



IN BRIEF

# LANDSCAPE OF CARE WORK IN MALAWI



Photo: Mike DuBose, UMNS

## Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support, and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising all human rights and strengthening human capabilities. Care work is disproportionately carried out by women and girls in households in Malawi just like it is the case globally. Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically pertains to the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work, with the target 'through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.'

## Definitions

**Care work** consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.<sup>1</sup> It includes direct caregiving activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as indirect or domestic work such as cooking, cleaning, and collecting water, food and firewood.<sup>2</sup> It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the region.<sup>3</sup>

**Unpaid care work** refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).<sup>4</sup>

**Paid Care** work refers to providing direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.<sup>5</sup>

Establishing **comprehensive care systems** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses, and children while adopting an intersectional approach is crucial. A comprehensive care system is defined as "...a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centered approach."<sup>6</sup>

Malawi is an agrarian-based economy in south-east Africa. It is one of the poorest countries in the world with a Gross Domestic Product (GDP) per capita of 645.2 USD in 2022, despite making significant economic and structural reforms to boost economic growth in the last few decades. The female Human Development Index value for Malawi was 0.502 compared to 0.519 for men in 2021, resulting in a Gender Development Index of 0.968.<sup>7</sup> This places Malawi in Group 2, indicating that the country is close to gender parity. Yet, structural inequalities are deeply rooted in Malawi society, evident in the high rates of gender-based violence, limited representation of women in decision-making bodies and women's lower access to economic opportunities and resources.<sup>8</sup> Such inequalities also manifest in the distribution of care work and to what extent care needs are met in the country.

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services to promote shared responsibility for this essential work amongst the government, private sector, households, and communities. Policy emphasis on care work is crucial for addressing gender disparities, promoting women's empowerment and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work, and gender equality.

The overall purpose of this brief is to present an overview of the existing care services, systems and infrastructure in Malawi. Using this analysis, the study aims to demonstrate gaps in data and policy on care. A mixed methods research approach was employed consisting of a desk-review of existing publications and academic records, combining quantitative and qualitative data sources. The review was light-touch and did not allow in-depth exploration of all legislation and policies. To this end, Section 2 discusses Malawi's historical and contextual backdrop. Section 3 explores the extent of care work and care needs in the country. Section 4 dives into the relevant legislative, institutional and policy environment and gaps. Finally, Section 5 concludes and provides policy recommendations.

## Country background

Malawi is a landlocked lower-income country in Southern Africa with a population of 20.4 million in 2022.<sup>9</sup> Malawi has had a stable government since independence in 1964. Parliamentary elections have been held every five years since the one-party rule ended in 1993. The country's Gross Domestic Product (GDP) grew by 0.9 per cent in 2022, down from 2.8 per cent in 2021. Macro-fiscal imbalances and frequent exogenous shocks weaken the economy.<sup>10</sup> Malawi's population is predominantly rural, with 82 per cent in 2022.<sup>11</sup> Although agriculture contributed to only 22.8 per cent of the GDP in 2021, it employed 62 per cent of the total employed population in the same year.<sup>12</sup> The country is highly vulnerable to climate change and natural disasters. For instance, most recently, Cyclone Freddy in February 2023 resulted in an estimated \$500 million of loss and damages.<sup>13</sup> National surveys show that both poverty and income inequality are high in the country. In Malawi, 6 out of 10 (58.8 per cent) Malawians live in multidimensional poverty, which means that more than half of Malawians are generally poor. Multidimensional poverty is higher in female-headed households than male-headed households, with 71.4 per cent and 53.9 per cent respectively.<sup>14</sup> In 2015/16, 51.5 per cent of the population lived below the national poverty line and 20.1 per cent was ultra-poor.<sup>15</sup> According to the \$2.15 per day (2017 PPP) poverty line, 71 per cent of the population was poor in 2022.<sup>16</sup> The Gini coefficient, a measure of income inequality, was 0.43 in 2017.<sup>17</sup>

Malawi has a highly patriarchal society,<sup>18</sup> although patrilineal and matrilineal lineage patterns<sup>19</sup> are common across the country. Power imbalances in society are related to gender differences in roles and responsibilities in the household, community and society.<sup>20</sup> Women are engaged in low-income activities, have limited decision-making abilities, limited access to assets, lower human capital and high rates of gender-based violence.<sup>21</sup> The Afrobarometer study found that about a third of all citizens in the country said that 'gender equality is not yet a reality when it comes to getting a job or owning land, and gender-based discrimination still affects a substantial number of women.'<sup>22</sup> These structural inequalities also affect how people experience weather shocks and other stresses, such as climate change.<sup>23</sup>

## Overview of the extent of care work and care needs

There is limited availability of up-to-date information and data on indicators that reflect gender issues in Malawi. Large time gaps exist between household surveys, censuses, and weak administrative data systems. The National Statistics Office Malawi (NSO Malawi) is the country's regulator and producer of statistics. It does not have a dedicated gender statistics unit, which negatively impacts the production of gender statistics.

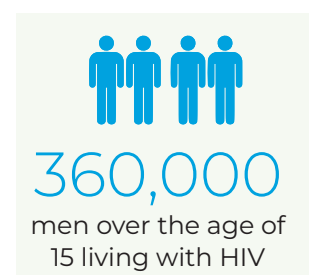
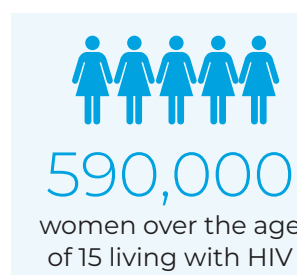
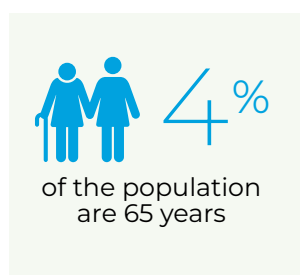
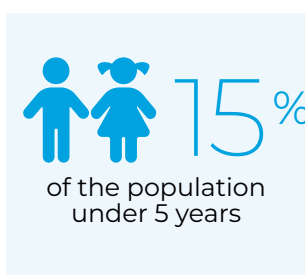
Specifically, data on unpaid care work through time use surveys, violence against women and key labour market indicators like the gender pay gap are systematically lacking. However, the National Statistical Office of Malawi plans to conduct Labour Force and Time-Use surveys in the coming year. Although indicators like the gender pay gap and data on violence against women are not direct measures of care work, they indirectly showcase the impact of unpaid care work responsibilities on women. For instance, women's responsibilities for unpaid care work contribute to the gender pay gap.<sup>24</sup> Similarly, the unequal distribution of unpaid care work leads to economic dependence and lack of autonomy for women, which exacerbates violence against women. With this caveat in mind, this section presents data from the latest nationally representative surveys, international data sources, and smaller studies to present an overview of the extent of care work and care needs in the country.

### Demographic trends and care needs

With 15 per cent of the population under five years old and 4 per cent aged 65 years or older, according to Malawi's 2018 census,<sup>25</sup> the number of dependents with high care needs in the country are substantial. About 10.4 per cent of the population who are five years or older have at

least one type of disability.<sup>26</sup> Malawi's population is transitioning from about 6 children/woman in 2001 to 3.9 children/woman in 2021, as fertility rates are dropping.<sup>27</sup> On the other hand, the estimated life expectancy has increased from 46 years to 63 years over the same time.<sup>28</sup> Based on these demographic statistics, the number of dependents is set to decrease in the coming years. However, this does not mean that care needs in the country will decline with time. Malawi is one of the fastest urbanising countries in the world (annual urban growth rate was 4.2 per cent between 2015 and 2020)<sup>29</sup> and its family structures are slowly changing.<sup>30</sup> This is leading to difficulties in meeting the care needs of the elderly and persons with disabilities, especially in rural areas.

Malawi is a high HIV burden country with a prevalence rate of 7.1 per cent amongst people aged 15 to 49 years and 1 million people of all ages living with HIV in 2022.<sup>31</sup> The country has successfully reduced the new HIV infection rate between 2010 and 2022 by 72 per cent through strong partnerships with other health programmes like sexual and reproductive health services and community engagement. Yet, the size of the population which requires HIV care remains substantial. The epidemic has affected women more than men, with 590,000 women over the age of 15 living with HIV as compared to 360,000 men over the age of 15. Women sex workers are one of the most profoundly affected groups (49.9 per cent of sex workers live with HIV), and there is a substantial gap in HIV care received by the general population and sex workers who are women.<sup>32</sup> Women are impacted not only as individuals living with HIV but also as primary caretakers for those affected by HIV/AIDS within the family. Children in households with adults who have HIV/AIDS also get inadequate care. Young children often have to take care of their sick and aged parents which reverses the traditional model of caregiving.<sup>33</sup>

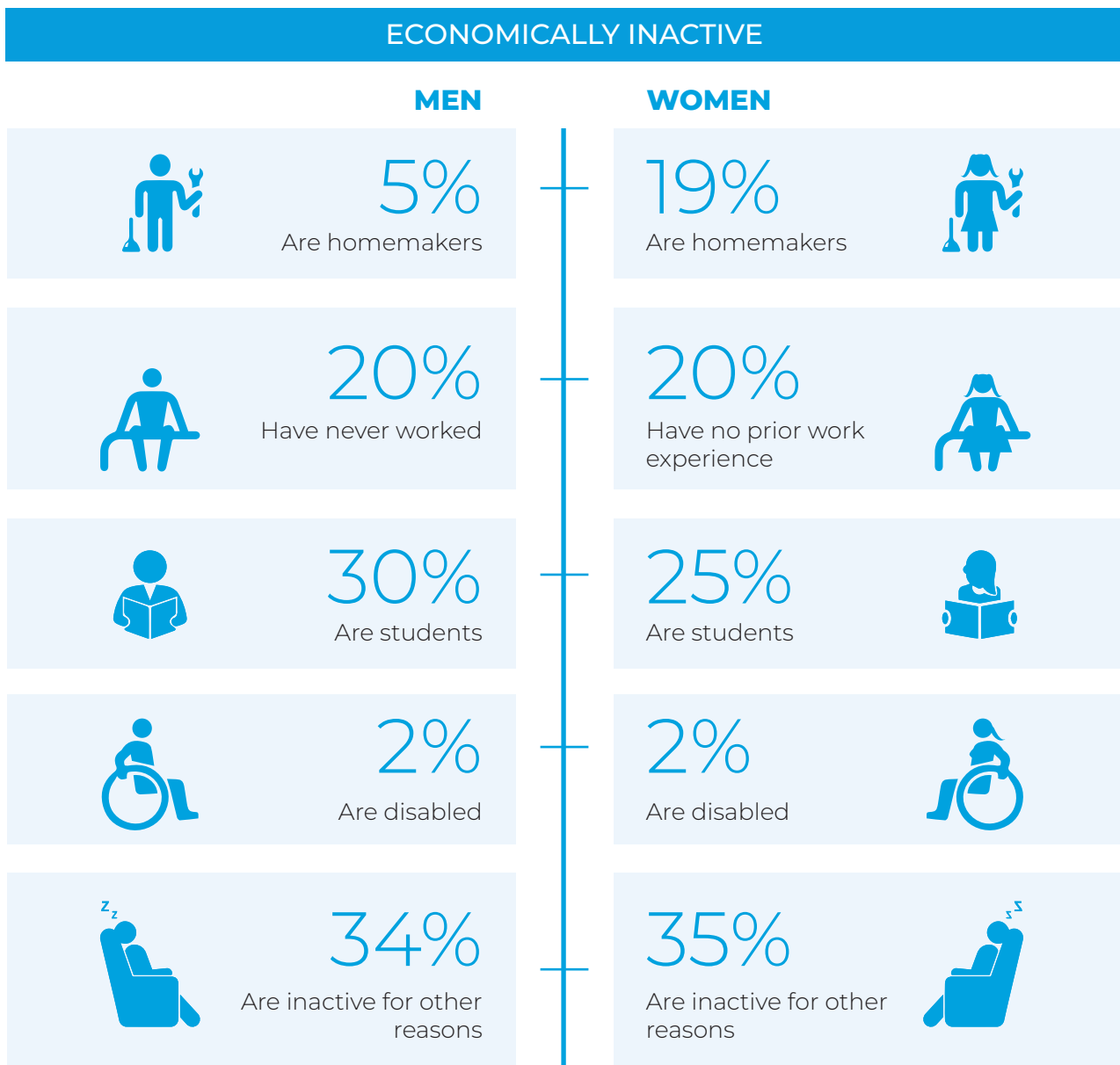




## Distribution of unpaid care work

Women in sub-Saharan Africa spend 3.5 times more time on unpaid care work daily than men (263 minutes vs 78 minutes). Domestic services,

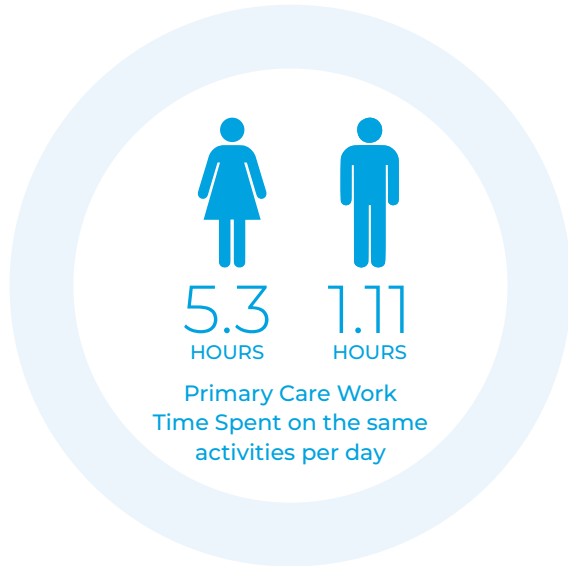
as opposed to direct care for dependents, make up the more significant proportion of time spent on unpaid care work.<sup>34</sup> The 2018 Malawi Census<sup>35</sup> revealed the following among economically inactive men and women:



Nationwide household surveys suggest an average household size of approximately six individuals.<sup>36</sup> Furthermore, most older adults reside with their children and/or grandchildren.<sup>37</sup> These figures indicate a higher proportion of women engaged in unpaid care than men and that families most often bear the responsibility for elderly care.

The Household Care Survey (HCS) of Oxfam's WE-Care Malawi Programme<sup>38</sup> is used to examine the distribution of time spent on unpaid care work. This because of the lack of available nationally representative data on time-use. The survey was conducted with 594 households from Lilongwe and Mchinji districts in Malawi as a baseline study for a Randomised Control Trial.

### Primary Care Work Time Spent



The HCS found that women spend an average of 5.3 hours on primary care work whereas men spend 1.11 hours on the same activities per day.

The daughters of the primary respondents also devote more time to primary care work than their sons (3.67 hours for daughters and 2.48 hours for sons). This shows the gendered distribution of unpaid care work in Malawi. Approximately 15 per cent of women in the survey reported that it is acceptable to shame or mock men for doing housework. The role of traditional norms and beliefs in upholding the unequal division of unpaid care work was also highlighted in Oxfam's WE-Care Malawi Programme, Rapid Care Analysis study.

An ILO study<sup>39</sup> used data from the Malawi National Child Labour Survey 2015 and reported that over 87 per cent of children aged 5-17 years are involved in household chores or domestic work. On average, they spend 10 hours per week on such tasks. Interestingly, the data showed no difference in hours spent on domestic work by gender. One cannot conclude that boys and girls do equal amounts of unpaid care work at home because domestic care work does not include direct care work like caring for the elderly and the sick.

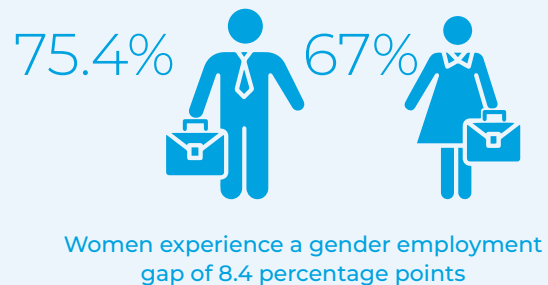
Malawi also grapples with the effects of climate change and natural resource depletion.<sup>40</sup> This is expected to increase the total burden of

unpaid care work. Cyclones, floods and droughts exacerbated by climate change, often affect the country's economy and infrastructure. Due to the lack of economic diversification and significant dependence on rainfed agriculture, climate change affects agricultural production and food security. Moreover, the high risk of flooding will likely affect road infrastructure in the coming years. Such changes would affect people's health, thus increasing healthcare needs and time taken to complete domestic work like collecting water. Global research shows that climate change disproportionately increases women's and girls' responsibilities for providing care work.<sup>41</sup>

### Labour force and paid care sector

Collating data from labour force and household surveys from 27 African countries<sup>42</sup> shows that the most important reason cited by women for being out of the labour force was unpaid care work (34.4 per cent of women).<sup>43</sup>

### Employment rate in Malawi, 2022



### Gender employment gap



15-24 years



25-49 years

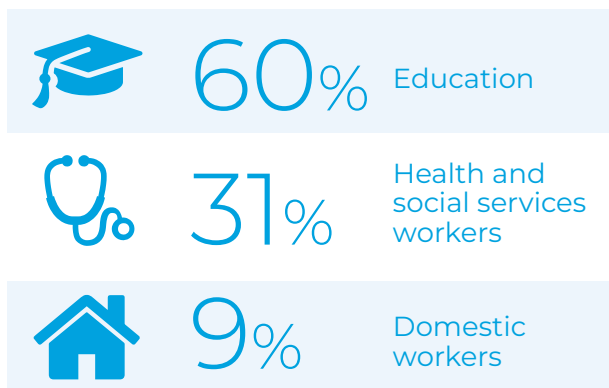


50-64 years

Women spend only 20.3 hours per week on employment activities whereas men spend 26.8 hours per week on the same activities.<sup>44</sup> While there is a myriad of reasons for women's lower participation in economic activities, women's disproportionate responsibilities for unpaid care work are an essential contributor in sub-Saharan Africa.<sup>45</sup>

Care sectors-education, health and social services and domestic workers-make up less than 5 per cent of total employment in Malawi.<sup>46</sup> This shows that the size of the care sector is very small and largely inadequate to meet the care demands in the country. Thus, unpaid care work within communities and households meets most care needs in the country.

#### Distribution of Care Workers across the care sectors

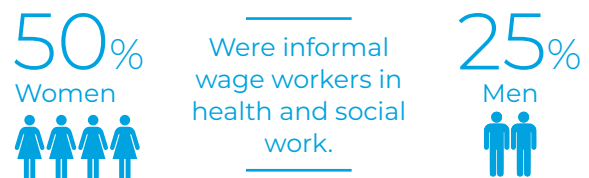


The education workforce is the most significant care sector in terms of percentage of total care workers

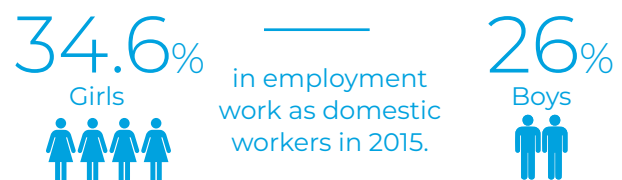
Over 70 per cent of all care workers in Malawi are professionals (doctors, nurses, social workers and teachers), consistent with high professionalisation levels observed in several sub-Saharan African countries like Ghana, Nigeria and Zambia. Interestingly, women make up only about 40 per cent of the care workforce, which might be due to the small size of the care workforce. Less than 4 per cent of the total care workforce is made up of migrants and migrant care workers are over-represented in education and health and social services.

Globally, the working conditions of domestic workers are characterised by informality, poor working conditions and low remuneration. Evidence shows long working hours and poor

pay for women who work as domestic workers in Malawi.<sup>47</sup> Women employed as domestic workers in Malawi worked for 47 hours per week, which is much higher than the 29 hours per week performed by employed women in the country on average. In 2000, at least 60 per cent of registered nurses in tertiary hospitals left Malawi to migrate to other destinations for higher pay.<sup>48</sup> Interestingly, unlike many other low-income countries, the same study found that care workers in education, health, and social work have lower incidences of informality than the average. As compared to 91 per cent of women and 83 per cent of men who are informal wage workers only about 39 per cent of women and 31 per cent of men in education were informal wage workers.



Child labour is common within the domestic labour force. It is estimated<sup>49</sup> that 30.2 per cent of children workers aged 5 to 13 years



This amounted to 513,400 children in total. On average, children aged 5 to 13 work 11 hours per week, and working hours do not change substantially with age.

### Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. Care-sensitive humanitarian policies that support a care society contribute to gender equality, women's safety and empowerment and the overall well-being of communities. They are

essential in addressing inequalities in unpaid care work and inequalities in the labour force, including paid care sectors. With this context, this section examines legislation, institutions and policies on care in the country against the four pillars of a purple economy—universal social infrastructure, labour market regulations, physical infrastructure and enabling macroeconomic environment.<sup>50</sup>

## Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet care demands. Adequately financed social care infrastructure that pays living wages to its workers is important for valuing, rewarding and redistributing care work. There is a lack of socialised care infrastructure in Malawi, as well as sparse regulation of privately provided care services.

### Healthcare



The health system in Malawi is decentralised, and the Ministry of Health spearheads the system. Healthcare services are also available for a fee by the civil society and private organisations. The constitution states that the public provision of health care is a right for all citizens of Malawi. The Health Sector Strategic Plan II (2017–2022) and the National Community Health Strategy (2017–2022) are two key health policies that attempt to achieve universal health coverage. A basic health package with select services is available for free at all government health facilities and no universal health insurance is available.<sup>51</sup> The National Community Health Strategy (2017–2022) highlights the role of communities as both users and providers of health services. The system is heavily reliant on international donors.<sup>52</sup>

The healthcare system faces challenges in accessibility, affordability and quality of healthcare services. Although 76 per cent of the population live within an 8 km radius of a health facility, access to health care is limited in rural areas by costs. Women also have limited access to health care due to cost, travel time and low education levels. There is also an acute shortage of health workers.<sup>53</sup> In 2018, there were

1.49 health workers per 1,000 people, more than WHO's recommendation of 4.45 health workers per 1,000 people.<sup>54</sup>

An interesting community-led care innovation in the country has been the introduction of 'Chipatala Cha Pa Foni (CCPF)' (Health Centre by Phone). The initiative provides accurate and timely health information through mobile phones. Although the initial focus was on maternal and child health when Soyapi Mumba and Clement Mwazambumba first submitted the idea for a crowdsourcing competition in 2009, it was later expanded to include several health areas.<sup>55</sup> In 2017, it was adopted by the Ministry of Health to institutionalise CC PF.

### Childcare



The National Education Policy and National Education Act (2013) guides education services in Malawi, which are currently under the National Education Sector Investment Plan (2020–2030). The government expenditure on education remained at about 4 per cent of total GDP between 2017/18 and 2023/24.<sup>56</sup> This is consistent with the Incheon Declaration on Inclusive Education which recommends that governments allocate between 4–6 per cent of their GDPs to education. The country has made progress in some education outcomes over the last few years with a primary net enrolment rate of 88 per cent and a primary school completion rate of 56 per cent in 2022.<sup>57</sup> However, primary school classrooms remain crowded with a student-teacher ratio of 59:1,<sup>58</sup> and net enrolment rates for secondary-level education remain low at 16.6 per cent in 2022.<sup>59</sup> The education infrastructure could be expanded to improve the country's education quality.

Early childhood development (ECD), a care-intensive period in the development stage of a child's life, could be particularly strengthened. HCS found that for each child under six years old in the household, women spent 2.76 minutes extra per day on primary care.<sup>60</sup> Only 34 per cent of eligible children were enrolled in early childhood education in 2022.<sup>61</sup> Overall, the care and development of children in this stage generally falls upon families and communities. Community-Based Childcare Centres (CBCC) were first developed in the 1980s in Malawi to create a self-sustaining childcare system

managed and owned by communities. In subsequent years, they have increased and been important in making early childhood learning accessible in rural Malawi. They exist informally with minimal government support, relying on volunteers and contributions from the communities and CSOs. There are substantial concerns about their quality since they lack adequate infrastructure, are often run by unqualified personnel, and lead to poor learning outcomes.<sup>62</sup>

Caregiving in CBCCs is also gendered since most caregivers are women (20,670 women and 2,786 men in 2010).<sup>63</sup> Malawi has over 12,400 preschools or community-based childcare centres (CBCCs), with nearly 35,000 non-salaried volunteer caretakers and helpers with a high childcare giver ratio of 23.5 children per caregiver and helper. Caregivers spend between 4 and 5 hours at the CBCC which would have ideally been the time used to carry out income generating activities in their homes and elsewhere.<sup>64</sup> Staff training is provided in a few centres by the government but depends on funding from international donors and is insufficient to address the needs of children with disabilities.<sup>65</sup> With support from UNICEF, Malawi has developed various strategies to achieve ECD milestones and made progress. Most recently, the government introduced the National ECD Policy 2023, which takes a comprehensive approach to ECD, including addressing psychosocial support and needs for vulnerable children like children with disabilities. It emphasises that 'childcare is everyone's responsibility and must begin at home.' It includes policies to address the needs of CBCCs, such as staff training and developing standard curricula.

### Care for Persons with Disability



Malawi's Disability Act 2012 is the main legislative instrument that promotes the rights of persons with disability and the Department of Disability and Elderly Affairs within the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) deals with disability affairs. The Act domesticates most of the provisions set out in the Convention on the Rights of Persons with Disabilities, which Malawi ratified in 2009. Several other pieces of legislation exist that support specific issues related to persons with disability such as the Child Care, Protection and Justice Act 2010 which provides

for the registration of children with disability. Malawi is implementing the National Disability Mainstreaming Strategy (2018–2023) and Implementation Plan (NDMS&IP).

Persons with disability face a variety of barriers in exercising their rights, leading to substantial barriers in accessing healthcare provisions due to lack of transport, availability of services, inadequate drugs or equipment, and costs as well as discriminatory attitudes by healthcare workers and community workers.<sup>66</sup> Persons with disability in formal workplaces face a variety of context-specific access barriers due to stigma and lack of infrastructure and resources.<sup>67</sup> In 2017, the Malawi Human Rights Commission reported 110 children with disabilities in institutions/special homes, with an additional 1,211 residing in 21 special needs schools. These educational facilities encounter difficulties, primarily due to insufficient funding.<sup>68</sup>

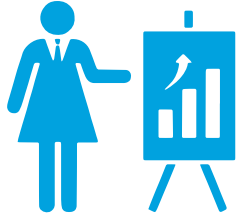
### Elderly care



Issues related to the elderly are addressed by the Ministry of Gender, Children, Disability and Social Welfare (formerly, Ministry of Disability and Elderly Affairs) in Malawi. The government enacted the National Policy for Older Persons in 2016, which states the promotion of the role of communities and families in the care and support of its older members' as a key objective. Welfare support is primarily available to the 'destitute' because the family is expected to be the primary duty bearers when it comes to support and care for the elderly. Although nearly 97.5 per cent of Malawi's elderly lack access to a pension, the Social Cash Transfer Programme, designed for the ultra-poor and labour-constrained households, is anticipated to address the needs of the elderly. However, its coverage is restricted.<sup>69</sup> Few specialist healthcare services exist for the elderly and general public healthcare services do not adequately cater to the needs of the elderly population. No documented policies could be found that explicitly aim to improve healthcare services for the elderly.



## Labour Market Regulation



Labour Market regulations can promote work-life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can shift social norms and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in low-income countries like Malawi, where a very small percentage of the population is employed in the formal sector as wage employees. The Employment Act, Section 6, provides for equal remuneration for work of equal value. However, implementation remains a challenge and rampant discrimination against women continues to exist in employment. The Employment Act also covers domestic workers and sets a minimum wage, gratuity and other benefits and acceptable working conditions. However, legal enforcement is limited.<sup>70</sup> Malawi has also not ratified ILO Convention 189 on 'Decent work for domestic workers.'

Within the Employment Act (2021) and the Labour Relations Act (2021), it is stated that any woman employee who has served in the civil service or private sector for a continuous period of not less than 12 months shall be entitled to 90 consecutive days maternity leave once every three years. This is less than the ILO standard of 14 weeks. Every woman employee on maternity leave is entitled to 100 per cent of her pay. The legislation does not provide full coverage to women who give birth to stillborn infants for six weeks. Given the high rate of stillbirths in Malawi, 22.2 stillbirths per 1000 total births, as compared to the global average of 13.9 stillbirths per 1000 total births in 2019,<sup>71</sup> such maternity cover is essential. In addition, the Employment Act, Section 47(2), guarantees that periods of absence due to childcare are accounted for in pension benefits and Section 49 prohibits dismissal of

pregnant women. Parental leave is important for redistributing care work since it does not limit early infant care responsibilities to the mothers. However, no laws and policies exist regarding parental and paternity leave.

Trade unions can play a crucial role in representing and advocating for the rights and interests of care workers. The Malawi Congress of Trade Unions (MCTU) is the umbrella organisation for trade unions in Malawi, comprising 26 affiliate unions. It is affiliated with the International Trade Union Confederation (ITUC). MCTU and its affiliates advocate for approximately 150,000 workers in Malawi. Among the total membership, 39 per cent are women while the remaining 61 per cent are men.<sup>72</sup> It also advocates for child labour. Unions such as the Malawi Union for the Informal Sector serve domestic workers. MCTU's constitution includes women and youth by Southern Africa Trade Union Coordination Council (SATUCC) policy on gender and youth.

## Enabling Macroeconomic Environment

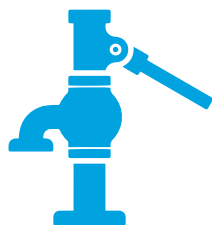


Although macroeconomic policies are a large area of concern when it comes to care work, this sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic status. The Malawi National Social Support Programme (MNSSP II) currently underpins the social protection strategy in Malawi. MNSSP II was adopted in 2018 and focuses on resilient livelihood support, consumption support and a shock responsive system, with two cross-cutting pillars related to linkages and strengthening the system. The Malawi COVID-19 Socio-Economic Recovery Plan 2021-2023,<sup>73</sup> strategic intervention 3.1 also sought to establish a comprehensive shock-sensitive social protection system to support vulnerable groups (particularly women, children & people with disabilities) recover from the impact of COVID-19. The plan included

infrastructure investments in health care, including kick-starting the 900 health posts and 1800 health community health workers housing units under the National Acceleration Community Health Roadmap. Overall, implementation has been contingent upon the availability of public finances and support from development partners and civil society organisations (CSOs). Activities are not clearly linked to care workers or aim to reduce or redistribute the disproportionate share of unpaid care work women and girls carry in households.

The Social Cash Transfer Programme (SCTP) or 'Mtukula Pakhomo,' piloted in 2006 and implemented by the MoGCDSW, is a notable non-contributory social support scheme. As of 2021, it had reached all 28 districts in the country and is the only non-contributory social support programme that covers the whole country. It is an unconditional cash transfer programme that targets vulnerable households, specifically labour-constraint and ultra-poor households. Labour-constraint households are households where no member is 'fit to work' if they are younger than 19 years, above 64 years or if they are between 19-64 years and are unable to work because they have a disability or chronic illness or for other reasons.<sup>74</sup> In this way, the programme meets the care demands of the young, sick, disabled and elderly if no household member can provide for them. On average, households received MWK 25,622 (USD 67) per year,<sup>75</sup> and the programme supported 270,000 households which amounts to approximately 1,134,000 individuals (6 per cent of the total population) by 2018.<sup>76</sup>

## Physical Infrastructure



Malawi's basic physical infrastructure could be strengthened, especially in rural areas. Caregivers, particularly women, have substantial domestic work responsibilities in Malawi due to this lack of essential care-supportive infrastructure. Building resilience to climate change is

also an urgent priority in Malawi, especially since the country has recently adopted the Malawi National Resilience Strategy (2018-2030).<sup>77</sup> The availability of a national resilience programme, coupled with the fact that many development partners do not have specific gender and climate change programmes, provides an opportunity for actionable approaches that can promote the resilience of care systems in the face of climate crises in Malawi, and the spiralling care needs and demands on women and girls, and address their compounding impacts, such as food and energy shortages and forced migration.

Traditional cooking methods often have negative health and environmental impacts and are time-consuming and physically demanding. However, in 2020, only 0.2 per cent of rural Malawi and 3.2 per cent of urban Malawi had access to clean fuel and technology for cooking.<sup>78</sup> In rural areas, women and girls are central in fetching water, requiring them to cover long distances and encounter associated security risks. A gender analysis conducted for the Water Supply and Sanitation Project identified that women and girls bear disproportionate responsibility for not only fetching water but also caring for children who contract water-borne diseases.<sup>79</sup> In addition, HCS found that access to public water sources reduces women's primary care hours by about half an hour per day in Malawi.<sup>80</sup> However, in 2020, approximately two-thirds of the rural population and 86.5 per cent of the urban population had access to basic drinking water services.<sup>81</sup> The effects of climate change and natural disasters on the country further challenge access to clean water.

Through the Malawi Compact, the Electricity Supply Corporation of Malawi (ESCOM), the country's electric utility, created a Gender and Social Inclusion Unit coordinating gender equality efforts.<sup>82</sup> However, investment policies in the energy sector have not accrued benefits to the rural care economy. Only 4 per cent of rural households have access to electricity compared with 49 per cent in urban areas. In terms of cooking, many households in Malawi use wood (77 per cent), followed by charcoal (18 per cent), electricity (2 per cent) and other sources contribute less than 2 per cent<sup>83</sup> for cooking while the primary source of energy used for lighting in most households in Malawi is battery (52.9 per cent), followed by electricity (11.4 per cent), solar (6.6 per cent), candles (6.2 per

cent) and firewood (4.4 per cent). The proportion of male and female-headed households that use solid fuels is the same at 98 per cent.<sup>84</sup>

Informational and communication technology can also reduce domestic care work responsibilities and offer various communication, information and organisational benefits that can help caregivers and receivers. For example, they allow

access to e-commerce platforms in urban areas and access to HCP. In Malawi, only 21.2 per cent of the population had access to the internet and only 61.5 per cent owned a phone in 2021.<sup>85</sup> There are no significant differences in phone access by gender with 59.7 per cent of women owning a phone and 63.5 per cent of men owning a phone in 2021.<sup>86</sup>

## Conclusion and recommendations

This snapshot of care systems in Malawi reveals a complex landscape shaped by various factors, including economic challenges, climate change and resource limitations. Malawi has made significant progress in introducing policies and legislation to address the care demands of its population and empower vulnerable

groups. In addition, innovative care services such as CCPF are promising. Yet, care work and gendered aspects of the social organisation of care do not seem to be a policy priority in the country, and much work remains to be done. A few recommendations that emerge from this analysis are as follows:

Research may be promoted to understand better how policy initiatives and interventions affect the social organisation of care work. Programmatic interventions could also be encouraged to collect data on time use to understand their impact on the extent and distribution of care work.

Not only are women and girls more vulnerable to the effects of climate change, but the social organisation of care work and their responsibilities towards unpaid care activities are significantly affected by climate change and mitigation and adaptation strategies. Thus, investments to combat climate change could consider the needs of women and girls.

As a country with rates of violence against women and inadequate capacity to adequately address GBV cases, there is much scope for the healthcare system to integrate programmes that support caregivers in providing help to women who face gender-based violence. This includes training them in women's reproductive health and psycho-social support.

The government may consider gender sensitive investment in adequate infrastructure for electricity, fuel and WASH facilities, significantly reducing women's and girls' responsibilities for unpaid domestic work.

Efforts to fund women's organisations in Malawi would be beneficial in addressing and representing women's caregiving and care-receiving needs. This would ideally include concrete and practical steps to increase collaboration with NGOs and WROs to ensure robust implementation of gendered policies and strategies.

Given the country's economic challenges and resource constraints, investment in community care structures such as community-based health can be particularly effective. This could include capacity development of community health workers and teachers.

Efforts to expand social protection programmes to the elderly population and caregivers of elderly populations and persons with disability would lead to better realisation of the rights of this population group.

Trade unions and workplace inclusion strategies that involve and consult with persons with disability can improve the realisation of disability rights.

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