

Hivos-WE4L COVID-19 Impact Assessment Report

Malawi, Zambia & Zimbabwe



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1. Background

1.1 About Hivos-WE4L

Women Empowered for Leadership (WE4L) is a five-year programme (2016-2020) managed by Hivos and implemented together with local partners in Malawi, Zambia, Zimbabwe, Jordan and Lebanon.

The programme aims for women to have equal opportunities and the capacity to fully participate in political and societal decision-making processes. This also means women should be recognised and supported by politics and society as leaders and agents of change. We are careful to invest in leadership opportunities and political processes at the sub-national level because this is where decisions are made and policies are implemented that directly affect people's daily lives.

1.2 Objectives of the programme

1. More women participating fully and effectively in politics and public administration at sub-national level.
2. Female leaders, linked with women's rights organisations, have more influence on political and societal developments and on public opinion.
3. Civic organisations such as trade unions and political parties promote full and equal participation of women in leadership positions and demonstrate a significant change in their own policies and practices.
4. More recognition and support from the general public for women in leadership positions.

2. Introduction

The global spread of the COVID-19 pandemic has brought the world to a standstill. Many countries have gone on Lockdown meaning closing down of businesses, organisations, schools, universities and all non-essential services including restrictions on movement. The ripple effect of this has greatly affected women. Thus far the gendered response to the COVID-19 pandemic has been following the Global view and has not been responding to the specific needs of women at grass-root and community level. It is therefore important to collect data and information to inform and aid evidence-based responses. To this end Hivos-WE4L has undertaken this rapid assessment to try and understand the challenges specifically faced by women, brought about by this pandemic.

2.1 Malawi

The President of Malawi declared a State of Emergency on the 20th of March 2020. Government suspended hosting of international meetings; discouraging non-essential travel to the affected countries; all schools, colleges, universities were closed by the 23rd of March and public gatherings e.g. weddings, funerals and church congregations have been restricted to less than 100 people. People are being encouraged to stay at home and the National Security has been ordered to take action to enforce these restrictions while the Government continues to monitor the circumstances and the restrictions periodically. Following widespread demonstrations against the lockdown, on the 17th of April, the Malawi High Court temporarily barred the government from implementing a 21-day lockdown to curb the Coronavirus following a petition by the Malawi Human Rights Defenders Coalition (HRDC), which argued that more

consultation and social protection measures were needed to prevent harm to the poorest and most vulnerable of society. On the 28th of April the High Court extended the ban on lockdown indefinitely. With a Presidential Election scheduled for the end of June following the Supreme Court ruling that the elections were rigged, politicians continued to actively campaign, with campaign rallies across Malawi attracting thousands of Malawians on a daily basis. Social distancing measures and other COVID- 19 prevention measures are largely ignored. Following the Presidential election on the 23rd of June, there has been a spike in COVID-19 cases.

2.2 Zimbabwe

The President declared a nationwide lockdown for 21 days starting on the 31st of March to try and curb the spread of the Coronavirus. Security forces have been deployed to enforce it. Borders have been closed except for cargo; while businesses, organisations, schools, universities and churches have been closed; public transport has been banned except a few exempt Government operated buses, supermarkets and pharmacies only allowed to trade from 9am to 3pm and encouraged to practise social distancing. Under the weight of Zimbabwe's long-standing economic problems; a draught and a staggering unemployment rate of over 90%, forcing people to survive on informal trade; prolonged water rationing and food shortages. Most are struggling to survive without their day-to-day earnings. A week into the Lockdown the government eased some of the restrictions. The President also announced that farmers and traders will now be allowed to bring in their fresh produce to markets. This came after an outcry that police were seizing and destroying vegetables and taking away the livelihood of many.

2.3 Zambia

President Lungu of Zambia has not yet declared a State of Emergency and therefore the country is not on a strict Lockdown. The Government authorities have however pleaded with people to practise social distancing by restricting unnecessary movement and staying at home. Most companies, organisations, businesses, universities and schools have heeded the call by closing down. However, the markets in all townships and the Central Business District also remain open and flooded with vendors, bars and nightclubs also remain open. Though they are not breaking any laws they are risking the spread of COVID-19 as there is no social distancing that is being practised. The police have resorted to whipping patrons they find at drinking places, but without such actions being backed by Law this violation is clearly an abuse of human rights. Zambia closed its border with Tanzania in early May due to the high rate of cross border infections

As of the 1st of July 2020, these were the statistics for Covid-19 per country:

Country	Total Cases	Total Deaths	Total Recovered	Active Cases
Zimbabwe	591	7	162	422
Zambia	1,632	30	1,348	254
Malawi	1,265	16	260	989
GLOBAL	10,691,823	516,401	5,857,407	4,318,015

Source: <https://www.worldometers.info/coronavirus/>

2.4 Research Objective

This rapid assessment was carried out to assess the challenges faced by women, brought about by the COVID-19 pandemic.

2.5 Research Design

The survey is a cross-sectional, multiple country study focusing on Hivos partners which include: Civil Society, Women's Rights Organisations, Gender Activists as well as beneficiaries of the programme.

2.6 Data Collection & Analysis

An internet-based, cross-sectional study was conducted using a survey instrument to obtain responses from Hivos partners and beneficiaries in three countries, Malawi, Zambia and Zimbabwe. Survey monkey was used to collect the data. The collected data was coded, validated, and analysed using Statistical Package for Social Scientists (SPSS).

3. Findings

The findings from the survey are presented under this section. The findings are divided into the following subsections: demographic information, knowledge about COVID-19 and effects of COVID-19.

3.1 Demographic Profile of the respondents

Demographic information which was collected from the respondents included gender, country of residence, number of dependents, and age of dependents.

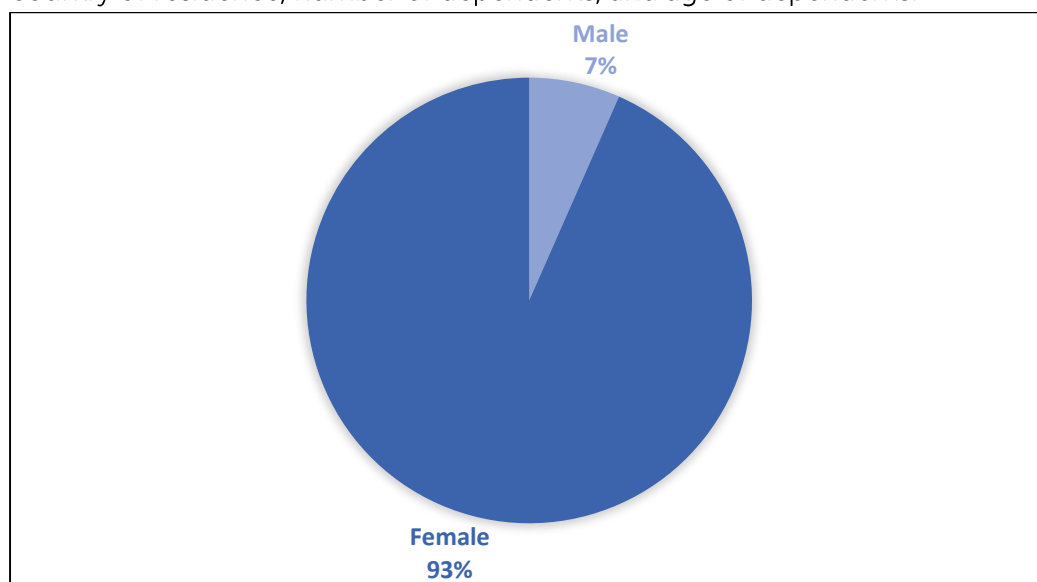


Figure 1: Distribution of respondents by gender

Overall, 93% of the respondents were females and the 7% males. This is a reflection of the nature of the programme whose main focus is on women empowerment; the majority of the beneficiaries and employees under this programme are women. Thus the views in this report are predominantly from women.

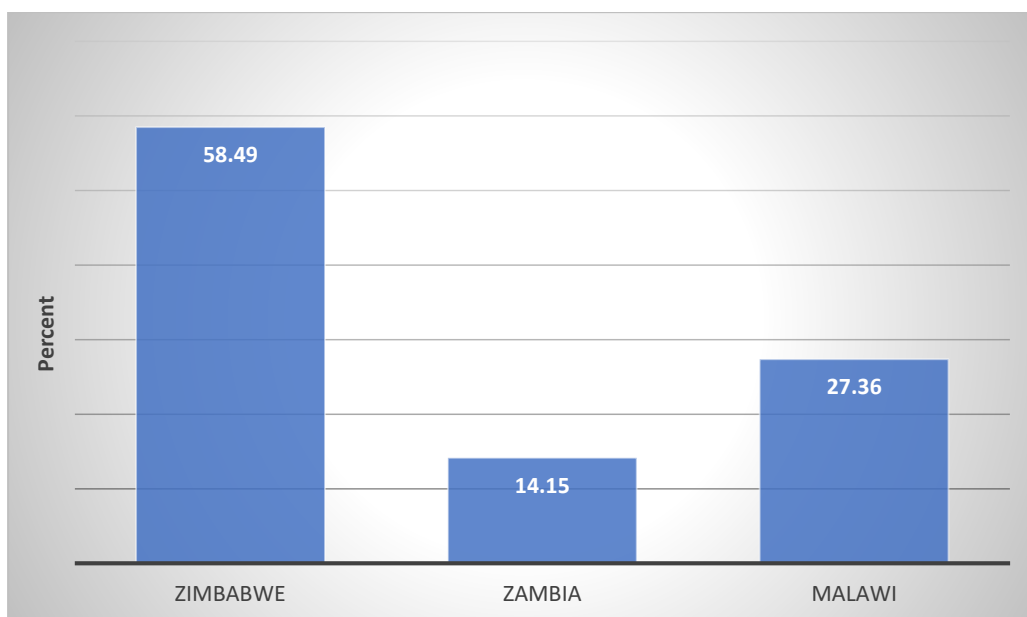


Figure 2: Distribution of respondents by country of residence

A total of 106 respondents completed the questionnaire. The majority of the respondents 58.5% reside in Zimbabwe, 27.4% in Malawi and 14% in Zambia, as shown in figure 2. This is proportional to the number of Hivos partners and beneficiaries in the three countries.

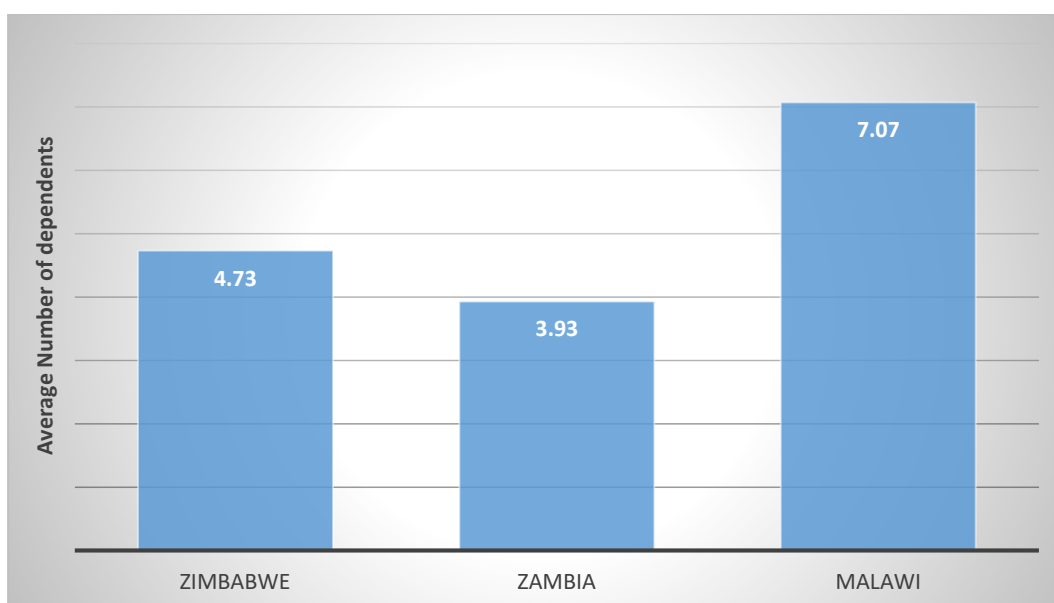


Figure 3: Average number of dependents by country

The respondents were asked about the number of dependents. Figure 3 shows the average number of dependents by country of residence. Malawi had the highest average number of dependents, with each respondent having an average of 7.1 dependents, followed by Zimbabwe an average of 4.7 and Zambia 3.9. For all the three countries, each respondent had an average of 5.2 dependents. The high number of dependents could reinforce the negative impact of the COVID-19 on the respondents as they have to fend for many people under their care. Of particular concern is that there was a maximum of 20 dependents in Malawi and 15 in

Zimbabwe. This could imply that some of the dependents may have been extended family members. The higher number of dependents may also make it difficult to implement social distancing within the households if the dependents are all residing under one roof.

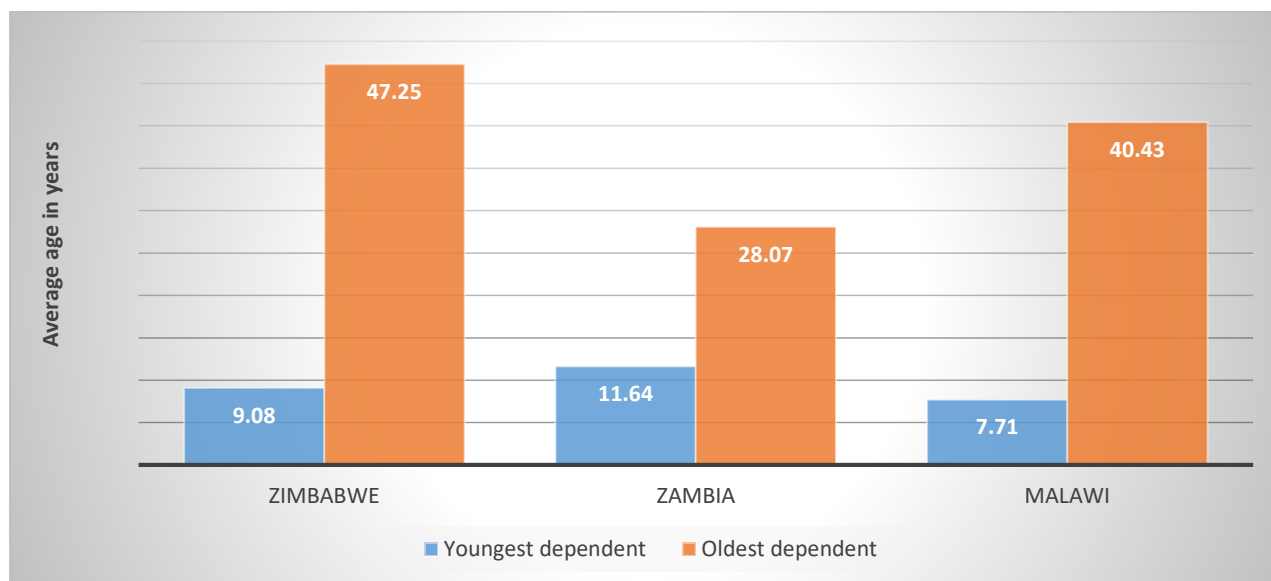


Figure 4: Average age of dependents in years

The respondents were also asked about the ages of their youngest and oldest dependents. The average ages in years are shown in figure 4. The findings in figure 4 reveal that the respondents have relatively older dependents. Zambia seemed to have relatively younger respondents compared to other countries.

3.2 Knowledge about COVID-19

Figure 5 shows how well informed the respondents were about COVID-19 as proxy for the knowledge about COVID-19.

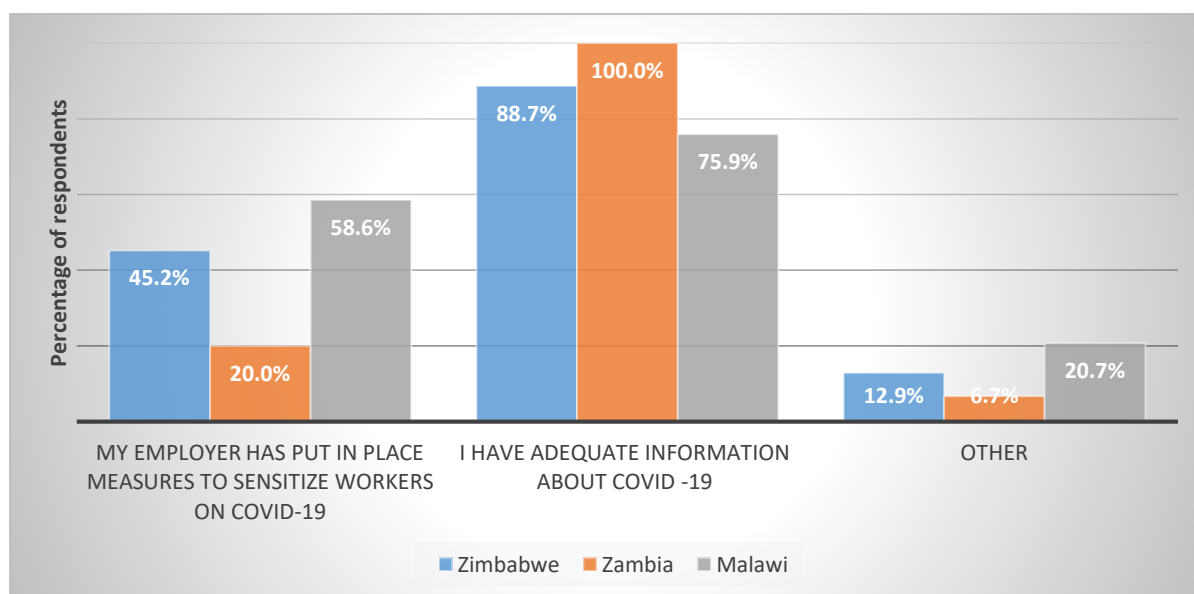


Figure 5: How respondents are well informed about COVID-19

The findings revealed a gap on sensitization of workers on COVID-19 by employers across all the three countries with Zambia being the most affected. Only 20% of the respondents highlighted that their employer put in place measures to sensitize workers on COVID-19. Despite the employer not doing much in terms of sensitizing workers on COVID-19 there was a higher level of awareness on COVID -19 among the respondents. They could have obtained the information about COVID-19 from other sources. Some of the respondents mentioned for example, under "Other", that Women's Coalition of Zimbabwe (WcoZ) facilitated a training session which focused on COVID-19 educating employees on the preventative and curative issues about the pandemic. There was also mention of getting information about COVID-19 from the internet, social media and television by some respondents. In face of the COVID-19 pandemic some partners are providing support to stakeholders and the general public via online platforms such as skype, zoom & WhatsApp.

3.3 Effects of COVID-19

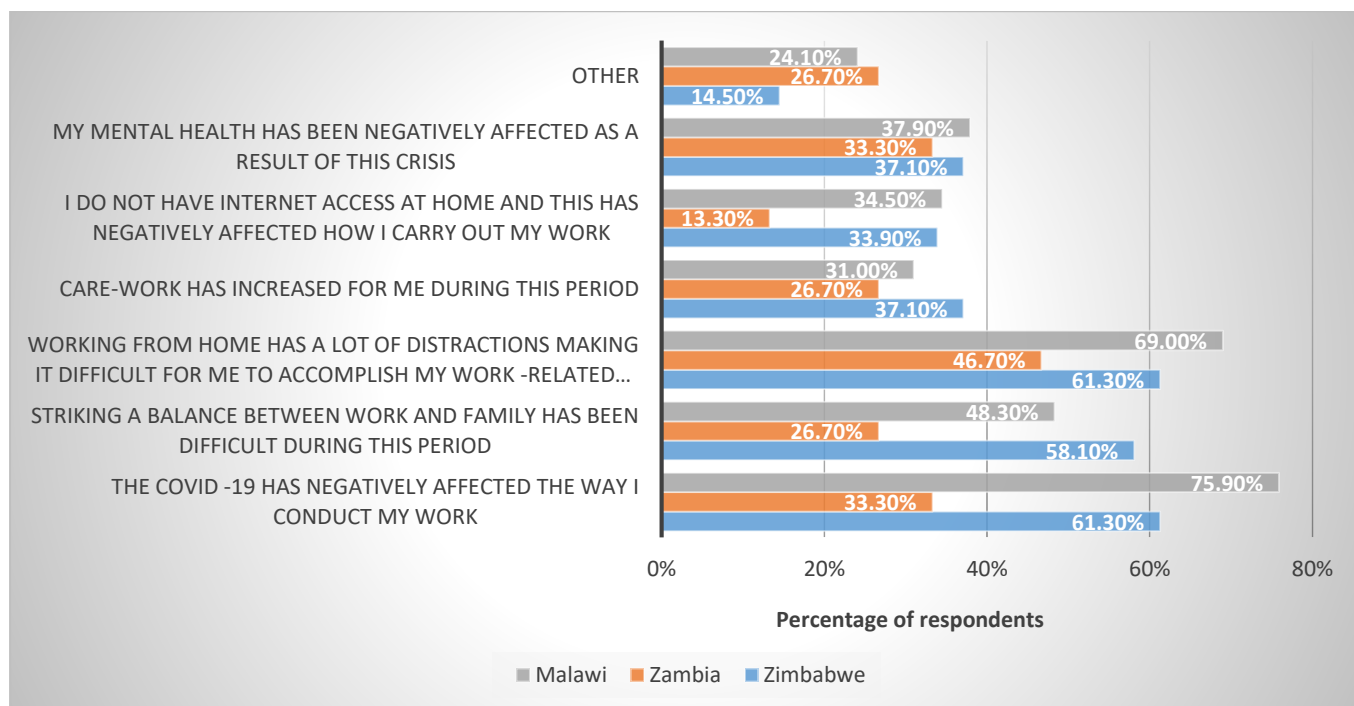


Figure 6: How the respondents are coping with Work –Life Balance

Due to the closure of organisations, companies, businesses, schools and universities. Most people are now having to work from home. This presents a challenge to women who are faced with increased care-work and are now struggling to balance work and personal life. The respondents were asked on how they were copying with work-life balance and they mentioned that COVID-19 negatively affected the way they conduct their work for example, there are lots of distractions at home and striking a balance between work and family were cited as the main effects of COVID-19. Some of the respondents have been greatly affected as salaries have ceased as they are paid when they report for work. Working from home has also been a huge burden for some of the respondents as they had to work well into the night to compensate for the challenges of balancing between work and family during the day. There have also been difficulties in adhering to work schedules because of power failures. Additionally, some respondents cited that a lot of their stress was due to job insecurity concerns as the future was uncertain. Furthermore, failure to buy basic commodities for the family was cited as another

challenge being faced. Also the need to manage expectations of the employer and target communities was cited as another challenge.

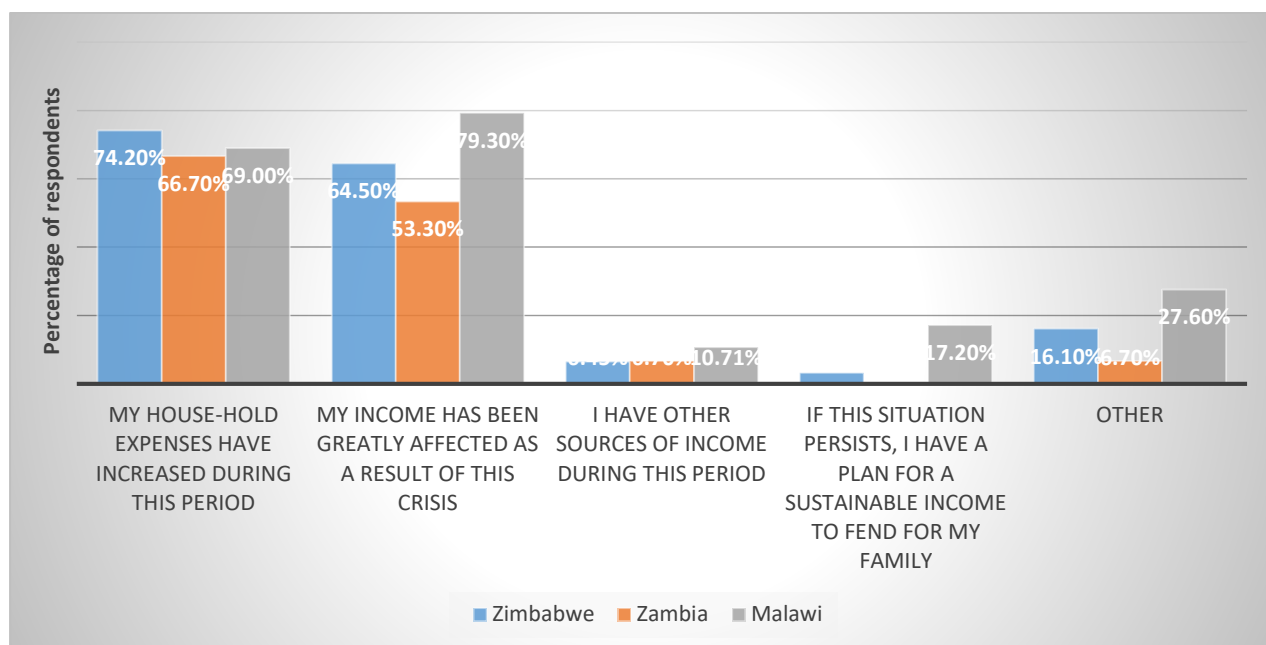


Figure 7: How has the respondent's Income been affected

The pandemic has posed a threat to women's livelihood as many are sole breadwinners. The restriction of movement means that they cannot earn a living. Respondents were asked how their income had been affected. The results are shown in figure 7. Most of the respondents cited an increase in their household expenses as a result of the COVID-19 pandemic. They also mentioned that their income has been greatly affected due to staying at home and therefore consuming more food. Very few respondents (less than 20%) in all three countries mentioned that they had other sources of income and had a plan for a sustainable income to fend for their families. This is an indication that in the event of losing their formal jobs they would be hardest hit by the pandemic. Under "Other" the following responses were given: loss of income, drastic reduction in income and lack of access to basic drugs such as drugs for chronic illnesses.

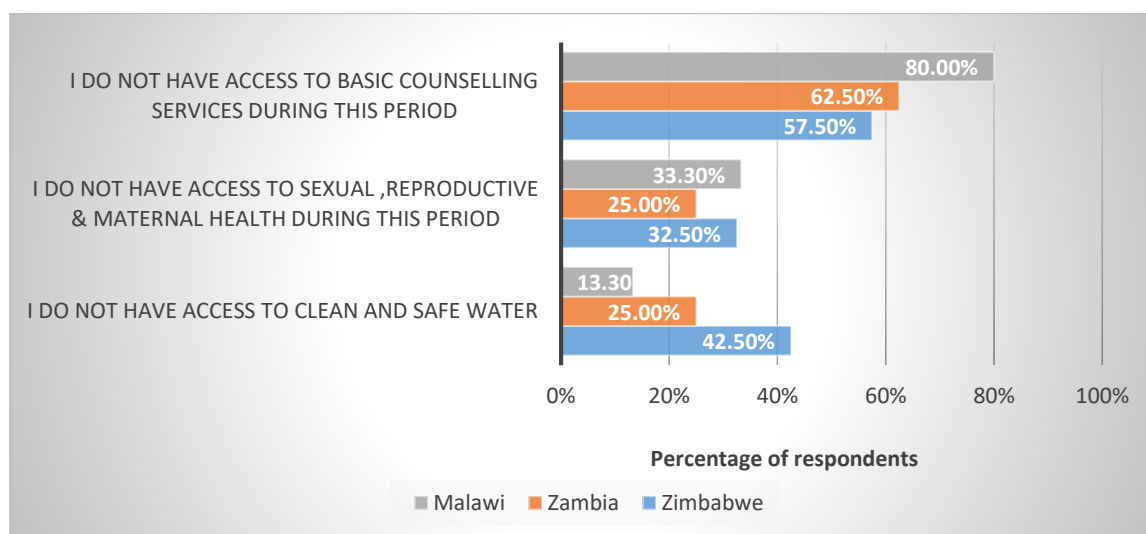


Figure 8: Access to Basic Services

Figure 8 shows the results on access to basic services by respondents such as clean and safe water and sexual and reproductive health services. The majority of the respondents cited that they did not have access to basic counselling services during the pandemic period across the three countries and less than 50% of the respondents across the three countries mentioned that they did not have access to sexual, reproductive and maternal health services, restriction of movement could account for part of the problem. Less than 50% of the respondents reported having no access to clean and safe water; the majority - 42.5% in Zimbabwe lacking access to water. Water is crucial in order to deal with the pandemic as there is need to practice good hygiene. Women in marginalised communities still need to walk long distances to fetch water for their families as they do not have clean running water in their homes. Restriction of movement is also a barrier to women and girls who have the burden of fetching clean and safe water for their families. Lack of social distancing at community watering holes and having to wait long periods are some of the challenges women are facing. The responses under 'other' included: reduced access to basic services as a result of restricted movements and reduction in income.

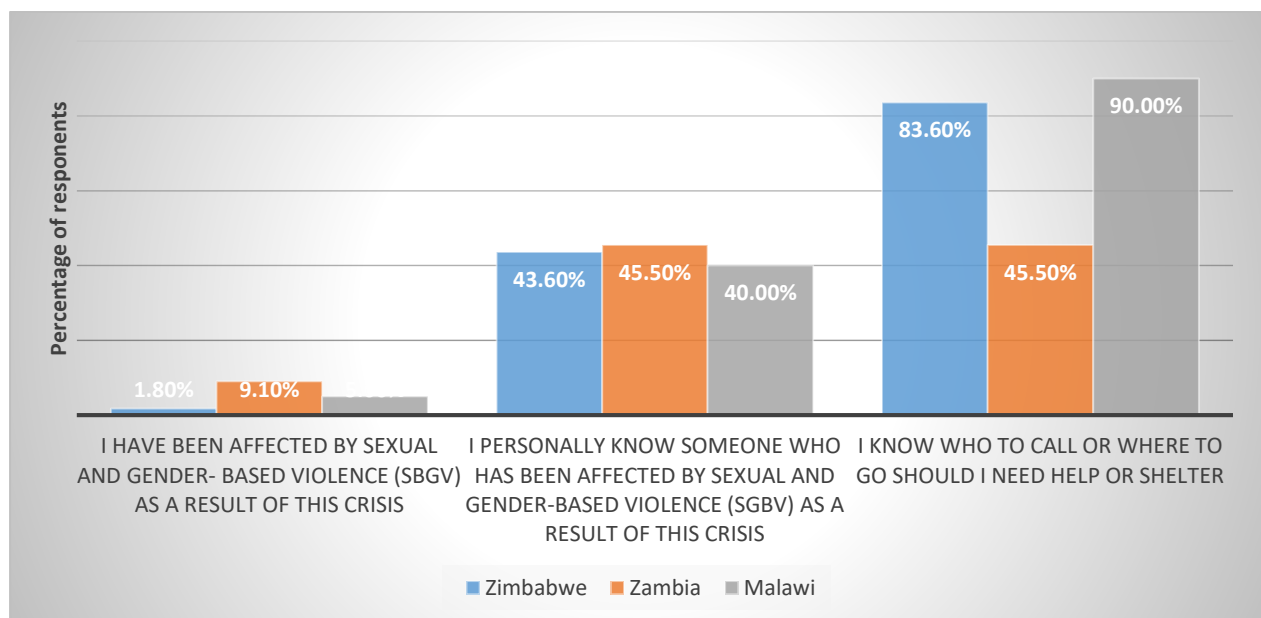


Figure 9: How have the respondents affected by SGBV

Economic stress on families due to the outbreak can put women at greater risk of sexual and gender-based violence. The forced stay at home measures also increases the risk for women who now have to spend more time at home with their abusers. According to UNDP¹ there has been an increase in the sexual and gender based violence (SGBV) cases globally as a result of the pandemic. The respondents were asked on their experience of SGBV and the results are shown in table 9. Less than 10% of the respondents mentioned that they had been affected by SGBV. It is encouraging that there is relatively a higher percentage of respondents (greater than 80%) who know where to seek services regarding SGBV in both Zimbabwe and Malawi. Worryingly, in Zambia less than half of the respondents (46%) know where to seek services

¹<https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html>

regarding SGBV. The responses under “other” included: the need for the women organisations to continue to support the disadvantaged families.

4. Recommendations

The following are recommendations made by the respondents to Hivos WE4L & its partners, Government and other stakeholders:

Hivos-WE4L

- *Increase awareness of COVID-19 among employees and partners*

The low level of engagement of the workers by the organisations pertaining to COVID-19 awareness should be addressed. Organisations can continue to educate their workers on COVID-19 in terms of preventive measures that can be taken as safety of employees should come first. Even with people working from home it would be ideal to continue providing information regarding COVID-19 and how best to protect themselves and their families by practising social distancing, sanitising hands and wearing masks when going outside.

- *Increase sensitization activities*

There is need to implement sensitization activities in marginalised areas for them to understand more about COVID-19 in terms of preventive care. Use of radio and sms and WhatsApp can play a crucial role in reaching more people with information on COVID-19 as well as other underlying issues such as SGBV and SRH. Behaviour change at community gathering such as funerals where women play an important role in the grieving and hygiene processes needs to be emphasised. The rural communities are usually marginalised in most interventions and they need to be prioritised with awareness campaigns on COVID-19. There is also need to ensure that the information, education and communication (IEC) materials for COVID-19 are translated into the local languages of the different communities and braille for the visually impaired so that they are also not left behind.

- *Stimulus Grants/Funds*

Funding is needed to respond to COVID-19, especially in terms of supply of PPEs, IEC materials and SRH services and economic support for marginalized groups such as women, especially those living with disabilities. An example of funding that is currently available is: Urgent Action Fund-Africa. (<https://www.uaf-africa.org/>) which provides rapid response grants and technical support on a rolling basis, to women’s rights organisations, women’s human rights defenders and activists who identify strategic and time sensitive opportunities to advance women’s rights in Africa.

- *Capacity Building on women empowerment*

WE4L and its partners can continue with capacity building initiatives by moving to online learning platforms and collaborative interactions for women leaders that are able to access internet and once the pandemic is over concentration should be to those that have not been reached.

- *Virtual meetings with partners*

WE4L can continue to organise virtual online platforms (webinars) to connect its partners so that they continue to learn from each other about innovative ways of working and coping mechanisms during this period.

- *Supporting victims of SGBV & Mental Health*

There is need to focus on preventive mechanisms such as awareness campaigns to protect women from SGBV by assisting frontline workers reach out to vulnerable women during this period and also providing access to shelter and free legal services where required, for victims of SGBV as a result of the pandemic, through collaborating with other partners. In Zimbabwe for example Musasa Project and Adult Rape Clinic is providing free services to victims of SGBV. In Zambia, The Zambia National Women's Lobby (ZNWL) is currently implementing a Girls Leadership Project in 20 schools in Lusaka, Central and Eastern provinces. One of the prominent responses by beneficiaries, especially girls, in the provinces where this project is being implemented on how COVID-19 is negatively affecting them as they stay at home, was the risk and exposure to sexual gender based violence (SGBV) and early marriages in response to this, ZNWL therefore sponsored some radio programmes on how communities could protect girls from SGBV and early marriages. The radio programmes which are in local languages also provide a help line and list of institutions like the Police and available counselling centres for victims of SGBV.

The pandemic could have some devastating effects on the mental wellbeing of all but more so on women during this period and this may warrant seeking some counselling services. Victims of SGBV may also need some counselling services. As such, Partners can provide critical information to free basic counselling services for people who need those services. For example, in Zimbabwe, Tag a Life International (TALI) is providing basic free counselling services to those who might need such services.

- *Strengthen access to basic sexual and reproductive health services*

Partners may continue to advocate for access to *sexual and reproductive health services* so that they are readily available at health facilities during the pandemic. Additionally, sanitary wear can be provided to marginalised adolescent girls and young women who do not have access to buy these.

Government and other stakeholders

- *Ensuring access to clean water & Sanitation*

Ensuring access to clean and safe water, sanitation, and hygiene services for vulnerable groups of women, including in informal settlements, rural areas.

- *Lobby with authorities to ensure the inclusion of women in COVID-19 Interventions*

Consultations with Government leaders to ensure that women are included in the COVID-19 Task-forces that are responsible for formulating and implementing COVID-19 interventions, so that funding is directed to women that are on the frontline of fighting Covid-19 pandemic in their communities. Also ensuring that marginalised women, especially those in rural areas and informal settlements have access to Personal Protective Equipment (PPE) and testing of COVID-19.

5. Conclusion

During a pandemic or crises, it is women and girls that suffer the most, it is therefore important to put women's rights organisations at the heart of the COVID-19 response to ensure gender-responsive budgeting and allocation of funds. In response to the COVID-19 pandemic, Partners have had to consider reprogramming by trying to mitigate the impact on vulnerable groups of women by providing training as well as IEC materials to disseminate information on COVID-19 as well as basic counselling services and provision Personal Protective Equipment, soaps, sanitizers and sanitary wear.

6. Annexure

How the respondents are coping with Work –Life Balance

Country of Residence	Issue	Frequency	Percent of Cases
Zimbabwe	The COVID -19 has negatively affected the way I conduct my work	38	61.3%
	Striking a balance between work and family has been difficult during this period	36	58.1%
	Working from home has a lot of distractions making it difficult for me to accomplish my work -related tasks	38	61.3%
	Care-work has increased for me during this period	23	37.1%
	I do not have internet access at home and this has negatively affected how I carry out my work	21	33.9%
	My mental health has been negatively affected as a result of this crisis	23	37.1%
	Other	9	14.5%
Zambia	The COVID -19 has negatively affected the way I conduct my work	5	33.3%
	Striking a balance between work and family has been difficult during this period	4	26.7%
	Working from home has a lot of distractions making it difficult for me to accomplish my work -related tasks	7	46.7%
	Care-work has increased for me during this period	4	26.7%
	I do not have internet access at home and this has negatively affected how I carry out my work	2	13.3%
	My mental health has been negatively affected as a result of this crisis	5	33.3%
	Other	4	26.7%
Malawi	The COVID -19 has negatively affected the way I conduct my work	22	75.9%
	Striking a balance between work and family has been difficult during this period	14	48.3%
	Working from home has a lot of distractions making it difficult for me to accomplish my work -related tasks	20	69.0%
	Care-work has increased for me during this period	9	31.0%
	I do not have internet access at home and this has negatively affected how I carry out my work	10	34.5%
	My mental health has been negatively affected as a result of this crisis	11	37.9%
	Other	7	24.1%

How respondents are well informed about COVID-19

Country of Residence	Issue	Frequency	Percent of Cases
Zimbabwe	My employer has put in place measures to sensitize workers on Covid-19	28	45.2%
	I have adequate information about COVID -19 (how it spreads/symptoms/treatment etc./what to do in case I suspect that I have it)	55	88.7%
	Other	8	12.9%
Zambia	My employer has put in place measures to sensitize workers on COVID-19	3	20.0%
	I have adequate information about COVID -19 (how it spreads/symptoms/treatment etc./what to do in case I suspect that I have it)	15	100.0%
	Other	1	6.7%
Malawi	My employer has put in place measures to sensitize workers on COVID-19	17	58.6%
	I have adequate information about COVID -19 (how it spreads/symptoms/treatment etc./what to do in case I suspect that I have it)	22	75.9%
	Other	6	20.7%

How the respondent's Income has been affected

Country of Residence	Issue	Frequency	Percent of Cases
Zimbabwe	My house-hold expenses have increased during this period	46	74.2%
	My income has been greatly affected as a result of this crisis	40	64.5%
	I have other sources of income during this period	4	6.4%
	If this situation persists, I have a plan for a sustainable income to fend for my family	2	3.2%
	Other	10	16.1%
Zambia	My house-hold expenses have increased during this period	10	66.7%
	My income has been greatly affected as a result of this crisis	8	53.3%
	I have other sources of income during this period	1	6.7%
	Other	1	6.7%
Malawi	My house-hold expenses have increased during this period	20	69.0%
	My income has been greatly affected as a result of this crisis	23	79.3%
	I have other sources of income during this period	3	10.9%
	If this situation persists, I have a plan for a sustainable income to fend for my family	5	17.2%
	Other	8	27.6%

Access to Basic Services

Country of Residence	Issue	Frequency	Percent of Cases
Zimbabwe	I do not have access to clean and safe water	17	42.5%
	I do not have access to sexual ,reproductive &maternal health during this period	13	32.5%
	I do not have access to basic counselling services during this period	23	57.5%
Zambia	I do not have access to clean and safe water	2	25.0%
	I do not have access to sexual ,reproductive &maternal health during this period	2	25.0%
	I do not have access to basic counselling services during this period	5	62.5%
Malawi	I do not have access to clean and safe water	2	13.3%
	I do not have access to sexual ,reproductive &maternal health during this period	5	33.3%
	I do not have access to basic counselling services during this period	12	80.0%

How have the respondents affected by SBGV?

Country of Residence	Issue	Frequency	Percent of Cases
Zimbabwe	I have been affected by sexual and gender- based violence (SBGV) as a result of this crisis	1	1.8%
	I personally know someone who has been affected by Sexual and Gender-Based Violence (SGBV) as a result of this crisis	24	43.6%
	I know who to call or where to go should I need help or shelter	46	83.6%
Zambia	I have been affected by sexual and gender- based violence (SBGV) as a result of this crisis	1	9.1%
	I personally know someone who has been affected by Sexual and Gender-Based Violence (SGBV) as a result of this crisis	5	45.5%
	I know who to call or where to go should I need help or shelter	5	45.5%
Malawi	I have been affected by sexual and gender- based violence (SBGV) as a result of this crisis	1	5.0%
	I personally know someone who has been affected by Sexual and Gender-Based Violence (SGBV) as a result of this crisis	8	40.0%
	I know who to call or where to go should I need help or shelter	18	90.0%

Are there any strategies that you recommend WE4L adopts in view of the COVID?

Many responses are targeting prevention and provide sanitary materials to promote healthy living. However, I recommend that WE4L should focus on rights based approach where the priority focus should be on mitigating the impact of the epidemic on vulnerable groups of women and children. As the pandemic spreads, life will be particularly hard for the poorest and most vulnerable among us. The burden of the virus keeps deepen and exacerbate existing gender inequalities. Imagine being a mother in a crowded community where social distancing is impossible, health care is virtually non-existent and there isn't clean water to wash her hands. Women make up 70 per cent of the world's health care workers and are at highest risk of infection. Women are also the most likely to shoulder the burden of caring for sick relatives and looking after children at home, which increases their risk of being infected.

The government must look after the people during this time
More awareness meetings on COVID-19 and types of GBV To provide masks and sanitizers And other materials for supporting women during this period of COVID-19
Sign language interpreted information about COVID-19 Braille prints for visually impaired
Rural areas have no access to the information about COVID-19.try to sensitize them
To educate vulnerable and those who don't have access to full information & Internet about COVID 19
1. Consultations with Government leaders on the issue of reduced internet charges to enable learners access to school online 2. Reach out Programme (online) for women against GBV
Yes- freedom of worship and have domestic violence focal persons for each district to assist victims during lock down
Yes they conduct training to women on the issue of COVID-19
More help to access clean water
Need to step up sensitization activities especially for women and men; girls and boys in rural areas
1. Community should be engaged and awareness campaigns should be done. If the community lacks information, then there is likelihood of COVID-19 spread 2. There is need for effective communication with the community. Making them aware of the symptoms, effects and all information pertaining to the pandemic 3. Take advantage of Law enforcement agents in creating awareness among the communities. 4. Assist community with individual projects so that movement is minimised
WE4L can assist its partners with funds to help the communities they work with with aid. It can be food aid, Protective clothing as well as visual aides to disseminate information on COVID 19.
Empower women mentally
In as much as I have no idea of the strategies your employing, I suggest collaboration with other partners in efforts to address women challenges. I am aware spotlight initiatives by UN in Malawi has continued with activities hence a good partner. Secondly, keep generating data that can be used for future crisis responses, ensure reporting mechanisms are in place and functional, promote male support to female counterpart to reduce the burden of domestic work on women.
Information on stress management will be helpful
Protection and support of women against gender based violence. sources of livelihoods for many has been affected especially women since they carry more burden in terms of care, supporting them financially funds permitting would be a noble thing to do
Send flyers with relevant info for wellness counselors and steps which hospitals to contact if COVID-19 suspected
Try to cushion the expenses for housewives, since most of their businesses are gone.
yes. Support women leaders during this hard time
None
yes let women have access to extra money virtual trainings
Yes. Protect women and girls in countries like Malawi that will need to vote again by encouraging them to vote and provide PPE for them
Facilitate for scaling internet services for training and capacity building so that women are not locked out from the global developments
Reach out to the often left behind with messages. If material support can also be considered. Only 11 % of Malawians wash hands soap according to recent study .
Intensity awareness programs on COVID-19. People should be educated on its dangers and how to stay safe.
More sensitization in rural areas on COVID-19 and financial education to secure food security in our community and nation at large.
Supporting partners with personal protective equipment and office sanitizers to cater for members of staff and clients
Surveys like this Get behind And be an integral part of the gender goals in Malawi

Maybe women with some loans for business
women need their media skills increased so they are able to share their stories (good or bad)
Spread awareness to rural women because there are a lot who are not aware
Cushion allowance for vulnerable women
No. The organisation is doing exceptionally well. Thank you for supporting a number of organisations during this difficult time
Use radio and social media more to reach out to people provide information on COVID-19 and also on other underlying issues such as GBV and SRHR Use social platforms such as zoom, skype to hold regular meetings with partners to strategize on the programme implementation
Ensure that women have access to basic needs through providing care packs.
Education online
No
Contraceptives and other drugs to be distributed in the community More awareness on COVID-19 need on the ground
Create internet platforms where women can learn and interact with others
Creating safe space including residential shelters that are set up with COVID-19 safety and spacing in mind.
No
If funds available, help the people with food aid as many people are facing hunger challenges especially women because they are the ones with the burden of fending for the family.
Provide safe spaces for women to interact during this epidemic period. as most female leaders may be failing to cope and balance between work and family while at home
Yes while we discuss about COVID-19 let's talk about woman empowerment in rural areas especially in politics .
Stocking of local council clinics with essential medication & contraceptives. A designated policed area for farm produce so we can access vegetables freely & affordably. Security officers are exposing the public & their families to infection of corona virus as they work without protective & preventive clothing. House to house provision of free masks since infections are on the rise & i just saw a pack costing \$ 433 in pick n pay not affordable for most people. Quarantined persons to be allowed to receive provisions such as blankets & food from their loved ones under supervision & protective measures. Vulnerable groups such as elderly, orphans, child headed families, people with disabilities & people living with HIV to be considered for food hampers with supplements such as vitamin c as well as platforms for support & counseling.
integrating COVID-19 and SGBV response in the current running projects to counter the wrong information.
maybe have a tampon allowance fund like the one in the U.K
I would recommend WE4L focuses on preventive mechanisms to protect women from (S)GBV during this period. If this is not going to be possible, help frontline workers reach out to the vulnerable communities with protective mechanisms for the victims' wellbeing during this period.
I think we need to have more female police officers at the station and also educate other more women on (SGBC) because the number increases every day.
Tracking vulnerable households on how they are coping Plan to cushion women with a revolving fund
There are women frontline workers who need psychosocial support during these times of COVID -19. No such support is provided by the departments /ministry of health even though it is common knowledge that nurses/nurse aides are predominantly women and they are told to work under these difficult times and complain later. They have to go to work, their families need them, they are afraid of contracting the disease and the nursing of the COVID-19 patients or contact tracing is equally traumatic.

Yes, 1. WE4L can organise virtual meetings to connect its partners so that they learn from each other about coping mechanisms during this period. 2.WE4L can continue to allow for flexibility among its partners to adjust its programmes and respond to COVID-19
I suggest that women's unpaid work be given attention as the burden of household chores and ensuring that hygiene practices are maintained is often left for women. Information about COVID-19 needs to be disseminated in easier vernacular language so women understand. Behavior change approaches need to be used as women are finding social distances And behavior change at community gathering such as funerals where women play And important role in the grieving and hygiene processes.
Strategies that should be done is to make sure that people or communities get enough food supplements. as we are from rural areas our people are suffering the prices of basic commodities have escalated beyond reach of our communities. Government should put strict measures on the price controls. At the moment donations in the form of food is greatly needed to sustain our communities as they are drought stricken on top there is this pandemic Covid19
Providing counselling services, mobilise food assistance, free medical aid
Awareness
1.Food packages, families consume more food while at home compared to when there was no lockdown. 2. Internet support for all families as it is now the only the rich who can browse
Provide basic needs hampers for the vulnerable women and do community awareness
The need to work hand in hand with the government in order to facilitate adoption of sustainable initiatives, should the pandemic persists. Eg ensuring we do not reverse the gains made in pushing for women empowerment.
The situation is tough and the government should help with basic commodities such as food staffs and protective clothing which protect us from this pandemic
Please may the health fraternity consider women living with HIV when they are sick for them to access free health help
Provide food and other relevant items to those who do not have.
Information dissemination to rural/remote areas
I recommend that public awareness to issues regarding GBV be spread through various social media platforms and even text messages to keep the public aware of GBV issues during the lockdown period.
Put up a hotline for abused women to reach out and get help free of charge
We need thorough information dissemination at the grassroots level
More awareness campaigns in rural communities on the spread of COVID-19 The government need have a risk management model that will help people who were being sustained by informal trade and people living with disabilities
Avail counselling sessions for women and ideas on what we can do should our jobs be on the line or income is significantly reduced
Maybe organizing webinars to stimulate discussions among women.
Providing food for the vulnerable
Dedicate funds for capacity building for women to help them survive through the lockdown
None
Rural areas do not have enough info and full understanding
Encourage women to have productive social media group so that we share and learn from other women on how they are managing in these times.
Help women and young girls in meeting their basic needs. Provide sanitary wear to young women who in vulnerable households since now they are more expensive and very few can afford them. Engaging young women in WhatsApp groups and disseminate information on COVID-19 and discuss challenges that they are facing
Readily available COVID-19 leaflets Food parcels are a necessity Masks, sanitizers are really needed

To have people work in communities such that victims finds it easy to share their challenges. To physically visits the places where people are affected to that the assistance given remains relevant.
Family planning tablets should be made readily available during this time as most women can't access. Relevant authorities should ensure clean water for every household as everyone is stuck at home There should be more shelters open for women who are being abused to go to when need arises
Can you please help women to access family planning services, otherwise we are going to have unwanted pregnancies
Think about the front line workers during COVID-19. There are more women and even the care-work is done by women. There is need to support them materially and mentally
More sensitization is needed in my community about COVID-19 I see people still not understanding the pandemic well
Yes, there are other strategies. I think it will be better if health personnel go door to door to text people for COVID-19 and it's better to test each and every individual whether they take preventive measures or not it is very cardinal.
I feel they should introduce online counseling for young women.
Engage us (women) in a conference call to get more details about the effects we are currently passing through.
More sensitization...some people don't quite get it and it's not easy to educate them
Increase support for mental health
Lockdown
Growing knowledge among women and men would be the ideal approach. Strategic responsive resources can help out to mitigate risks especially for women
Assist with masks
Women are greatly affected by the restrained environment and uncertainty of current set up and this will increase their vulnerability at home and in society. WE4L should look at strengthening these women run businesses,
Access to legal services for victims of SGBV as result of the pandemic
After COVID-19 support to families affected economically
Provision of enough canceling about the disease
Get more women involved in measures to deal with COVID-19 and ways to reach women affected by domestic violence during this pandemic
None
Provide online learning and interaction platforms for women leaders that can be able to access internet and once the pandemic is over concentration should be to those that have not been reach
I guess there is need for a special fund for the pandemic in terms of sensitization and provision of PPEs to the areas where we work.
Empowering women economically and awareness and sensitization on GBV
engage institutions that provide mental health services, which are few, to offer some free counselling to victims of GBV.
There is need for WE4L program to come up with a some funds specifically for COVID-19 to support this cause especially in terms of supply of PPEs and economic support for marginalized groups such as women and their families.