male religious leader, said, “In the past, there were many misunderstandings between the maternal and paternal side on the distribution of property. These

days I see more wives and children able to get the property of their husbands and fathers. If there are disputes over property, families are referred to the police, courts, and nongovernmental organizations” (7). Commenting on government policy changes pertaining to GBV, a 33 year-old religious leader said, “The Government of Malawi...has made tremendous efforts to change cultural and historical gender norms through policy interventions. The Ministry of Gender has been working with the police through Victim Support Units to curb GBV. I have seen that GBV is less than it used to be” (7). NGOs have helped create platforms like a Women’s Forum in Nsanje. A 34-year old man said, “The committee sensitizes the community and facilitates on GBV” (30).

In 2004, the third democratic presidential election occurred. Connex, a 55-year old male traditional leader, attributed the continuing expansion of the then fixed gender roles for women to this change in government, “Now you can see girls working as mechanics as well as working at ESCOM at the top of a pole of a power line. This was only done by men in the past” (5). A 33-year old male religious leader stated, “Women are taking more challenging jobs like teaching, joining the police force, and the army” (08-23-2015_Blantyre_Timeline). Pilirani, a 26-year old woman, explained that women “are able to borrow money from SILC groups and banks in order to do business” (11).

While CBOs around HIV/AIDS issues emerged in the late 1990s and early 2000s, their effects began to be felt a few years later. Sami, a male religious leader, described a CBO in his town that was founded in 2000: “This CBO pays [school] fees for girls and boys, but mostly girls. The real impact of this CBO was seen from 2005. We saw many girls completing their primary education” (7).

2010 – present

In the most recent years, respondents noted shifts particularly in the domain of women’s economic empowerment and public participation, largely thanks to the activities of NGOs and the initiation of village savings and loans (VSLs) associations. The Deceased Estates (Wills, Inheritance, and Protection) Act was passed in 2011, repealing the discriminatory Wills and Inheritance Act of 1967 and prioritizing the nuclear family in inheritance. Sami, a 33 year-old male religious leader, said, “At first women were not given an opportunity to express themselves, but during this time women began to be given space to participate in decision-making...CAWVOC came to the area. They started teaching people about gender and how women can also take part in decision-making...In the past when women were in the same place with men they were very quiet and could not contribute. I have seen that women are able to speak their opinion at public meetings and even present a dissenting view from men. I have also seen more women take up leadership roles such as in VDCs (Village Development Committees), in religious circles and Village Savings and Loan Associations” (7). Women have greater access to information and communication; a 33-year old male traditional leader explained, “I saw a great increase of women having funds in 2009-2010 and also many women owning and having the interest to listen to a radio during this time as well...This community is developing because of these changes” (6).

Changes in the gendered division of labor have occurred, with women now able to do tasks such as molding and burning bricks, cutting poles, digging toilets, constructing houses, even cutting grass for thatching houses, all of which were once predominantly men’s jobs. Many women were reportedly engaged in piecework or doing home-based businesses, such as cooking and selling fritters.

Most respondents saw women’s economic engagement as a positive change and a benefit for men and women alike. A 45-year old woman said “Yes, there are changes. In the past women were depending on their husbands to support them financially but now women are contributing to

livelihood of their homes.” Watson, an 84-year old male leader from a male-headed household (MHH), said, “Women are able to contribute in purchasing household assets like iron sheets, clothes for children because of the businesses they do and men are the ones being honored” (1).

Along with women’s economic engagement, there were some reports of men’s greater involvement in the household, as Pilirani, a 26 year-old female religious leader, said, “Nowadays, men assist their wives. For example, men are able to fetch water. They go to the maize mill, cook, wash clothes [and] plates. Men are able to escort pregnant women to the hospital...and take on family planning responsibilities” (11). However, there were also suggestions that where men do not assist their wives, women’s expanded economic participation may add an extra work and financial burdens for already busy women. Eliza, a 27-year old woman, reported that some husbands are now relying on women to fend for the family, relinquishing their traditional breadwinner responsibilities (10).

Concerns about transforming gender norms

Views on the prevalence of GBV were not consistent—many participants believed that violence has decreased significantly while others saw an increase (perhaps due to the greater visibility and public discussion of the topic in light of a culture of silence). Sami, a 33-year old male religious leader, noted that “Through court cases on GBV, I have seen that GBV is less than it used to be, but still there are others who have a violent nature” and added, “In addition there is an increased number of commercial sex workers in our community” (7). Annie, a 37-year old woman, however, said that there are “men who beat their wives because of jealousy, beer drinking, and uncivilized” (1). Participants noted that despite the work of NGOs, some harmful practices remain deeply entrenched in traditional beliefs, For example, Clemont, a 30-year old man, explained, “This culture of wife cleansing is difficult...There is a belief that if you do not follow you will die. This culture is being practiced in our village today” (3).

While overall, women’s economic empowerment and reduction in gender-based violence were seen as positive trends in the overall trajectory of community development, the changes are also viewed suspiciously by some, who are concerned about the upset in power relations between men and women.

Many blame women’s “rudeness” and disrespect for their husbands for gender-based violence and the breakup of marriages. Annie, a 37-year old female traditional authority, “Women are underrating their husbands because they are able to earn more than their husbands. Some husbands rely on women to fend for the family and there is a lot of marriage break ups and divorces because of the money that women get from businesses” (1). Martin, a 24-year old change agent, said, “Women are now not respecting their families. Women are now leaving household chores for their men to do” (9). Petro, a 57-year old man from a MHH, said “Men have now started experiencing GBV from women due to empowerment of women. Men are now also victims of GBV because women refuse their husband sex” (2). Gladson, 63-year old male traditional leader, explained, “Wives are failing to keep family secrets. These days things have changed. Women reveal every secret in their family to their fellow women” (5).

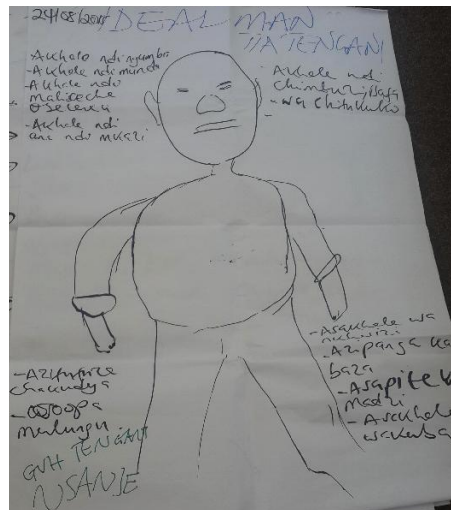
As these trends above make clear, the UBALE program begins in an historical context of steady and significant transformation of gender roles and responsibilities, and respondents are primed with an understanding that gender-based violence is bad, women’s economic empowerment is good, and men should to some extent be involved in the household work. There is a general sense that NGOs’ work has been positive for the communities. However, the cautionary voices and concerns of the

respondents also illustrate that progress is not linear and steps taken forward to shift power relations can result in negative reactions and backlash.

A2. Current Norms: Hegemonic Masculinity and Femininity

To reveal current gendered behavioral norms and expectations, the research team conducted separate focus group discussions (FGDs) with men and women. In these FGDs, participants were asked to draw and describe an “ideal” or respectable man or woman and how he or she should look and act. Men were asked to describe “ideal men” in detail; they were also briefly asked to describe the expectations for women (and vice versa), to triangulate views.

Ideal Men

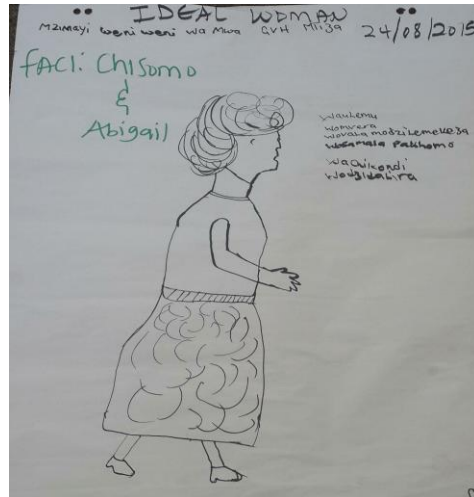


Men emphasized that an “ideal” man should be God-fearing and serve as the providers and protectors of their families. They should have a good house and a farm, be able to impregnate his wife in order to have children, and be able to take care of his family. An ideal man should also be loving and caring, respect others’ ideas, participate in development activities, and make decisions with their wives and serve as role models for others. They send their children to school and manage their own time well. Ideal men do *not* wash clothes, fetch water, steal, or use violence.

Women’s descriptions generally agreed with men’s descriptions, in that men should provide for the basic needs of their families (including purchasing food and paying school fees), show love to their wives and children, be faithful, not beat their wives, and involve their wives in decision-making, including on issues of polygamy and finances.

However, in contrast to the men, women expressed a desire for men to be more inclusive of their wives when making household financial decisions and decisions about taking a second wife, although these practices are not currently the norm. According to women, “ideal” men are prayerful and gentle, are good problem solvers, and respect women’s sexual boundaries, for instance, Ethel, a 25-year old woman, said “A husband should tell his wife in advance when he wants to have sexual intercourse with her that day” (10). Women say the characteristics of unrespectable men are being adulterous, alcoholic, a thief, or reliant on women for financial support.

Ideal Women



Women believed that an “ideal” woman would dress respectably, such as in a long dress with a wrap (*chitenje*) over her lower body. She should be gentle and prayerful, help provide for her family, and do household chores. She should give guidance to her husband and children, teach her children how to farm, and encourage them to attend school. An ideal woman would be a member of different savings and loans groups and would be friendly, generous, and loving towards her family. She should not be selfish or adulterous, a gossip, a drunkard or a smoker.

Male respondents generally shared women’s views, believing that women should dress modestly (never wearing pants) and be hard working, carrying out household chores, such as preparing food, as well as income generation for the family. Men emphasize that women “should be respectful to their husbands and dress well,” be polite and humble, love their families, and respect their in-laws. Women should not come home late, steal, gossip, sleep with other men, or undermine their husbands.

Socialization processes

Respondents were asked to discuss how the gender norms are learned and enforced. Women often identified older relatives and church groups as key gatekeepers of norms and traditions, including how women should govern their bodies and prepare for married life. Dorice, a 29-year old woman, said “I learned from my grandmother how to behave, how to dress, and how to take care of my body. I also learned from church elders” (8). Eliza, a 27-year old woman explained that her “aunt would teach us how to act after the first menstruation. On top of that, parents ask women from the church to counsel their child in readiness for married life” (10). Judith, a 47-year old woman, said, “Sometimes the church organizes church meetings and women are divided into groups according to ages and are counselled on how to be like women. The church also organizes initiations for girls who have experienced their first menstruations” (10).

Those who do not uphold norms (for example, men who do traditionally female tasks) face ridicule or social sanction. For example, Timvane, a 20-year old man from a MHH, explained that men who assist their wives with household chores such as cooking are said to have been given “love concoctions,” while Hannah, a 49 year-old woman, said that men who allow their wives to conduct business are seen as having sold their wives to others (3, 10). Women who are active in business or travel long distances to markets are sometimes accused of combining business with prostitution or attempting to steal other women’s husbands. Generally, respondents disapproved of women who

overstep their boundaries, but on the other hand, they noted that there are cases when a man does not take a commanding lead and it is appropriate for women who are “intelligent like men” to step up and take charge: Timvane, a 20-year old man, expressed his view that, “Women should be contributing in household decision-making. Their views should be taken into account” (3).

The interviews indicate that there is a high social value placed on joint decision-making. Couples that share household activities or make decisions together are admired as role models; community members drew a clear correlation between couples’ cooperation and their economic and social well-being. Violet, a 32-year old woman from Nsanje, said, “Those families in which women are involved in the decision-making are those that are in good relationships and there is unity between the two [spouses]” (10).

B. Theme 2: Intra-household decision-making

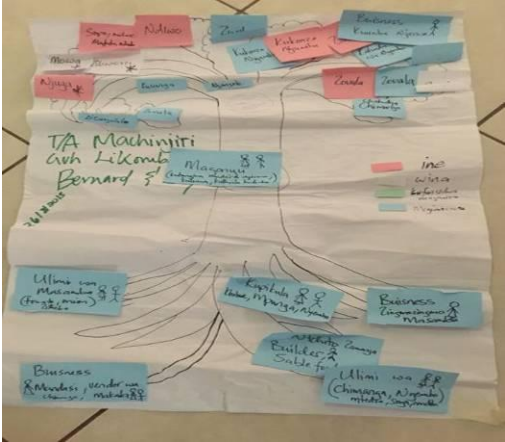
Summary of Key Findings

The second theme the research team assessed was intra-household relations and communication, with a specific focus on both economic and financial decisions and health-related concerns and decisions. To analyze economic and financial decisions, participants were guided in creating and discussing decision-making trees. Women from MHH tend to feel that they have significant influence over most economic and household decisions, with the exception of decisions about the consumption of alcohol, and believe that harmonious families make decisions jointly. Despite women’s sense of their own involvement in decision-making, the discussions made clear that decisions still typically require the consent of women’s husbands and that women often have to ‘suffer in silence’ to avoid conflict or violence.

In order to evaluate health concerns and decisions—of women, men, adolescent boys, and adolescent girls—participants created and discussed body maps of key health issues. For all target groups, access to food and nutrition is a dominant health concern and general illnesses—such as malaria—and sexually transmitted infections, including HIV, were also cross-cutting themes. Adolescent girls also identified menstrual hygiene management, heavy workloads, and violence as principal health concerns while adult women included family planning and high birth rates among their dominant concerns. Limited finances and limited female influence over decision-making compound these concerns—leading to inadequate access to basic hygiene products, insufficient food, and limited female control over health-seeking behaviors.

B1. - Economic and financial decisions

To explore intrahousehold dynamics around economic and financial decisions, a decision tree mapping exercise was used in discussions with respondents. Drawing a tree on a flip chart, respondents listed at the roots the key sources of income for the household (and how men and women contributed to them), while at the branches, they labeled the main decisions made in the household and to what



extent women influenced these key decisions. Discussions highlighted the ways that women could influence decisions, which decisions were most contentious, and to what extent the threat of violence influenced their participation. The exercise was administered separately to groups of women from male-headed households (MHH) and female-headed households (FHH).

Women in MHH (in Nsanje) believed that they have influence over all major economic decisions- including the decisions related to revenue generation as well as expenditures. When it came to income generation, women considered themselves to be greatly involved in almost all activities (with the exception of selling vegetables or making bricks). The main economic activities for women included doing petty businesses like selling tomatoes, juice, or water, or buying and selling maize, groundnuts and other crops. Many women are also engaging in VSL or SILC groups, where they are learning skills on how to save money, getting loans, and starting small-scale businesses to provide for their families.

When it came to household decisions, women from MHH also felt that they had significant say over most decisions. There was only one decision that they marked as “someone else’s,” and that was decisions over consumption of alcohol. Women from MHH felt that they could independently make small purchases on their own (buying utensils, relish, soap, salt, cooking oil), while for all other key decisions (related to home gardening, taking piecework, farming and trading, maintaining the household, purchasing furniture, paying school fees and funeral expenses), their opinion was “important” – that is, a decision couldn’t be made without their input (Source: Flip-chart, TA Machinjiri, GVH Likoma).

Despite their sense of involvement in most decisions, it was also evident from the discussions that no decision could be made by women without the full consent and advice of one’s husband. If he was not consulted (particularly for personal purchases), a spouse might react spitefully. “If the man did not know about the source of funds and he sees the thing you have bought (like clothes), he tears it. Sometimes this can cause the end of the marriage,” explained Loniya, a 41 year old woman from a MHH (12). Seveliya, a 70-year old FHH respondent, simply stated, “When there are disagreements in male-headed households, men always prevail” (22).

Reflecting on the chart, many women’s consensus conformed to the cultural belief described above, that an ‘ideal couple’ is harmonious and shares all decisions. As Malita, a 32-year old woman from a MHH, put it, “to me, when you are in a family you need to do things together, so that the family should be a loving one, so that all that is done is right” (12). At the same time, some women thought that this ethic of joint cooperation and decision-making belonged to a romanticized past (their parents’ generation), when, as Mary, a 49-year old MHH respondent stated, “they were doing things together...so that their marriages were smoothly managed....Nowadays, families value entertainment first. Like nowadays young ones are busy drinking beer and smoking” (12). Many respondents expressed desire for greater awareness and community training in this area, so that “all decisions should be made jointly, so that both should understand the decision.”

Sources of revenue – Who is involved in bringing in household income?	Woman herself	Husband/ someone else	Woman’s involvement not significant	Woman’s involvement important
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Vegetable gardening				✓
Piece work				✓
Mandasi business				✓
Village Savings and loans				✓
Irrigation farming – maize				✓
Rice, Beans trading business				✓
Selling vegetables	✓			
Employment & Self employment – construction of buildings				✓
Moulding bricks			✓	
Maize farming(selling surplus maize)				✓
Household decisions (branches) – Who is involved?	Woman herself	Husband/ someone else	Woman consulted but not final say	Woman's involvement important
Beer				
Soap, salt, Cooking oil		✓		
Relish	✓			
House maintenance	✓			
Household utensils				✓
Household Furniture	✓			
Clothes				✓
Maize				✓
School fees				✓
Livestock				✓
Loans				✓
Funeral expenses				✓
Celebrations				✓
				✓
Source: Decision-making tree chart, MHH households, AT/A Machinjiri, GVH Likoma – Nsanje District				

Women in female-headed households (FHH) naturally had greater sole decision-making authority over many household decisions and greater responsibility for a range of income-generating activities, but there were still many decisions (including buying livestock, paying school fees, purchasing iron sheeting, building a house or buying labor) on which they must necessarily consult other family members or relatives.

Women who are de facto heads of household (due to husbands' economic migration) struggle economically and with intra-household power dynamics. Joice, a 35-year old mother from Chimombo TA, noted that migrant husbands do not always send adequate support for their families, while Belita, a 50 year old woman, explained that wives have little control over what they *do* send, "for those women whose husbands are abroad, whenever they send money or other items to assist the household, their mother in laws grabs everything claiming that the things are from their sons and they are the ones who bore him. This leaves the woman with nothing" (22). Widows also complained

that the relatives of the deceased should do more to assist the bereaved children and wives, who struggle to pay school fees and clothes.

Conflict and violence in decision-making

Despite the common consensus that harmonious and joint decision-making is the societal ideal, that “harmony” is maintained in large part because authority defaults to men and elders, while women are taught to “suffer in silence to avoid fights,” according to 60-year old Martha (13). In the words of Marita, a 40-year old woman from a polygamous household, “Even if you (woman/wife) don’t agree with the decision it doesn’t change anything, the decision still goes on as most of the times men are supported by their relatives, the woman is always on the losing side and there is no way to influence the outcome since men are regarded as household heads” (21).

Use of verbal, sexual, and physical violence appear to underlie many decision-making processes. Some key issues—particularly men’s use of money on beer and sex workers—trigger tension and conflict within the households. Respondents indicated that women can be beaten for disagreements over the use of money, whether it be differing views of how money should be spent or when women make purchases without their husbands’ consent.

Women in polygamous households were vocal about their frustrations, stating that many men want to use the income they get from farming and businesses to remarry and women are forced to compete with second wives for economic support. Naomi, a 22-year old woman from a polygamous household, said “Since I am in polygamous marriage, once I make a decision I make sure it is done without waiting for my husband since he is more attached to the second wife,” and Marita, a 40-year old also from a polygamous household, added, “Polygamy is the first thing that brings disagreement in the family since the husbands don’t provide financial support to their wives because of polygamy” (21).

Other key areas of conflict relate to how men and women support their relatives during a food crisis—and again, women perceive a double-standard. Mercy, a 39-year old woman from a polygamous household, explained, “During food crisis men decide to share food to relatives without consulting women but when women do the same conflict arise. As a result women are forced to take food behind men’s [back]” (21).

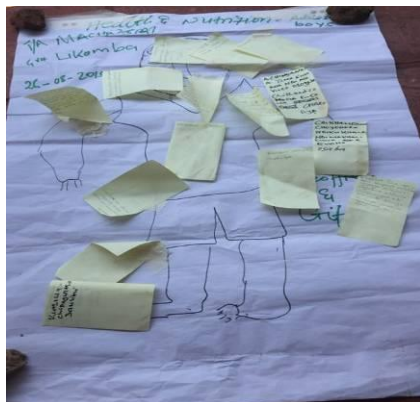
When intra-household conflicts escalate, they are often sent to chairpersons or community marriage counselors for resolution, although women appear to have little voice in these proceedings. Whenever there is disagreement, Tidana, a 35-year old FHH speaker, added, “A man always prevails because a man is taken to be superior. Even when you go to the marriage counselor, you are told to obey the man” (13).

Many respondents noted that beating is perceived as a healthy part of marriage, with many repeating the local proverb that “beating is medicine for the marriage.” As a 45 year old woman from FHH in Tengani Nsanje indicated “even if the woman is beaten, she cannot go away or complain.” She said women feel that families that fight [where there is violence] are better off than those that don’t. Whether or not they agree with that proverb, there was a common consensus that gender-based violence is considered to be the woman’s fault and that the only way to resolve the issue is “that the woman should bow down and concede defeat.”

Desired Changes

Women expressed a strong desire for joint decision-making with their spouses and saw this as a key aspect of harmonious relationships. Mercy, a 39-year old woman from a polygamous household in Nsanje, said, “There should be mutual understanding between spouses to enhance both household and community development” (21). Joice, a 35-year old woman from a FHH in Nsanje, expressed additional desires for improved household finances, such as the need for additional support to women from FHH: “Women would wish if husbands who are abroad or divorced, could also be giving a hand by providing necessities to the kids such as paying school fees and buying clothes. Again, the women would wish if the relatives of the deceased can be assisting the bereaved children and wives.” She went on to describe the role that community leaders could play in promoting greater gender equity in household financial decision-making: “There’s need for traditional leaders to be calling for meetings where issues of gender in economic and financial decisions could be discussed in the presence of men so that women must also be involved in decision-making regarding the use of money” (22).

B2. Health and Nutrition Decisions



The research team also explored how health and nutrition decisions are made within the household by asking men, women, adolescent boys, and adolescent girls to draw body maps illustrating the main health problems faced by each target group. These maps also allowed the groups to discuss how family members make decisions around these key areas, how they communicate around health and nutrition issues, and how they perceive the quality of services that they access. Each target group identified the key health and nutrition problems they face. These primary concerns are presented in the table below:

Primary Health/Nutrition Concerns of Target Groups			
Adolescent Girls	Adolescent Boys	Women	Men
<ol style="list-style-type: none"> 1. Access to food and nutrition. 2. Menstrual hygiene management issues. 3. Heavy workloads. 4. Lack of money and access to basic needs. 5. Illness and sanitation. 6. Violence. 	<ol style="list-style-type: none"> 1. Access to food and nutrition. 2. STIS like HIV/AIDS. 3. Alcohol and drugs. 4. Illness and sanitation. 	<ol style="list-style-type: none"> 1. Access to food and nutrition. 2. Financial limitations. 3. STIs like HIV/AIDS. 4. Other illnesses like cerebral malaria. 5. High birth rates and family planning. 	<ol style="list-style-type: none"> 1. Access to food and nutrition. 2. Financial limitations. 3. Sanitation. 4. Inadequate facilities. 5. Gender-based violence. 6. HIV, STIs, and other illness.

The Health Concerns of Adult Men and Women

Notably, all target groups cited hunger and lack of access to nutritious foods among their top health concerns. Lack of economic opportunities and climate-change impediments were frequently named as underlying causes of inadequate access to food. For example, Rosa, a 46-year old woman from an MHH, said that there has been a “change of weather, hence not enough produce” (14). Women felt that they were often blamed when there was not sufficient food for the household. As Christina, a 32-year old woman from a MHH, said, “When there is no food at [the] household, family members always look at you as a woman, and when food is available, they prepare it for the entire family” (14). Lack of sufficient food has multiple negative consequences. Children may “start seeking food elsewhere” or “start stealing,” according to a 32-year old and a 68-year old woman from FHHs in Blantyre, respectively (14). Efelu, a 30-year old woman from a FHH, said, “Married women sell their bodies to those who can give them food or money” (18).

Poverty, specifically a lack of financial resources, was a top concern for both men and women. However, women almost always linked inadequate financial resources directly to their concerns about providing nutritious food for their families, while men were more likely to simply state that they did not have enough household income. Women were explicit about the link between poverty, undernutrition, and resultant illness and poor health. Everesi, a 46-year old woman, explained, “There is malnutrition and poverty because of lack of money to buy nutritious foods” (18). Both men and women focused on men as the primary breadwinner at the household level, and some saw that as part of the poverty trap. Daudi, a 60-year old man from Nsanje, said that there is an “overdependence on men to provide for the house” (20). Others saw poverty and these societal expectations for breadwinners as an underlying source of conflict: Cecilia, a 33-year old woman from a MHH, explained, “There are a lot of misunderstandings in the families between men and women because men are failing to fend for their families” (18).

Illness and disease were other important health concerns for adults. Some of these concerns were about general illness or communicable diseases like malaria. A number of men and women expressed specific concerns about sexually transmitted infections (STIs) and HIV/AIDS. Secrecy about STIs between husbands and wives, due to the risk of divorce and assumptions of infidelity, may contribute to inadequate treatment and the spread of HIV/AIDS. Dorothy, a 55-year old woman from a MHH, said, “Sometimes...once one member (spouse) has gone for HIV and AIDS testing, they fail to disclose their status to their loved ones...women are afraid that they may be divorced” (14). Amosi, a 43-year old man, explained that “sexually transmitted diseases are one [sensitive] area. When a man contracts syphilis and gonorrhoea, they are afraid to talk, inform, and they have sex with their wives” (20). Men and women sometimes go through intermediaries, such as other relatives, to discuss these difficult topics.

While women talked of nutrition, food provision, and caregiving, men’s health responsibilities for health seemed to focus on external health infrastructure issues that required finance and physical upkeep, such as maintaining hygiene and sanitation within their homes and communities (sanitary restrooms, kitchens, and rubbish pits). Khombanyiwa, a 32-year old man, said, “A good and healthy family should have a toilet, a dish rack, a bathroom, and drying lines” (19). Other men identified a need for mechanisms to acquire clean and safe drinking water, like boreholes.

Both men and women talked about women’s limited decision-making power, misunderstandings and conflict between spouses, and promiscuity, which they associated with health concerns like early

pregnancy, high birth rates, STIs, and gender-based violence (GBV). Women have limited decision-making authority with regard to engaging in sexual intercourse, which has been linked to unwanted pregnancy and other health risks. Everesi, a 46-year old woman, explained, “Couples are not open to each other and it is always men who initiates [sexual intercourse] while a woman obeys what the man has said” (18). Women also have limited authority over decisions about family planning methods. Lucius, a 28-year old man, said, “Family planning issues and methods cannot be discussed in the family,” and Everesi said, “There are many children in families because women do not take family planning methods because decisions are made by men” (18, 20). These speakers make clear the link between women’s limited decision-making authority and their inability to access and use birth control.

The Health Concerns of Adolescent Boys and Girls

As with adult men and women, adolescent boys and girls are most concerned about limited access to food and malnutrition due to poverty and lack of economic opportunities. Jussa, a 21-year old young man, said that adolescents face “stunting growth due to lack of health building foods” and Alex, an 18-year old boy, said that boys are “not eating six food groups” (17). Ndazona, an 18-year old girl from Blantyre, said that girls are sometimes “going hungry and not having food to nourish the body” and Shylyne, a 17-year old girl, explained that sometimes, “You decide to drop out of school and get a job because you are unable to eat a balanced diet and your health is not the way you would like it to be” (39). Maggie, a 16-year old girl, said, “Sometimes we go to school on an empty stomach and we lose concentration in our studies” (15). Chimwemwe, a 20-year old young man, said, “Due to poverty in the area some are failing to have a balanced diet” (16). Some adolescents believed that climate change was partially responsible for the lack of nutritious foods.

Adolescent girls face unique gendered barriers to accessing nutritious food because of gender-based taboos and the use of food restrictions as punishment. Beatrice, a 16-year old girl, said, “We are not able to eat certain types and parts of food, For example, when there is chicken at home we are given the head and claws. The thighs and the drumsticks are saved for the father” (15). Chimwemwe, an 18-year old girl from Blantyre, said that “girls are banned to eat because of refusing to do household chores” (39). Girls were previously banned from adding salt to the family’s food during menstruation, although one girl from Blantyre reported that this custom is changing.

For adolescent girls, dealing with menstrual hygiene management and gender-related restrictions related to menstruation is a pressing concern as they reach puberty. Many girls do not have access to basic products to help them keep clean during menstruation. Maggie, a 16-year old girl, said, “I lack sanitary towels and when menstruating I end up cutting up my clothes to use” (15). Adding insult to injury, girls not only lack of essential products for maintaining menstrual hygiene, but they face gender-based discrimination and mobility restrictions when menstruating, such as being banned from using common bathrooms and wash areas. Macheme, a 16-year old girl from Nsanje, explained, “When we are menstruating we are told not to use the bathroom but go and bathe in the bush. Because of this we end up staying the whole day without bathing,” and Fatima, a 15-year old girl, said that girls are “not allowed to use the same bathroom with men during menstruation to avoid infecting men with *phudzi* (hernia)” (15). Girls report some changes in some of these customs, as mentioned above. Macheme, a girl from Nsanje, said, “Now when menstruating we can just wear a skirt without putting a wrapper on top. In the past it was a must to wear a wrapper always through

menstruation and there was no privacy (since wearing the wrapper was a visible indication of menstruation)” (15).

Differing greatly from boys’ concerns, adolescent girls also suffered from extremely heavy workloads that affected their well-being and education. While Fanice, a 16-year old girl, did say that “the body becomes health and strong because of some household chores,” many other girls reported that their responsibilities are more than they can manage and that they face serious consequences if they fail to meet these responsibilities (39). Shylyne, a 17-year old girl, said that many girls “have work that is beyond what a girl can manage” and Chimwemwe, an 18-year old girl, said, “Farming makes them [girls] to lose weight” (39). Beatrice, 16 years, explained, “In the morning we go to fetch water and at the joint it is congested and this makes us late at school” (15). As described previously, food may be withheld as punishment for failing to complete household chores. In addition, girls may be sent away from the home if they do not complete their chores as one Machehe, a 16-year old girl, described, “Sometimes if we do not fulfill household chores we are chased away from home” (15).

Girls were also concerned about lack of access to basic needs and finances, related in part to their low level of influence over household decisions and finances. In addition to lack of access to sanitary napkins, girls also described difficulties they face in accessing basics like clothes and soap. Machehe, a 16-year old girl, said, “We lack basic needs like clothes because of money” (15). This lack of access to basic products is not only due to poverty but also to male control of decision making. The same girl from Nsanje elaborated, “When I lack clothes I tell my mother who tells my father who provides the money” (15). Beatrice, 16 years old, said, “Some fathers are cruel. When I ask him for something like soap he shouts at me. So we feel it’s better to ask the mother to ask for us” (15).

Adolescent boys tended to be much more concerned than adolescent girls with infection and treatment of STIs, including HIV/AIDS. Andrea, a 20-year old young man, reported, “sexual desires are resulting into sexually transmitted diseases” (16). Boys do not feel comfortable disclosing concerns about STIs and sexual desires to female nurses and, sometimes, to their parents. Mose, a 19-year old young man, said, “I failed to disclose to a female nurse when I had developed sores on my private parts. I also failed to disclose to my parents because I felt very shy” and Andrea, 20 years old, boy explained that he “feels shy talking about diseases like candida. In addition to this [he] also feels shy to talk about pregnancy issues” (16, 17). While boys recognize STIs as a major health concern, their understanding of these diseases and their causes still appears to be rooted in heteronormative ideas about gender, blaming their own sexual urges and sexual activity on the ‘provocative’ dressing of girls. Ernest, 20 years old, said, “HIV and AIDS is the problem. This is due to peer pressure, poor dressing of adolescent girls, and sexual desires. Many boys are suffering from HIV and AIDS” (16).

Both boys and girls expressed some concerns about illness, sanitation, and access to medicine and medical care. Rhoda, a 16-year old girl, said, “There are high chances of getting infected with disease because of uncleanliness in the house” (39). Chimwemwe, a 20-year old young man, explained that there are “long queues and many times the hospital runs short of drugs and this affects their willingness to seek services from the hospital” and Beatrice, from Nsanje, said, “Sometimes when you go to the hospital you are told that there is no medicine available” (16, 15). Some girls in Malawi still seek the aid of traditional healers as Maggie, a 16-year old girl, explained, “Sometimes when we go to the traditional healers with a health problem like a headache, instead of giving us the medicine they tell us that it’s spirit-related and ask us to go into a dancing ritual to exorcise us” (15).

Adolescents are also concerned about alcohol and drug use (primarily boys), violence (primarily girls), and early and unwanted pregnancies (both boys and girls).

Health-Seeking Behaviors

Adult men primarily acquired health information and services from the health center or hospital, although they did note a lack of medicines, insufficient personnel, and sometimes negative attitudes toward poor clients from rural areas. Men also access traditional healers and women consult parents or marriage counselors occasionally. Female health committee members are essential contacts for women in the community; as a woman from Blantyre said, “Women who are in this [health] committee are important because some of us women, when we have health problems, we open up to these women who provide information which assists us in making health decisions...Most women are not comfortable to share health problems with male committee members” (23). Adolescent boys and girls also complained of long queues and a lack of medicine at health centers and, as noted above, boys described hesitation in approaching female nurses about sexual health concerns. Adolescents also received health information from friends, doctors visiting their schools, extension officers, traditional healers, radio programs, and posters. While some adolescents report hesitancy in discussing health problems with their parents and prefer to disclose to other adults, such as grandparents, others are more comfortable sharing their health concerns with parents, particularly with mothers in FHH. Rice, an 18-year old boy, said, “I disclose to my mother just because she is caring and loving” (17).

Intra-household communication and health decisions

Women are largely responsible for caregiving of family members. However, when it comes to seeking health services, most respondents state that men, as household heads, tend to make the decision about whether or not to seek formal medical assistance because this requires money. Men tend to wait until a child’s illness is relatively severe to seek medical help. Khombanyiwa, a 32-year old man, explained, “The father provides transport money to take the child to the hospital. The father is taken as ‘president of the family,’ and the mother as his ‘vice’” (19).

In addition to bearing ultimate responsibility for decisions about health-seeking, men also make many other health-related decisions, including the type and amount of food for household consumption, and whether and when to have sex within the marriage. Rose, a 46-year old woman, said, “Couples are not open to each other on sexual intercourse and reproductive health issues and it is always men who initiates while a woman obeys what the man has said” (14). However, some participants report that women have increased decision-making power over family planning. Watt, a 48-year old man, said, “Women now have a chance to choose the number of children to have in the family together with the husband through family planning methods. This is because of NGO activities, dramas in the communities, and health talks at the hospital” (2). Others disagree: Everesi, a 46-year old woman from a FHH, explained, “Women do not take family planning methods because decisions are made by men” (18).

Some health-related tasks are taboo for men, such as washing diapers, bathing female children, or advising women about caring for newborns. Women are expected to talk to girls about health topics as men do not feel that they can advise girls on sexual and reproductive health issues. As mentioned in the historical timeline exercise, some men are also concerned about radio programs that deliver information on reproductive health, feeling that this is an inappropriate channel for adolescents to

learn about such topics. For example, Allan, a 49-year old male religious leader, said, “Youth programs on sexual and reproductive health on the radio are aired during wrong hours hence meeting wrong targets (young kids) and exploiting them” (7). Clearly, discussing sexual and reproductive health remains a sensitive topic yet is a pressing concern among all target groups and age groups.

Desired Changes

Participants expressed a number of changes they desired with regard to their health concerns and decision-making on health issues. Ernest, a 20-year old young man, said, “Adolescent boys need to be taught modern family planning methods [and] good family care at an early stage” (16). Hendreson, a 35-year old man, expressed his wish that “the community should have its own health center” and Julius, a 32-year old man, added that he would like proper toilets to be available to the community (19). Responding directly to some of the health needs they viewed as most important—menstrual hygiene management and nutrition concerns related to taboos around menstruation—adolescent Beatrice explained, “We would like to be able to use pads when menstruating....We all want to be able to eat whatever we want and whenever” (15).

Many of the participants shared hopes that households would have greater access to nutritious foods. Several men and women also suggested that couples should engage more in joint decision-making around health issues; Ruth, a 26-year old woman, said, “Women would like to be given an opportunity to make decisions when they are sick and they want to get treatment when men are not around” (18). One male speaker, 35-year old Olasio, suggested that more open communication between couples may help reduce the transmission of STIs, explaining, “Husbands and wives should be open to each other in bed on conjugal rites to avoid seeking sexual satisfaction from other partners hence reducing cases of disease” (20). Men held conflicting views on the virtue of polygamy, with Maxwel, a 31-year old man, stating, “Polygamy should be completely abolished. If there are problems we must talk to each other and concentrate on household caring by providing good foods” while Antonio, a 29-year old man, disagreed, saying, “[We] will prefer taking two wives that the elder wife will learn to do good things to the husband from the younger wife. This is also an opportunity to other women in the community to take care of husbands by preparing nutritious foods” (20).

C. Theme 3: Meaningful Participation in the Public Sphere

Summary of Key Findings

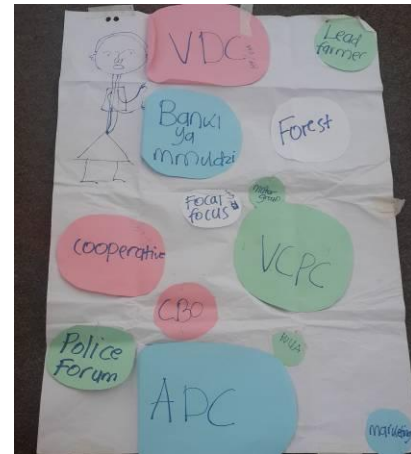
The research team analyzed two aspects of women’s participation in the public sphere: women’s meaningful participation in leadership bodies and women’s access to services. In evaluating women’s leadership, the research determined that Village Development Committees (VDCs) and Village Saving and Loan (VSL) Associations are important entities over which women have significant influence, while women are less able to influence other important institutions, such as the Area Development Committees (ADCs), Community Policing Committees, and Village Civil Protection Committees (VCPCs). The government’s 50:50 campaign, which pushes for equal representation of men and

women in leadership bodies, is credited both with helping women achieve a presence on some committees and with helping them have greater voice on these committees as their numbers grow. While women identified a number of obstacles to their full participation in public bodies, men are largely ignorant of this gendered exclusion. Women's household responsibilities, restricted mobility, and vulnerability to sexual violence and coercion limit their ability to participate in these entities and, even when they are able to participate, social expectations of deference toward male counterparts or low self-esteem may discourage them from speaking out or taking on leadership positions.

With regard to women's access to services, women described various savings and loans services as extremely important but some of these services (such as SACCO and opportunity banks) are less accessible to women than others (such as Village Banks and Chitambalale). Agricultural extension services are also important to women, but here they face unique vulnerabilities including expectations of sexual favors in return for services and gender-based discrimination. Women seeking to access canals for irrigating their crops may be faced with threats of physical violence and women who operate small businesses may be deemed prostitutes by their spouses and neighbors. Women hope to achieve more equal access to financial and agricultural services without these gendered risks and biases.

C1. Women's Meaningful Participation in Leadership Bodies

In order to understand women's meaningful participation in leadership bodies, the team used Venn Diagrams with male and female leaders, committee members, and women from MHH and FHH. Participants were asked to name various institutions and describe their relative importance *to the community*. (They labeled these institutions on circles of paper of varying sizes, with the larger circles reflecting the most important institutions.) They then were asked to describe their relative *influence* over each of these institutions, placing those over which they had greatest influence closest to themselves, and those over which they had least influence in the farthest corner of the space. Figure 4, below, reflects the women's perspective of the relative importance of various institutions and the degree of influence women feel they have over those institutions:



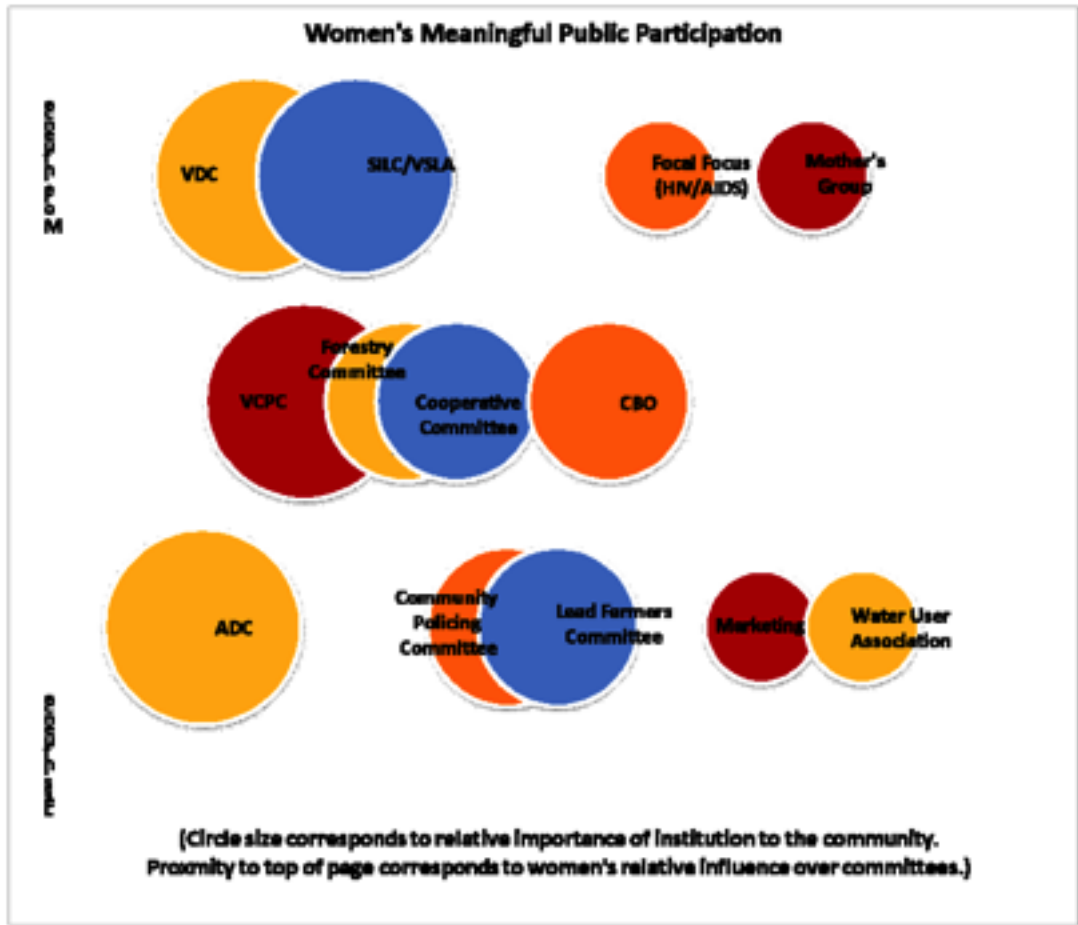


Figure 3: Women's Meaningful Public Participation

Both men and women ranked the village development committee (VDC) as a very important institution in their communities because of its focus on community development. Gina, a 38-year old woman from Nsanje, explained, “The VDC organizes community meetings for people to say the problems they are facing in the area” (33). A woman from Blantyre gave an example of a VDC project, saying, “In a school block project, the MP or Government can say they will provide cement bricks but for sand the community should contribute. Now the village head will call for a meeting to communicate that to the VDC and the rest of the community members. The first people to visit the project site are the VDC” (23). A man from Blantyre explained how the VDC works in relation to the Area Development Committee (ADC): “A good example is that if there’s a need for a borehole in the village, community members inform the VDC committee then the VDC submits a report to the ADC and the ADC reports to the District Assembly’s Office in coordination with the ward counselor and Traditional Authority” (Blantyre Men). Men and women both asserted that women have significant influence over the VDC, with women ranking their influence as slightly higher than men for this institution. As a result of a government quota for women’s representation, the VDC typically has equal representation of male and female members; this equal representation is directly responsible for women’s relatively greater voice on this committee as Julita, a 35-year old woman from Nsanje, explained: “Women’s voice is heard and they have equal say in decisions because the representation is 50:50” (33).

VSL associations are highly important community institutions over which women seem to have significant influence, given that the membership of these groups is largely feminine. Gabriel, a 38-year old man, said, "Village Savings and Loans is...available almost in each and every village and we get instant help...In Village Savings and Loans we save and borrow money within the village" (24). Dellick, a 46-year old man, added, "VSL help members in time of emergency and it mainly uses locally available resources...they do not travel long distance to commercial banks which are in town to make bank transactions...VSL is where women have got great influence and have also more female members" (24). Ester, a 29-year old woman from Nsanje, said "Village savings and loans have more women members compared to men" (33). 35-year old Julita explained, "We [women] take a big part in decision making as there are more women than men in the committee" (33).

Focal Focus and Mother's Groups are two entities in which women are highly influential, but which appear to be of lesser importance in the community. The Mother's Groups, according to Olive, a 22-year old woman, "is responsible for ensuring that adolescent girls are going to school. They visit girls in school and do pregnancy tests on them. The women also offer educational lessons to women on harmful effects of walking around at night...This is an all women committee" (33). Mercy, a 28-year old woman, explained that Focal Focus has "twelve women and six men in the committee...The role of the committee is to foresee issues of HIV/AIDS. Like encouraging people living with the virus to take their medication" (33).

Like the VDC, the Area Development Committee (ADC) is seen as one of the most important and powerful institutions in these communities—but one over which women have very little influence. ADCs operate at the Traditional Authority level while VDCs operate at the Group Village Head level. Maria, a 26-year old woman from Nsanje explained, "When there are problems in the community like when there are no boreholes, the ADC holds meetings on how to sort the problem" and Olive, a 22-year old woman, added, "Most NGOs coming to work in the area have to pass through the ADC before they start implementing their activities" (33). A male committee member from Blantyre explained, "It is a 'mother committee' in the community and it coordinates all the committees like village savings and loans committee...It has got more powers than any other committees" (24). Members of the ADC are required to be able to read and write, to be a citizen of the area and also a member of the VDC, and to have a history clean of theft. Unlike the VDCs, the ADCs have no established gender quotas or formal obligation to encourage women's membership. Members of the VDC are elected to the ADC from within the VDC. It is clear that the ADC, where women have less authority and influence, holds much of the power over the VDCs themselves. Malita, a 41-year old woman, said, "Only men were picked to join the ADC," and 35-year old Julita added, "Women are few in the committee hence they are shy to speak in a setting full of men" (33). 26-year old Maria said, "Women's views are regarded as trash most of the times" (33).

The Lead Farmers Committee is, according to 22-year old Olive, "comprised of eight members, of whom three are women" (33). 38-year old Gina explained, "These are community extension workers who teach us on how to use manures, sasakawa method of planting maize, how to sow and transplant rice...For one to be chosen as a lead farmer they look at the following qualities: good behavior, hard working, one who does what he says" (33). Women perceive the Lead Farmers Committee as moderately important but feel they have little influence over it.

The Community Policing Committee, responsible for security, and Village Civil Protection Committee (VCPC), responsible for disaster risk management at the Group Village Head level, were both seen as quite important community institutions and both appear to be male-dominated. In discussing the Community Policing Committee, a man from Blantyre explained, "Without security there is no stable

development. Even the other committees mentioned cannot prosper without the protection by the community policing” (24). A woman from Blantyre said, “It provides security and protection during day and night. When a thief is caught, the police communicate to this committee to take the suspect into custody and deliver him or her to them. It handles issues of theft, night patrol, vagabond, protection, taking culprits to the police” (23). While women are not forbidden from membership on the Police Committees, gender barriers do prevent many from presenting themselves. Mary, a 35-year old woman, explained that “women in the committee are not allowed by their spouses saying they will start behaving promiscuously” and 22-year old Olive added, “It is also perceived as a dangerous job for women” (33). However, some women do get the opportunity to participate in Community Policing, filling particular roles—such as body-searching female suspects. A woman from Blantyre explained, “Some women are [more] fit than men. They do catch thieves. For example, in GVH Kamphikantama there was a particular lady who was like a man; she would grab a male thief. On the other hand, if the culprit caught is female, these women would search the fellow woman thoroughly whether in the private parts, in the pants, in the breast because men don’t have the right to do so” (23). As this statement highlights, however, those women able to participate in Community Policing are seen as exceptional.

Women ranked the community-based organizations (CBO) in the midrange for both importance and for the degree of influence women have over these organizations. A man from Blantyre said, “The CBO is very important in our community as it takes care of the orphans and vulnerable children within the community” (24). In some places, the CBO Committee is composed of youth because, according to a man from Blantyre, “it was agreed by the community that since this committee is about education it was thought very important that the committee member should be the one who has gone further with education...There are more youth who have gone further in education in this community” (24). Gina, a 38-year old woman, explained, “In CBOs for one to be a member they have to be literate because they will be required to write a proposal” (33).

Women also placed both the Forestry Committee and the Cooperative Committee in this middle range of importance and women’s influence. A man from Blantyre explained the role of the Forestry Committee saying, “The committee is responsible for making sure that there is enough trees in the area and problems related to the forest and how to overcome them,” and one of his neighbors added, “In order for schools to be built, there is a need to have trees and in order for bricks to be burnt there is a need for firewood. It is also used to make furniture” (24). Mercy, a woman from Nsanje, said “The Forest Committee is comprised of fifteen members, out of whom nine are female...To be a member one has to be willing to be a volunteer” (33). The Cooperative Committee, in the words of Ester, a 29-year old woman, “is comprised of nine members, three of which are men...The committee is responsible for encouraging members to buy shares” and, adds her neighbor 26-year old Maria, “They also give seed loans and pesticides to community members. They also teach community members the positive impacts of joining a cooperative” (33).

Men and women ranked Health Committees as a very important community institution as well, though women did not elaborate on the influence they feel they have over this entity. A woman from Blantyre explained the role female Health Committee members play, however, saying, “Women who are in this committee are important because some of us women, when we have health problems, we open up to these women who provide information which assists us in making health decisions like going to the hospital. Most women are not comfortable to share health problems with male committee members” (23). Dellick, a 46-year old man, said that on the Health Committee “women have got equal influence as compared to men” (24). Men ranked the School Committee as more important than did their female peers and believed that women had great influence in this

committee. A man from Blantyre explained that “without school people cannot be literate and development activities cannot succeed in the community. It also plays a great role in mobilizing children to go to school” (24).

Obstacles to Women’s Meaningful Participation in Public Bodies

While women clearly articulated their gendered exclusion from influential bodies—particularly the ADCs—most men were ignorant of this experience, believing that women enjoy equal say in all public bodies. Willard, a 40-year old man from Blantyre, said, “All the mentioned committees, women have equal influence...If a woman is the chairperson of the committee she has all the powers to lead the group” (24). Benson, a 56-year old man from Nsanje, said, “When women say something in the group, their contributions are taken seriously” (30). Just after Benson made this statement, however, his peer, 39-year old Henry, rebutted, “Some people say these women are real women while others say they are prostitutes.”

Both men and women were able to mention a number of challenges to women’s full participation and confident leadership in public bodies. One of the principal reasons for women’s limited ability to engage in committee membership or take up leadership positions is the gendered expectation that women’s primary responsibility is taking care of their home and putting household work ahead of any external commitments. Maria, a 26-year old woman, said, “There is a challenge to balancing since we are expected to attend committee meetings and at the same time we are needed at home. As a result of this we quarrel a lot with our spouses” (33). Gerald, a 38-year old man, echoed her sentiments, “Women are rebuked by husbands that the husband’s food is prepared late because women spend time at committees” (30). A 29-year old named Ester said, “Some spouses are cruel. They don’t give you an opportunity to attend committee meetings saying we should always be at the field. In the end we have to choose between the committee or not. We choose our homes” (33). Women who miss meetings are required to pay fines for their absences, which further discourages some women from standing for membership in the first place.

In addition to meeting their household responsibilities, women must also travel long distances on poor roads to the committee meetings, which triggers gendered fears—real and stereotypical—about women’s mobility and security. Some husbands become jealous of their wives, believing that they are engaging in promiscuous behavior at the committee meetings. For example, according to Gabriel, a 48-year old man, “There are no women on the [community policing] committee because women cannot walk at night because they cannot be trusted by their spouses and can lead to frequent divorce” (24). Women’s lack of financial autonomy can also make it difficult to participate in committees; A woman from Blantyre said that women who do not have their own incomes rely on “their husband to provide for them [monthly membership fees] who end up not sustaining it” (23).

Sexual violence and coercion are tools exploited by male leadership to determine how and which women participate in the public sphere. In order to gain access to some benefits of group membership, or even to be chosen for a training, women may also be expected to perform sexual favors for male leaders. As 22-year old Olive explained, “Sometimes we are forced to give sexual favors to the leaders for them to consider us when picking to attend for example capacity building trainings” (33). Mercy, a 28-year old woman from the same town, added, “When the time for capacity building trainings comes, leaders pick only those that agreed to be their girlfriends” (33).

Even when women are able to join committees or acquire leadership positions, their full, meaningful participation is compromised by cultural and social norms that push women to be deferent toward their male counterparts. Emily, a 64-year old woman, explained, “It’s been in our culture for a man to be the leader and a woman to follow whatever the men say” (33). A woman from Blantyre said, “Some women tend not to be open to speak out their views in public even if they are good views. *Kuziderera*—if I speak will they listen?,” and Justin, a 45-year old man, said, “When women are present in the committees, they are there but they...say little” (23, 30). Committee members, both male and female, face insults—such as being accused of stealing—and fears of being bewitched by those who are not chosen for certain positions or activities.

Due to low self-esteem or social pressure, women sometimes turn down leadership positions for which they are selected. Explained Jacks, a 50-year old man, “A woman was elected to be the chairperson of the committee but the woman refused because of low self-esteem and she said, ‘I cannot lead men’ and said she believes that men should be in front of women” (24). Maria, a 26-year old woman, said, “Women undermine themselves. Sometimes we are given a decision-making position and we turn it down and give it to a man” (33).

Factors that Facilitate Women’s Meaningful Public Participation

Women and men both seemed to believe that the most significant change that has enabled women’s fuller participation in public bodies is the government’s 50:50 campaign, which aims to promote equal participation of men and women in public committees. Where there are more women involved in committees, women tend to feel more confident speaking up and participating. Mercy, a woman, said that in some groups “women have an equal say in decision-making mainly because there is 50:50 representation” (33). Edimand, a 42-year old man, explained, “For committees which have 50:50 membership, they are deliberately allowing women to lead the meetings as part of empowering them” (24). Asima, a 32-year old man from Blantyre, explained how the 50:50 campaign is also helping to overcome the challenge of women choosing to abdicate positions to which they are elected (described above): “There is a strategy now in this community that if a woman denies such position, for example chairperson, then the vice chairperson [position] normally goes to women in order to meet the 50:50 campaign that the government is advocating for” (24).

In addition to the seemingly effective 50:50 campaign, certain groups and individuals encourage women’s participation. A woman from Blantyre said, “Groups such as ASAP give them [women] leadership positions in groups and encourage them to speak out” (23). On one committee, Benson, a 56-year old man, explained, “the chair makes sure that everyone is taking part even women” (30). Group support can be extremely helpful; Mercy, from Nsanje, explained that when women have to leave their group meetings early to tend to household chores “the committee members update us later on what was discussed” (33). Sometimes, too, a few bold women can start to shift perceptions of how female committee members should behave. Paul, a 44-year old man, said, “Women do not like to keep an issue that affects them or the community for a long time so they speak out and participate” (30). A woman from Blantyre described a situation in which she pushed her committee to be more transparent and inclusive: “There was a time when we submitted six LDF (Local Development Fund) proposals. When two of the proposal documents went missing I asked the DPD...to tell me why and how it went missing...In the end, the documents were found” (23).

Qualities of a Good Leader

Men and women were asked to describe the qualities of a good leader, and on this topic they shared similar views. Both men and women agreed that a strong leader is respectful and dedicated to his or her work. Several women and men stressed the importance of a leader being able to read and write in order to “document everything” and “keep records and plans” (23, 33).

Women described a strong leader as one who is unbiased, unselfish, compassionate, patient, loving, and understanding. Humility was stressed by women as an important quality in a leader; a woman from Blantyre said, “We mentioned someone humble because in the community we have different people with different qualities so if you are short-tempered you are likely to be provoked by what people say” (23). One woman mentioned that a good leader should be God-fearing and another said that a leader should be a “citizen of the area” rather than someone who had moved into the community (23, 33). In addition to being hardworking, a leader should “persevere during troubled times” (33).

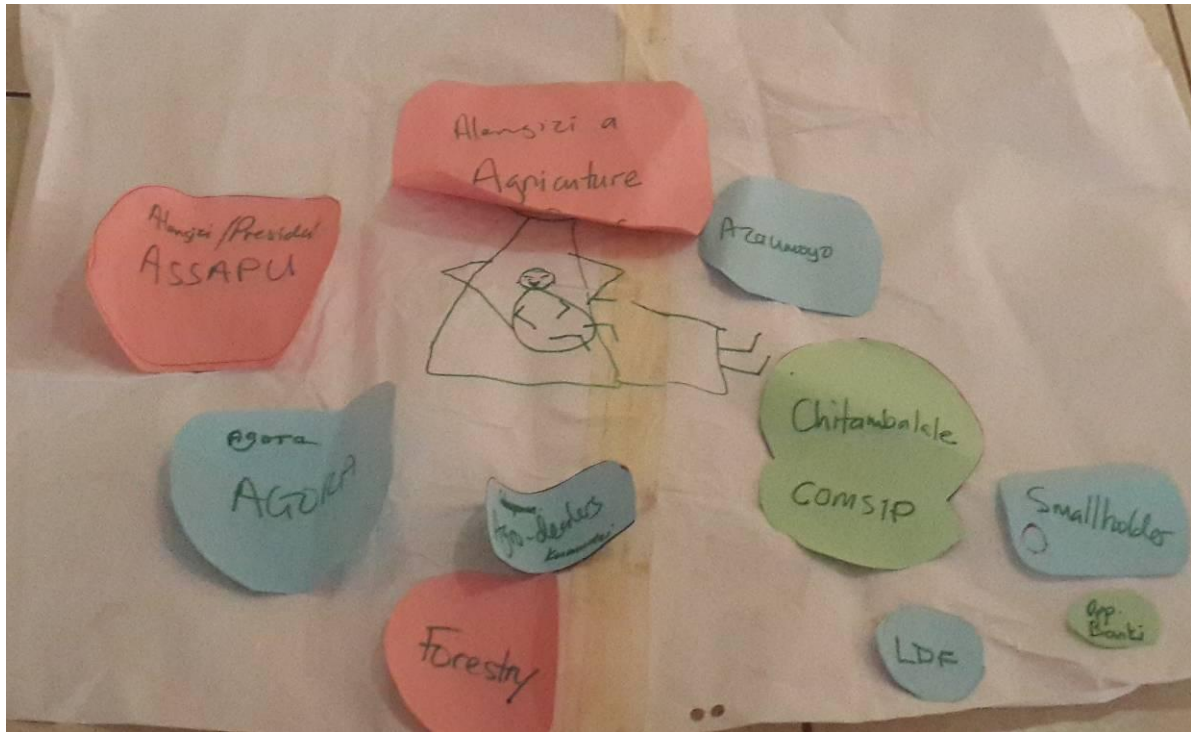
Men emphasized that a good leader should be gentle, visionary, quick to respond, and well-behaved. Edimand, a 42-year old male committee member, said, “We look for someone with a good reputation in the community and also look for someone who is helpful” (24). Men expect their leaders to lead by example, to be trustworthy, and to “communicate well with others” (08-28-2015_Blantyre_Leadership_Men). A female leader needs to have “good behavior in order not to dismantle the group but be able to unite” (30).

Desired Changes

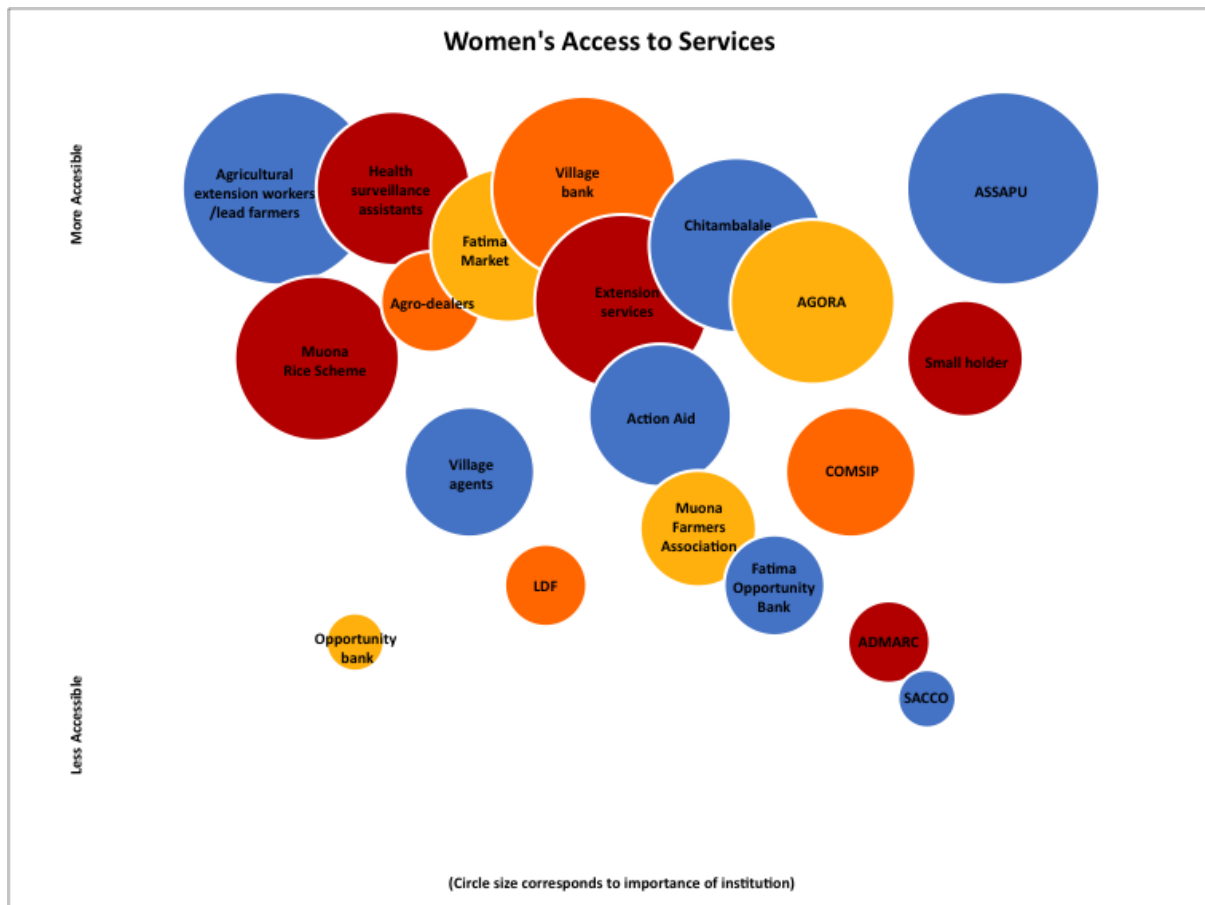
Committee members hope to see many more women willing and able to speak up in public and fully participate in committees. As Olive, from Nsanje, explained, “Women should overcome their fear of speaking publicly and should not be shy” (33). A woman from Blantyre suggested an “awareness campaign on the importance of women speakers in public especially for women like myself who are shy” (23). Others called for NGOs to provide public speaking training to women. Another woman from Blantyre Rural said she wanted organizations to begin “calling for and teaching women who don’t have a voice how to speak” (23). The groups would like to see gender balanced decision-making bodies where men and women are given equal opportunities to make decisions that affect the community and equal opportunities for men and women to participate in training.

C2. Access to Economic and Financial Services

In a similar exercise to the one used to explore women’s public participation and leadership, the team used the Venn Diagram tool with female focus groups—including women from both MHH and FHH— to explore women’s ability to access to services essential to their livelihoods. The groups were asked to cut out circles and label them according to the services (private and public) that are most critical to their livelihood. They were then asked to place these circles relatively closer to or farther from themselves on the flip-chart, to indicate the relative accessibility of the various service providers for women; the closer the circle was placed to the woman, the more accessible it was to her.



Women access a number of different services. In determining accessibility, women considered the fairness of prices, attitudes of service officers, and the quality of services and interactions generally. The chart below reflects the importance of various community service providers (depicted by size of the circles) and the accessibility of these services to women.



Among the most important economic services women mentioned are various entities that provide saving and loan services. In Chigalu in Blantyre Rural, these services included ASSAPU, COMSIP, Chitambalale, and an Opportunity Bank and in Mlolo in Nsanje they consist of a Village Bank, the Muona Rice Scheme, the SACCO, and Fatima Opportunity Bank. As the above chart reflects, some of these services are very accessible to women, while others are less accessible. According to women the Village Bank, Chitambalale, and ASSAPU are three of the most important and most accessible community services, with the Muona Rice Scheme just a bit less accessible. Marriam, a 58-year old divorced woman, explained, “In ‘Chitambalale’...each person gives the same amount of money...When this money is collected it is given to one person. This person takes the money and goes and does whatever business she wants. The next time we meet, we give that day’s collection to another person” (27). Through savings and loan services, women are able to expand their current businesses or expand into new income-generating activities. Sofina, a 57-year old woman from a MHH in Blantyre, said, “Savings and loans associations are where we are able to save and lend some money for small businesses” (27). Interestingly, women tend to rank those savings and loan services that they have least access to as least important.

Second to savings and loan services, women named entities that provide inputs and agriculture extension advice. Women report accessing some agricultural inputs through the local development fund (LDF), NGOs, and the Agricultural Development and Marketing Corporation (ADMARC), and specifically accessing seeds through agro-dealers and the Muona Rice Scheme and pesticides

through Agora. Nancy, a 25-year old woman from a polygamous home in Blantyre, explained, “We have agro-dealers. That is where you can get your seed” (Blantyre). Mervis, a 35-year old woman from a MHH in Nsanje, said “At Muona ADMARC they stock farm inputs and equipments as well as food commodities” but went on to describe a number of barriers that women face in accessing these inputs, as described below (36). In addition to the inputs themselves, women receive advice from agricultural extension advisors, forest extension advisors, village agents, and friends. Sofina from Blantyre stated, “Agricultural extension advisor helps us with modern farming methods growing different crops such as maize, cowpeas...which when we harvest we take to market” and Edda, a 40-year old woman from a MHH in the same town, added, “Our agriculture extension worker teaches us how to make manure to complement the fertilizer that we use” (27). A male extension worker from Nsanje explained, “Women interface with extension services more than men do since women are self-mobilizing (31). Falesi, a 28-year old woman from a FHH in Blantyre, explained, “For you to learn how to do business, you learn from your friends” (27).

Finally, women mentioned organizations and services (ADMARC) that are related to marketing of their produce; however, while women engage in small businesses selling goods including fritters, fried fish, charcoal, and produce, few are participating in marketing groups or associations that could improve their ability to get market information or to sell produce at fair prices. Falesi from Blantyre stated, “You can sell at your home or you can go to the market” (27). Janet, a 52-year old divorced woman, explained the challenge this poses” “No, there are none [marketing associations]. Even the tomatoes we take them to market. If you can’t sell, they just rot and you throw them away” (27).

Gendered Obstacles to Services: Violence, Bribery, Stigma, and Exploitation

A sobering obstacle to women’s access to economic and financial services, especially apparent in relation to the government-controlled ADMARC) is **bribery and sexual exploitation**. While ADMARC in principle allocates government-subsidized fertilizers and inputs, the distribution system was acknowledged to be openly corrupt. For women who have less disposable income for bribes and less free time to wait in line, access to these subsidies come at a steep personal price--service providers sometimes demand money or sexual favors from women. Mervis, a 35-year old woman from a FHH, explained, “At ADMARC...when it comes to buying of commodities...women feel discriminated because they are unable to struggle with men until they bribe the Marketing Officer and his workers or sometimes we bribe our local men to buy for us” (36). Patricia, a 44-year old woman from a MHH, continued in reference to ADMARC, “Last month I went to ADMARC to buy maize but I was unable to buy because women with children [were] at the back....After bribery they could even be given a limited quantity. For example, women should get ten kilograms while men were buying a fifty kilogram bag” (36). Susana, a 68-year old woman from a FHH, shared that a major challenge to women’s access is “sex exploitation in exchange of being registered to receive food handouts, subsidy coupons, farm inputs...This happens much with village leaders.” She added, “Men should stop asking women for sexual favors, especially committee members and the local leaders” (36).

Women’s exposure to physical and sexual violence is particularly acute when there is competition over scarce resources. In Nsanje, for example, women who seek access to the canal to water their gardens during water shortages may be threatened by men and face violence. When irrigated water is rationed, men have the option of watering their gardens during the night or the early hours of the morning where they may avoid such intense competition, but women are unable to access the water during these hours—due to threats of physical violence. As Trudess, a 53-year old woman from a FHH in Nsanje explained, “If a woman insists to open a canal from a neighbor’s plot that means the

man will beat the woman or can use the *panga* knife to assault the woman...Men behave violently and women are oppressed" (36). Mervis, also from Nsanje, added. "The block chairpersons/authorities are men and they don't respect women. It is a kind of gender-based violence. Some men are just born evil. If you want to irrigate you give money to your male relative who can open the canal and irrigate your plot" (36).

Gender biases continue to stymie women with entrepreneurial ambitions. Women engaged in business may be deemed prostitutes, especially when they engage in income generating activities that take them away from their homes and communities. In these cases, the women's husbands may threaten them with divorce, physical harassment, or emotional abuse. These reactions cause many women to engage in petty business closer to the home while men engage in higher-value crop trade, which usually occurs farther from the home. Patricia, a 44-year old woman from a FHH in Nsanje, explained, "Men restrict women to do business within their locality. Women are housekeepers and should not go out of [the area of] Fatima to do business" (36).

Subtler forms of economic violence that women face are the de facto control that men wield over women's loans and savings activities. Despite the fact that women dominate membership in VSLs, at home, men usually continue to control finances—including whether or not they take loans. Women sometimes take loans on behalf of their husbands, who may then fail to repay the loan. Trudess from Nsanje said, "Some men in the households use women to get loans from the village banks and the men misuse it and when it comes to repayment they default, taking advantage that his name will not appear on the default list at the bank but it will be the woman who will struggle to pay back the loan" (36). Economic exploitation also occurs when husbands expect women who start to earn income (however limited) to shoulder more and more of the household expenses, while the husband spends his own money on alcohol and leisure activities first.

Women also noted gender discrimination by formal lenders, who are hesitant to give loans to women, particularly women from FHH and elderly women, because they do not believe these women will be able to repay the loan. Women reported that financial lending institutions that do lend to women issue smaller loans to them compared to the loans they issue to men. While VSLs and SILC groups disburse micro-loans, women's lack of access to larger capital makes it challenging for women to access farm inputs, which evidently hinders their productivity. A 45-year old male input supplier from Nsanje acknowledged that "groups who are less able to access their services include women from female-headed households, the youth, the elderly and the poor" (28). Gertrude, a 49-year old female MFI/village agent, explained, "Elderly people are the ones who actually suffer from doing other economic activities because they have no access to VSLs" (37). A 55-year old male input supplier said, "Elderly people are [too] weak to do agro-businesses. Furthermore, other vulnerable groups are discriminated against as they are considered not being capable of utilizing the services" (34). Women from FHH may also be extremely busy meeting the basic needs of their families to access opportunities and, without support, may not be able to take advantage of new economic opportunities.

Desired Changes

Women shared a number of changes they would like to see with regard to their ability to access services. Women from both Blantyre Rural and Nsanje stated that they would like to see women given equal access to agricultural extension services and farm inputs, including fertilizer, seeds, and farm equipment, without the bribes and sexual favors that are now expected. Said Falesi, a 28-year

old woman, “Maybe the coupons [for subsidized fertilizer] can be substituted with a way that does not allow treachery...Those that sit within the platforms that make decisions on the coupons, they should find alternative ways to [access] fertilizer” (27). Women in Nsanje want to be able to buy commodities at ADMARC without being exposed to discrimination and bribery and suggested two solutions to this problem: separate lines for men and women and the involvement of MPs, counsellors, GVHs, and human rights groups in addressing abuses. Finally, women stated that they would like to have equal access to financial and economic services, such as the opportunity banks and SACCO, and that they believe men should allow women to irrigate their crops during the daytime.

III. Summary and recommendations

As indicated in the methodology, the qualitative findings are taken from a small, purposively selected sampling of communities in the UBALE working areas. They are not meant to be extrapolated to all communities or to give precise indication of the extent of the gender discrimination and opportunities in the target communities. However, they are representative of the perceptions, beliefs, concerns, and experiences of a cross-section of the respondents with whom the UBALE program will work. The gender analysis findings described above reveal that, despite a positive trajectory of change toward more equal gender relations and opportunities for women in the communities, deep-rooted gender biases and discriminatory practices threaten the equal participation and equitable outcomes for men and women across all of the Purposes of the UBALE program. At the same time, the gender analysis reveals that gender relations and norms are always in a state of flux. There are some common beliefs and perceptions (such as the community vision of equal decision-making as the ideal) that present entry points for positive change and transformation of rigid and harmful gender norms. One of the key findings from this study are the importance of addressing topics of sexuality and gender-based violence in a cross-cutting way, in order to improve the material and economic conditions that are the main foci of the UBALE program. Some of the key gender-based risks—and opportunities—for the UBALE program are highlighted below.

GBV and sexual violence. Threats of violence—physical, sexual, and economic—and sexual exploitation are a daily reality for women of all age groups that cannot be ignored by the UBALE program. Violence underlies and upholds all gender-power inequalities, with tangible and serious consequences for food security, health, and resilience, as well as social justice. Violence and sexual exploitation affect everything from women’s ability to attend meetings or voice their opinions in household decisions, to their ability to access irrigation water and government-allocated subsidies.

While sexuality and violence are often considered taboo or sensitive topics that are only secondary to the material disparities related to food and nutrition security, the fact is that norms of male sexual privilege and gender-based violence are at the root of gender inequality and must be addressed if the program seeks to have a transformative effect on people’s lives. In particular, the beliefs that “violence is medicine for the marriage” and that it is the women’s responsibility to avoid conflict (by accepting male views and decisions) must be exposed and confronted through community and intra-couple dialogues. While the clear community value placed on harmony and joint decision-making within families provide a positive entry point for promoting equal decision-making, it should also be noted that “harmony” and equality are not necessarily synonymous, if those with lesser power are encouraged to stay silent or beg forgiveness for the sake of maintaining family peace. Program implementers must be aware of the hidden influence of GBV in decision-making processes and be prepared to critically examine outward statements that all decisions are taken ‘jointly.’ The decision-making exercises and couples’ dialogues should focus on active listening, assertive communication (for women, in particular), and should proactively confront the question of how men cope with negotiating more equal power relations, and what couples gain (in terms of intimacy, partnership, and prosperity) when powerholders give up some of their decision-making privileges.

Participation in public sphere. Some of the positive findings of the gender analysis are the degrees of influence women have over certain community bodies, including VSLs, which are mainly women-led, VDCs, and mothers’ groups and health committees. It is also vital to note the importance of

structural policies in ensuring women's participation. The one important committee over which women felt they had the most say was the VDC, thanks directly to the quotas established to encourage women's membership. While quotas alone do not guarantee women's meaningful voice and confidence, it is clear that they play an important function in giving women visibility and access to community conversations and decisions. However, even with membership quotas in place, women will not be able to participate meaningfully unless men are encouraged to shoulder a more equal share of household work and to respect women's views so that women can play a more active role in public life. Female heads of household may face particular disadvantages to participation, having less support at home to share responsibilities. Women face time constraints and mobility restrictions that men do not - again, fears related to men's sexual control over women and threats of physical or sexual attack are at the heart of such mobility restrictions. It is important that the UBALE program address this in a transformative way, by confronting men's sexual privilege and challenging the cultural views that women—not men—are responsible for 'inviting' sexual violence and that men must 'protect' women not by confronting male violence but by restricting women's movements, dress, and public life.

NGOs (like UBALE's consortium) operating in these areas and working through community-based organizations, especially the ADCs and VDCs, need to recognize that such groups—although they are "community-led" and community-elected—are also a reflection of the community's power relations and can be instruments of selective exclusion, in their governance of resources and distribution of opportunities. The UBALE program implementers must be aware of and willing to confront the invisible gender-power dynamics that govern how citizens are selected and who participates in community affairs, taking seriously women's experience that some powerholders may sexually or financially extort women who seek to participate. Given that many of the influential committees are male-dominated, engaging these groups in a facilitated process of self-reflection and analysis to critically look at power dynamics and to listen to the stories of vulnerable and marginalized members is an essential exercise to be conducted through the course of the program. Given the mission of the UBALE program's Purpose 3 and its cross-cutting Governance strategy, it will be especially important that a power and social analysis be carefully facilitated with those related to DRR recovery and allocation of resources.

Economic barriers and opportunities for women. There is a clear trend in the target communities towards women's greater engagement in income-generating activities, though these are largely in the domain of petty trade, and most of the women respondents had limited access to markets, skills development, or market information. There is also a general view in the communities that this is a positive trend and that women's economic engagement is a positive development for the communities as a whole. However, key informant interviews with extension and financial service providers illustrated that certain groups have limited access to needed services. These groups are particularly vulnerable and include the elderly, single mothers, youths, and widows.

Women's productive capacity and economic potential is constrained by the culture of bribery and corruption surrounding allocation of certain subsidies; by the restrictions on their mobility and access to irrigation schemes; by gender-discriminatory lending caps from formal lenders; and of course by their lack of say over household decisions and finances. It will be important that market-focused activities of UBALE address the intra-household dynamics first, by recognizing that men and women do not always share the same priorities or have the same access to resources within the same household. When women are given opportunities, there is a risk that men may retract their traditional responsibilities and hand more of the household financial responsibilities on to women.

UBALE must also address the structural barriers that women face to access capital and inputs, which may include using the Community Score Card to monitor the accountability of service providers, or lobbying with lenders to guarantee larger loan amounts to women entrepreneurs and farmers. Building women's individual financial and business literacy may help them to negotiate more confidently and influentially in economic decision-making processes within the household.

Gendered health and nutrition concerns. In the health and nutrition arena, it is pertinent to note that food and nutrition security are the top health concerns of all respondent groups (older, younger, male and female), and that the age groups also drew clear correlations between poverty, lack of economic opportunity, and poor health outcomes. This indicates that the UBALE program's target group and integrated program objectives are on track and primed to meet their most urgent priorities.

While caregiving is seen as women's responsibility, health finances are evidently in men's control. For men, financial concerns trump health crises, and there is a sense that they may only seek medical attention when a condition becomes severe (and requires costly treatment). It is critical that UBALE engage men in nutrition knowledge and caregiving responsibilities, not only to ease women's unequal burdens but to allow men (and women) to make better decisions. Emphasizing the financial benefits of preventive health actions may encourage men to take a more active role in pregnancy and Infant and Young Child Feeding (IYCF) care.

The gender analysis reveals that, although sexual and reproductive health is often considered to fall under a different sector than food and nutrition security programming, the respondents in the communities do not see it that way. Sexual and reproductive health concerns are brought up by all age groups, while gender norms and taboos make it challenging for all groups to talk frankly or seek help for their concerns. Many respondents drew a direct link between poverty, food insecurity, and sexual and reproductive health issues. For adolescent boys, precocious sexual activity and STIs are related to their economic disenfranchisement (having 'nothing to do'), while adolescent girls face humiliation, exclusion, poor hygiene and missed school days related to the stigma attached to menstruation.

Adult men and women also share similar concerns about STIs, HIV, and fidelity; the silence around these topics puts infected spouses at greater risks. UBALE's plan to engage men and women in building communications skills between couples is therefore well-conceived and will serve an important role in building more equal relations and informed decisions within the household.

It is also clear that gender disparities particularly affect adolescent girls' access to health and nutrition, through unequal food distribution and food deprivation as a form of disciplinary control, as well as disproportionate burdens of household work. It is important that gender and health conversations with adolescents engage boys in sharing more equally the burden of household work with adolescent girls, and that they challenge the common gendered belief that boys' sexual urges cannot be controlled and that it is the responsibility of girls to prevent sexual attack. Steering the topic away from the easy scapegoat of girls' dress code and to the more sensitive topic of the disparate sexual rules for men and women is crucial to enabling boys and girls to see gender injustice and to start to view one another with greater respect, empathy, and understanding.

While it is clear that such topics must be addressed sensitively – and in comfortable, single-sex settings—it is imperative that the program include frank and deep discussions across age and sex-

groupings to get at some of the norms and privileges and misconceptions that lead to poor communication, risky sexual behavior around health. It is important to respect the concerns of some elder community members that NGOs bypass their traditional authority and sideline them by transferring ‘inappropriate’ information to youth through radio and other means, to the detriment of community values. Engaging the elders, religious leaders, and traditional authorities in these conversations can help to bring them in as allies and to find culturally appropriate channels for young people to have

Decision-making and intra-household ‘harmony.’ On the topic of decision-making within the household, it is evident that the respondents collectively agree that families that make decisions together are happier and more prosperous. There was a common desire expressed across all respondent groups for greater training and emphasis on joint decision-making processes, and a common consensus that families should strive for “harmony” in decision-making. This provides a positive entry point for critically examining gender and power in household decisions, particularly those related to health, livelihoods, and resilience, as described above. However, it should be noted that “harmony” within the household can be underpinned by cultural beliefs that women are responsible for maintaining peace within the household by ceding to men’s authority and opinions. As such, as gender relations change and power dynamics are contested through the program, it is likely that there may be an uncomfortable period of disharmony, which may be negatively perceived. It is important that UBALE staff internalize and understand degrees of participation (from coercion and rubber-stamping to equal bargaining power) and that they be prepared to negotiate dialogues and to respond confidently to fears about loss of power or women becoming “too empowered.” It is important not simply to condemn men, but to offer transformed, positive norms and roles that men and women can both relate to and the programme should be cognizant of this.

The program can only get to a point of transformation by pointedly acknowledging issues of power and loss of privilege. It can help power-holders—at household as well as community level—through this process by helping them to identify and value the benefits that come with loss of some privileges. To do this effectively will take a highly skilled set of facilitators and deep engagement with some of the male change agents who display a greater willingness to be introspective and to challenge rigid gender norms.

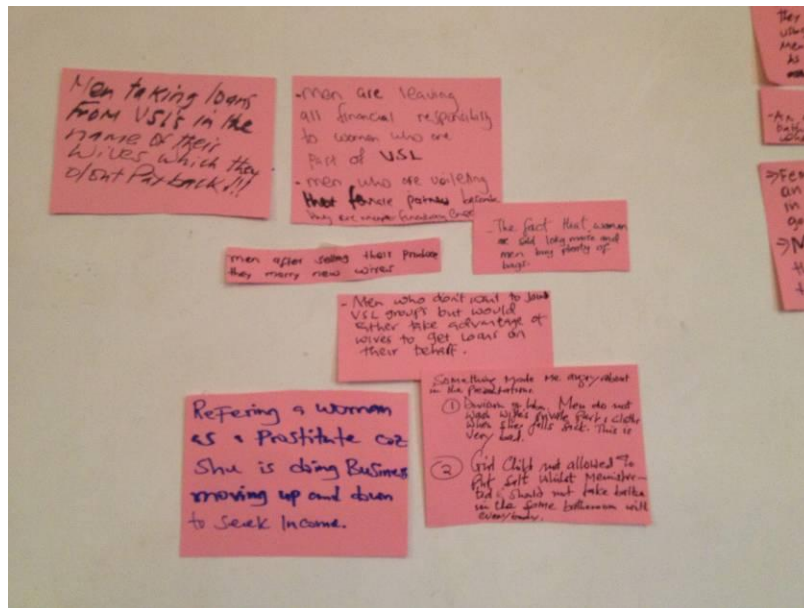
IV. Entry points for gender-transformative programming

The timeline exercise carried out during the fieldwork illustrated that discriminatory gender norms are being transformed rapidly, as a result of changing policies and institutional reforms led by the Government of Malawi and implemented by government departments and NGOs, new economic opportunities and new freedoms that come with democracy. NGOs like UBALE’s consortium play an important role in this transformation. The presence of VSL groups, various local committees, service providers such as local civil society organizations, extension workers, agro-dealers and marketing institutions and the media (radio program) are all important institutions that the program should continue to work with, particularly regarding their strengths in providing services and opportunities for women’s empowerment.

The gender analysis team uncovered many positive stories of change agents—strong women leaders, caregiving men, outspoken religious leaders—who can be instrumental in providing role models of gender-equitable practices and beliefs. Another opportunity that the UBALE program can capitalize

on is the demand for further gender training—including on violence and decision-making—among different respondent groups.

UBALE should continue to build on the new gender capacity of partner staff involved in the gender analysis process. The data collection team member’s participation in the gender analysis process has given them new perspectives on the significant ways gender inequalities affect their sectoral work. During the group analysis by the data collection team, the UBALE team shared their findings with one another and were asked to identify the findings that shocked, disturbed, or outraged them the most. For the UBALE team, some of the most shocking findings were those related to sexual and gender-based violence – including women having to give sexual favors for inputs—and the fact that women seemed to be blamed for everything, including violence. Another cluster of findings related to adolescent girls’ struggles—in particular, the participants were shocked and angry about the restrictions that are placed on menstruating girls (not allowed to use same toilet), and on the food taboos (not allowed to eat eggs or salt).



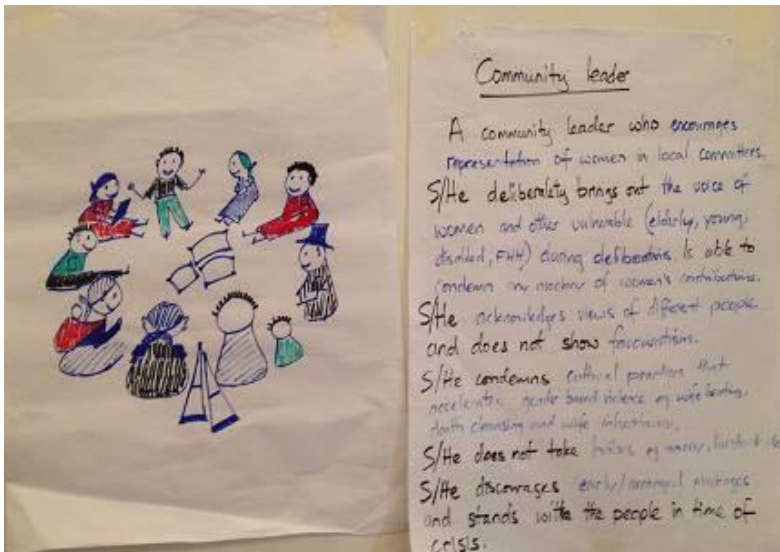
It is critical that UBALE continue to leverage these powerful emotions of outrage and invest in these staff as change agents, building their reflective and facilitative capacity and providing them with further opportunities to lead trainings and dialogues throughout the program.

As a final step of the group analysis, these same staff were asked to transform the inequalities that they had observed during their fieldwork into visions of empowerment and gender equality. To do this, they were asked to write an Outcome Challenge for the key respondent groups. These Outcome Challenges are a set of statements that illustrate how a given respondent group would be behaving, what he or she would be doing and saying if the program has successfully contributed to its mission in a gender-transformative way. The Outcome Challenge statements (see below) are an important piece of the Gender Strategy for UBALE. While they need to be revised and edited, they provide an aspirational yet concrete picture of holistic empowerment and of the changes they can aim to support within the communities. To carry forth gender-transformative food and nutrition security programming within UBALE, the project team should be encouraged to start with these aspirational visions and to develop the accompanying progress markers—or behavior change indicators—that would illustrate that the team and the community members are on the path toward gender-equitable, resilient, and food-secure communities.

UBALE GENDER ANALYSIS TEAM- DRAFT OUTCOME CHALLENGES

COMMUNITY LEADERS

A community leader is one who negotiates for equal representation of women and men in local committees. She / he makes sure that the contributions of vulnerable groups (elderly, young, disabled, FHH) during deliberations are considered and valued. Is able to publicly condemn any mockery of women's contributions. She /he acknowledges views / opinions of different people and shows that she / he hears and respects for their opinions even when she / he doesn't agree with them. She / he condemns cultural practices that accelerates GBV e. g wife beating, death cleansing and wife inheritance. She / he does not show favoritism or take bribes e. g money, livestock or sexual favors. She / he discourages early / arranged marriages and stands close to the people in times of crisis. She / he demonstrates behaviors that she / he advocates in her / his life and in his/her interactions with others.



THE EMPOWERED WOMAN

The empowered woman is healthy, loving, caring to her family. She provides nutritious food groups in her family, she actively participates in decision making in different committees and voice out concerns and contributes her views concerning women activities, development, agricultural production and economic activities. She makes joint decisions, communicates openly to her husband, sharing roles with household members, husband, boys and girls. She reports any act of violence to responsible institutions e.g. police, victim support unit and village heads. She easily access financial and economic services by being a member, getting loans without being discriminated, by negotiating with the loan service provider e.g. banks to give equal opportunities to men and women, she contributes income in her family by operating income generating activities and live happily.



ADOLESCENT BOY

UBALE would like to see adolescent boy not indulging in beer drinking, smoking, drug abuse and pre-marital sex. A boy who wakes up early in the morning and do household chores, for example, fetching water, cooking, washing clothes and cleaning utensils. He should be able to actively participate in decision making at home for example the type of food to eat how to prepare the food and rationing. A boy who is able to interact and open enough with female and male medical personnel. Someone who is able to seek and discuss bursaries and scholarship from teachers and ask resources likes books. A boy who is able to interact with other boys and girls and protect girls from men and others boys. Able to join and make decisions in community committees like CBOs, like youth clubs and natural resources committees.



ADOLESCENT GIRL

She is polite in the way she speaks to her elders and peers. She interacts with both boys and girls at home and school by socializing i.e. playing local games and sports – Jingo, phada, square, traditional dances, hide and seek etc. She also mixes and discusses school issues with her schoolmates e.g. sharing books, joining school clubs, doing homework. She aspires to be educated and independent by going to school. She reports to school on time, she is attentive during class; she writes and submits her exercises and assignments. She is open enough to discuss with her parents on issues that concern her body i.e. menstruation and body changes. She is not afraid to discuss bad behavior made by her parents, which affect her negatively like not being allowed to use the bathroom at home when she is menstruating. She does not allow men and boys to take advantage of her . She is able to access reproductive information and services.



ANNEX 1: List of Primary Sources – Interview transcripts

1. 08-23-2015_Nsanje_Tengani_Tengani_HistoricalTimeline_TraditionalAuthorities
2. 08-23-2015_Nsanje_Tengani_Tengani_HistoricalTimeline_ChangeAgents
3. 08-23-2015_Nsanje_Tengani_Ngon+Tengani_IdealMan_Men
4. 08-24-2015_Blantyre_Kuntaja_Mtiza_IdealMan_Men
5. 08-24-2015_Blantyre_Kuntaja_Mtiza_HistoricalTimeline_TraditionalLeaders
6. 08-24-2015_Blantyre_Kuntaja_Mtiza_HistoricalTimeline_TraditionalLeader
7. 08-24-2015_Blantyre_Kuntaja_Mtiza_HistoricalTimeline_ReligiousAuthorities
8. 08-24-2015_Blantyre_Kuntaja_Mtiza_IdealWoman_Women
9. 08-24_2015_Blantyre_Kuntaja_HistoricalTimeline_ChangeAgents
10. 08-24-2015_Nsanje_Tengani_Tengani_IdealWoman_Women
11. 08-24-2015_Nsanje_Tengani_Tengani_HistoricalTimeline_ReligiousAuthorities
12. 08-26-2015_Blantyre_Machinjiri_Likomba_EconomicDecisions_WomenMHH
13. 08-26-2015_Blantyre_Machinjiri_Likomba_EconomicDecisions_WomenFHH
14. 08-26-2015_Blantyre_Machinjiri_Likomba_HealthDecisions_Women
15. 08-26-2015_Nsanje_Chimombo_Chimombo_HealthDecisions_AdolescentGirls
16. 08-26-2015_Blantyre_Machinjiri_Likomba_HealthDecisions_AdolescentBoys
17. 08-26-2015_Nsanje_Chimombo_Chimombo_HealthDecisions_AdolescentBoys
18. 08-26-2015_Nsanje_Chimombo_Chimombo_HealthDecisions_Women
19. 08-26-2015_Blantyre_Machinjiri_Likomba_HealthDecisions_Men
20. 08-26-2015_Nsanje_Chimombo_Chimombo_HealthDecisions_Men
21. 08-26-
2015_Nsanje_Chimombo_Chimombo+Kamphata_EconomicDecisions_WomenMHH
22. 08-26-2015_Nsanje_Chimombo_Chimombo_EconomicDecisions_WomenFHH
23. 08-28-2015_Blantyre_Chigalu_Kaphikantama_Women'sParticipation_Women
24. 08-28-2015_Blantyre_Chigalu_Kaphikantama_Women'sParticipation_Men
25. 08-28-2015_Blantyre_Chigalu_Kaphikantama_KII_InputSuppliers/Buyers
26. 08-28-2015_Blantyre_Chiagalu_Kaphikantama_KII_ExtensionProviderMHH
27. 08-28-2015_Blantyre_Chiagalu_Kaphikantama_AccesstoServices_Women
28. 08-28-2015_Nsanje_Chimombo_Chapinga_KII_IndividualServiceProviders
29. 08-28-2015_Nsanje_Mlolo_Chapinga_KII_IndividualServiceProviders
30. 08-28-2015_Nsanje_Mlolo_Chapinga_Women'sParticipation_Men
31. 08-28-2015_Nsanje_Mlolo_Chapinga_KII_ExtensionServiceProviderAEDO
32. 08-28-2015_Nsanje_Mlolo_Chapinga_KII_ExtensionServiceProviderAssistantAEDC
33. 08-28-2015_Nsanje_Mlolo_Chapinga_Women'sParticipation_Women
34. 08-28-2015_Blantyre_Chigalu_Kaphikantama_KII_InputSuppliers/Buyers
35. 08-28-2015_Blantyre_Chiaglu_Kaphikantama_KII_ExtensionProvider
36. 08-28-2015_Nsanje_Mlolo_Chapinga_AccesstoServices_Women
37. 08-29-2015_Nsanje_Mlolo_Chapinga_EconomicDecisions_MFIS(VillageAgent)/PSP

38. 08-24-2015_Nsanje_Tengani_Mgona_HistoricalTimeline_TraditionalLeaders

ANNEX 2: Data collection schedule, tools, target groups

Data collection will take place over a period of ten days, alternating a day of fieldwork and day of note-taking and group analysis, as outlined in Annex 2, below.

Day 1 - Gender norms and expectations of masculinity and femininity		
Tool	Respondent group	Data collection pair
Ideal man	10-12 Men Diversity of households: in union/ unmarried / matriarchal / patriarchal/ polygamous)	A
Ideal woman	10-12 Women Diversity of households: in union/ unmarried / matriarchal / patriarchal/ polygamous	B
Historical timeline	6-8 Village Heads (men and women) Diversity: Men and women – relatively older	C
Historical timeline	6-8 Change agents (men and women) Diversity: Male champions, Village Agents, Village animator, Gender Agents, Initiation counselors	D
Historical trends (KII)	1-3 Traditional authority /Group Village head (men/women)	E
Historical trends (KII)	1-3 Religious leaders (diversity of religions)	F
Afternoon process – Day 1	Detailed notes summaries, following guidelines	

Day 2 –Group analysis and reflection process (Theme 1)

Step 1. Detailed notes summaries:	In pairs, data-collection partners review notes for clarity. Following the notes summary guideline, write up notes, capturing key speakers, quotations, and time-stamp for the questions
Step 2- Summary of key reflections (per respondent group, and interview theme):	In data-collection pairs, summarize with reference to the interview notes: <ul style="list-style-type: none"> • Key challenges / constraints – what are the key challenges the respondents identified • What’s changing (behaviors and practices)– Who are the gender

	<p>non-conformists? What are their practices?</p> <ul style="list-style-type: none"> ○ What is prompting that change? ○ What's the risk to them for making that change? ● Desired changes – what changes do they want to see happen? (behaviors and practices) ● What factors might support/ prevent that change from happening?
Step 3: Triangulation of findings	<p>Bring together <u>different respondent groups</u> per interview theme (ie, Male respondents for “ideal man” and female respondents for “ideal woman”)</p> <p>Share summaries and identify:</p> <ul style="list-style-type: none"> ● Key areas of agreement ● Key areas of disagreement ● Unique issues for the respondent group (that other groups may not be aware of) <p>Type a joint summary of the discussion</p>
Step 4: Global reflection on the themes by Purpose	<ul style="list-style-type: none"> ● In tool-guide clusters (ie, all who did Ideal Man), present summary of findings (and the differences between respondent groups) to the rest of the plenary group ● In plenary, reflect and write up per PURPOSES 1, 2, and 3– <ul style="list-style-type: none"> ○ Key gender issues/challenges (that can threaten program implementation) ○ Key opportunities (to reach the desired changes)

Day 3 – Data collection – Intra-household relations and communication

Tool	Respondent group	Data collection pair
Decision tree (income and expenditure decisions)	10-12 Men Diversity: Mix of in-union, non-union / polygamous / matriloc/patriloc	A
Decision tree (income and expenditure decisions)	10-12 Women (WRA) Diversity: Mix of FHHs /MHHs / polygamous / matriloc-patriloc	B
Health and nutrition constraints/ opportunities /communication/	10-12 Men Diversity: Mix of in-union, non-union / polygamous / matriloc/patriloc	C
Health and nutrition constraints/ opportunities /communication	10-12 Women (WRA) Diversity: Mix of FHHs /MHHs / polygamous / matriloc-patriloc	D
Adolescent issues (from SRMH toolkit)	10-12 Adolescent girls, not in union (13-18) Diversity: Teen mothers/non-mothers/ matriloc/	E (women)

	patrilocal (if applicable)	
Adolescent issues (from SRMH toolkit)	10-12 Adolescent boys, not in union (13-18) Diversity: Teen fathers/non-fathers/ matrilocl/ patrilocal (if applicable)	F (men)
Afternoon process	Start detailed notes summaries, following guidelines	

Day 4 – Data analysis in group, Theme 2

Step 1. Detailed notes summaries:	In pairs, data-collection partners review notes for clarity. Following the summary guideline, write up notes, capturing key speakers, quotations, and time-stamp for the questions
Step 2- Summary of key reflections (per respondent group, and interview theme):	In data-collection pairs, summarize with reference to the interview notes: <ul style="list-style-type: none"> • Key challenges / constraints – what are the key challenges the respondents identified • What’s changing (behaviors and practices)– Who are the gender non-conformists? What are their practices? <ul style="list-style-type: none"> ○ What is prompting that change? ○ What’s the risk to them for making that change? • Desired changes – what changes do they want to see happen? (behaviors and practices) • What factors might support/ prevent that change from happening?
Step 3: Triangulation of findings	Bring together <u>different respondent groups per</u> interview theme (ie, Male respondents for “ideal man” and female respondents for “ideal woman”) <p>Share summaries and identify:</p> <ul style="list-style-type: none"> • Key areas of agreement • Key areas of disagreement • Unique issues for the respondent group (that other groups may not be aware of) <p>Type a joint summary of the discussion</p>
Step 4: Plenary reflection on the themes by Purpose	<ul style="list-style-type: none"> • In tool-guide clusters (ie, all who did Ideal Man), present summary of findings (and the differences between respondent groups) to the rest of the plenary group • In plenary, reflect and write up per PURPOSES 1, 2, and 3– <ul style="list-style-type: none"> ○ Key gender issues/challenges (that can threaten program implementation) ○ Key opportunities (to reach the desired changes)

Day 5 – Data collection Theme 3 – Participation in the public sphere

Tool	Respondent group	Data collection pair
Women’s participation in public (FGD)	10-12 Male leaders and committee members Diversity: VDC, ADCs, VCPCs, SILC group members, existing marketing committee members	A
Women’s participation in public (FGD)	10-12 Female leaders and committee members Diversity: VDC, ADCs, VCPCs, SILC group members, existing marketing committee members	B
Women’s access to financial and economic services (FGD)	10-12 Women Diversity: Women from MHHs + FHHs, who are active in some IGA /agriculture sales /lending groups	C
Recognition of women as business people/ marketers/ farmers (KII)	1-3 Agriculture extension providers	D
	1-3 MFIs (SILC or VSL Village Agents)	E
	1-3 Input suppliers/ buyers	F
Afternoon	Detailed notes summaries, following guidelines	

Day 6 –Group Analysis, Theme 3

Step 1. Detailed notes summaries:	In pairs, data-collection partners review notes for clarity. Following the summary guideline, write up notes, capturing key speakers, quotations, and time-stamp for the questions
Step 2- Summary of key reflections (per respondent group, and interview theme):	In data-collection pairs, summarize with reference to the interview notes: <ul style="list-style-type: none"> • Key challenges / constraints – what are the key challenges the respondents identified • What’s changing (behaviors and practices)– Who are the gender non-conformists? What are their practices? <ul style="list-style-type: none"> ○ What is prompting that change? ○ What’s the risk to them for making that change? • Desired changes – what changes do they want to see happen? (behaviors and practices) • What factors might support/ prevent that change from happening?
Step 3: Triangulation of findings	Bring together <u>different respondent groups</u> per interview theme (ie, Male respondents for “ideal man” and female respondents for “ideal woman”) Share summaries and identify: <ul style="list-style-type: none"> • Key areas of agreement

	<ul style="list-style-type: none"> • Key areas of disagreement • Unique issues for the respondent group (that other groups may not be aware of) <p>Type a joint summary of the discussion</p>
Step 4: Plenary reflection on the themes by Purpose	<ul style="list-style-type: none"> • In tool-guide clusters (ie, all who did Ideal Man), present summary of findings (and the differences between respondent groups) to the rest of the plenary group • In plenary, reflect and write up per PURPOSES 1, 2, and 3– <ul style="list-style-type: none"> ○ Key gender issues/challenges (that can threaten program implementation) ○ Key opportunities (to reach the desired changes)

Day 7 – District-level global summaries (half-day)

In pairs, complete any unfinished notes summaries
Dividing groups into 3 (by Purpose), review all notes summaries from all the key Themes (previous 3 days of data collection)

Referring to data from all 3 themes and data collection days, highlight and summarize:

- The most important gender challenges across the themes
- The key opportunities (identify any that are specific to a particular group – ie, relevant to adolescent girls, etc.)
- The main desired changes per respondent group (women/men/adolescents)
- The key areas of disagreement between men and women (potential areas of conflict)

In plenary, bring these together and share, compiling a complete District-level summary of findings across all 3 Purposes;

Day 8 – Day of rest, travel to common meeting point

Days-9-10 Full-Group Analysis with both district teams together

Part 1 – Consolidating findings (by Purpose)

Step 1: Reflections on the process – what was challenging, how it went, etc.

Step 2: Shared summaries: Present Summaries from Day 7 (District-level findings) to the other district team(s)

Discussion, analysis, and reflection:

- What are the similarities and differences between the districts?
- What questions remain unanswered? What further information do we need?
- What are the most pressing issues to address in implementation?

Step 3: Summarize the discussions and key points above
[Break]

Part 2: Outcome Mapping and Progress Marker Maps

Step 1: Quick review of OM key concepts (Outcome Challenge, Progress Markers, Boundary partners)

- Identify all boundary partners
- Identify target groups that have *distinct pathways* of change (ie, if adolescent girls and women have distinct OCs and pathways of change, they are 2 distinct target groups)

Step 2: Writing Outcome Challenges

Referring to the data from the field on *desired changes*, for each respondent group (men/women/adolescent girls/adolescent boys), draw a picture and write an OC for each group

Step 3: For each **respondent group**, and capturing behaviors in all key Purposes, draw a map of change, illustrating the mini-behaviors (across all SOs) that would indicate progress toward the outcome challenge.

Refer to the data to order them according to *expect-to-see, like to see, and love-to-see* changes

Step 4: Boundary partner roles:

Draw a boundary partner map, illustrating layers of influence and key actors

For each Boundary Partner, identify:

- How does each partner contribute to the changes (outcome challenge)
- Likely resistance to change
- Opportunities/leverage points

Step 5: **Global reflection: Implications for implementation (by Purpose)**

3 Small-group discussions by Purpose:

- What are the key take-aways from this process?
- How does this affect your strategies and how you expect to implement in the field?
- What further resources/support/ coordination are required to advance gender equality in your work?

Share in plenary and close

ⁱ <http://www.nycbar.org/pdf/report/GBVReportFinal2.pdf>