



Women@Work Campaign

# RAPID ASSESSMENT ON THE IMPACT OF COVID19 ON WOMEN HORTICULTURE FARMERS IN MALAWI

ASSESSMENT REPORT

COMMISSIONED BY:

**Hivos**  
people unlimited

CONDUCTED BY:

  
**egisa**

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## Assessment team

Willson Chivhanga<sup>1</sup>,  
Rugare Shalom Zimunya<sup>1</sup>,  
Angella Manda<sup>1</sup>, and  
Jennifer Lipenga<sup>1</sup>

### Affiliations

<sup>1</sup>Every Girl in School Alliance (EGISA)

### Corresponding author:

Willson Chivhanga,  
Every Girl in School Alliance,  
Lilongwe, Malawi.  
Email: [willson@egisa.org](mailto:willson@egisa.org)  
Telephone: +265 997699166

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## List of acronyms

AEDC	Agriculture Extension Development Committee
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organisation
DAEO	District Agriculture Extension Officer
DADO	District Agriculture Development Officer
EGISA	Every Girl in School Alliance
FGD	Focus Group Discussions
FISP	Farm Input Subsidy Programme
GBV	Gender-Based Violence
GDP	Gross Domestic Product
HH	Household
IPV	Intimate Partner Violence
KII	Key Informant Interviews
MHM	Menstrual Hygiene Management
NGO	Non-Governmental Organisations
NSO	National Statistical Office
UN	United Nations
UNICEF	United Nations Children's Fund
SRHR	Sexual and Reproductive Health and Rights
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

## Executive summary

The COVID-19 pandemic is the biggest and most threatening disease pandemic in modern-day history. The virus has spread globally with, as of the 29<sup>th</sup> April 2020, a recorded 3.14 million cases and 219,000 deaths around the world (WHO). The pandemic is not just a health crisis – its impacts span across every sector as economies are crumbling, health systems are strained, poor communities are facing a food security crisis and livelihoods are threatened. Malawi has not been spared from the impact of COVID-19 even though it has a relatively low number of confirmed cases (39) and deaths (3) as of 2 May 2020 according to Malawi’s Ministry of Health.

Suffice to say that the world was caught unprepared by this pandemic. As a result, the globe is playing catch-up with the rapidly evolving nature of the pandemic. Whilst scientists and health care workers are working hard to ‘flatten the curve’, there is need for other social actors, in particular the development and business communities to ‘get ahead of the curve’ through seeking to understand the socio-economic impact of the pandemic and developing relevant programming and response mechanisms to cushion people from the impacts. It is against this background that Hivos commissioned Every Girl in School Alliance (EGISA) to conduct a rapid assessment of the impact of the COVID-19 on women horticultural farmers in Malawi.

The aim of this assessment was to understand the impact of COVID-19 on the lives and livelihoods of women horticulture farmers in Malawi. Specifically, it sought to understand the impact in three key thematic areas: food security; income; and health and safety.

The assessment utilised a mixed methodological approach, combining both quantitative and qualitative techniques, as well as direct observation. Primary data were collected using in-depth one-on-one interviews, focus group discussions (FDGs) and key informant interviews (KIIs) and social distancing was observed in the conducting of this research. A total of 60 persons were surveyed: 45 women farmers drawn from 3 districts, namely Kasungu, Dowa and Ntchisi; and 15 government, industrial associations, trade union and CSO representatives. To make the assessment nationally representative, some of the KIIs were conducted with stakeholders working at national level with a grasp of issues at national level. The data were collected in April 2020.

### Summary of key findings

The study reveals a mix of impacts that COVID-19 is having on women horticulture farmers in Malawi, which if not combated, have the potential to destroy lives and livelihoods. Some of the key impacts revealed are:

- 1. Food security:** The food security of women farmers and their households is threatened, both in the immediate and long term, by combined factors of: reduced access to food due to closures of markets and borders; reduced yields this season; and insufficient resources (money and inputs) to prepare for and produce a good harvest in the coming season.
- 2. Income:** 87% of the women farmers consider income from the sale of farm produce as their primary income. COVID-19 has and will, for the unforeseeable future, have a negative impact on their income, reducing it by at least 25%. The factors contributing to this significant loss of income include: reduced demand for seasonal work; limited

opportunities for piece work; lack of markets to sell produce; a drop in the price of produce at 'farm gate'; movement restrictions which result in less volumes of produce moved; and an increase in unpaid care work.

- 3. Health and Safety:** The health and safety of women horticulture farmers in Malawi is threatened by a nexus of already existent factors which have been further amplified by the COVID-19 pandemic. These include: a fragile healthcare system; an unreliable commodities supply chain; lack of access to and stigma associated with SRHR services; a sharp increase in the incidence of gender-based violence (GBV) including intimate partner violence (IPV); and lack of access to adequate water, sanitation and hygiene (WASH).

### Summary of recommendations

Based on the findings of the assessment, the following recommendations for action are put forward to government, civil society actors, development partners, businesses and communities for careful consideration in order to respond to the COVID-19 pandemic and set out a plan for stimulating early recovery, with the aim of mitigating its impact on women horticulture farmers and their households. The recommendations are listed in alphabetic order:

1. Drive transformative change for equality by addressing the paid and unpaid care economy through bringing to the fore issues of unpaid care work;
2. Ensure women's equal representation in all COVID-19 response planning and decision-making from community to national policy levels and target women and girls in all efforts to address the socio-economic impact of COVID-19;
3. Further strengthen GBV response mechanisms and referral pathways through enhancing multi-stakeholder coordination for provision of more holistic services;
4. Government should promote income generation and food security through implementing robust social protection programmes such as cash transfers and provision of relief aid to vulnerable households identified through effective vulnerability assessments;
5. Improve access to WASH services through ensuring reliable and increased supply of clean water.
6. Increasing access to health services, in particular SRHR services, through increasing mobile health centres and/or SRHR facilities to complement traditional health centres and provide access to 'in demand' services;
7. Open up alternative markets for local produce, leveraging on technology, and develop new models for produce supply and distribution; and
8. Scale up the effectiveness of the national COVID-19 response through strengthening the knowledge and skills of women for effective coronavirus prevention and control.

## Context of the situation

### General overview

Malawi is a small country with an estimated land area of 11.8 million hectares, of which Lake Malawi occupies one-fifth of the total. Out of 9.4 million hectares of land, approximately 5.3 million hectares, or 56 per cent, is cultivable. The Malawi economy is characterised by a high dependence on agriculture, a narrow industrial base and weak intersectoral linkages. The agricultural sector currently accounts for about 42 per cent of the GDP and 81 per cent of the export earnings, while the manufacturing sector accounts for 12 per cent of the GDP (FAO, 2016). Tobacco and Maize are the two biggest crops produced in Malawi.

In order to improve food security and minimize risks associated with heavy dependence on maize as a staple food and tobacco as the main cash crop, the government of Malawi has been promoting crop diversification. Kasungu, Dowa and Ntchisi are three districts located in the central to northern part of Malawi which are producing horticulture crops, with the majority of farmers being women. These women horticulture farmers are mainly engaged in farming of soya, beans and peanuts.

Malawi, like every other country in the world has not been spared by COVID-19 (WHO, 2020). The virus is spreading in Malawi and massive consequences to health and livelihoods are feared. To combat the spread, in March 2020 the government has introduced a raft of safety measures which include a ban of public gatherings, limiting the number of people attending funerals, a ban on weddings, social distancing and shutting down of informal markets and bars. On the 17<sup>th</sup> April 2020, a High Court injunction was awarded to the Human Rights Defenders Coalition, a civil society grouping, against a lockdown on the basis that measures to cushion the poor had not been adequately put in place by the government. The decision followed anti-lockdown protests across the whole country. On the 23<sup>rd</sup> April, the Government withdrew its challenge to the injunction.

Malawi has relatively been less hit by the novel coronavirus, compared to other countries. At the writing of this report, Malawi's statistics stand at 41 confirmed cases and 3 deaths (Worldometer, 2020). However, as more testing is done and with the advent of the winter season, experts predict a sharp increase in the number of cases and deaths. There is great concern about the disease's potential spread and impact, especially considering the fragility of the country's health system. Malawi is preparing for a possible surge. Considering all these factors, it only follows that stricter measures will be put in place to combat the spread and 'flatten the curve'.

Whilst these measures may assist in limiting the health crisis, but—as in other countries—the raft of safety measures including a likely shutdown of all economic activities except essential services will further exacerbate the prevailing economic crisis and misery for the poor, with massive job losses and rising food insecurity in a country where the majority live hand to mouth and receive income on a daily basis.

The safety measures present a number of challenges to marginalised and vulnerable people groups, in particular women and children. Domestic violence, food safety, health and hygiene

needs and mental health are some of the key challenges that women and girls are facing globally. While these measures are in fact necessary in curbing the spread of the virus, one cannot ignore the endless negative repercussions these measures and the pandemic will have on the country's economy. More than half the population of Malawi already lives below the poverty line, surviving on less than 2 USD a day (WDI, 2018).

Women farmers have not been spared from the negative impacts of COVID-19. They find themselves with a harvest that is ready but with little or no markets due to the travel restrictions placed by government and a general economic decline caused by the COVID-19 pandemic. Many fear that their harvest will go bad or be stolen, the longer they keep it. Harvesting crops is taking longer as they are forced to work in smaller groups, respecting social distancing guidelines. For the few women that have other sources of income e.g. small businesses or other casual labour, business has stalled completely. No one is hiring or buying and they are forced to stay at home. The COVID-19 pandemic has definitely impacted the lives and livelihoods of women farmers negatively.

### **The Rapid Impact Assessment of COVID-19 on women horticulture farmers in Malawi**

This Rapid Assessment was commissioned by Hivos, an international development organisation that seeks new and creative solutions to persistent global problems; solutions created by people taking their lives into their own hands. Hivos offers a positive counterbalancing force against discrimination, inequality, abuse of power and the unsustainable use of our planet's resources. Hivos' mission is to innovate for social change. With smart projects in the right places, it works towards more open and green societies. Hivos has been implementing the global Women@Work Campaign which aims to improve the labour conditions of women who work in the global supply chains of flowers and vegetables that are grown in East and Southern Africa for the export market. In Malawi, due to the low number of flower farms, the Campaign sought to advance the labour conditions of women horticulture farmers. Hivos works with the Centre for Social Concern (CfSC), Malawi Congress of Trade Unions (MCTU), Farm Radio Trust and EGISA to achieve its objectives.

Every Girl in School Alliance (EGISA) was commissioned by Hivos to conduct this assessment. EGISA is a women's rights organisation that is working to advance girls' access to quality and equitable education through strengthening social accountability systems, women economic empowerment and ending all forms of violence against women and girls. EGISA has been working in the three regions of Kasungu, Dowa and Ntchisi, implementing a women economic empowerment project, #SheTalks Women@Work Project, with support from Hivos. The project has been empowering 15 women horticulture farmer groups across the 3 districts with labour and human rights; agri-business and value addition knowledge and skills.

The broad objective for the rapid assessment was to establish the impact that COVID-19 is likely to have on horticulture women farmers in Malawi.

The specific objectives include:

- a) To establish the effects of COVID 19 on women horticulture farmers – their lives and livelihoods;



- b) To gain information on the specific challenges being experienced by women farmers;
- c) To gain information on what type of support could buffer the negative impacts of the pandemic on women horticulture farmers;
- d) To assess the possible role of trade unions, district agriculture and extension officers and other key stakeholders in the value chain in promoting and or supporting COVID-19 responses at local, regional and national level; and
- e) To draft specific recommendations for strategic interventions that protect and promote decent work for women in the horticulture sector amidst COVID-19 pandemic.

The expected output from this assessment is an Assessment Report with recommendations for social protections mechanisms to cushion women farmers and their households from the impacts of COVID-19.

## Methodology

The Rapid Assessment took place in 3 districts with an estimated total population of 1,9 million (NSO, 2018) people with approximately 1 million of the population being women. The assessment was conducted between the 16<sup>th</sup> to 30<sup>th</sup> April 2020.

The assessment utilised a mixed methodological approach, combining both quantitative and qualitative techniques, as well as direct observation. Primary data were collected using in-depth one-on-one interviews, focus group discussions (FDGs) and key informant interviews (KIIs). 45 women horticulture farmers, who are part of the #SheTalks Women@Work Project were interviewed, 15 from each district, through one-on-one in-person interviews and focus group discussions. Special care was taken to practice the 'minimum one meter apart' social distancing recommendation. In addition, the team and informants all wore protective gear (face masks). For the key informant interviews, 15 key stakeholders in the horticulture value chain were interviewed, comprising of government, civil society, trade union and buyers. These were conducted in person, for the district-based officers and via telephone for all the other stakeholders.

### Study team

The enumerators comprised of 2 EGISA staff, 3 females and 1 male, who were ably assisted by 6 District Agriculture Development and Extension Officers, 2 per each district. They conducted one-on-one interviews with all women farmers. The 2 EGISA enumerators conducted all 15 key informant interviews. This assessment was initially scheduled to not utilise focus group discussions due to the government ban on public gatherings; but due to the availability of PPEs (masks) and observance of the social distancing rules of 1 metre apart, the study team felt it was safe to proceed with the focus group discussions

A field coordinator ensured leadership and coordination of the enumerator teams. An assessment team leader supervised the entire process from the development of the terms of reference to the writing of the report.

### Sampling approach

The statistical unit for this survey is the woman farmer, assuming that the situation, needs and gaps are largely homogenous. The study also sought to understand the woman farmers' household, and as such considered the household as a secondary statistical unit. A household is defined in this assessment as a physical entity in which people of the same family and including relations are sharing income, shelter and meals. This definition of a household seems to be a more adequate unit in the present context.

Purposive sampling was applied for the data collection. 3 women leaders per farmer group, were selected to participate in the interviews. The study also selected key stakeholders in the horticulture value chain who had understanding of the issues. As explained earlier, whilst it was individuals who were interviewed, the study was designed in a way so as to understand their entire household and how COVID-19 had impacted them individually and the household at large. In essence, the assessment actually reached 45 households.

An average women farmer group consists of 30 women. The study sample was 10% of the total membership of the women farmer groups, which according to the Morgan formula, falls within the expected sample size (Kenpro, 2012). The breakdown of all informants is as follows:

### Sampling

- Women farmers – 45 women farmers, 15 from each of the three districts, Dowa, Ntchisi and Kasungu

### Key Informant Interviews:

- 6 government officials – 3 DADO officers, 1 in each district; 3 extension officers, 1 per district
- 1 Trade Union official from Malawi Congress of Trade Unions;
- 3 Civil Society representatives – Farm Radio Trust; Centre for Social Concern; and Women Lawyers Association
- 3 Industrial Associations – farmer associations
- 2 buyers of horticulture produce

### **Tools**

Data from one-on-one interviews were collected using questionnaires designed for each informant group, using EpiCollect<sup>1</sup>, a data collection software. The quantitative results were analysed using an Excel spreadsheet created by the software. Qualitative data, primarily captured from the focus group discussions, were arranged and themed systematically before analysis.

### **Study limitation**

The COVID-19 restrictions made it difficult to interview a larger sample and conduct focus group discussions. However, we improvised to create conducive and safe environments for FGDs.

One of the major constraints or challenges was that the timing of the data collection coincided with impromptu nationwide anti-lockdown demonstrations that were triggered by the announcement of a total lockdown by the government which was subsequently stopped by the courts after granting an injunction order. The research team was caught up in a large protest march in Kasungu and had to seek shelter. This placed a huge security risk on the entire assessment exercise but thankfully the team was not harmed.

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<sup>1</sup> EpiCollect is an online platform that allows for data collection through creation of forms and analyzing of data <https://five.epicollect.net/>

## Findings of the Rapid Assessment

The findings of the rapid assessment are presented here and structured into three sections. Section 1 presents the demographic and household data. Section 2 presents the impacts of COVID-19 on women farmers and their livelihoods. Lastly, Section 3 presents the perceived impacts of COVID-19 from the perspective of key informants.

### Section 1: Demographic and household data

This section presents the key demographic and household data. Whilst the study focused on women farmers, it is evident that by extension, the impacts of COVID-19 reach their families and entire households.

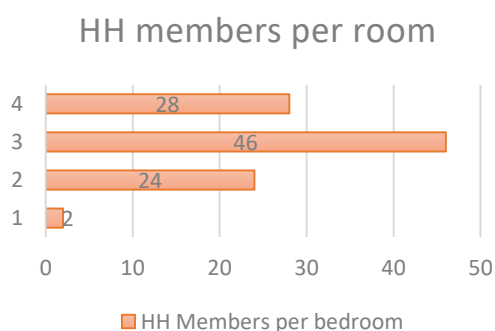
#### Household data

The data for this section was drawn from the one-on-one interviews with the women farmers.

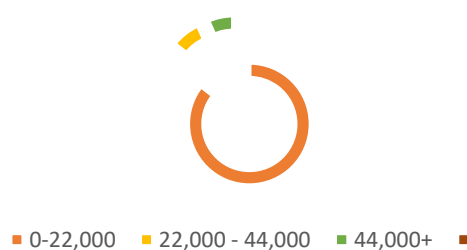
From all districts, the oldest respondent was 65 years old, the youngest was 21 years and the average age was 39.

For this data, the following household profile emerged:

- An average of 6 people per household with 12 people in a household being the highest and 2 the lowest.
- An average of 5 people, per household, are dependent for survival on the woman farmer in the house as she is the primary source of income. All the women expressed that they were not only relied upon financially, but also as primary caregivers in their homes.
- 45% of the respondents live in a 3-roomed house, 32% in a 2-roomed house, 14% in a 1-roomed house and 9% in a 4-bedroom house. This data was particularly important to capture in order to understand how the women farmers were coping with and observing the social distancing guidelines recommended by the government in light of COVID-19.
- The average household survives on less than \$1/day<sup>2</sup>.



Monthly income ranges



<sup>2</sup> ascertained for households using the Malawi 'Progress out of poverty index' (PPI)

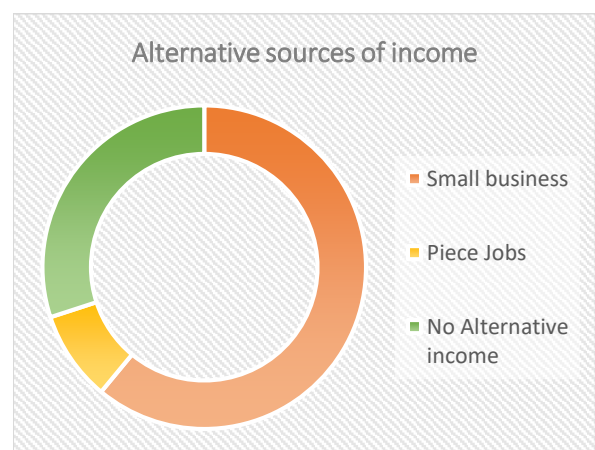
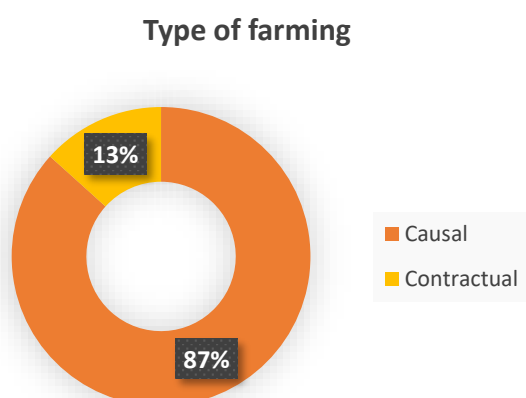
## Cash and sources of income

The findings under this section were drawn from the in-depth one-on-one interviews with the women farmers. As mentioned previously, the findings revealed that the majority of the women farmers are the primary income earners in their households. Whilst some of these households are male headed, the men due to high levels of unemployment and patriarchal systems of oppression that largely absolve men of domestic and farming responsibilities, leaving those for the women and children, tend to bring less income. In the cases that the men are working, an overwhelming majority of the women indicated that they do not know where and how their husbands' money is spent and have no way of holding them accountable.

*"As a wife and mother, I have to ensure that my household is fed. This job is made incredibly difficult by the lack of support from my husband. I don't know where his money goes to."*

Major findings under this section are as follows:

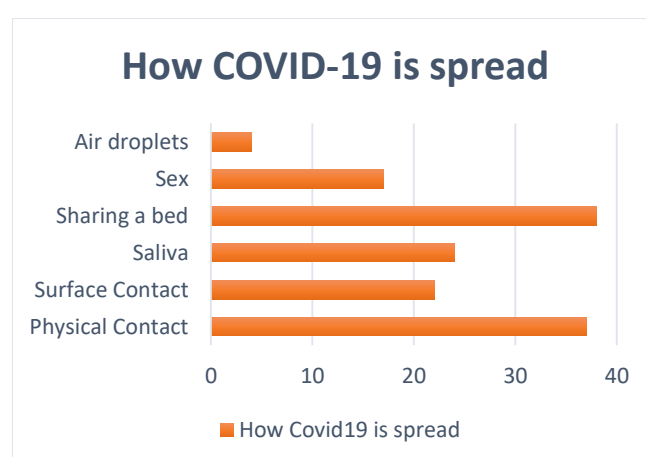
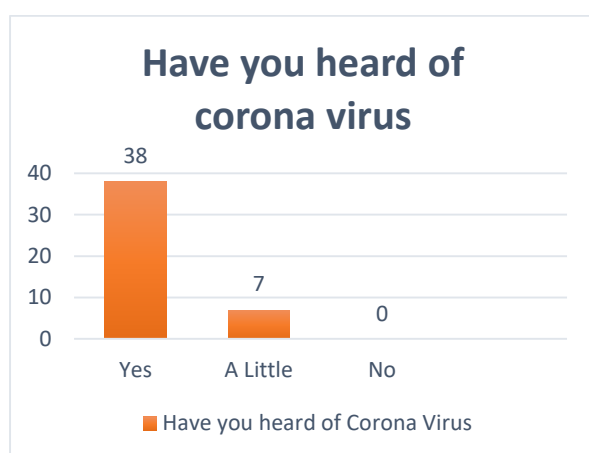
- The majority (87%) of the women interviewed are casual farmers whilst 13% are contractual farmers. Casual farming in this case refers to being hired to perform specific task(s) in someone's farm for a small wage. Contractual farming in this instance refers to being hired on a short or long term contract.
- A significant share of households is headed by women, yet their access to productive resources and services is limited. Furthermore, the women tend to be employed for labour-intensive seasonal tasks and generally earn lower wages than men and are more likely to be paid at a piece rate.
- 61% of the women horticulture farmers were involved in some sort of small business venture as an alternative source of income aside from the casual farming work they do. The businesses ranged from selling of second hand clothes to selling of food in the communities. The women expressed, however, that despite having extra sources of income, they feared that these too would be threatened should the country go on a lockdown or if their movement continues to be restricted by the stay at home rule.
- 30% of the women have no alternative sources of income. This was largely attributed to a lack of capital to start any business venture due to the already limited income they get
- 9%, despite being contractual workers, sometimes engage in casual work to earn extra income. This casual work included house chores, community projects and running errands for predominantly 'city-based' relatives and/or friends.



### Level of understanding of COVID-19

The study also sought to gauge the women farmers' understanding of the novel coronavirus – what it is, how it is spread and preventative measures and treatment protocols.

All the women farmers interviewed had heard about the coronavirus, albeit in varying degrees. Generally, the majority of the women farmers that were interviewed understood that it was a disease. The women farmers displayed a fair understanding of how the virus is spread, although some of the responses given contained false information. Sharing, which speaks to the need for social distancing, and physical contact with a sick person were the two most known ways in which the virus spreads. Other commonly listed answers were surface contact, physical contact with a sick person, saliva discharge and sex.



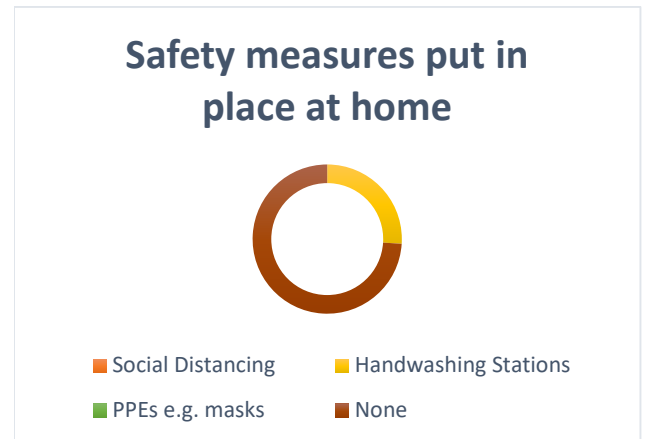
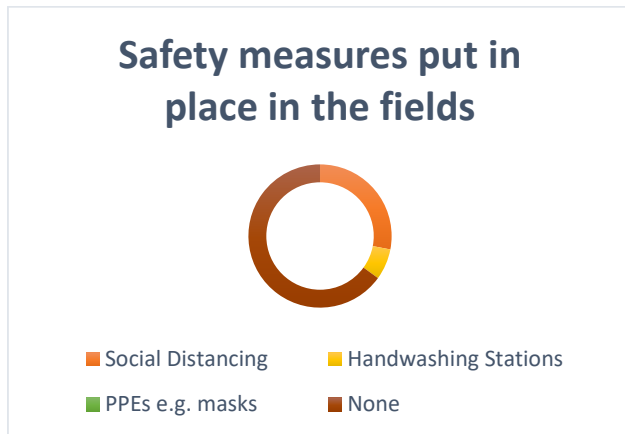
A majority stated that they did not have information on treatment while others revealed that COVID-19 has no cure. It is also believed by some respondents that the cure for corona is eating lemon and hot water with salt. There is an evident gap in accurate information regarding the coronavirus. 42% of the respondents, contrary to what health specialists have been announcing, believe that if you are experiencing symptoms you should rush to the hospital. Only 12% mentioned the need to self-quarantine when one is showing signs. The remaining 46% was not aware of what one should do when showing symptoms.

Almost all the respondents said social distancing is a good way of preventing the spread of COVID-19. Despite the majority of the women complying with health authorities by putting buckets of water and soap outside their house, they all felt that the government and CSOs needed to sensitise them on the virus as they did not know enough about it.

Whilst the women had demonstrated a fair understanding of COVID-19, sadly this knowledge had not translated into action. The majority of the women farmers and their farmer groups/cooperatives had not put in place safety measures and mechanisms at their fields and homes. This could be attributed to a lack of adequate knowledge; financial resources to purchase Personal Protective Equipment (PPEs); and leadership on COVID-19 responses at community and group levels. An interesting trend was revealed concerning social distancing – whilst some social distancing measures had been put in place at the fields, none of the women revealed any social distancing measures in the households. This brings about the question on the practicality of social distancing as a safety measure in the context of families that stay in

large households. Further probing on this showed that most women considered it their duty to care and protect their families and would not abdicate these responsibilities in a bid to practice social distancing.

*“I would rather die of corona than hunger. Social distancing is simply not practical”* – Woman Farmer, 33, Dowa



## Section 2: Impacts of COVID-19 on women farmers and their livelihoods

This section explores in detail, the impacts of COVID-19 on the women farmers and their livelihoods. Specifically, it looks at the impacts in 3 key areas namely: food security, income, and health & safety.

### Impact of COVID-19 on household food security

Agriculture remains the main source of livelihoods for the majority of rural households but a large number also depends on markets to access food. The study reveals the interdependency between the women farmers' own production and market as major sources of food. The assessment indicates that 87% of the households interviewed depend on agriculture and petty<sup>3</sup> trade for their livelihood.

Any disruptions that affect the farming and markets directly destabilise the entire household economy. The current safety measures such as restricted movement, closure of markets etc., put in place to contain the spread of COVID-19, have greatly contributed to the changes in the women farmers' capacity to meaningfully participate in the farming and business activities. The main components of COVID-19 as mentioned by the respondents include:

*"I am afraid to go to the market because of fear of contracting the virus. I used to get stock for my small business from South Africa but now with COVID-19, I am afraid that the goods may contain the virus."* – Woman farmer, 39, Dowa

*"We hear on the radio of the people that have the disease and are dying. Even in our community, we know there are people who came back from South Africa and Tanzania and are not sure if they have COVID-19 or not. It is so difficult to know who has it or not."* – Woman farmer, 41, Dowa

*"Due to social distancing and other restrictions, vendors are no longer coming to the 'farm gate' to buy our produce. Even the markets have been closed and as a result, we have nowhere to sell our produce."* – Woman farmer, 33, Ntchisi

The common threads from these responses are:

- Fear and panic
- Real cases of illness and death (only in affected communities)
- Social distancing and other restrictive measures

All these three have combined in different ways to disrupt agricultural production, harvesting and small business at household level. With the current COVID-19 crisis many of the women farmers are sceptical about the proceeds they will realise from their crop this season.

#### **Food accessibility has been reduced:**

Food access is presently threatened mainly due to insufficient income by the farmers. The women farmers reported that their source of income which comes primarily from the sales of

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<sup>3</sup> an economic activity that involves selling (and buying) goods and services in small scale, ranging from agricultural produce to imported consumer goods.



crops has been affected in the last couple of months due to COVID-19. With more people staying indoors, demand for food has also increased. Results show that 80% of the 45 respondents mentioned facing difficulties in accessing food (same quantity and quality) in the last two months. This has caused a change in the frequency in the number and quality of meals consumed in a day. 38% of surveyed households now eat one meal a day compared to an average two meals a day before COVID-19.

*“If things do not return to normalcy soon, we will starve. We will be forced to introduce drastic coping measures such as: limiting the portion of meals, using substitute foods, and reducing adult intake, soon.”* – Woman farmer, 54, Kasungu

#### **Pre- and post-harvest losses:**

Pre-harvest losses are mainly attributed to the extent to which the women farmers are able to protect their crop from elements of nature and thieves, considering the extended period the crop is staying in the field due to delays in harvesting. Due to social distancing measures put in place, the farmers are forced to work in smaller groups and this directly impacts the level of productivity. Post-harvest, the farmers are worried about having to keep their produce for longer periods due to lack of markets. This places their crop at great risk of ‘going bad’ and ultimately losing its value.

*“I am afraid that we will not be able to protect our crops forever. Ordinarily, by now all harvesting should have been done but because of COVID-19 we still have some unharvested produce. Cows and thieves pose a great risk to this produce.”* – Woman farmer, 54, Kasungu

#### **Limited support provided to farmers:**

The assessment found out that most of the agricultural operations are supported by the women farmers themselves. A total of 76% did not receive any support from government and partners. The remaining 24% received some support in form of seeds, fertiliser. The Agriculture Extension Officers though have been greatly visible and willing to assist the women farmers with technical expertise. Their ability to help is greatly hampered though by mobility challenges and lack of support from the government to provide needed help such as inputs. Given that most farmers are financing their operations; the impact of COVID-19 will greatly hamper their ability to engage in the next years’ production if no support is provided to them. This will not only affect their food security, but national food security as well.

*“It has been difficult to provide adequate support to the women farmers. Government has limited resources and as such cannot cater for everyone each year. Previously, seed buyers and vendors used to provide input support but this has been dropping gradually each year.”* – AEDC official, Dowa

#### **Essential commodities scarcity in the market:**

The ongoing COVID-19 crisis has hindered access to and availability of commodities from the local markets. The closure of most markets has put a further strain on an already stretched food market. This is fuelling the ‘slow but growing’ food scarcity in the affected communities. Whilst the women farmers largely depend on their own produce for food, they still need access to other food commodities they do not produce themselves. These compounding factors are stressing their livelihoods and contributing towards food insecurity. Ultimately, these factors

and more, are also having a trickledown effect to the livelihoods of players in the food value chain - suppliers, producers, and agents/customers - and thus reducing their morale and motivation to profitable business.

### **Impacts of COVID-19 on income**

*“Emerging evidence on the impact of COVID-19 suggests that women’s economic and productive lives will be affected disproportionately and differently from men. Across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections and are the majority of single-parent households. Their capacity to absorb economic shocks is therefore less than that of men” – (UN Policy Brief: The impact of COVID-19 on women)*

With the growing levels of concern, recommendations for social distancing, reduced travel, avoiding crowds, closures, and other protective practices to slow the spread of COVID-19, consumers have been forced to make tough choices about food and overall spending. Trustworthy markets have been closed and buyers cannot reach their farms due to travel restrictions. As a result, the women farmers are forced to sell to less reputable vendors who are taking advantage of the situation and offering them below market standard rates for their produce.

As logistics are disrupted and efforts proceed to slow the spread of the virus, multiple connected industry sectors are already being impacted. The entire value chain has been affected. This has drastically reduced the women farmers’ income as they are not selling as much produce as they would normally have.

The survey results indicate that 87% of the women farmers depend on income from selling their agricultural produce for their livelihoods. It is clear that disruption at any stage of the agricultural production and marketing processes would have a direct effect on both the incomes and livelihoods of the women. COVID-19 has manifested itself and affected the functionality and access to markets in different ways. Most daily markets have been banned by government with a few exceptions for periodic markets who are operating albeit with a low volume of transactions and number of sellers. This inadvertently affects the women farmers because the traders and vendors are ordering less and less of their produce.

Other factors that have contributed to reduced income include:

#### **Movement restrictions:**

Transportation of commodities within and between districts has been greatly disrupted. The measures by government have restricted the number of trucks (and people) moving in and out of the districts. Whilst the government has not instituted a total lockdown, vendors who spoke to the women farmers indicated that they are facing increased searches and scrutiny at police roadblocks and check points, and in most cases are being denied passage unless they pay hefty fines or a bribe. As a result, most vendors, who normally buy from the women farmers are no longer travelling to the districts to purchase produce.

**High transportation cost:**

Due to the social distancing measures announced by the Ministry of Transport which require public transporters to reduce the number of people and quantity of produce they carry in their vehicles, the cost of transportation for both goods and passengers has gone up by an average of 30-40%. This is despite the reduction in fuel prices. Consequently, a number of public transport owners have decided to park their vehicles since they cannot meet the operational costs and make profit from the transport business. This has led to a scramble for the few vehicles that are now available to provide the transport services.

**Fear of travel:**

Other factors that have contributed to trade disruptions include fear of travelling, as mentioned by the women farmers. The in-depth one on one interviews with the women farmers indicated that they fear to travel due to the risk of infection in cramped public transport. They also argue that some of the restrictions and refusal to transport their goods to district markets is unjustified. They have reported losing thousands of Malawi Kwachas in spoilt perishable commodities. This has in turn led to loss of income and employment.

**Low produce prices:**

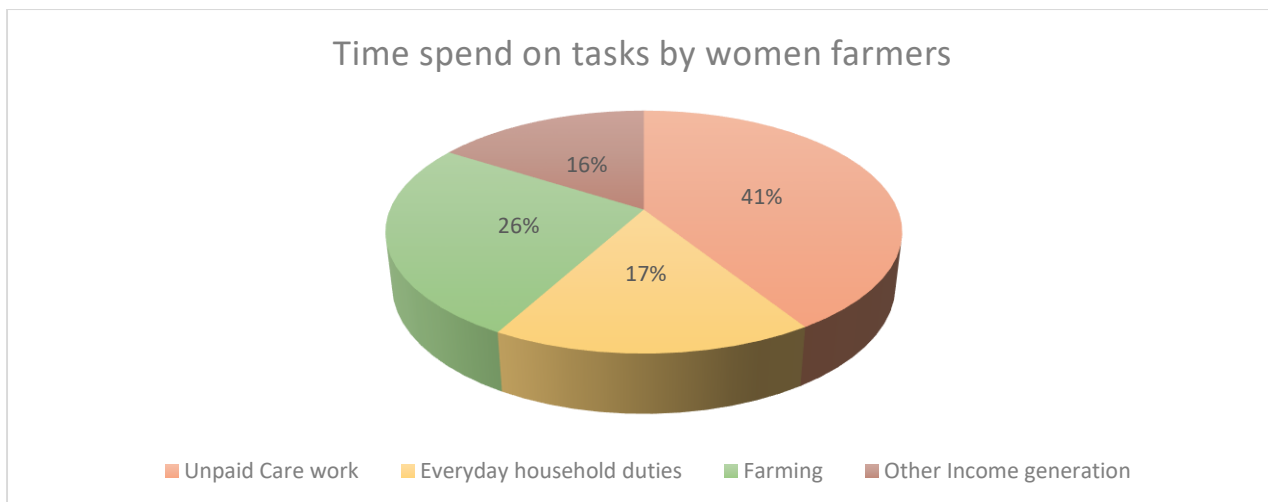
The current travel restrictions and related factors have affected the prices both at 'farm gate' and market place. The prices at farm gate (at the farmers' homestead or field), where food commodities cannot easily be transported to the final market destinations, have experienced a dramatic fall in prices. For instance, the few vendors who were still coming in, largely from surrounding Bomas (trading centres) were offering to buy a kilogram of soya beans for a measly 220 – 240 Malawi Kwacha (about 0.29 Euros) as compared to the normal price of between 300 – 400 Malawi Kwacha (approximately 0.49 Euros).

**Unpaid care work:**

School closures, increased numbers of people at home and caring for older persons have put additional strain and demand on the women farmers during this pandemic. The burden of care work falls heavily on women because of existing social norms.

*"My family depends on me. I cook for them, take care of the children and my old mother. At the same time, I bear the economic burden. I still have to go to the trading centre to look for piece work, even though I know I am placing myself at risk of contracting the virus."* – Woman farmer, 38, Kasungu

The study revealed that the overwhelming majority of the women farmers have care work responsibilities at home which have been increased during this COVID-19 outbreak, without a corresponding decrease in their other daily responsibilities. As a result, most women have to choose between taking care of their loved ones or sourcing for income.



### Impacts of COVID-19 on health & safety

*“During public health emergencies, human and financial resources are often diverted from various health programs to respond to the infectious disease outbreak. Sexual and reproductive health services are being impacted by the pandemic and must be prioritized.” (UNFPA, 2020)*

Malawi suffers from weak public health systems (WHO. Country Strategies, Malawi). The COVID-19 crisis is unprecedented, with consequences so devastating that the World Health Organization (WHO) has designated it a global pandemic. With each passing day, the negative impacts of COVID-19 on health provision, access and utilisation is becoming clear. The assessment established that most women did not have access to clinics or hospitals even before the outbreak: healthcare services were too costly and that due to the pandemic, health care and access to essential services have become even more limited.

On the other hand, during a time of crisis, women’s other essential needs, including access to contraceptives, broader SRHR services and menstrual hygiene management (MHM) products become neglected, with priority being given to the health pandemic. This leaves women extremely vulnerable and susceptible to abuse of all forms. In general, the in-depth discussions with the women revealed deep and genuine fears for their health and safety in the following areas: PPEs; access to SRHR services and information; access to general health care including antenatal services; and protection from diverse forms of violence against them including intimate partner violence and gender-based violence.

#### Pre-existing health problems:

Even before the COVID-19 outbreak, access to health services and safe drinking water and sanitation was inadequate across Malawi. Where health facilities existed, many were unable to safely provide the services needed as they lacked staff, medicines and health information. With the advent of COVID-19 struck, Malawi has limited capacity for surveillance, laboratory testing, contact tracing or infection control. Basic health services such as vaccination programmes are getting suspended and/or reduced, leaving thousands of children vulnerable to common childhood diseases. Hence COVID-19 is simply exacerbating the pre-existing public health challenges that people were struggling with daily.

**Access to general healthcare services:**

The interviews revealed that due to social distancing and other measures, clinics and hospital are only allowing a limited number of people to access services daily. In most cases this is only 50 people per session of service provision. This becomes a challenge for women when they show up after the total number of 50 has been reached. Pregnant women have been especially affected. The continuum of antenatal care has been disturbed. Access to services for pregnant women has been strained because health centres have reduced capacities to serve large numbers of people. Although the assessment provided no concrete evidence, anecdotal reports suggest that women and children are suffering the most due to a reduced access to routine maternal and child health services such as SRHR services, care during pregnancy and delivery and immunisation. Immunisation services that protect children from common childhood diseases are interrupted, and there were some reports that pregnant women were not accessing antenatal services.

**Access to SRHR services:**

*“The provision of sexual and reproductive health services, including maternal health care and gender-based violence related services, are central to health, rights and well-being of women and girls. The diversion of attention and critical resources away from these provisions may result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases.”* (UNWomen, 2020)

Prior to the COVID-19 outbreak, a number of NGOs used to work in the communities, providing family planning and a wide array of SRHR services including menstrual health management products and services. However, most of them seem to have disappeared despite the increased need brought about by the decrease in service provision at government facilities. As a result, most of the women farmers now have to travel long distances to access contraceptives, which is again a complicated process with the travel restrictions. Another finding was that most of the women farmers are reluctant to go to health facilities for sexual and reproductive health services. This could be attributed to negative social norms and/or fear of contracting the virus at the hospital for a service that many do not consider essential.

Access to commodities such as contraceptives and Anti retro viral drugs for HIV (ARVs) has also been drastically reduced. The study revealed that the COVID-19 pandemic is already having adverse effects on the supply chain for contraceptive commodities evidenced by shortage of contraceptives and ARVs. One of the women farmers was told that, *“There are currently no contraceptives and ARVs at this health facility because distribution has been hampered by the Corona virus.”* – Woman farmer, 32, Dowa, after she had visited her local health facility for a routine commodity and medication collection.

**Gender-based violence:**

Violence against women and girls is increasing globally as the COVID-19 pandemic combines with economic and social stresses and measures to restrict contact and movement. A KII with one of the District Agriculture Officers revealed that his office had received and handled two cases of intimate partner violence involving two women farmers within their district. The first case was of a *“husband who had been away for a long time but came back home following the outbreak of COVID-19 and was physically abusive towards his wife.”* and the second case was

of “one of the women farmer group leaders who was being physically and emotionally abused by her husband over money issues”. In both cases, the Agriculture officials passed on the cases to the Victim Support Unit for further action. Whilst these were the only two cases of violence mentioned during the interviews, chances are that there are more cases of violence against women (VAW) / intimate partner violence (IPV) happening. The culture of silence could be the main reason why most women are not reporting such cases. When asked about GBV, most of the women farmers looked visibly uncomfortable and the interviewers did not probe further, not wanting to erode the trust between the interviewer and interviewee. From our experience handling GBV cases in the past, silence does not necessarily mean that there are no incidents of GBV. Rather, in most cases, silence is an expression of fear.

#### **Women farmer safety and Personal Protective Equipment (PPE).**

There are shortages of PPE and other protective equipment vital for farming safely. The women farmers do not have masks, protective booths and sanitising chemicals required to ensure their health and safety. None of the women farmers had received any PPE from government or NGOs and the face masks that EGISA provided during this interview were the first PPEs they had received.

#### **Access to water, sanitation and hygiene (WASH)**

*Access to safe drinking water and basic sanitation is essential to human health and survival, but for many people living in low resource settings these vital services remain out of reach. (WHO, 2014)*

The provision of water and sanitation plays an essential role in protecting the health of humans during all outbreaks of disease, including COVID-19. Good and consistently applied WASH practices, both in health facilities and in community settings, further help to prevent transmission of COVID-19 and many other infectious diseases. Access to clean water and soap are vital in the fight against COVID-19. Constant handwashing with soap is highly recommended to fight off the virus. To be able to do this, communities need access to safe sources of water. This section sought to find out the sources of and accessibility to clean water for the women farmers.

The study revealed that 40% of the respondents expressed that they have to travel over 1,000 meters in order to access clean water while 60% of the respondents have water sources near them and travel less than 500 meters to access clean water.

The overwhelming majority of women farmers depend on boreholes as primary sources of safe and clean water and only 2% have access to tapped water. 98% of the water sources are centralised and communal. This places increased risk of contracting and/or spreading the virus as women meet at the water sources for water.

#### **Responsibility for water collection:**

The assessment found that girls (42 percent), boys (38 percent) and women (47 percent) had the primary responsibility for collecting household water. Regardless of gender, geography, religion and education, nearly all the women reported that it was their and the children’s responsibility to collect household water. The COVID-19 pandemic has not changed this gender construct, as women and children continue to bear the burden of household water collection.

## Section 3: Key informant findings

The key informant interviews sought to understand how COVID-19 had affected the work of key stakeholders, their perception of the impact on the women farmers and their responses to the pandemic.

### Impact on food security and income

Interviews with the District Agriculture Development Officers (DADO) and Agriculture Extension Officers (AEO) revealed that huge concern on food security and income. In particular, the agriculture officials estimate that the women farmers may lose up to more than 40% of their yields if crop protection measures are not put in place. *“If the women farmers do not get new markets for their produce, and there is no government intervention to fix purchases prices of produce, then most of the women farmers are at risk of losing much of their income and incurring losses comparing how much they invested into inputs and the sales they are likely to make.”* – Ministry of Agriculture Official, Ntchisi

### Impact on labour rights and decent work

COVID-19 has disrupted billions of lives and endangered the global economy. The International Monetary Fund (IMF) has announced a global recession, and the International Labour Organization (ILO) expects working hours' equivalent to 195 million full-time workers to be lost globally in the second quarter of 2020, with workers losing as much as \$3.4 trillion in income by the end of 2020. Full or partial lockdown measures are now affecting almost 2.7 billion workers, representing around 81 per cent of the world's workforce (UN Coronavirus Communications).

In an economy like Malawi's, where the majority of people are informal traders and/or in low income jobs, social distancing is nearly impossible. It affects people's income and means that more than 50% of the employed population in Malawi is at risk of losing their jobs or have had their income reduced.

The study conducted a KII with a representative of trade unions to understand how the pandemic has affected their work and how this impacts on their beneficiaries. Trade unions play a key role in ensuring decent work and upholding the labour rights of workers. The women farmers, even though over 80% of them do not belong to a trade union, are not excluded from enjoying decent work and labour rights. The KII with the Malawi Congress of Trade Unions, revealed that COVID-19 had drastically affected their operations and at the same time has revealed many labour and decent work deficiencies. Some of the key issues that are coming up include employers not honouring contracts and redundancy. For the women farmers, they have been largely affected by 'not getting paid' for some of the piece work they have done.

The trade unions have also been collecting data on violations of labour rights across the country. Whilst it is too early for conclusive results, there are already significant trends emerging as decent work deficits. Recommendation from the trade unions is that the government engages in dialogue with all key stakeholders to inform its strategy and decisions during this crisis. For instance, a lockdown without social protection for the poor was ill-advised and it was a result of minimal stakeholder engagement.

### Impact on services:

With most NGOs not being considered as “essential services”, most community programming, which includes provision of key services and commodities, has been stopped. In an interview with the Women Lawyers Association, they revealed that they are forced to withdraw and/or limit their services and support. Sadly, more than 60% of the women farmers do not have personal cell phones. Of the few that have, only 4% have mobile smart phones through which they can access applications and platforms such as WhatsApp. This has made it very difficult for most NGOs to continue serving women in rural areas.

### Gender-based violence:

Gender-based violence has been referred to by many as the “second pandemic” or “the pandemic within a pandemic”. As mentioned previously, one DADO official has already received two COVID-19 related GBV cases and assisted in referring the case to Victim Support Units. Many more cases and incidences are suspected. There is a general feeling among all stakeholders that GBV will be on the rise during this pandemic. Before the pandemic, it was estimated that one in three women will experience violence during their lifetimes. Many of these women are now trapped in their homes with their abusers. While it is too early for comprehensive data, there are already many deeply concerning reports of increased violence against women around the world, with surges being reported in many cases of upwards of 25% in countries with reporting systems in place. The study also noted that reporting mechanisms such as Victim Support Units are being strengthened. CSOs are also intensifying their reporting mechanisms and there is enhanced coordination among all partners.

### Social protection:

Government plays the key role in ensuring social protection of citizens during a crisis. As such, through KIIs with various government officials, the study sought to understand what the government was doing and what gaps existed. The officers that were interviewed explained that the gendered impacts of COVID-19 will affect all women, not just horticulture farmers. With Malawi being an agro-based economy, it is obvious that most women affected will be women smallholder farmers. The impacts will vary from low access to markets and reduced income.

*“There is an evident lack of market for produce due to restricted movement of vendors. Prices of commodities have fallen so this will impact how much money the women will make. Farmers are desperate to sell yet reliable buyers are not able to go to the districts to buy due to movement restrictions. Supply of commodities is therefore higher than demand. There is also a fear of the virus - the women have little knowledge about the virus and this is making it worse.”*

- Ministry of Gender and Child Welfare official

The officers interviewed shed light on some of the government interventions. Malawi has developed a COVID-19 Preparedness and Response Plan that serves as the blueprint for the nationwide response. As part of the Response Plan, different clusters comprising of government line ministries, departments and agencies; UN entities; development partners; and local CSOs were setup. Of particular note is the Protection Cluster which is specifically looking at social protection. This cluster, which is co-chaired by the Ministry of Gender and UNICEF, is spearheading a number of social protection initiatives including food relief, cash



transfers, provision of PPEs and women's essential needs and services, among many other things. However, due to budget constraints, the cluster is limited in its reach. This explains why some women farmers and even government officers at district level indicated that they had not received any or very little assistance. Whilst this is commendable, thus far, there has not been any specific form of support rendered to women horticulture farmers from the government. Women are being treated as a homogeneous group without taking into consideration the different realities, contexts and needs.

Asked on what sort of support government workers at district level will need to serve their communities better during this pandemic, the officials indicated that they need the following support: capacity building on COVID-19 including early detection, reducing risk, curbing spread etc.; increased financial support to finance community based response programmes; mobility support in the form of motorbikes and fuel (this was especially relevant to the district agriculture officers), IEC materials in local language which they can share with the communities; personal protective equipment as well as sanitation equipment for service centres such as buckets, soap and chlorine.

#### **Impact on markets:**

The study also interviewed buyers and vendors to understand the impact of COVID-19 on their work as well as their perceived impacts on the women farmers. The vendors indicated that they had reduced the amount of produce they buy by at least 50% due to the ongoing pandemic as compared to the same time last year. They attributed this to the market closures i.e. they do not have ready markets for the produce and movement restrictions. When asked on issues of pricing, the vendors came out strongly to defend their reduced purchase price offers to the women farmers.

*"We are only trying to cushion ourselves from the effects of this virus. If we buy at normal prices, we will all go under."* – Vendor, Lilongwe

Analysing the effects of the pandemic on the women farmers, the vendors and buyers predict that produce will be sold at even lower prices as both the women farmers try to dispose of all the produce they have as soon as possible and the buyers try to cushion themselves from possible losses.

## Recommendations

### 1. Scale up the effectiveness of the national COVID-19 response through strengthening the knowledge and skills of women for effective coronavirus prevention and control

- Women are the primary caregivers in the home. Service providers need to strengthen the knowledge and skills of women for effective COVID-19 prevention and control. They need all relevant information and skills to provide better care, as well as to protect themselves against contracting the disease. In addition, targeting women for capacity-building will ensure that children are well informed about COVID-19, since it is women who take the lead in sensitising their children.
- There is also a need for improvement in levels of community engagement and social mobilisation in order to foster maximum participation by communities, which remains critical to national preparedness and recovery efforts. In this light, it is imperative that the government and donors enhance outreach efforts to community leaders and local health workers, as ordinary people trust information provided by such people more than other sources. Stakeholders planning such initiatives need to ensure that the leadership role and agency of women are visible, and the full participation of women should be promoted at all levels of community engagement.
- Malawi is a religious country with strong cultural values. The government and CSO actors need to give more attention to mobilizing and training religious and traditional leaders, as most people have strong faith and value their culture. Equipping religious and traditional leaders with the relevant knowledge, skills and attitudes could put them in a better position to become effective change agents in the recovery agenda.

### 2. Ensure women's equal representation in all COVID-19 response planning and decision-making from community to national policy levels and target women and girls in all efforts to address the socio-economic impact of COVID-19

- In times of crisis, women's essential needs are often forgotten and de-prioritised primarily because of lack of representation in decision-making spaces. With men making the decisions, women's rights and needs will never be at the centre of a crisis response plan. There is a need to ensure that women are equally represented at all levels of decision-making power. This has to start from village committees that are managing relief aid distribution and village level coordination, to national levels, even up to the Presidential COVID-19 Taskforce.
- There is a need to mainstream gender into all COVID-19 response efforts and intentionally target women to meet their unique needs. Also understanding that women are not a homogeneous group will enable the development of contextually relevant interventions for women in their diversities.

3. **Government should promote income generation and food security through implementing robust social protection programmes such as cash transfers and provision of relief aid to vulnerable households identified through effective vulnerability assessments**
  - Given the scale of the economic hardship facing many families, it is recommended that the government implements social safety net programmes such as unconditional cash transfers and food-for-work for vulnerable households, which should be identified through vulnerability assessments. These interventions should be designed as COVID-19 specific and should be aimed at bringing short-term relief from the acute financial challenges faced by local populations.
  - Donors and development partners need to help increase women's access to finance by strengthening credit facilities such as savings clubs and the Village Banks to surmount the barriers that women face in establishing or expanding small businesses. This strategy will be more effective if collaborations are forged with microfinance institutions and banking entities, in order for them to make direct investments that would expand the capital of savings, to enable more women to borrow money to invest in their small businesses.
  - Government should prioritise buying from local women farmers and provision of agricultural inputs such as farming tools and seeds to rural women and their families to support them through the recovery process in the next farming window.
4. **Open up alternative markets for local produce, leveraging on technology, and develop new models for produce supply and distribution**
  - Vendors and buyers should explore opening up of alternative markets during this COVID-19 pandemic, through leveraging on technology and a streamlined logistics system. Online mapping of aggregated produce and coordinated collection and transportation of produce to different markets will be key in ensuring that women farmers' produce is bought.
5. **Drive transformative change for equality by addressing the paid and unpaid care economy through bringing to the fore issues of unpaid care work**
  - As women bear the increased burden of unpaid care work during this pandemic, it gives an opportunity for government, trade unions and CSOs to bring to the fore the issues of unpaid care work through messaging and campaigning using community radio and other models that reach rural populations.
6. **Increasing access to health services, in particular SRHR services, through introducing mobile health centres and/or SRHR facilities to complement traditional health centres and provide access to 'in demand' services**
  - The availability of sexual and reproductive health (SRH) services for women and girls and especially in rural communities, where services are not readily available, needs to be increased urgently. Government and CSOs have a key role to play in introducing new models and methods to deliver services such as mobile clinics.

- Government and partners should put in place policy frameworks that ensure free maternal and child healthcare services during the COVID-19 pandemic.

#### **7. Further strengthen GBV response mechanisms and referral pathways through enhancing multi-stakeholder coordination for provision of more holistic services**

- The Protection Cluster needs to be resourced and supported to provide coordinated GBV response services. Development partners will have a key role in this process. There is need to provide technical and financial support to local referral mechanism such as the Victim Support Units and Village Courts. Strengthened relationships between actors will allow for provision of more comprehensive and holistic services that will strengthen the entire referral pathway.
- The government, through the Protection Cluster, needs to scale up social protection programmes to women and girls and other vulnerable populations.
- There is need for more Shelters and Safe Houses to house victims of GBV and their children. These centres should also provide psycho-social support and develop models for economic empowerment that will assist survivors to rebuild their lives.

#### **8. Improve access to WASH services through ensuring reliable and increased supply of clean water**

- Access to critical WASH products such as menstrual hygiene management products needs to be stepped up. Campaigns and programmes to provide women with period products are critical in ensuring the health and preserving the period dignity of women.

## Conclusion

It is quite evident that the COVID-19 global pandemic has changed our world as we know it, leaving in its wake a shambolic public health system and a myriad of social and economic problems that the nation will have to grapple with for many years to come. Even in communities where no COVID-19 cases have been reported, the social and economic ramifications are staggering. COVID-19 has created huge household income deficits and has limited access to food, leaving many families unable to provide for basic social needs such as healthcare.

Whilst COVID-19 has affected everyone, women in Malawi are disproportionately affected. As caregivers, women are bearing the burden of care work and simultaneously shouldering the burden of being primary income earners. As income continues to dwindle during the pandemic, tough individual and household decisions will have to be made and great resilience shown by women as leaders in their homes. Women horticulture farmers in Malawi are faced with a huge mountain to climb as they will seek to rebuild their lives and livelihoods after the 'curve is flattened' and life returns to some sense of normalcy.

The outbreak has further strained the already fragile health care system. Women have less access to general healthcare and SRHR services. Incidences of GBV and IPV are on the rise, further threatening the health and safety of women. Social protection interventions will be key to ensure the protection of women during this pandemic.

Whilst COVID-19 has led to an improvement in some WASH practices, as most people have adopted improved personal hygiene behaviours such as regular hand washing, there is still need to increase access to safe and clean water as well menstrual hygiene management products for women. The increased use of water for handwashing and sanitation, has unfortunately come at a high cost for women and children, whose daily burden of water collection has increased, leaving them with less time to engage in other productive undertakings.

This global pandemic highlights the extended effects that a crisis can have on a group of people who already live in dire poverty. Women horticulture farmers in Malawi and their households are faced with a nexus of challenges and will require a lot of support to survive and rebuild after this pandemic. Above are some key recommendations on how best government, development partners, CSOs, business community and communities at large can lead in the mitigation and recovery process.

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