



**EVALUATING THE INFLUENCE OF GENDER MAINSTREAMING ON
DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICE
DELIVERY– A CASE STUDY OF ZOMBA CITY (2018-2023)**

MASTER (PUBLIC ADMINISTRATION AND MANAGEMENT) THESIS

BY

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DECLARATION

I, the undersigned do hereby declare that this thesis is my original research work. It has never been submitted by anyone for the award of other academic paper in this institution or any other institution of higher learning. Furthermore, to the best of my knowledge, it contains no material previously published or written by another person except where due acknowledgements have been made accordingly.

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DEDICATION

To my wife Sinthani Dindi Chirwa, my dearest Dad, Geoffrey Nixon Chirwa, and mum Lilian K. Honde-Chirwa. It has been a long journey full of ups and downs but your exclusive support has made me where I am.

Apparently, “Life is a Struggle”, nevertheless you have made me succeed. MAY THE GOOD LORD BLESS YOU ABUNDANTLY

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ABSTRACT

The government of Malawi adopted the National Gender Policy, 2000, and Malawi Implementation Plan 1 (MIP-1) and the Malawi Vision 2063 to among other things promote gender mainstreaming principles in order to strengthen downward accountability for the purpose of efficiency and effectiveness in service delivery like maternal health. The study was aimed at evaluating the influence of gender mainstreaming on downward accountability in maternal health services – a case study of Zomba city (2018-2023). The specific objectives of the study were to assess and analyse the practice of gender mainstreaming in maternal health services at Zomba City Council, to identify the existing opportunities and challenges for gender mainstreaming in ensuring downward accountability in maternal health services and to examine key stakeholders' perceptions on the influence of gender mainstreaming on downward accountability in maternal health services at Zomba City Council. The study employed the qualitative approach where Zomba City Council was used as a case study. In-depth interviews and Focus group discussions (FGDs) were used to collect data by targeting relevant individuals, both Council Officials and local people within the Councils' jurisdiction and also desk research was used to collect complementary data on how gender mainstreaming influence downward accountability in maternal health services. The findings of the study show that to a larger extent, lack of gender mainstreaming negatively affects downward accountability in maternal health service delivery. This was evidenced by inability of boys, girls and women to voice out on the quality of maternal health services because of lack of a platform for decision making. Due to this, boys, girls and women fail to hold duty bearers accountable. In additional to that, this tendency attest key stakeholders to perceive lack of boys, girls and women involvement in decision making to poor downward accountability at the Council

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ABBREVIATIONS

ART	Antiretroviral Treatment
AU	African Union
EU	European Union
ADC	Area Development Committee
CEO	Chief Executive Officer
CEC	City Executive Committee
CC	City Council
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CLLR	Councilor
CSOs	Civil Society Organizations
DAW	Division for the Advancement of Women
DAGG	Development Assistance Group on Gender
DC	District Commissioner
DCC	District Consultative Committee
DOF	Director of Finance
DPD	Director of Planning and Development
DHSS	Director of Health and Social Services
FGDs	Focus Group Discussions
GoM	Government of Malawi
GRB	Gender Responsive Budget
IMF	International Monetary Fund (IMF)

LG	Local Government
MGDS	Malawi Growth Development Strategy
MIP-1	Malawi Implementation Plan
MoEST	Ministry of Education, Science and Technology
MP	Member of Parliament
MPAM	Master of Public Administration and Management
MPSR	Malawi Public Service Regulation
MOWA	Ministry of Women's Affairs
NGOs	Non-Governmental Organizations
NESP	National Education Sector Plan
OPD	Out Patient Department Services
PMTCT	Prevention of Mother-to-Child Transmission
SADC	Southern Africa Development Community
UDF	United Democratic Front
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
VDC	Village Development Committee
WB	World Bank
ZCC	Zomba City Council
ZUBDP	Zomba Urban Development Plan

CHAPTER ONE

1.1 Introduction and Background

The adoption of democracy by modern societies has led to the concept of gender mainstreaming to be widely accepted by national governments, international institutions, and development agencies as one of the approaches needed to achieve, besides equitableness, progressive socio-economic development (Adams-Alwine, 2009). Due to this factor, international bodies like the International Monetary Fund (IMF), World Bank, Southern Africa Development Community (SADC), United Nations (UN), multilateral and bilateral aid agencies, have been at the epicentre in advocating for gender mainstreaming as an approach to achieving numerous missions, visions and goals aimed at reducing maternal mortality, increasing literacy, and reducing disparities in various domains such as education, employment, and political participation (Beyene, 2015). Negesse, Jara, Temesgen, Dessie, Getaneh, & Mulugeta, (2020) alludes that, by incorporating gender lens into governance, governments are able to create equitable policies provide equal opportunities for all individuals and work towards achieving gender justice in the enhancement of society's development.

As part of the global movements, the Malawian government declared its unequivocal commitment to the development of women and to addressing the issues of gender inequalities which deter long lasting changes following the launch of the national gender policy in 2000 (Government of Malawi (GoM), 2000). The national gender policy advocates for equality before the law, equal access to economic opportunities, equal political participation and prohibits any form of discrimination on the ground of gender (GoM 2006).

Besides the National Gender Policy, at international level Malawi is a signatory of both regional and international gender frameworks. Chikapa (2018) states that at regional level, the government of Malawi signed the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa and Millennium

Development Goals Declaration (MDGS). At the world level, Malawi is a signatory to international gender frameworks to portray its political zeal and provide a conducive environment to promote gender balance (Teyegne, 2007). These frameworks, includes; the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), conventions and declarations on gender equality, and the Beijing platform of Action (MOWA, 2010). Negesse et al. (2020) opines that gender mainstreaming helps promote nations' economic prosperity. The point here is that, through the involvement of everyone, nations have a diverse pool of ideas to tap from in all corners of development.

Apart from economic growth, Kayuni & Inge (2016) argues that gender mainstreaming has also a significant influence on downward accountability. Bernheim, & Whinston, (1986). argues that gender mainstreaming plays a pivotal role in fostering transparency, inclusivity, and responsiveness within governance structures at both local and national level. Topia (2018) opines that through integration of gender perspective into all policies, programs and actions, governments ensure that the voices, needs, and experiences of boys, girls, women and men are actively taken into consideration, thereby promoting equal participation, decision-making power for all and hold all duty bearers responsible for the decisions made. Beyene (2015) argues that inclusiveness in all policy programmes makes public institutions local government Councils more accountable to their constituents, and identify and rectify discriminatory practices.

Accountability according to Narayan (2002) in Chiweza (2015) refers to the ability to call public officials, or service providers to account, requiring that they be answerable for their policies, actions, and use of fund. In regard to the definition, accountability presumes the existence of at least two parties; namely, one who allocates responsibility and one who accepts it with the undertaking to report upon the manner in which it has been discharged (Chinsinga, 2005). There are three forms of accountability according to Moncrieffe, (1998), namely; Vertical upward accountability, which refers to the answerability of the Council Officials to Central Government agencies, and oversight bodies such as Auditor General (GoM, 1998). In regard to the Council set up, the Chief Executive Officer or District Commissioner accounts to the central government ministries.

Secondly, horizontal accountability, which refers to the scenario whereby Council officials accounts to the elected members of the Council (Sayed, 1997). In this case, appointed officials like District Education Manager (DEM), Director of Planning and Development (DPD), and Director of Finance (DOF), just to mention a few, accounts to elected members in particular Councillors through service committees like education service committee, health service committee and finance service committee on issues to do with service delivery. Finally, downward accountability, which refers to the situation whereby elected representatives account to the citizens who elected them into power (Tambulasi & Kayuni, 2007). This form is a core aspect of democratic decentralisation initiatives because it focuses on transferring of power to the people. Khembo (2003) argues that, accountability is an important aspect because it ensures local participation, curb corruption, and information dissemination on how funds are being used. Tambulasi & Kayuni (2007) states that, for efficient service delivery of maternal health, there is need for downward accountability in the management and utilisation of human, material and financial resources in the provision of maternal health.

MOWA (2010) argues that much as existing scholarly works reveal how gender mainstreaming initiatives can drive transparency, inclusivity, and responsiveness, there remains a dearth of research examining its concrete influence on downward accountability. To these effects, to what extent does gender mainstreaming influence downward accountability in government operations, particularly in local Councils? Therefore, it is premised on this background that, this study aimed to evaluate the influence of gender mainstreaming practices on downward accountability in maternal health services.

1.2 Problem Statement

One of the strategies to attain downward accountability is through gender mainstreaming (MOWA, 2010). Gender mainstreaming promotes downward accountability by fostering inclusivity and responsiveness within government structures (Chiweza, 2007). Although gender mainstreaming is widely acknowledged as a powerful force in ensuring downward accountability in governance systems, existing scholars argue that its implementation in most European and African countries, Malawi inclusive, has faced numerous hurdles, resulting in a slow pace of

progress. For instance, a study done by Roth and Sgier (2018), on gender mainstreaming efforts within the European Union (EU) parliament, revealed that there is underrepresentation of women in decision making attributed by low levels of gender-sensitive policy evaluation, and limited political commitment. In that, women only constitute 36.8% of Members of the European Parliament which undermines the quality of decisions made. This contradicts the resolutions which were made in 1995 in Beijing which demands an equal representation on decision making process and service delivery in order to attain the principles of good governance through inclusivity.

Secondly, a comparative study of India and South Africa done by Govinda and Srivastava (2016) on gender mainstreaming efforts in education reforms in India and South Africa revealed significant shortfalls in policy reform implementation resulting from poor quality of decisions made in both countries attributed by inadequate gender inclusiveness and engagement of marginalized communities in decision-making processes at the local level. Based on the study, it clearly shows that for good service delivery to be attained, there is need to embrace the concept of gender mainstreaming at all levels.

Thirdly, a research done in the Republic of South Africa (RSA) by Mongoato (2018) exposed poor service delivery in OR Tambo District Municipality due to inability to mainstream gender in its operations. Again, a working paper by the United Nations Economic Commission of Africa (2020) on gender mainstreaming in African Continental Free Trade Area national implementation strategies revealed that lack of proper engagement of women affects the cross border trade hence the dwindling development in most of the African countries. According to the study findings for cross border trade to thrive well there is need for 50:50 involvement of all genders at all levels of trade exploits.

Furthermore, a study done by UN women in Malawi (2017), through the Malawi Gender Based Governance Programme revealed that only 16.5% and 11% of women took part in decision making at national and local level, respectively. This affects the quality of decisions made and also service delivery. Similarly, a study carried out by Chasukwa (2016) on the gender machinery in Malawi's central government administration revealed that much as men and women are always assumed to be part

of the development process, the latter have sometimes remained invisible to development planners and policymakers.

An Afro barometer survey done by Kayuni . (2017) on women involvement in politics in Malawi revealed that, despite the majority view that women should have the same chance as men to be elected, Malawian women continue to trail their male counterparts in engaging in political activities. Lastly, an Afro-barometer survey conducted by Kelechi, Mir, Namratha, & Anita,. (2023). on Malawian demand for greater government's efforts on gender equality revealed that, despite Malawi's stated commitment to gender equality, the country experienced one of the greatest declines in the Global Gender Gap Index 2022, where it now ranks 132 among 146 countries (30th among 36 countries in sub-Saharan Africa). In addition to that, the study exposed that, in Malawi, fewer women than men have secondary and post-secondary education (27% vs 39% respectively), while more women than men lack formal schooling altogether (9% vs 5% respectively). This was attributed to inadequate women representation in key positions in the education sector. Based on the statistics, Malawi failed to attain a 50:50 campaign agenda. In order for Malawi to attain meaningful involves of all citizens, there is need for 50:50 campaign.

This implies that, there is a big gap in as far as implementing gender mainstreaming strategies is concerned. However, as indicated above, most of the studies on gender mainstreaming done by Mongoato (2018), Govinda et al. (2016 and Chasukwa (2016) have tended to focus on the influence of gender mainstreaming on quality of service delivery. Again, an Afro-barometer survey done by Kayuni (2017) focused on women involvement in politics, not on gender mainstreaming influencing downward accountability. Lastly, a study done by UN Women in Malawi in 2017, Roth and Sgier (2018), and Kelechi et al. (2023) paid much of the attention to the influence of gender mainstreaming on the quality of decisions made in the absence of inclusivity and attainment of global policy reforms, little has been done to find out the extent to which gender mainstreaming influences downward accountability. Therefore, this research sought to contribute to the existing body of literature by evaluating the influence of gender mainstreaming on downward accountability in maternal health services, using case study of Zomba City Council (2018-2023).

1.3 Research Objectives

1.3.1 Main Objective

The main objective is to understand the influence of gender mainstreaming on downward accountability in maternal health services within Zomba City Council from 2018 to 2023.

1.3.2 Specific Objectives

- To identify the existing opportunities for gender mainstreaming that influence downward accountability in maternal health service delivery at Zomba City Council.
- To assess the practice of gender mainstreaming and its influence on downward accountability in maternal health service delivery at Zomba.
- To explore the perceptions and experiences of key stakeholders, regarding the influence of gender mainstreaming on downward accountability in maternal health services at the Council.

1.4 Research Questions

1.4.1 Main Research Question

To what extent does gender mainstreaming influence downward accountability in maternal health services at the Council?

1.4.2 Specific Questions

- What are the opportunities available for gender mainstreaming that influence gender mainstreaming in maternal health service delivery at Zomba City Council?
- Are gender mainstreaming strategies being implemented at the Council? How the gender mainstreaming strategies do implemented at Zomba City Council influence downward accountability in maternal health service delivery?
- What are the perceptions and experiences of key stakeholders, regarding the influence of gender mainstreaming on downward accountability in maternal health services at the Zomba City Council?

1.5 Study Justification

The research thesis on gender mainstreaming and its impact on downward accountability is grounded in a rich academic context that highlights a pressing need for empirical investigation into the relationship between these two concepts. Several scholars have underscored the vital role that gender mainstreaming can play in enhancing all forms accountability like downward, vertical and horizontal. For instance, Cornwall and Nyamu-Musembi (2004) promulgates that integrating marginalized gender perspectives can fundamentally alter power dynamics and promote downward accountability. In addition to that, Davies and Dart (2005) opines that gender-aware strategies can promote transparency and responsiveness to the needs of marginalized communities.

Additionally, Razavi and Hassim (2006) ascertains the necessity of gender mainstreaming in strengthening governance structures and attain downward accountability. Despite these insights, gaps remain in the empirical landscape. Baiocchi and Ganuza (2017) and Campbell and Graham (2006) opines that for further empirical research focused on democratic accountability mechanisms, particularly in relation to gender equality.

While prior studies have laid the groundwork, there is a notable lack of empirical evidence addressing the ways in which gender mainstreaming specifically influences downward accountability, specifically within the context of maternal health services in local councils. This study aimed to complete the existing gap by providing empirical evidence on the relationship between gender mainstreaming and downward accountability in maternal health services, thereby contributing to the scholarly discourse and advancing both theoretical and practical understandings of these interconnected areas.

1.6 Conclusion

This section has presented the introduction and background, problem statement, study objectives, research questions, research hypothesis, and justification.

1.7 Chapter Outline

The paper contains six chapters; this chapter has presented the introduction, background of the study, the problem statement, the research objectives and

questions, the study justification. Chapter two presents the literature review and study theoretical frameworks. Chapter three presents the study methodology. Chapter four presents the study findings. Chapter five presents the discussion of the study findings. Chapter six presents the study conclusion, recommendations study limitations and areas for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review. It brings forth the conceptual framework of gender mainstreaming and its influence on downward accountability in maternal health services. It has five main sections. Section one explores the concept of gender mainstreaming while Sections two and three discuss the concepts of local government and accountability. Section four discusses the concept of maternal health services in Malawi. Section five presents the linkage between gender mainstreaming and maternal health services in Malawi. Section six explores the influence of gender mainstreaming on downward accountability. Section seven provided the empirical studies on the influence of gender mainstreaming on downward accountability. Finally, Section eight presents the study theoretical framework.

2.2 The Conceptual Framework

2.2.1 *Definition of Key Terms on Gender Mainstreaming*

a) Gender

Bolich (2007, p15) defines gender as the process of dividing people into kinds and labelling them male and female, boy and girl, man and woman. Buckingham-Hatfield (2000, pp4-5) further defines gender as a social construction organised around a person's biological sex. In this regard, gender involves socially constructed roles and relationships that the society ascribes to men, women, boys and girls in a particular setting. On the other hand, sex refers to the biological characteristics which defines humans as female or male (Emebet, 2010).

b) Gender Equality

Gender equality refers to the state in which all people are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid

gender roles, or prejudices (Buvinic, 2008, p7). In regards to the definition, all men and women are supposed to have same opportunities and access to resources.

c) Gender Equity

Underwood and Hendrickson (2014, p8) defines gender equity as fairness, impartiality and the absence of discrimination in the treatment of women and men based on their needs. The point here is that, equity is taken as a way through which needs of women and men are addressed in a similar manner. This is in terms of rights, benefits, obligations and opportunities.

d) Gender Mainstreaming

It refers to a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation and evaluation of policies and programmes in all political, economic and social spheres so that women and men benefit equally (Maganga, 2016). The ultimate goal of gender mainstreaming in regard to the definition is to attain gender equality and equity.

2.2.2 Gender Mainstreaming At a Global Level

The transition from autocratic to democratic system of leadership by almost all modern countries led to the overwhelming adoption of the concept of gender mainstreaming (Kayuni, 2014). This was the case because governments, institutions, regional bodies, non-governmental organizations, bilateral, and multi-lateral bodies took gender mainstreaming as driving force to attain progressive socio-economic development (Ballington, 2004). To attain gender mainstreaming further, countries globally signed several declarations and charters. For instance, the 1948 UN Charter and the Universal Declaration on Human Rights state that rights and freedoms will not be limited by a person's gender and establishes that 'all human beings are born free and equal in dignity and rights (African Union, 2000)'.

Secondly, the adoption of the Division for the Advancement of Women (DAW) created by the UN in 1946 to champion women's empowerment and gender equality made tremendous impact in ensuring that half of the world's population enjoys equal rights and live in dignity as equal citizens everywhere (Byanyima, 2006). Thirdly, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is recognized as the international bill of rights for women because it

provides the basis for realizing equality between women and men (African Development Bank, 2009). Lastly, the Economic Commission for Africa (2001) indicates that the UN conferences held in Mexico City 1975, Copenhagen 1980, Nairobi 1985 and Beijing in the years 1975, 1980, 1985 and 1995 respectively recognized gender mainstreaming as a Platform for Action. Apart from that, the conferences brought in several policies targeting the removal of all obstacles in all spheres of public and private life based on a full and equal share in economic, social, cultural and political decision-making.

The adoption of the charters and declarations at a global level saw many international bodies like the International Monetary Fund (IMF), World Bank, Southern Africa Development Community (SADC), United Nations, and other aid agencies, attaching gender mainstreaming as a condition for countries to receive their support (African Union, 2011). This gained prominence soon after the end of the Cold war. The point here is that, for countries to receive aid, they were supposed to show that the governments' missions, visions and goals mainstream the component of gender. Kayuni (2014) opines that the belief by the donor community was that if countries mainstream gender, they will be able to reduce maternal mortality, increase literacy, and reduce disparities in various domains such as education, employment, and political participation (Adams, 2009). Alwine (2009) alludes that by incorporating gender lens into governance, the donor community believed that governments will be able to create equitable policies, provide equal opportunities for all individuals and work towards achieving gender justice in the society.

2.2.3 Gender Mainstreaming In Malawi

In Malawi, gender mainstreaming gained prominence in the 1990s and to a larger extent it was due to the influence of the donor community as a condition for the government of Malawi to receive aid. This saw the government of Malawi aligning its Constitution, MDGs I, II, III, IV, and V to the international gender lens (GoM, 2015). To promote the concept of gender mainstreaming, the then ruling government led by the United Democratic Front (UDF) party under the helm of the former president Dr Bakili Elson Muluzi spearheaded the creation of the first ever National Gender Policy from 1998 to 2000. The sole aim of this policy was to mainstream gender in all the cornerstones of development in Malawi (Kayuni, 2013).

Apart from the National Gender Policy, Malawi is also a signatory of several international and regional human rights declarations and chief among them include the 1979 UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the 2008 SADC Protocol on Gender and Development, the 2003 Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, the 2003 African Union's Solemn Declaration on Gender Equality in Africa and the UN Resolutions 1325 (2000) and 1820 (2008) on women, peace and security and ending sexual violence in conflict situations, among others (Murithi, 2010). All the aforementioned statutes, apart from the international role, locally, are purposed to mainstream gender in all national development processes through enhancement of participation for both women and men, girls and boys in order to achieve sustainable and equitable development for poverty eradication.

2.3 The Institutional and Legal Framework for Gender Mainstreaming

2.3.1 The Legal Framework at a Global Level

Globally, the commitment to the attainment of gender equality dates back to the 1948 UN Charter and the Universal Declaration on Human Rights which stipulates that the rights and freedoms will not be limited by a person's gender and establishes that 'all human beings are born free and equal in dignity and rights' (Chikapa, 2018). To advance women's empowerment and gender equality with an aim to achieve 50:50 enjoyment of equal rights and live in dignity by the world population, the UN in 1946 created the Division for the Advancement of Women (DAW) (African Union, 2011). Apart from that, the UN spearheaded the development and adoption of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). CEDAW is recognized as the 'international bill of rights for women (Bazili, 2010).

Furthermore, nations through the umbrella of the UN held several conferences in Mexico City, Copenhagen, Nairobi and Beijing in the years 1975, 1980, 1985 and 1995 respectively. The sole reason for the conferences was to do away with all huddles that women face when it comes to enjoyment of both public and private services. Later, the Southern African Development Community (SADC) established a Gender Unit in 1996, which adopted a Gender Policy Framework in 1997 and established gender focal points at the sectorial level.

2.3.2 The Legal Framework in Malawi

2.3.2.1 The Malawi Constitution 1994

The Constitution of the Republic of Malawi guarantees rights to every citizen irrespective of being male, or female, man or woman, and boy or girl. The republican Constitution, through *Section 35, stipulates that every person shall have the right to freedom of speech and expression. Section 24(2) in effect prohibits discrimination against women on the basis of gender and marital status. Lastly, Section 20 of the Constitution prohibits unfair discrimination of persons in any form* (Government of Malawi, 1994). Based on Sections 20, 24(2), and 35, the Constitution acknowledges that violence against women is a problem that needs to be eradicated from society.

2.3.2.2 The Malawi Vision 2063

The Malawi Vision 2063 is an official document and roadmap by the government of Malawi that details exactly how Malawi will become a self-reliant nation with a minimum per capita income of 4000 US dollars by 2063 (Government of Malawi, 2021). The Malawi Vision 2063, recognizes gender mainstreaming as a major tool to attain sustainable development and gender equality. The point here is that the vision 2063 stresses the need to promote gender equality through subsidiary policies, laws, and programs designed to address the different needs of women and men (Government of Malawi, 2021). In this regard, the integration of gender perspectives into all aspects of decision-making provides an opportunity for girls, boys, women and men to participate in and benefit from development initiatives. Further to this, the Malawi Vision 2063 advocates for measures that strengthen the representation and participation of women in influential positions in both private and public institutions. For instance, this can be realized by having more women holding positions in political, economic, and social spheres with an aim to attain the demands and wishes of boys, girls and women. Through this, the Vision 2063 creates a platform through which inclusivity and equitability is attained in the nation's growth.

2.3.2.3 Malawi National Implementation 1 (MIP-1)

The MIP-1 is a policy strategy put in place to run from 2021 to 2030 with an aim to replace the Malawi Growth and Development Strategy (MGDS) III as the country's new medium term development strategy (Government of Malawi, 2021). The policy,

apart from helping the Malawi nation graduate into a middle income economy and attain Sustainable Development Goals by the year 2030, also advocates for gender mainstreaming strategies through incorporation of gender perspectives and gender equality policies across all sectors and levels of government and society. For instance in policy development, the policy integrates gender considerations into policy formulation and implementation processes. Secondly, the policy advocates for capacity building with an aim to ensure that government officials, civil society organizations, and other stakeholders are equipped on how to attain both gender mainstreaming principles and practices. Lastly, the policy demands for a gender-responsive budget to address all gender disparities and promote gender equality in all development corners.

2.3.2.4 The Malawi Growth and Development Strategy (MGDS) I, II, III, IV & V

The MGDS is a series of national development plans that aim to achieve sustainable economic growth, poverty reduction, and improved living standards for the people of Malawi (Government of Malawi, 2006). Gender mainstreaming is an integral component of each MGDS plan. The MGDS I, II, III, IV and V acknowledge the importance of gender equality and women's empowerment in achieving development objectives. For instance, in MGDS I (2005-2010), gender mainstreaming was recognized as a key cross-cutting theme. The point here is that the MGDS plan emphasized the need to address gender disparities in education, health, and economic opportunities. Some of the specific goals included increasing access to education for girls, reducing maternal mortality rates, and promoting women's participation in economic activities (Government of Malawi, 2015).

MGDS II (2011-2016) emphasized the need to incorporate the concept of gender mainstreaming on the list of the six guiding principles for development (Government of Malawi, 2021). The point here is that the MGDS II was mandated to enhance gender equality by empowering women and girls to participate fully in the country's social, economic, and political spheres. Chikapa (2018) argues that the plan of MGDS II specifically focused on improving girls' education, reducing gender-based violence, increasing women's access to economic opportunities, and enhancing women's representation in decision-making positions.

MGDS III recognized the need to ensure gender equality and women's empowerment as critical enablers for development (GoM, 2021). These enablers includes; education, political participation and economic empowerment. Phiri (2022) argues that in order to attain substantial national growth, there is need to address structural and cultural barriers in all enablers of development that may hinder women's progress. Through, MIII the government of Malawi will be able to improve access to finance and markets for women entrepreneurs.

MGDS IV and V (2023-2030) will build on the achievements of previous plans and further integrate gender mainstreaming in development policies and programs (Government of Malawi, 2021). Recognizing the transformative potential of gender equality, these plans will focus on achieving gender parity in education, strengthening women's access to economic resources and opportunities, enhancing women's representation and participation in decision-making processes, and addressing gender-based violence and harmful cultural practices.

2.3.2.5 The Malawi National Health Policy

This policy recognizes gender as a critical determinant of reproductive health. Article 3(1) of the National Health Policy states the general goal of the policy document is to “mainstream gender in the national development processes with an aim to enhance the participation of women, men, boys, and girls for sustainable and equal development for poverty eradication (Government of Malawi, 1998). It emphasizes the importance of addressing gender inequalities in health by improving access to quality healthcare services for women and promoting gender-responsive healthcare practices (Chiweza, 2007).

To further support the implementation of the Malawi National Health Policy, the government implemented various gender-specific health programs and initiatives. These include the Safe Motherhood Initiative which targets to reduce maternal mortality and improve maternal health by providing comprehensive, and gender-responsive maternal healthcare services (Government of Malawi, 2015). The Prevention of Mother-to-Child Transmission (PMTCT) program focuses on preventing HIV transmission from mothers to infants, recognizing the gendered impact of HIV/AIDS and the need for specialized support for women living with HIV.

2.3.2.6 The Malawi National Gender Policy

The Ministry responsible for Gender, Children and Social Welfare, through the Office of the President and Cabinet in 2000 led the launch of the first National Gender Policy (Government of Malawi, 2000). This policy was developed in a period between 1998 to 2000. The policy has six thematic areas, namely: Education and Training, Reproductive Health, Food and Nutrition Security, Natural Resources and Environment Management, Governance and Human Rights, Poverty Eradication and Economic Empowerment.

Chiweza (2007) argues that the National Gender Policy also serves as a guide for government ministries, departments, and agencies to promote gender mainstreaming and gender equality in their respective domains. It provides a framework for the implementation of targeted interventions, policies, and programs that address gender disparities and promote equitable outcomes. Hannan, (2008) argues that the policy's role in gender mainstreaming is to ensure that gender perspectives and considerations are systematically integrated into all aspects of policy window, formulation, implementation, monitoring, and evaluation processes across all national's sectors.

2.3.2.7 Institutional Arrangements

Gender mainstreaming issues in Malawi are at the helm of social-economic and cultural development. To strengthen gender mainstreaming at both local and national levels in the development system, the existing public sector, the private sector, media, development partners and civil society organizations in Malawi harness the implementation of the Policy (UN women in Malawi in 2017). The implementation of gender issues relies on gender focal points in the public sector, the media and civil societies, the Development Assistance Group on Gender (DAGG), Gender, Culture, HIV and AIDS and Human Rights Technical Working Group, and Gender Based Violence Technical Working Group (Chasukwa, 2016). In addition to that, Chikapa (2018) argues that, The Institutional Framework for implementation of the National Gender Policy comprises the Gender, Youth Development and Sports Sector Working Group, and the Gender Technical Working Group.

2.4 The Concept of Local Government (LG)

Sandhya (2013) defines local government as the government of a specific local area constituting a subdivision of a major political unit such as a nation or state. Democratic local government in Malawi dates back to the year 2000 when Malawi had its first democratic Local Government election (Kayuni & Inge, 2010). It draws its legal mandate from Section 146 of the republican constitution, the 1998 decentralization policy and the 1998 Local Government Act. Local government councils in Malawi are composed of two arms, namely; the political arm comprising of elected officials like Councillors headed by the Council Chairperson and Mayor at a District Council and City Council level respectively with a mandate to rule for two and half years and the administrative arm comprising of technocrats like Directors headed by the District Commissioner (DC) and Chief Executive Officer (C.E.O) at District Council and City Council level respectively (Chiweza, 2007). The aim of local government in Malawi is to promote transparency and accountability.

2.5 The Concept of Accountability

Part II (3) of the LG Act 1998 stipulates that accountability is one of the major principles of good governance (Government of Malawi, 2000). This is backed up by the United Nations High Commissioner for Refugees (UNHCR) report of 2015 which regards accountability as a cornerstone of democracy because it is a norm that governs the relationship between duty bearers and rights holders affected by their decisions and actions. Hannan, (2008). Promulgates accountability as the obligation of power holders to account for or take responsibility for their actions. Based on this argument, accountability involves an interaction between two categories, namely: the allocator of duties and the implementer of the consignments who later reports back. Akram (2002) argues that, through the interaction, local people are empowered to demand explanations and have the right to be given answers about local government's plans, policy and actions.

2.5.1 Forms of Accountability

Firstly, horizontal accountability. Chiweza (2007) defines this form of accountability as a situation in which appointed duty bearers are held responsible for the decisions and actions taken by the political representatives of the local council. For instance, the District Commissioner(D.C) and Chief Executive Officer (C.E.O) accounts to the

elected officials at the District and City Council level respectively on the day today's Council's operations (Hussein, 2003).

Secondly, upward accountability. O'Donnell (1999) defines this form of accountability as a scenario in which local council representatives from both arms of the government accounts to the officials above them. For example, the D.C and C.E.O accounting to the Central line Ministry like the Minister of Local Government or Principal Secretaries in the ministry of Local Government on Council Plans and Operations (Chiweza, 2007).

Finally, downward accountability. This form of accountability is defined as the answerability of elected representatives to the voters or grassroots (Moncrieffe, 1998). This form of accountability is a core aspect of democratic decentralisation initiatives because it focuses on transferring of power to the people. In this regard, the duty bearers from both the political and administrative arms of the Council accounts to the local people through Council financial reports and audits (Government of Malawi, 2000).

2.5.2 Tools for Measuring Downward Accountability

Firstly, attainment of the targeted results (Moncrieffe, 1998). This tool reveals whether agreed performances have been achieved or not. Examples are availability of health workers, drugs, and prudence. In this regard, the Council accounts to the locals for the achievement of targets (Chiweza, 2007).

Finally, the availability of up-to-date audit trails. Hyden (2010) argues that, the availability of up-to-date audit trails for public consumption signifies that there is accountability in terms of financial resources and also ability to respond to all the concerns noted and brought forward by the local people. Hupkes, Quintyn, and Taylor, (2006) Contends that if there is unsupported expenditure, managers involved are supposed to account.

2.5.3 Mechanisms for Accountability

Democratic local elections. Elections refers to a competitive process through which political representatives are put in various offices (Hussein, 2003). The legal document in Malawi demands that the voting exercise be done in a free and fair manner based on universal suffrage. Hussein (2005) argues that through this process,

local people holds the elected representatives accountable through voting them into power or not voting for them based on the trust that they have on them.

Secondly, council meetings. The Local Government Act of 1998 provides a platform for full council meetings and service committee meetings (Government of Malawi, 1998b). These meetings comprise of both administrative arm and political arm. The whole essence is to formulate by-laws and receive reports from committees or stakeholders (Tambulasi and Kayuni, 2007).

The last mechanism for accountability is audit. Hupkes et al.(2006) defines audit as a systematic and independent examination of books, accounts, statutory records, documents and vouchers of an organisation to ascertain how far the financial statements as well as non-financial disclosure present a true and fair view of concern. Chiweza (2007) states that through audits, local people are capable of pointing out shortfalls in performance as compared to the departmental approved plans and suggest improvements, hence achieving downward accountability.

2.5.4 Structures of Accountability

The Local Government Act of 1998, city development plans and policies and the 1998 decentralization policy, provides for the following structures of accountability: full council meetings, Service Committees like health and environmental service committee, Ward Committees, Health Centre Management Committee, Maternal Health Committee, Community Health Committee, Drug Committee and Score Card Committee, Area Development Committees (ADC) and Village Development Committees (VDC) (GoM, 1998b and MPSR, 2014). The structures act as avenues for the local masses to track the operations of the councils in the course of service delivery.

2.6 The Concept of Maternal Health Services in Malawi

The current basic public health care in Malawi dates back to the colonial time, though with passage in time, the system has undergone massive reforms to align with the transition from the one party era and multiparty era and also to respond to changes in the global health policies (GoM, 2000). These reforms were introduced following the adoption of the 1998 Local Government Act and also the 1998 decentralization policy. The policy reforms were adopted in order to strengthen the capacity of the

local government councils through the health department to provide health services (Gaynor, 2006). In this context, health services include preventive and curative health services which encompass services like reproductive and maternal health services Government of Malawi, (1998)

The aim of maternal health services is to promote the well-being of pregnant women, ensuring safe childbirth, and reducing maternal mortality and morbidity. In the context of Malawi, according to Wasambo (2018), maternal health services face various challenges, but efforts are being made to improve access and quality of care for pregnant women. In Malawi, maternal health services encompass a range of interventions including antenatal care, skilled birth attendance, emergency obstetric care, postnatal care, and family planning.

Antenatal care plays a crucial role in promoting the health and well-being of pregnant women and their babies (Teyegne (2007). United Nations Development Programme, (2018) argues that, in Malawi, ANC is provided through a series of visits, whereas women receive essential health checks, including physical examinations, screening for diseases, such as malaria and HIV, and counselling on nutrition, breastfeeding, and birth preparedness.

Increasing the proportion of births attended by skilled health personnel is a priority in Malawi (GoM, 2023). Skilled birth attendants, such as midwives, doctors, or nurses have the knowledge and skills to manage normal deliveries and identify and manage complications during childbirth. Ensuring access to skilled birth attendance reduces the risk of maternal and new-born mortality and improves health outcomes.

Access to emergency obstetric care is critical for addressing complications that arise during pregnancy, delivery, and the postpartum period (Tsfaye et al., 2016). In Malawi, efforts are being made to strengthen emergency obstetric services, including establishing obstetric referral systems, improving transportation infrastructure, and equipping health facilities with necessary supplies and equipment for emergency care (Wasambo, 2018).

Postnatal care focuses on ensuring the health and well-being of both the mother and new-born during the postpartum period (De Grauwe, 2004). In Malawi, postnatal care includes routine check-ups, counselling on breastfeeding and infant care, and

screening for postpartum complications (Zaza (2015). Promoting exclusive breastfeeding and providing appropriate vaccinations for the new-born are also essential components of postnatal care.

Access to family planning services is crucial for empowering women to make informed decisions about their reproductive health and spacing of pregnancies (Tekelab, Berhane, & Tesfaye, 2016). In Malawi, efforts are being made to promote and provide a wide range of contraceptive methods (Government of Malawi, 2021). Family planning services include counselling, provision of contraceptives, and follow-up care to ensure the chosen method is effective and suitable for the individual (Bjune, 2013).

2.7 The Linkage Between Gender Mainstreaming and Maternal Health Services in Malawi.

Maternal health services in Malawi are closely linked to the concept of gender mainstreaming, which is an essential approach to achieve gender equality and ensure that the specific needs and rights of boys, girls, men and women are considered in all aspects of policymaking, planning, and service provision (Evertzen, 2007). Gender mainstreaming in maternal health services involves addressing challenges and barriers that women face in accessing and utilizing maternal health services (Razavi & Hassimi, 2006). It involves recognizing and addressing the social, cultural, economic, and power dynamics that contribute to gender inequalities and impact women's health outcomes.

In Malawi, gender mainstreaming in maternal health services is crucial for several reasons. First, equal access to services. United Nations (1997) argues that gender mainstreaming ensures that women have equal access to quality maternal health services. Tekelab (2016) opines that gender mainstreaming involves overcoming social and cultural barriers that limit women's mobility and decision-making power to seek care. Efforts are made to provide services that are sensitive to women's cultural, religious, and traditional practices, ensuring that they feel comfortable and respected.

Second, addressing gender-based violence. Gender mainstreaming in maternal health services recognizes and responds to the high prevalence of gender-based violence (GBV) in Malawi, which can have severe health consequences for women and their

pregnancies (African Union. (2004). Integration of services for GBV screening, counselling, and referral within maternal health services is essential to address the physical and psychological well-being of women and to provide them with appropriate support (African Union, 2011).

Third, empowering women. Gender mainstreaming aims to empower women to make informed decisions about their reproductive health and exercise their right to access maternal health services (Chiweza, 2007). It involves providing comprehensive information, counselling, and education on reproductive health, family planning, and childbirth options. This enables women to actively participate in their healthcare decisions and have control over their reproductive choices.

Similarly, strengthening women's leadership and participation. Gender mainstreaming in maternal health services promotes the participation and leadership of women in decision-making processes at all levels (Topia, 2018). This includes involving women in the design and implementation of policies and programs related to maternal health, ensuring that their perspectives and needs are adequately represented.

Finally, collecting gender-disaggregated data. Gender mainstreaming requires the collection and analysis of gender-disaggregated data to understand the specific health needs and outcomes of women in maternal health services (Government of Malawi, 2021). This data helps to identify gender disparities, monitor progress, and inform evidence-based policies and interventions.

2.8 The Influence of Gender Mainstreaming on Downward Accountability

Firstly, gender mainstreaming influences downward accountability in maternal health services by promoting gender responsiveness, empowering women, addressing biases and disparities, and strengthening monitoring and evaluation processes (Gaynor, 2006). By incorporating a gender perspective into service delivery, accountability mechanisms can be more effective and ensure that maternal health services meet the diverse needs of women and ensure equitable access to quality care.

Kayuni et al. (2017) states that gender mainstreaming promotes downward accountability because it plays a pivotal role in fostering transparency, inclusivity, and responsiveness within governance structures at both local level and national government level in terms of service delivery. In addition to that, Topia (2018) states

that integration of gender perspective into all government policies, programs and actions ensure that the voices, needs, and experiences of women and men are actively taken into consideration.

Second, through increased gender responsiveness (Fresko, 2004). The point is that, gender mainstreaming promotes the consideration of gender-specific needs and concerns in service planning, delivery, and evaluation. This approach encourages health service providers to be more responsive to the unique needs of women and marginalized groups, reflecting their preferences and priorities in the design of maternal health services (Gailmard, 2009). Such gender-responsive services contribute to improved downward accountability by ensuring that the services provided align with the actual needs and preferences of the communities they serve.

Third, engagement and empowerment of women. Gender mainstreaming seeks to empower women and enhance their participation in decision-making processes (Goetz, 2004). By involving women in the planning, monitoring, and evaluation of maternal health services, accountability mechanisms can be strengthened. Through gender mainstreaming, women can better hold service providers accountable for the quality and accessibility of care, leading to improved service delivery and outcomes (Fresko, 2004).

Fourth, addressing gender biases and disparities. The idea is that gender mainstreaming helps to identify and address gender biases and disparities that may hinder downward accountability (Dulani, Chiweza, Kayuni, & Muriaas, (2017). By recognizing and challenging existing gender inequalities, policies and practices can be modified to ensure that accountability mechanisms are fair and inclusive. This includes addressing issues such as gender-based discrimination, unequal power dynamics, and limited access to resources and information faced by women in seeking maternal health services.

Lastly, strengthening monitoring and evaluation processes. Gender mainstreaming emphasizes the integration of gender-sensitive indicators in monitoring and evaluation processes (Ballif-Spanvill et al., 2009). By measuring and assessing the impact of interventions on gender equality and women's empowerment, downward accountability can be enhanced (Gailmard, 2009). Regular monitoring and evaluation

help identify gaps, improve service delivery, and ensure that accountability mechanisms are effective in addressing gender-specific needs and concerns.

Although gender mainstreaming is widely acknowledged as a powerful force in ensuring downward accountability in governance systems, existing scholars argue that its implementation in most African countries, Malawi inclusive, has faced numerous hurdles, resulting in a slow pace of progress.

2.9 Empirical Studies on the Influence of Gender Mainstreaming on Downward Accountability

Gender mainstreaming has been widely advocated as a strategy to empower the marginalized groups in various sectors, including education reforms, health reforms and political representation. Despite the efforts to promote gender mainstreaming as a way of attaining downward accountability by many nations, critics from various quarters have observed that there is still lack of downward accountability.

For instance; a Comparative Study of India and South Africa" done by Govinda and Srivastava (2016) on gender mainstreaming efforts in education reforms in India and South Africa revealed significant shortfalls in policy reform implementation in both countries. The researchers attributed this to lack of monitoring and evaluation mechanisms to track gender-related outcomes, insufficient allocation of resources, and inadequate representation and engagement of marginalized communities in decision-making processes at the local level. This lack of gender inclusiveness in policy reform implementation has the capacity to impede downward accountability, preventing gender mainstreaming from achieving its intended impacts on education reforms in both countries.

Second, a study done by Roth and Sgier (2018), on gender mainstreaming efforts within the European Union (EU) highlighted the underrepresentation of women, constituting only 36.8% of Members of the European Parliament. This was attributed to low levels of gender-sensitive policy evaluation, limited political commitment towards gender mainstreaming, and a lack of clear mechanisms for engaging with civil society organizations and promoting their participation. The 36.8% statistical record has the capacity to undermine downward accountability within the EU, thereby limiting the effectiveness of initiatives on empowerment.

Third, a research done in the republic of South Africa (RSA) by Mongoato (2018) exposed poor service delivery in OR Tambo District Municipality due to inability to mainstream gender in its operations despite its commitment to do so. Again, a working paper by the United Nations Economic Commission of Africa (2020) on gender mainstreaming in Africa on continental free trade area national implementation strategies revealed lack of proper engagement of women in cross-border trade dwindling development.

Similarly, an Afro-Barometer survey done by Kayuni & Inge (2017) exposed that though the majority view is that women must be equal to men in politics, Malawian women continue to trail their male counterparts in engaging in political activities. Hence the survey results recommend strategic and better-coordinated efforts to ensure that women take an active role in politics, as the environment seems conducive to their support.

Furthermore, a study done by UN women in Malawi (2017), through Malawi Gender-Based Governance programme exposed that only 16.5% and 11% of women take part in decision making at national and local level, respectively. This affects the quality of decisions made and also service delivery. Similarly, a study done by Chasukwa (2016) on the gender machinery in Malawi's central government administration revealed that much as men and women are always assumed to be part of the development process, the latter has sometimes remained invisible to development planners and policymakers.

Lastly, an Afro-barometer survey done by Kelechi et al. (2023, p2) on Malawian demand for greater government's efforts on gender equality revealed that despite Malawi's stated commitment to gender equality, the country experienced one of the greatest declines in the Global Gender Gap Index 2022, where it now ranks 132 among 146 countries (30th among 36 countries in sub-Saharan Africa). In addition to that, the study exposed that fewer women than men have secondary and post-secondary education (27% vs 39% respectively), while more women than men lack formal schooling altogether (9% vs 5% respectively). This is attributed to inadequate women representation in key positions in the education sector. Based on the statistics, Malawi failed to attain a 50:50 campaign agenda. The drawbacks to achieve the overall 50:50 campaign goal have also the capacity to dribble back the efforts to

promote downward accountability and attain successful implementation of gender mainstreaming initiatives.

Most of these studies, however, have focused on gender mainstreaming having an influence on service delivery and also attainment of policy reforms implementation and there has been little work on downward accountability. Therefore, this research sought to contribute to the existing body of literature by evaluating the influence of gender mainstreaming on downward accountability in maternal health services using the case of Zomba City Council (2018-2023).

2.10 Theoretical Framework

The research is grounded on two theories: the principal-agent theory and feminist theory. While the principal –agent theory focuses on the relationship between duty bearers and the community on maternal health services, feminist concentrates on the need to incorporate the concept of gender when promoting accountability.

2.10.1 The Principal-Agent Theory

The principal-agent theory refers to the relationship between an asset owner or principal and the agent or person contracted to manage that asset on the owner's behalf (Kivistö, 2008). Hussein, (2005) contends that the agent is someone who has to do something, in this context agents are the duty bearers or elected council representatives like councillors while the principal is the 'boss' who wants things to be done, in this context, these are men and women, boys and girls and the youths (general public). Gailmard (2009) opines that in a situation where the contracts are complete (principal and agents), there is little scope for deviations from the objectives and requirements of the principal and the expected obligations and duties of an agent.

Fresko (2004) argues that, because of the contractual agreement, the principal has the mandate to hold the agent accountable on the decisions made and the quality of services offered. This is the case because the principal entrusts their authority and legitimacy to agents to rule on their behalf as such the principal has at least some expectations of what is to be achieved. However, for this to thrive well, there is need for accountability mechanisms that are independent and also vibrant like the press and media. The accountability mechanisms provide a platform for updates and knowledge sharing.

The theory suits well with the topic under study because, for gender mainstreaming to prevail in quest to attain downward accountability on basic public health services, there is need for the two parties, namely, the principal and the Agent. In this case, the Agents are Zomba City Council officials like the Director of Health and Social Services (Council administrative arm) and also elected representatives like councillors and a member of parliament (Council Political arm). On the other hand, the principals are men and women, boys and girls, and the youths (local people) who are the direct recipients of the health services.

Hyden (2010) opines that, for the principals to succeed in their work, they are supposed to set the terms under which the Agent must report on, i.e. actions taken within the relevant domain. The point here is that, men and women, boys and girls and youths from within the catchment area of the Council are supposed to come up with by-laws which are supposed to be duly approved by the full council to guide agents on how best they can account on resource use and services delivered (Lane & Kivistö, 2008). For example, the Council's officials are supposed to account for how they use resources like drugs, medical supplies and infrastructure development in the line of basic public health services and be answerable when need be. The whole essence is to improve the quality of public health services. However, if the quality of services is poor, the principal has the mandate to remove the agents through elections, and also through impeachment following the existing by-laws. Hence, this theory will help to assess gender mainstreaming in quest to attain downward accountability based on the agreed mechanisms, through the principal-agent relationship.

2.10.2 Feminist Theory

The integration of feminist principles into accountability frameworks for health service delivery is essential for creating an equitable healthcare system. Our study reveals significant disparities in how health services are accessed and utilized by women, highlighting the urgent need to incorporate feminist theories that elevate women's roles in health governance. By promoting gender equity and ensuring equal access to quality services, we can directly address the barriers women face, such as gender-based violence and systemic discrimination, which often deter them from seeking care.

Practical strategies, such as fostering community involvement in decision-making and creating dedicated forums for women's voices, are crucial. Our findings suggest that when women actively participate in monitoring and evaluating health services, the resulting policies are more responsive to their specific health needs. Furthermore, recognizing the value of unpaid care work—primarily undertaken by women—transforms our understanding of health service provision and resource allocation.

Ultimately, by embracing a feminist approach, our study calls for a reconfiguration of health service delivery models that not only addresses existing inequalities but also empowers women to play a pivotal role in shaping health policies. This aligns with our broader goal of enhancing accountability in healthcare and ensuring that all members of the community, particularly women, are adequately represented and heard.

2.11 Conclusion

This chapter has presented the literature review and the conceptual framework. It has had eight main sections. Sections one to four (1-4) have explored the concepts of gender mainstreaming, local government, accountability, and maternal health services in Malawi. Section five has presented the linkage between gender mainstreaming and maternal health services. Section six explored the influence of gender mainstreaming on downward accountability. Section seven provided the empirical studies on the influence of gender mainstreaming on downward accountability and section eight presented the study theoretical frameworks.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presents the research design, population, sample and sampling method, methods used to collect data, data analysis and interpretation, and ethical considerations. It also articulates some limitations encountered in the study

3.2 Research Design

Arezina (2018) defines research design as the strategy chosen to integrate different components of the study in a coherent and logical way. Research design constitutes the blueprint for collection, measurement and analysis of data. The study employed qualitative research approach to evaluate the influence of gender mainstreaming on downward accountability in maternal health services at Zomba City Council from 2018-2023. Qualitative approach refers to a research design based on induction, holism and subjectivism (Mouton, 1996). This approach allows researchers to explore complex social phenomena by understanding the context in which they occur. Silverman (2009) alludes that, the backbone of qualitative research is understanding of attitudes, opinions and behaviour of the people.

The qualitative design was selected for this study to enable the collection of rich, nuanced data, thereby providing deeper insights into the phenomena being investigated (Hancock 2002). In alignment with qualitative approach, the study incorporated various research strategies to collect and analyse data effectively. Key strategies include in-depth interviews to collect detailed personal narratives from respondents. Secondly, focus group discussions in order to allow respondents engage in dialogue, thus eliciting diverse viewpoints and rich discussion on gender mainstreaming and accountability. Lastly, thematic analysis aimed at identifying and interpret patterns within the data, offering a structured approach to understanding the findings.

The research paradigm for this study was interpretivism. It focused relevant studies such as gender mainstreaming and accountability in maternal health services. Through interpretive lens captured the subjective nature of participant's experiences and understanding their implications for enhancing maternal health outcomes in the framework of gender equality.

3.3 Population

The study involved local government Councils in Malawi. The personnel from both structural arms of the council, namely, political and administrative arms, were covered. The data were drawn from people within the catchment areas surrounding the council's maternity clinics, health centres, health posts and dispensaries. People surrounding the health facilities were selected because of their closeness and also being the direct beneficiaries of maternal health services delivered in the health premises.

3.4 Sample Population

The study focused on Zomba City Council as sample population to evaluate the influence of gender mainstreaming on downward accountability in maternal health services. The Council was specifically selected as the sample population for this research because of its unique characteristics that make it a compelling case study for evaluating the influence of gender mainstreaming on downward accountability in maternal health services. Firstly, the council was known for its diverse socio-economic demographic, which provided a rich context to investigate how gender disparities impact health service delivery and accountability mechanisms. Secondly, the Council has actively implemented gender mainstreaming initiatives aimed at promoting equity in maternal health care, thereby making it more exemplary model for understanding the successes and challenges of these efforts (Government of Malawi, 2021). By examining these initiatives at the council, the research yielded insights into effective strategies that could be replicated in other councils. Lastly the following selected health facilities; Sadzi Clinic, Zilindo Health Centre, Matawale Health Centre, and Zomba City Clinic were integral to the community, serving as primary access points for maternal health services. The proximity of these facilities to a diverse population of beneficiaries enriches the data collection process, allowing for

a nuanced exploration of perceptions and experiences related to gender and accountability.

3.5 Sampling Method

The study employed purposive sampling method. This method, according to David (2009), involves interviewing of key informants selected based on their knowledge on issues to do with gender mainstreaming and its influence on downward accountability in maternal health services delivery. The purposive sampling technique was largely used in the research especially when identifying key stakeholders for the in-depth interview from both arms of the Council and the local people (men and women, boys and girls, and youths).

The members to be involved from the bureaucratic arm of the Council were the Director of Health and Social Services (DHSS), the Director of Planning and Development (DPD), clinic and health centre in-charges, nurses in the labour ward and family planning providers. The DPD was selected because he/she was going to act as a control against information bias. The following members from the political arm were chosen, namely, the councillors, the chairperson of health and environment committee and all other members of the health and environment committee. Members from both arms were to be chosen because of their expertise and experience as regards the issue under study.

Lastly, at the health centre and community level, the study involved members from the following committees:

- a) **Health Centre Management Committee.** This committee comprises health centre staff, including doctors, nurses, and administrators. They are responsible for overseeing the day-to-day operations of the health centres, ensuring efficient service delivery, and addressing any issues or challenges that arise.
- b) **Maternal Health Committee:** This committee specifically focuses on maternal health services. It includes healthcare providers, midwives, community health workers, and representatives from women's associations or groups. The committee works towards improving the quality and accessibility

of maternal health services while addressing issues related to pregnancy, childbirth, and postnatal care.

- c) **Community Health Committee.** This committee involves community members who actively participate in decision-making processes related to health services. They work closely with health centre staff to identify community needs, provide feedback, and ensure effective communication between the health centres and the local population. They play a vital role in promoting community engagement and ownership of maternal health services.
- d) **Drug Committee.** This committee is responsible for ensuring a steady and adequate supply of medicines, medical supplies, and equipment in the health centres. They work closely with health centre staff, administrators, and pharmaceutical suppliers to manage the procurement, storage, and distribution of drugs, including those specific to maternal health services.
- e) **Score Card Assessment.** The score card assessment committee is dedicated to monitoring and evaluating the performance of health centres, particularly in the provision of maternal services. They use score cards or performance indicators to regularly assess the quality of care, patient satisfaction, and adherence to established guidelines. The findings inform decision-making and drive improvements in the delivery of maternal health services.

The above committees have been co-opted because they aid in fostering a comprehensive and inclusive approach to the management of health centres, particularly concerning maternal services, by bringing together both the expertise of healthcare professionals and the perspectives of the community. Their collaborative efforts are instrumental in enhancing the quality and accessibility of maternal health services in Zomba City Council.

In fulfillment of the sampling technique, the 27 key informants from both political and administrative arms were interviewed. These are summarized in Table 1 below.

TABLE 1: 27 KEY INFORMANTS

POLITICAL ARM	ADMINISTRATIVE ARM
Councilor from Likangala Ward	Director of Health and Social Services (DHSS)
Councilor for Chinamwali Ward	Director of Planning and Development
Councilor Chambo Ward	Clinic or health centre in-charges, from each of the five health centres
Councilor Ntiya Ward	Nurse from the labour ward from each of the five health centres
All Members Health and Environment Service Committee (4 in total)	family planning provider from each of the five health centres
Councilor for Mbeza ward	

In addition to the above informants, this study conducted five FGDs with 8 members per group. The discussions were conducted with the Health Centre Management Committee, Maternal Health Committee, Community Health Committee, Drug Committee and Score Card Committee. These members were chosen because of their significance in facilitating maternal health service delivery within the Council.

3.6 Data Collection Methods

The study used the qualitative data collection methods. These are desktop research, key informant interviews and focused group discussions.

3.6.1 Desktop Research

This study used gender mainstreaming and accountability guidelines to identify the existing opportunities for gender mainstreaming in maternal health service delivery at the Council from the National Gender Policy of 1998, the 1995 Constitution of Malawi, the 1998 Decentralization Policy, the 1998 Local Government Act, the 2010 Local Government Amendment Act and City Council Health Plan for Zomba City Council, and the Malawi Vision 2063 to collect data to evaluate how gender mainstreaming's influence on downward accountability in Maternal health services can be achieved. Complementary data will come from a review of other studies and existing reports.

3.6.2 Key Informant Interviews (KII)

KIIs were to be used for the purposes of assessing and analysing the practice of gender mainstreaming and its influence on downward accountability in maternal health service delivery at the Council. Key informant interviews were held with the key stakeholders, namely, the DHSS, DPD, health centre in-charges, nurses, family planning service providers, members of Health and Environment Committee, and councillors. The tool was be opted because it is an excellent way for gaining first-hand information and a comprehensively deep impression of the operations of duty bearers in ensuring downward accountability on maternal health services (Kothari, 2004).

3.6.3 Focus Group Discussions (FGDs)

To explore the perceptions and experiences of key stakeholders, regarding the influence of gender mainstreaming on downward accountability in maternal health services at the Council, FGDs were conducted with members from the Health Centre Management Committee, Maternal Health Committee, Community Health Committee, Drug Committee and Score Card Committee. The identified groups helped to achieve the intended purpose because that is where issues surrounding gender mainstreaming on downward accountability in maternal health service delivery are discussed in depth. Apart from having an equal representation of the group members, the study will benefit from members who are active in the committees.

3.7 Methods of Data Analysis

The study used an interpretive approach to analyze data collected from various sources, providing a robust framework for understanding qualitative data. This method aligns with Patton's (2002) assertion that qualitative analysis involves segmenting, categorizing, coding, and developing themes from collected data. The interpretive approach allowed contextualization of participants' experiences, promoting a deeper understanding of the complexities surrounding gender mainstreaming and accountability in maternal health services. This approach was chosen because of qualitative emphasis. In that, it facilitates an in-depth exploration of subjective experiences, beliefs, and perceptions, aligning well with the study's objective of understanding participants' views on maternal health services.

Secondly, theme development, in that, the method supports the derivation of themes directly from the data, providing a flexible structure for analysis that accommodates emerging insights. Lastly, contextual understanding. In that, interpretative analysis prioritizes context, encouraging a comprehensive understanding that considers social, cultural, and institutional factors influencing participants' perspectives. However, in terms of utilization of the approach, the analysis began with data familiarization, followed by coding, where distinct segments of text were identified and labeled based on relevance to the research questions. These codes were then grouped into broader themes reflecting the core issues identified in the data. Following theme development, findings were discussed in relation to the study objectives, allowing for a meaningful interpretation of the data. Additional to that, extreme unwanted data especially those not pertinent to the study's focus were carefully excluded to maintain analytical rigor.

3.8 Ethical Considerations

Before interacting with the respondents, the consent of the respondents was sought first. Participants were clarified on the purpose of the study, how the data were to be collected, used and who had access to the data after its interpretation. In addition, participants' names and findings of the study were treated with confidentiality. The participants were required to sign consent forms upon agreeing to take part. Accordingly, they were given the liberty to withdraw their participation from the study any time.

3.9 Limitations of the Study

The study faced two major limitations and these are; the unavailability of key respondents, particularly from the political arm, and gender sensitivity in Focus Group Discussions (FGDs) due to committee compositions. The unavailability of respondents especially key political figures were often disengaged due to their busy schedules, particularly leading up to the campaign period. To address this, the study adopted flexible scheduling for interviews, accommodating the busy lives of respondents by offering various time slots, including early mornings and evenings. Additionally, the conducted online interviews when in-person meetings were not feasible, which proved to facilitate participation. In cases of unavailability, the study engaged secondary respondents with relevant insights, ensuring that critical

information was still captured. This approach helped maintain the depth and breadth of the findings.

Lastly, gender sensitivity in FGDs. the gender imbalance in health center committees hindered inclusive stakeholder input. To counter this, the study implemented diverse selection strategies to encourage equal female representation. The study also organized separate FGDs for men and women to create a safe space for all voices. Training facilitators on gender sensitivity further ensured balanced participation. Follow-up interviews with underrepresented stakeholders were conducted to provide additional insights. These measures collectively mitigated the limitations, preserving the integrity of the acquired data. Lastly desk research was also used to get a clear view of what really happens in all health facilities across the Council.

3.10 Conclusion

This chapter has presented the general methodology of the study. It has presented the research design and the sampling methods. The study, basically, being a qualitative one in nature, the data collection tools comprised desk research, KIIs, and FDGs. The chapter has also described the ethical considerations and some limitations of the study.

CHAPTER FOUR

STUDY FINDINGS

4.1 Introduction

This chapter articulates the key findings and discussion of the research study in relation to the specific objectives. The findings show that indeed the opportunities for gender mainstreaming that influence downward accountability in maternal health services do exist at the Council. However, the study has uncovered that the existing opportunities for gender mainstreaming on downward accountability in maternal health services are not being practised. This makes key stakeholders to perceive the Council as not being accountable enough to them because it has failed.

4.2 Opportunities For Gender Mainstreaming That Influence Downward

Accountability In Maternal Health Service Delivery

The study through interviews with members of the Council from both arms, drug committee, maternal committee and health centre management committee members found that there are several opportunities for gender mainstreaming that influence downward accountability in maternal health service delivery. By employing the opportunities, the council is able to build on its achievements and ensure that all women, men, boys and girls have equitable access to quality maternal health services.

4.2.1 Gender Mainstreaming Policies and Guidelines.

Gender mainstreaming policies and guidelines refer to the strategies and frameworks aimed at integrating a gender perspective into all aspects of policy making, program implementation, and service delivery (United Nations, 1997). In an interview with Council bureaucrats, it was revealed that Zomba City Council implements gender mainstreaming policies and guidelines, such as the National Gender Policy 2000. Zomba City Council being a government entity it automatically subscribes to the National Gender Policy. The policy targets removal of gender disparities and promote

gender equality in all aspects of health services. Secondly, there is the Gender Equality Act of 2013. The Act provides a legal platform to Zomba City Council to do away with all forms of stereotypes in health services. Thirdly, there is the National Plan of Action on Gender-Based Violence (GBV). The council benefits from this Action plan because it helps to guide on how to resolve gender-based violence through prevention, protection, and provision of support services for survivors of GBV. Similarly, the Gender and Women Empowerment Policy sets out Council strategies to promote women's rights and enhance their participation in decision-making processes. Finally, the National Youth Policy which enables the Council to recognize the relevance to enhance boys' and girls' participation in decision-making and also integrate gender perspectives in all aspects of service delivery.

The integration of gender-sensitive policies at the Council reflects an opportunity for gender mainstreaming which has the capacity to influence downward accountability in maternal health service delivery because gender sensitive policies provides a platform to keep everyone abreast of what the council is doing in as far as maternal health services are concerned. This is in line with the 2008 SADC Protocol on Gender and Development, and the National Gender Policy 2000. In that, the SADC Protocol on Gender and development demand the involvement of all genders in all development spheres (African Union, 2009). Hence through the involment, all genders are able to follow council plans and steps taken to advance issue of martenal health and hold them accountable.

4.2.2 Maternal Health Governance Structures.

These are institutional arrangements, mechanisms, and processes put in place at the council level to oversee, coordinate, and guide efforts to improve maternal health outcomes Moran, Kerber, Pfitzer, Morrissey, Marsh, Lawn, (2011). The structures at the Council included Maternal Health Committees. The committee at the health centre level oversees and coordinates maternal health programs and initiatives. Secondly, there was Maternal Health Units which were responsible for planning, implementing, and monitoring maternal health programs, as well as coordinating with other stakeholders. Lastly, there was Data Collection and Analysis committee. Health centres had established systems for collecting, analysing, and using data on maternal health. The sole aim was to monitor and report on maternal health outcomes, as well

as identifying gaps and prioritizing interventions based on data. These structures aimed to ensure effective planning, implementation, monitoring, and evaluation of maternal health programs and services.

According to Campbell and Graham (2006) the establishment of maternal health committees that are gender sensitive provides a wider array for the community to engage and decision-making. Kayuni & Inge (2016) argues that gender sensitive committees act as enablers of good service delivery because everyone follows every inch of the initiatives put in place to promote maternal health services. Apart from that, the presents of the maternal committees compliments the requirement of the the Malawi Growth and Development Strategy (MGDS) I, II, III, IV & V and Article 3(1) of the National Health Policy which demands the involvement of all genders in health-related issues and be able to voice out if services are not properly delivered.

4.2.3 Training and Sensitization on Gender Issues.

At the council level, trainings play a crucial role in promoting gender equality and integrating gender perspectives into policies, programs, and services. Gender trainings at the Council include gender sensitization workshops. The Council uses workshops to raise awareness and understanding of gender-related norms, biases, and inequalities in maternal health services. Through this, locals' knowledge gets enhanced on gender mainstreaming. Secondly, there is gender analysis training which helps Council members and staff to understand the gendered impacts of policies and programs on health services. Through this, gender gaps are identified and addressed. Thirdly, there is gender-responsive budgeting training which enhances the capacity of council members and staff in aligning budgetary allocations with gender equality objectives. Finally, there is gender-responsive planning training which assists council members and staff in considering the different needs, preferences, and priorities of women, men, girls, and boys when developing policies, programs, and projects. The knowledge imparted to staff and locals help to address gender gaps effectively, thereby promoting downward accountability.

Training of all cadres of the community on gender related aspects is essential according to the National Gender Policy 2000 because it bridges the knowledge gap and remove gender stereotypes in service provision (Government of Malawi, 2021). . Hudson, Caprioli & Ballif-Spanvill, (2009) argues that gender-sensitive training

enables providers to recognize and address gender biases and inequalities in service delivery. Maganga (2016) argues that adopting a gender-responsive approach, health care providers can better support women in accessing and utilizing maternal health services effectively. This not only promotes good service delivery but also a platform to hold the service providers responsible if the provision of the services does not occur the citizens expect to occur and take them to take without looking at ones gender.

4.2.4 *Women's Leadership and Empowerment.*

Promoting women's leadership and empowerment at the council level, particularly within the context of maternal health services, communities benefit from the diverse perspectives, experiences, and insights that women bring. This leads to more inclusive and effective decision-making processes. For example, at the moment the study found that most committees have got women representation and also some committees were even chaired by women like the health committee. In addition to that, the study found that, the council intensifies mentoring, skill-building, economic empowerment initiatives, and networking opportunities for women in order for them to become change agents in their communities and advocates of improved maternal health services. Address the specific needs and rights of women in relation to maternal health.

The council's investment in women empowerment and leadership positions fulfils the vision and mission of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Division for the Advancement of Women (DAW) and the Southern African Development Community (SADC), which demands active involvement of women in decisions related to their own maternal health services. This provides a platform for women's voices to be heard and considered. In addition to that, Chiweza (2007) argues that women empowerment creates a participatory environment where women can influence decisions that directly affect their health and well-being thereby holding service providers accountable

4.2.5 *Monitoring and Evaluation Framework.*

Regular assessments and evaluations using monitoring and evaluation framework help to identify gaps, challenges, and successes in gender mainstreaming in maternal health services. Examples at the council include, firstly, representation. The Council monitors and evaluates the representation of women in council leadership and decision-making positions related to maternal health services. The sole aim is to track through the percentage of women in council positions and their active involvement in decision-making processes. Finally, the Council evaluates the allocation of budgets and resources specifically for gender-responsive maternal health programs and services, such as monitoring the percentage of the total budget allocated to maternal health, as well as the specific budget allocation for initiatives addressing gender-based barriers and women's healthcare needs in the society.

4.2.6 *Community-Based Maternal Health Programs.*

The study found that the Council, through civil society organizations, non-governmental organizations, committees and women community members in various maternal health programs were able to monitor and evaluate the progress on maternal health service provision by tracking women's active involvement in decision-making processes, evaluate the allocation of budgets and resources specifically for gender-responsive maternal health programs.

Chikapa (2018) argues that, the collaboration of the Council with civil society organizations and women's rights group's helps to promote gender mainstreaming initiatives through comprehensive monitoring of the percentage total of the budget allocated to maternal health, as well as the specific budget allocation for initiatives addressing gender-based barriers and women's healthcare needs in the society. In addition to that, there search by Morgan et al. (2017) revealed that in order to advance maternal health, there is need to advocate for partnerships between governments, NGOs, and grassroots organizations by advancing gender equality. The point here is that, engagement of civil society actors help to ensure that women's voices are heard, and that policies and services are responsive to their needs and rights, thus enhancing downward accountability and promoting sustainable change

4.3 The Practice Of Gender Mainstreaming And Its Influence On Downward

Accountability In Maternal Health Service Delivery

The study through KII interviews with members of the health and environment committee, health centre in-charges and nurses and FDGs with the Health Centre Management Committee, Drug Committee, and Maternal Committee highlights the poor implementation of gender mainstreaming and its negative influence on downward accountability in maternal health service delivery at Zomba City Council. The gaps unpacked during KII and FDGs expose the challenges faced in various aspects of maternal health services. The following are some of the examples;

4.3.1 Poor Gender Mainstreaming Implementation in Family Planning

Services

Family planning refers to the conscious decision and practice of individuals and couples to regulate their fertility, including the spacing and timing of pregnancies, in order to achieve desired family size and enhance the well-being of both parents and children (World Health Organization, 2020). Family planning encompasses several methods and services that necessitates the individuals to come up with wise choices about their reproductive health and exercise their right to plan their families. According to the WHO (2020), family planning services include awareness, counselling, and contraceptive methods, like condoms, oral contraception, implants, injectable, and sterilization techniques. In all the health centres (Zilindo Health Centre, Matawale Health Centre, Sadzi Health Centre, City Council Clinic), records show that women and girls are the highest up-takers of the family planning services than men and boys.

In a focus group discussion with Health Centre Management Committee at Zilindo Health Centre and Matawale Health Centre, it was revealed that low patronage of men and boys on family planning services is due to lack of willingness to attend to family planning health talks on every Mondays at the health centres.

This contradict Dudgeon & Inhorn (2004) principle of heterogeneity which demands men's involvement in the antenatal care process, and gender norms in order to eliminate gender inequalities , promote shared responsibility and supportive relationships. In addition to that Green et al. (2012) argues that inability to encourage

men and boys involvement fails to address power imbalances and attain downward accountability due to lack of inclusivity in monitoring maternal health services.

In a separate interview with one of the community members said and I quote:

azibambo akabwera kudzalandira thandizo la chipatala akadwara loremba akapeza kuti madokotala akupangitsa maphunziro azakulera iwowo amachokapo kusonyeza kusafuna kuphunzira nawo chifukwa amakhulupilira kuti zakulera ndi za azimayi (when men come to the hospital when they are sick on Mondays when they find doctors holding health talks on family planning, men leave the place and stay from a distance because they have a belief that family planning is for women).

Because of that, health centres may not effectively educate men and boys about the importance and benefits of family planning. This results in a perception that family planning is solely a female concern, contributing to men and boys being less likely to seek or utilize these services. However, much as women and girls utilize highly family planning services, they are not involved in key decision making in all health centres due to the following reasons:

Firstly, women are not given an opportunity in decision-making. In FDGs it was discovered that, women's representation and participation in decision-making bodies, such as the health centre management committee and drug committee, is very limited. This denies women and girls a platform to voice out their needs and challenges regarding family planning, as such decisions made mostly by men fail to adequately address major challenges women and girls face in accessing and utilizing these services. Apart from not addressing the challenges, women and girls fail to hold leaders accountable on family planning services.

Lack of women's involvement in decision-making contradicts what Chasukwa & Chinsinga, (2010) who advocates that in order to attain downward accountability there is need to involve everyone on the affairs of the council including maternal health services. Kelechi et al. (2023, p2) argues that exclusion of women from decision-making, their perspectives and specific needs are often overlooked. In addition to that, Chiweza (2007) argues that lack of women participation at all levels

of decision making not only fails to address gender disparities but it also hinders the accountability of service providers on maternal health services. As such, according to Chasukwa (2016), Chiweza (2017) and Kelechi et al. (2023,p2), in order to promote downward accountability, it is crucial to ensure meaningful and inclusive participation of women in decision-making processes hence side-lining them undermines the principles of downward accountability.

Finally, the study unpacked that cultural beliefs was one of the barriers on gendered roles. FDGs at Zilindo Health Centre revealed that their cultural beliefs prioritize male authority and control over women's decision-making. This behaviour perpetuated gender inequalities in family planning services. In a separate interview, one of Health Centre Management Committee members said;

ineyo amuna anga anandiwuza kuti pachikhalidwe chathu cha chiyao timakhulupilira kuti nkazi akatenga kulera amasiya kukoma ndiye mukatero ndekut inu ndi ine banja lithapo ndiye pofuna kuteteza banja langa sindimayankhulako (my husband told me that according to our Yao culture we believe that if a woman gets contraceptives that woman stops to taste well in bed, if you proceed to do that, then our marriage will end. To protect my marriage I choose to remain silent)

These cultural barriers affect initiatives for gender mainstreaming and promoted downward accountability. According to Mongoato (2018), cultural norms and practices that promote gender inequalities hinder women's access to and utilization of maternal health services which has a negative bearing in terms of holding the leaders accountable. Furthermore, Govinda (2015) argues that in order to provide a favourable environment for gender mainstreaming, there is need to eliminate cultural norms like restrictions on women's mobility, limited decision-making power, and traditional beliefs deter women from accessing maternal health services. Beyene (2015) promulgates that if cultural barriers are removed boys, girls and women will have power to voice and hold duty bearers accountable.

4.3.2 Gender Mainstreaming Gaps in Postnatal Care Services

First, there is limited male involvement in postnatal care in that men don't accept to escort their wives to postnatal services, stating that they are busy looking for finances or engaging in work. In a separate interview, the chairperson for health and environment service committee said:

nthawi zambiri ndimatha kukumana ndi azimayi amudera langa akupita ku chipatala akabeleka koma amakhala ali okha opanda amuna awo. Ndikawafunsa amandiyankha kuti amuna anga akana chifukwa ku tawuni anabwelera kuzasaka Ndalama osati kuzaperekeza akaziwo ku chipatala (many are the times I meet women from my ward going to the hospital alone. When I ask them where your husbands are, they respond that, their husbands have refused because they came to town to look for money not to escort their wives to the hospital).

This lack of male participation denies fathers the opportunity to receive important information and support related to postnatal care and bonding with the new-borns.

Lack of men's involvement in antenatal and postnatal care contradicts the requirements of the Malawi Vision 2063, Malawi Implementation Plan 1 (MIP-1), the MGDS I, II, III, IV & V, National Gender Policy of 2000 and National Health Policy of 2000 which demand men's participation in all stages of maternal health care as a way to challenge traditional gender roles and promote shared responsibility. Lack of engagement of men in antenatal and postnatal care reduces their interest to hold service providers accountable to the needs of boys, girls and women due to limited knowledge about the quality of maternal service delivered.

4.3.3 Lack of Gender Sensitivity in Antenatal Service Promotion

Firstly, men refuse to escort their wives due to work commitments. They don't escort their wives because they don't recognize the importance of escorting women. This is the case because they don't patronize awareness sessions to learn the relevance of escorting women in the pretence of work commitments or financial responsibilities. Secondly, there is shyness of men due to perceived women nature of songs and dances. Men feel hesitant to participate in antenatal services due to the perceived

women nature of the songs sung during antenatal sessions. In a separate interview with one of the health centre in-charge, he recommended that sessions be designed to be appealing and engaging to all participants, regardless of their gender. Lastly, cultural beliefs dictate that antenatal services are the sole responsibility of women. This undermines the importance of having a supportive partner present.

Men's resistance to engage themselves in antenatal and postnatal care contradicts the requirements for family planning services which demands men's involvement to understand maternal issues better and decide on the number of children to have (Government of Malawi, 2021). Furthermore, limited involvement of men dwindles the requirement of the Malawi Vision 2063, Malawi Implementation Plan 1 (MIP-1), the MGDS I, II, III, IV & V, National Gender Policy of 2000 and National Health Policy of 2000 which demand men's participation in all stages of maternal health care as a way to challenge traditional gender roles and promote shared responsibility. Lack of engagement of men in antenatal and postnatal care reduces their interest to hold service providers accountable to the needs of boys, girls and women due to limited knowledge about the quality of maternal service delivered.

4.3.4 Gender-Insensitive Facility Settings.

To begin with, there is lack of separate facilities for men. The labour and postnatal wards in these health facilities often do not have separate spaces or accommodations for men to be present during the childbirth process. This makes it challenging for men to actively participate and support their partners during this important moment, undermining the goal of promoting male involvement in maternal health.

Secondly, there is limited information-sharing with men. Health professionals at Matawale and Sadzi Clinic fail to provide sufficient information and explanations to men present during labour and postnatal care. This lack of communication leaves men feeling uninformed and disconnected from the childbirth experience, preventing them from being fully involved in decision-making processes. There is also insensitive staff attitudes towards male involvement. For example, Staff at Matawale health centre display negative attitudes towards men's presence during childbirth, making men feel unwelcome. This discouragement negatively impacts men's motivation to be involved in the process.

Lack of a platform for awareness and mobilization campaigns on the relevance of gender equality on maternal health widens the knowledge gap on gender mainstreaming and downward accountability. Ballington (2004) opines that failure to educate the communities on the relevance of the availability of men during delivery and also the support to provide increases the gap in terms of their involvement on maternal issues. As such, intensifying on such strategies will help to boost the morale and increase their engagement hence they will be able to hold the service providers accountable since all men and women are involved in the process. As such, Council's investment in awareness campaigns make the community informed and demand better services from service providers

4.3.5 Inadequate Integration of Men in Maternal Health Services.

To begin with, there is lack of male involvement in escorting wives to the hospital. Even though men hold decision-making power in various committees at a health centre level like score card and health centre management committees, they do not see it necessary to escort their wives to get services, such as family planning, antenatal, and postnatal care. This lack of participation lowers the potential for men to fully understand the challenges faced by women and limits their ability to advocate for appropriate services.

In a separate interview, a member of the score card/ call team said:

ngakhale amuna akumati sakumatenga nawo gawo lalikulu pankhani zakulera komaso za uchembere wabwino, palibe olo tsiku limodzi kuti a khonsolo la zomba kapena akuluakulu achipatala analiyelekeza kuti amuna atiphunzise za kufunikira kutenga nawo gawo pa nkhani za uchembere wabwino (even though they say men don't largely take part on issues concerning family planning and antenatal care, there has never been a day set by the Zomba City Council or health centre management to teach men on the importance of taking part on maternal services)

This is a clear indication that there are minimal efforts to sensitize men on the relevance of maternal health services.

Lack of men's involvement in antenatal and postnatal care contradicts the requirements of the Malawi Vision 2063, Malawi Implementation Plan 1 (MIP-1), the MGDS I, II, III, IV & V, National Gender Policy of 2000 and National Health Policy of 2000 which demand men's participation in all stages of maternal health care as a way to challenge traditional gender roles and promote shared responsibility. Lack of engagement of men in antenatal and postnatal care reduces their interest to hold service providers accountable to the needs of boys, girls and women due to limited knowledge about the quality of maternal service delivered.

4.3.6 Limited Women's Empowerment and Decision-Making.

The study revealed that there is minimal opportunities available to women to actively engage and voice out the way they perceive the quality of maternal services given. Despite women being the major beneficiaries of maternal health services, they often lack a platform to actively engage and voice out their opinions on the quality and accessibility of these services. Male dominance and insubordination in all decision-making platforms and households prevent women from effectively advocating for their needs and take duty bearers to task on the services provided.

Lack of genuine council's investment in women empowerment and leadership positions contradict the resolutions of the conferences which were held in Mexico City, Copenhagen , Nairobi and Beijing in 1975, 1980, 1985, &1995 which aimed at removing all huddles that women face when it comes to enjoyment of both public and private services (African Union, 2000). In addition to that, lack of women empowerment negatively impacts the vision and mission of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Division for the Advancement of Women (DAW) and the Southern African Development Community (SADC), which demands active involvement of women in decisions related to their own maternal health services. This provides a platform for women's voices to be heard and considered. In addition to that, Chiweza (2007) argues that women empowerment creates a participatory environment where women can influence decisions that directly affect their health and well-being thereby holding service providers accountable.

Similarly, there is risk of violence or repercussions for women who seek engagement. Most women who attempt to attend public gatherings at the health centre level or

engage in decision-making processes concerning maternal health services risk being beaten by their husbands for leaving home. One of the female respondents said:

Azimuna athu amatimenya tikakhala kuti takakamila kuchoka pakhomo kukakhala nawo mmikumano tikabwelera kunyumba zomwe zumapangisa kuti tilephere kumatsatila kayendesedwe kazipatala pankhani za kulera ndi uchembere wabwino (our husbands beat us when we insist to leave our homes to attend meetings when we get back home, hence we fail to follow what is happening at the health centre on maternal services).

This fear and insecurity give an extra mile on silence of women thereby hindering them to actively participate in shaping maternal health policies thereby subjecting them to passive recipients of care.

4.3.7 Limited Sensitization of Community gate keepers

Gate keepers are leaders in the communities be it traditional or religious leaders. The study revealed that there is limited exposure to awareness campaigns for gate keepers on critical issues related to maternal health. This is the case because of lack of targeted programs or initiatives aimed at sensitizing them on the importance of family planning, and antenatal care. This leads to gate keepers being unaware of the challenges and needs faced by women in their communities. Secondly, religious beliefs and practices prevalent in the communities hinder the sensitization of community leaders. For instance, the deputy mayor for Zomba City Council said: *according to the Muslim faith, norms, and taboos restrict its leaders from engaging in discussions o related to maternal health services*. This limitation impede progress in sensitizing and mobilizing religious leaders to prioritize and support maternal health issues effectively.

Limited awareness and mobilization campaigns for the gate keeper's relevance of gender equality on maternal health widens lowers their morale to encourage their subjects to make patronize all the incentives to do with martenal health. This also contradicts Chasukwa's analogy that in order to boost gender equality, there is need to utilize gate keepers because of their legitimacy powers (Chasukwa, 2016). In addition to that, Ballington (2004) opines that failure to educate the communities on the

relevance of maternal widens the gap in terms of their involvement on maternal issues. As such, intensifying awareness campaigns will help to boost the morale and boost engagement levels hence able to hold the service providers accountable since all men and women are involved in the process.

4.3.8 Gender imbalance in important Committees.

The Health Centre Management Committee is responsible for the overall management and decision-making processes. However, at health centres like Zilindo and Matawale, due to cultural barriers, there is a significant gender imbalance. A majority of committee members are male, with limited female and youth representation. This gender disparity results in decisions that do not adequately address the unique needs and perspectives of boys, girls, women and the disabled using maternal health services.

Finally, the Score Card/Call Team Committee is responsible for monitoring and evaluating the quality of maternal services. However, there is gender imbalance at Matawale Health Centre and City Council Clinic in this committee, in that, there are no boys and girls and also limited representation of women. This lead to limited understanding of the specific challenges faced by boys, girls and women accessing maternal health services and thereby dwindling the quality improvement initiatives.

Gender imbalance on composition of committees contradicts expectations of the Malawi Growth and Development Strategy I, II, III, IV, and V, and the National Gender Policy of 2000 which demand gender balance within important committees if downward accountability is to be attained. Further to this, the stakeholders perceive that, overrepresentation of men and underrepresentation of women in these committees reflect an imbalance of power and decision-making powers. Emebet (2010) promulgates that, due to lack of equal representation, committees fail to oversee the management and governance of health centres, including the provision of maternal health services and hold service providers accountable. As such, in order to promote downward accountability at the Council, it is essential to increase women's representation in the committees, empower them to actively contribute to decision-making processes and also give them a platform to voice out all their needs.

4.4 The Perceptions and Experiences of Key Stakeholders, Regarding the Influence of Gender Mainstreaming On Downward Accountability in Maternal Health Services

The study, through interviews with Council members from Health and Environment committee, drug committee, maternal committee and health centre management committee members, perceive that poor gender mainstreaming implementation has negatively influenced downward accountability in maternal health service delivery at Zomba City Council. The stakeholders perceive that there is a severe lack of gender mainstreaming in all health centres within the jurisdiction of the Council. This is the case because women are denied the opportunity to take part in decision-making processes, thereby deterring them a platform on matters related to their own maternal health care services provided by health centres within the Council. In a separate interview, one of female members from the health centre management committee said:

ifeyo sitimayitanidwa kumisonkhano yokhuzana ndi uchembere wabwino andi nthawi zambiri timangozindikira kuti aku chipatala komaso aku khonsolo abwera kuzasiya mankhwala azakulera omwe sachedwaso kutha, nde ife timangoyang'ana kuti tiyambira pati kufunsa popeza mpata tilibe (we are not invited to attend meetings concerning maternal health services, and in most cases we just see the Council officials leave drugs which doesn't take long to finish as such we just watch because we don't know where to start from).

The stakeholder's perception contradicts the tenets and expectations of the Malawi Growth and Development Strategy I, II, III, IV, and V, and the National Gender Policy of 2000 which demand gender balance within important committees if downward accountability is to be attained. Chasukwa (2016) and Emebet (2010) promulgates that, limited gender representation affects downward accountability because genuine accountability demands that men, women, boys and girls be involved in all the angles and sphere of maternal health. Through that, they will be able to follow each and every bit of service delivery and also able to identify the areas where

things are not in right order and demand answers. Based on this, it is necessary for the council to embrace proper gender representation.

Secondly, the stakeholders perceive that youths were marginalized in decision making; In a separate interview, the in-charge for Zilindo Health Centre indicated that in his catchment area young people were not given a platform to voice out their opinions and concerns regarding maternal health services which could have detrimental impact on the service on the wellbeing. For example, there were a lot of teenage pregnancies. This was the case because of limited youth involvement.

Limited youth access to maternal health issues affects their interest in following up the expenditure to do with maternal health and consumption of family planning services. Lack of interest pose a major setback in terms of holding the leaders accountable on service delivery. This contradicts the requirement for good governance through downward accountability. Chiweza (2007) argues that attainment of meaningful accountability demands availability of information to everyone at any time irrespective of the gender of an individual. In addition, to that lack of involvement also contradicts the requirements of the Malawi Vision 2063, Malawi Implementation Plan 1 (MIP-1), the MGDS I, II, III, IV & V, National Gender Policy of 2000 and National Health Policy of 2000 which demand youth's participation in all stages of maternal health care as a way to challenge traditional gender roles and promote shared responsibility.

In an interview, the Director of Health and Social Services (DHSS) acknowledged that there is a big gap between the health centres, and women, in that in most cases women are not involved in the development plans concerning maternal health service delivery, which makes it hard for women to hold duty bearers accountable. As such, there is need to actively involve women health centre groupings like drug committee, and health centre management committees, where information about running maternal health services is shared. This is contrary to the tenets of the Malawi Growth and Development Strategy I, II, III, IV, and V, and the National Gender Policy of 2000 which demand gender equality.

4.5 Conclusion.

This chapter articulated the key findings and discussions of the study and they were organized in line with the specific objectives and their implications of gender mainstreaming at the Council in pursuit for downward accountability in maternal health services. The findings showed that indeed the opportunities for gender mainstreaming that influence downward accountability in maternal health services do exist at the Council. However, the study uncovered that, the existing opportunities for gender mainstreaming on downward accountability in maternal health services were not being practised. This made key stakeholders to perceive the Council not as being accountable enough to them because it failed to mainstream gender in maternal health services.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter articulates the conclusions and recommendations that fall within the scope of the research study. Based on the findings of the study and discussions in the previous chapters, the conclusions reflect the objectives of the study, the key findings and their implications. The recommendations made can play a crucial role in increasing the level of gender mainstreaming which eventually increases the level of downward accountability in maternal health services at Zomba City Council.

5.2 Conclusions

The government of Malawi adopted the National Gender Policy, 2000, the Malawi vision 2063 and Malawi Implementation Plan (MIP-1) to among other things promote gender mainstreaming principles in order to strengthen downward accountability for the purpose of efficiency and effectiveness in maternal health service delivery. The study was aimed at evaluating the influence of gender mainstreaming on downward accountability in maternal health services – a case study of Zomba city (2018-2023).

The specific objectives of the study were to assess and analyse the practice of gender mainstreaming in maternal health services at Zomba City Council, to identify the existing opportunities and challenges for gender mainstreaming in ensuring downward accountability in maternal health services and to examine key stakeholder's' perceptions on the influence of gender mainstreaming on downward accountability in maternal health services at Zomba City Council.

The study employed the qualitative approach where Zomba City Council was used as a case study. In-depth interviews and Focus group discussions were used to collect data by targeting relevant individuals, both Council Officials and local people within the Councils' jurisdiction and also desk research was used to collect complementary data on how gender mainstreaming influence downward accountability in maternal health services.

The findings of the study show that to a larger extent, lack of gender mainstreaming negatively affects downward accountability in maternal health service delivery. This was evidenced by inability of boys, girls and women to voice out on the quality of maternal health services because of lack of a platform for decision making. Due to this, boys, girls and women fail to hold duty bearer accountable. In addition to that, this tendency attest key stakeholders to perceive lack of boys, girls and women involvement in decision making to poor downward accountability at the Council

5.3 Recommendations

Based on the findings and discussions, the study recommends for the following changes on how the Council exercises gender mainstreaming to influence downward accountability on maternal health services.

Firstly, the study suggests promoting of women's empowerment and participation in decision-making processes. MOWA (2010) opines that to promote gender mainstreaming, there is need implement strategies that promote women's empowerment and meaningful participation. According to the UN women in Malawi report of 2017 states that meaningful women empowerment can be attained through establishment of mechanisms for women's representation in committees, providing training and capacity-building programs, entrusting women in leadership positions, and creating safe spaces for women to voice out their opinions and experiences in

maternal health services. If the Council is to implement the mechanism, it will be able to promote gender mainstreaming and attain downward accountability.

Secondly, it is vital to create gender-sensitive policies and guidelines governing membership and operations of the committees. Topia (2018) argues that developing gender-sensitive policies and guidelines is crucial to ensure the inclusion of women and men in all development spheres. This recommendation calls for the formulation and implementation of policies that address the specific health needs and concerns of women and men. Teyegne, (2007) argues that gender mainstreaming policies provide clear guidelines for service providers to integrate gender considerations into all government activities. Adopting this, all health centre committees will be able to mainstream gender in all aspects of maternal health services, from planning, implementation, to monitoring and evaluation thereby holding service providers accountable on the quality of maternal services delivered.

Thirdly, there is need to strengthen community engagement and awareness. As Kayuni (2016) argues that community engagement plays a vital role in promoting gender mainstreaming and downward accountability. Beyene (2015) opines that establishment of platforms for dialogue and collaboration with community members help to promote gender mainstreaming. In this regard, awareness campaigns on the importance of gender equality in maternal health, facilitating community-led initiatives, and establishing feedback mechanisms for community input and evaluation on the quality of maternal services will help to build a long-lasting platform for gender mainstreaming and attain downward accountability.

Fourthly, there is need to establish monitoring and evaluation mechanisms. Roth and Sgier (2018) promulgates that monitoring and evaluation mechanisms are crucial for ensuring that duty bearers account on how they implement gender principles in the day to day way of life. Brydon, (2013) argues that establishment of a robust system that regularly assess the implementation of gender mainstreaming strategies help to attain downward accountability. Based on this, the Council through its health centres needs to collect data on maternal service utilization, satisfaction, and outcomes disaggregated by gender, as well as conducting periodic assessments and audits to identify areas for improvement collaboratively with the community irrespective of gender.

Similarly, there is need to address cultural barriers and norms. Kayuni (2016) argues that cultural barriers and norms significantly influence the implementation of gender mainstreaming strategies. As such, the Council need to develop culturally sensitive strategies that challenge harmful practices and promote gender equality. The Council can attain this through community dialogues, educational programs, and partnerships with community leaders to shift social norms and create an enabling environment for gender mainstreaming and downward accountability.

Furthermore, the study recommends strengthening cross-sector collaboration. Govinda and Srivastava (2015) argues that to enhance gender mainstreaming and downward accountability, it is crucial to foster collaboration across different sectors. Mongoato (2018) opines that collaboration involves partnerships between health sectors, government agencies, civil society organizations, and community-based groups. This is in line also with Article 13 of the National Health Policy, the Malawi vision 2063 and public private partnerships (PPP). As such, if the Council is to harness the collective efforts and expertise of various stakeholders, it will be able to implement gender mainstreaming initiatives and attain downward accountability.

Finally, there is need to invest in research and data collection. According to Mongoato (2018), local Councils need to conduct gender analyses, needs assessments, and qualitative studies to identify gender mainstreaming gaps and make informed evidence-based interventions. In addition to that, Kelechi et al. (2023) states that through a robust research and availability of credible data, policymakers and practitioners can be able to make informed decisions to enhance the overall quality of gender equality. Based on this, Zomba City Council need to invest in research and data collection in order to understand the specific challenges and barriers to gender mainstreaming in maternal health services and downward accountability.

5.4 Study Limitations

The major study limitation was the unwillingness of some Council Officials to reveal all the necessary information relating to the current status on gender mainstreaming in maternal health services and its link to downward accountability just because to some extent they are also liable for causing this problem of lack of gender mainstream which negatively affect downward accountability in maternal health service delivery. Most of the Council Officials gave information which was biased towards their side

that they are doing their best to enhance gender mainstreaming in maternal health services so as to attain downward accountability while at the same time hiding information which would paint a bad impression about the effort they are putting in. However, desk research and interviews with a number of Council officials like Director of Planning and Development, councillors, committee members among others, helped to get a clear view of what really happens at the Council in relation to gender mainstreaming in maternal health services and its influence on downward accountability.

5.5 Areas for Further Research

Scholars from various quarters argue that there is a positive relationship between gender main streaming and downward accountability which has the capacity to influence the quality of service delivery like maternal health (Cornwall and Nyamu-Musembi, 2004, Baiocchi and Ganuza, 2017 and UNFPA, 2023). In Malawi there exists high levels of teenage pregnancies which may be due to poor maternal health service delivery as a result of poor gender mainstreaming initiatives which negatively influences the level of downward accountability in Malawian Councils' health centres and clinics. A qualitative study can thus be done to establish the local peoples' perception on whether the existing high levels of teenage pregnancies in Malawi is a determinant of the existing poor gender mainstreaming initiatives which negatively influences downward accountability in maternal health service delivery in Malawian Councils.

REFERENCES

- Ackah, C., & Heaton, N. (2004). The reality of "new" careers for men and women. *Journal of European Industrial Training*, 28(2/3/4),141-158.
<https://doi.org/10.1108/03090590410527582>
- Adams-Alwine, A. (2009). *Gender mainstreaming in the United Nations: A history, resource guide, and agenda for the future* (Doctoral dissertation). Georgetown University.
- African Development Bank. (2009). South Africa National Gender Machinery. *Gender Mainstreaming and the fight against gender-based violence*. Author
- African Union. (2000). *Constitutive Act of the African Union*. Author
- African Union. (2004). *Solemn Declaration on Gender Equality in Africa*. Author
- African Union. (2009). *African Union Gender Policy*. Author
- African Union. (2011). *Twentieth Pre-Summit Consultative Meeting on Gender Mainstreaming*. Author
- Ballington, J. (Ed.). (2004). *The Implementation of Quotas: African Experiences*. International IDEA.
- Bazili, A. (2010). *Mainstreaming Gender in the Governance of Transboundary Waters*. International Women's Rights Project.
- Bernheim, B. D. & Whinston, M. D. (1986). Common agency. *Econometrica*, 54(4), 923.
- Beyene, H. (2015). *Final report national assessment: Ethiopia gender equality and the Knowledge society*. Women in Global Science and Technology.

- Brydon, L. (2013). Gender and Structural Adjustment. In V. Desai & R. B. Potter (Eds.), *The Companion to Development Studies* (2nd ed., pp. 20-40). Routledge.
- Campbell, O. M., & Graham, W. J. (2006). Strategies for reducing maternal mortality: getting on with what works. *The Lancet*, 368(9543), 1284-1299. [https://doi.org/10.1016/S0140-6736\(06\)69381-1](https://doi.org/10.1016/S0140-6736(06)69381-1)
- Chasukwa, M. H., & Chinsinga, B. (2010). Slapping accountability in the face: observance of Accountability in Malawi's LG in absence of councillors. *International Journal of Public Administration*, 36(95), 354-366.
- Chasukwa, M. (2016). *The Gender Machinery Women in Malawi's Central Government Administration*. Chr. Michelsen Institute (CMI Brief)
- Chikapa, T. (2018). *Conceptualising Women's Careers in a Developing Country: Exploring the context of Malawi*. University of Manchester press
- Chinsinga, B., (2005). District assemblies in a fix: The perils of the politics of capacity in the Political and administrative reforms in Malawi. *Development Southern Africa*, 22 (4), 529–548.
- Chiweza, A. L. (2015). Political Economy Analysis of Accountability for Resources and Results in Local Government Councils. In N. Patel & L. Svasand (Eds.), *Government and Politics in Malawi* (pp. 137–174). Kachere Series.
- Chiweza, A. L. (2007). In government and politics. In N. Patel & L. Svasand (Eds.), *Government and Politics in Malawi* (pp. 137–174). Kachere Series.
- Cornwall, A., & Nyamu-Musembi, C. (2004). Why Gender Matters in the "War Against Poverty" West African Perspectives. *IDS Bulletin*, 35(4), 106-114.
- De Grauwe, A. (2004). *School-based management: does it improve quality?* Background paper prepared for the Education for All Global Monitoring Report 2005. UNESCO.
- Dulani, B., Chiweza, A., Kayuni, M. H., & Muriaas, R. (2017, February 9). *Gender issues in Malawi: Selected findings from the 2016 Malawi LGPI*. Presentation for stakeholders at the Malawi Sun Hotel, Blantyre.

- Economic Commission for Africa. (2001). *Monitoring and evaluation of the implementation of the Dakar and Beijing Platforms for Action: Task brief*. Prepared for the meeting of the Committee on Women and Development, Ethiopia.
- Evertzen, A. (2007). *Gender accountability: Services fail poor women*. Social and Institutional Development Department, Ministry of Foreign Affairs, The Hague.
- Emebet, M. (2010). *Report on selected practices on gender mainstreaming–Ethiopia*. Addis Ababa University.
- Gailmard, S. (2009). Multiple principals and oversight of bureaucratic policy-making. *Journal of Theoretical Politics*, 21(2), 161–186.
- Gaynor, C. (2006, July 6-7). *DAC Network on Gender Equality: Paris Declaration Commitments and Implications for gender equality and women's empowerment*. Paper for consideration by The OECD-DAC Network on Gender Equality & the OECD-DAC Working Party on Aid Effectiveness, Paris.
- Government of Malawi. (2000). *The National Gender policy*. Government Press.
- Government of Malawi. (2006). *The National Gender policy*. Government Press.
- Government of Malawi. (2015). *The National Gender policy*. Government Press.
- Government of Malawi. (2021). *The National Gender policy*. Government Press.
- Government of Malawi. (1995). *The Constitution of the Republic of Malawi*. Government Press.
- Government of Malawi. (1998). *The Local Government Act*, No 42 of the Laws of Malawi. Government Press.
- Government of Malawi. (2015). *The Republic of Malawi Demographic and Health Survey*. National Statistical Office.
- Goetz, A. (2006). *Promoting gender equality in new aid modalities and partnerships*. UNIFEM.

- Govinda and Srivastava (2016). *Masculinity and its Role in Gender-Based Violence in Public Spaces*. University of London.
- Hannan, C. (2008). United Nations Gender Mainstreaming Strategy: Achievements and Challenges. *Gender Studies and Policy Review*, 1(2), 36–45.
- Hudson, V. M., Caprioli, M., Ballif-Spanvill, B., McDermott, R & Emmett, C. F. (2009). The heart of the matter: The security of women and the security of states. *International Security*, 33(3), 7–45.
- Hussein, M. K. (2003). The role of Malawian local government in community development. *Development Southern African Journal*, 20(2), 271–278.
- Hussein, M.K. (2005). *Good Governance and the Local Governance System in Malawi: Challenges and Prospects* (Doctoral thesis). University of Johannesburg
- Hyden, G. (2010). Political Accountability in Africa: Is the Glass Half-Full or Half-Empty? *Overseas Development Institute-Working Paper No. 6*.
- Hupkes, E., Quintyn, M., & Taylor, M.W. (2006). *Accountability Arrangements for Financial Sector Regulators*. International Monetary Fund,
- Kayuni, H. (2017). *An Afro-barometer survey: AD152: In Malawi, gender gaps persist despite popular support for equal opportunity*. The University of Malawi.
- Kayuni, H., & Inge, A. (2016). *Women in Politics in Malawi*. Bergen and Zomba: Chr. Michelsen Institute (CMI). University of Malawi.
- Kayuni, H. (2014). Alternatives to gender quotas: Electoral financing of women candidates in Malawi. *Journal of Representative Democracy*, 50(3), 236-48.
- Kayuni, H. (2013). The state of internal democracy within women interest groups in Malawi. *Journal for International Women Studies*, 14(1). <https://vc.bridgew.edu/jiws/vol14/iss1/12>
- Kelechi, A., Mir, M., Namratha, R., & Anita, R. (2023, April 25). Malawians demand greater government efforts for gender equality. *Afro barometer Dispatch No. 63*.

- Khembo, N.S. (2003). *Local Government and decentralization in Malawi: an uncertain agenda* (Masters' thesis). University of Botswana
- Kumbani, L. C., Chirwa, E., Malata, A., Odland, J. Ø., & Bjune, G. (2013). Do Malawian women critically assess the quality of care? A qualitative study on women's perceptions of perinatal care at a district hospital in Malawi. *Reproductive Health*, 10(1), 30-41.
- Lane, J. E., & Kivistö, J. (2008). Interests, information, and incentives in higher education: Principal-agent theory and its potential applications to the study of higher education governance. In J. C. Smart (Ed.), *Higher Education: Handbook of Theory and Research*. Springer
- Moncrieffe, J.M. (1998). Re-conceptualizing political accountability. *International Political Science Review Journal*, 19 (4), 387–40
- Moran, A. C., Kerber, K., Pfitzer, A., Morrissey, B., Marsh, D. R., Oot, D., & Lawn, J. E. (2011). Benchmarks to measure readiness to integrate and scale up newborn survival interventions. *Health Policy and Planning*, 26(Suppl_1), i29–i39.
- Mongoato, B. (2018). *Gender Mainstreaming in Local Governance: A case of O.R. Tambo District Municipality*. Nelson Mandela University Press.
- Ministry of Women's Affairs (MoWA) (2010). *Assessment of Mainstreaming Gender in the National Statistical System of Ethiopia*.
https://www.statsethiopia.gov.et/wp-content/uploads/2021/07/Gender-Statistics_Assessment-Report.pdf
- Murithi, T. (2010). The African Union as an International Actor. In J. Mangala (Ed.), *Africa and the New World Era*. Palgrave Macmillan.
- Negesse, A., Jara, D., Temesgen, H., Dessie, G., Getaneh, T., Mulugeta, H., & Negesse, Y. (2020). The impact of being of the female gender for household head on the prevalence of food insecurity in Ethiopia: A systematic review and meta-analysis. *Public Health Reviews*, 41(3), 1–14.

- O'Donnell, G. (1999). "Horizontal Accountability in New Democracies." *The Self Restraining State: Power and Accountability*. in A. Schedler, L. Diamond and M. Platter (Eds.), *New Democracies* (pp. 123-37). Lynne Rienner
- Patton, M.Q. (2002). *Qualitative Research & Evaluation Methods*. SAGE press.
- Razavi, S., & Hassim, S. (2006). Gender mainstreaming and development: A reconsideration. *Journal of International Development*, 18(3), 427–444.
- Roth and Sgier (2018), *Gender Differences in Political Participation: Comparing Street Demonstrators in Sweden and the United Kingdom*.UK. British sociological Association.
- Sayed, Y.(1997). Understanding Education decentralization in post-Apartheid South Africa. *The Journal of Negro Education*, 66(4), 23-37.
- Tambulasi, R., & Kayuni, H., (2007). Decentralization opening a new window for corruption: An Accountability assessment of Malawi's four years of democratic governance. *Journal of Asian and African Studies*, 42(2), 163–18
- Teyegne, B. G. (2007). *Opportunities and challenges of gender mainstreaming in selected sector bureaus in Addis Ababa* (Master's thesis). Graduate School of University, Addis Ababa.
- Tekelab, T., Berhane, A., & Tesfaye, H. (2016). Health service utilization for maternal and child care in southern Malawi: A cross-sectional study. *BMC Health Services Research*, 16(1), 196-207.
- Topia, E. (2018). Towards a gendered right to the city for migrant volunteers in London. *Cities*, 76(1), 12-17. <https://doi.org/10.1016/j.cities.2017.04.007>
- United Nations. (1997). *Integrating Gender Perspectives in the Work of the United Nations Secretariat: A Manual for Practitioners on the Basic Approach for Results-Based Gender Mainstreaming*.
https://www.un.org/womenwatch/osagi/pdf/Intro_to_Gender_Mainstreaming.pdf
- United Nations Development Programme. (2018). *Gender responsive budgeting*.
<https://www.undp.org/content/undp/en/home/librarypage/womensempowerment/gender-responsive-budgeting.html>

Zaza, C. E. (2015). *Gender and community development: Examining women's participation in gender mainstreaming community development projects in Rushinga District, Zimbabwe* (Master's thesis). University of KwaZulu-Natal

APPENDICES

APPENDIX 1: INTERVIEW GUIDES: GUIDE FOR THE INTERVIEW WITH COUNCIL BUREAUCRAT; DIRECTOR OF HEALTH SOCIAL SERVICES, AND HEALTH CENTRE IN-CHARGES.

SELF INTRODUCTION

I am Mwawi Chirwa, a final year student at the University of Malawi, Chancellor College studying a Master's Degree in Public Administration and Management. Am conducting this study in partial fulfilment of the requirements to be awarded my degree. Actually, my area of focus is "Evaluating the Influence of Gender Mainstreaming on Downward Accountability in Maternal Health Services – A Case Study of Zomba City (2018-2023)".

GUIDE FOR THE INTERVIEW WITH COUNCIL BUREAUCRAT; DIRECTOR OF HEALTH SOCIAL SERVICES, AND HEALTH CENTRE IN-CHARGES THIS GUIDE IS TACKLING OBJECTIVES ONE AND TWO

A) Objective One (To Identify the Existing Opportunities for Gender Mainstreaming That Influence Downward Accountability in Maternal Health Service Delivery at the Council.)

Questions

1. What is the current overview of the maternal health service delivery framework at the Council?
2. What measures, if any, have been put in place to ensure gender mainstreaming in maternal health service delivery?
3. Can you define the term gender mainstreaming in relation to maternal health services?

4. Are there existing opportunities for gender mainstreaming in maternal health service delivery at the Council? If yes, what are they?
5. Does the Council have specific policies related to gender mainstreaming in maternal health service delivery?

A) Objective Number Two (To Assess And Analyse The Practice Of Gender Mainstreaming And Its Influence On Downward Accountability In Maternal Health Service Delivery At The Council.)

Questions

6. Mention any four mechanisms that have been put in place to ensure downward accountability in the delivery of maternal health services?
7. How are the above mechanisms influenced by gender mainstreaming efforts?
8. Are there examples of how gender mainstreaming has been integrated into maternal health service delivery programs? If yes, what are they?
9. What evidence do you have to support the effectiveness of gender mainstreaming in maternal health service delivery?
10. Are there challenges experienced in implementing gender mainstreaming in maternal health service delivery? If so, what are they and how have they been addressed?
11. Does the Council have established partnerships to support gender mainstreaming in maternal health service delivery? If yes, mention any four?
12. How does the Council monitor and evaluate the implementation of gender mainstreaming in maternal health service delivery programs?
13. Are there examples of success stories resulting from gender mainstreaming efforts in maternal health services? If yes, what are they?
14. What lessons can be drawn from the process of gender mainstreaming in maternal health service delivery?

15. What are Council's future plans in relation to gender mainstreaming in maternal health service delivery, and how does it envision further improving downward accountability in maternal health service delivery?

APPENDIX 2: GUIDE FOR THE INTERVIEW WITH COUNCIL BUREAUCRAT: DIRECTOR OF PLANNING AND DEVELOPMENT

“THIS GUIDE IS TACKLING OBJECTIVES ONE AND TWO”

B) Objective One (To Identify the Existing Opportunities for Gender Mainstreaming That Influence Downward Accountability in Maternal Health Service Delivery at the Council.)

QUESTIONS

1. What is your understanding of gender mainstreaming and downward accountability in relation to maternal health service delivery?
2. What is the current overview of the planning and development processes for maternal health services?
3. Are there specific strategies in place to incorporate gender considerations into the planning and development of maternal health services? If yes, mention four of them?
4. How does the Council Collect, analyse, and utilize the data to assess the influence of gender mainstreaming on downward accountability in maternal health services?
5. Mention and Explain initiatives that have been implemented to integrate gender considerations into the delivery of maternal health services?

D) Objective Number Two (To Assess And Analyse The Practice Of Gender Mainstreaming And Its Influence On Downward Accountability In Maternal Health Service Delivery At The Council.)

Questions

6. How does gender mainstreaming influence the decision-making processes in relation to the allocation of resources for maternal health services?

7. What measures does the Council use to evaluate the effectiveness of gender mainstreaming initiatives in improving downward accountability in regards to maternal health services?
8. Does the Council conduct assessments to measure the influence of gender mainstreaming on downward accountability in maternal health services? If yes, explain?
9. Are there challenges registered so far in achieving gender mainstreaming objectives in maternal health service delivery? If yes, what are they? How have they been addressed?
10. Mention at least any two partnerships that have been established to support the implementation of gender mainstreaming strategies in maternal health service delivery?

APPENDIX 3: GUIDE FOR INTERVIEWS WITH MEMBERS OF THE HEALTH AND ENVIRONMENT COMMITTEE

“THIS GUIDE IS TACKLING OBJECTIVES ONE, TWO & THREE”

C) OBJECTIVE ONE (TO IDENTIFY THE EXISTING OPPORTUNITIES FOR GENDER MAINSTREAMING THAT INFLUENCE DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICE DELIVERY AT THE COUNCIL.)

Questions

1. What is your understanding of gender mainstreaming and downward accountability in relation to maternal health service delivery?
2. Are there policies and regulations related to maternal health services at the Council? If yes, what are they?
3. To what extent is gender mainstreaming integrated into the policies and regulations governing maternal health service delivery at the Council?
4. Does the Council prioritize specific needs and experiences of women through development of by-laws related to maternal health services?
5. What are the initiatives that the Council implements to ensure the downward accountability of maternal health service providers?

**OBJECTIVE NUMBER TWO (TO ASSESS AND ANALYSE THE PRACTICE OF
GENDER MAINSTREAMING AND ITS INFLUENCE ON DOWNWARD
ACCOUNTABILITY IN MATERNAL HEALTH SERVICE DELIVERY AT THE
COUNCIL.)**

QUESTIONS

6. How does the Council utilize the data collected to monitor the influence of gender mainstreaming on downward accountability within maternal health services?

7. How does the Health and Environment Committee monitor the implementation of gender mainstreaming initiatives in maternal health service delivery?
8. What challenges encountered in promoting gender mainstreaming and downward accountability in maternal health service delivery? How have they been addressed?
9. Are there examples of how gender mainstreaming influence the decision-making processes related to the creation or amendment of Council by-laws for maternal health services?
10. What role do Councillors of the Health and Environment Committee play to ensure that gender considerations are incorporated into the budgetary allocation for maternal health services?
11. Mention any three partnerships that the Council has so far established with key stakeholders to support the implementation of gender mainstreaming strategies in maternal health service delivery?

G) OBJECTIVE NUMBER THREE (TO EXPLORE THE PERCEPTIONS AND EXPERIENCES OF KEY STAKEHOLDERS, REGARDING THE INFLUENCE OF GENDER MAINSTREAMING ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICES AT THE COUNCIL)

Questions

12. Does the Council conduct assessments to measure the influence of gender mainstreaming on downward accountability in maternal health services? If yes, how often?
13. Are there lessons learnt from the practice of gender mainstreaming in maternal health service delivery? What are they? How have these lessons informed future actions?
14. From your experience, what recommendations put forward to further enhance the practice of gender mainstreaming and downward accountability in maternal health service delivery?

15. How would you envision the integration of gender mainstreaming and its influence on downward accountability in maternal health service delivery to transform the future of the Council?

APPENDIX 4: GUIDE FOR THE INTERVIEW WITH THE HEALTH CENTRE MANAGEMENT COMMITTEE

“THIS GUIDE IS TACKLING OBJECTIVES TWO AND THREE

SELF-INTRODUCTION

I am Mwawi Chirwa, a final year student at the University of Malawi, Chancellor College studying a Master’s Degree in Public Administration and Management. Am conducting this study in partial fulfilment of the requirements to be awarded my degree. Actually, my area of focus is "EVALUATING THE INFLUENCE OF GENDER MAINSTREAMING ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICES – A CASE STUDY OF ZOMBA CITY (2018-2023)".

H) OBJECTIVE NUMBER TWO (TO ASSESS AND ANALYSE THE PRACTICE OF GENDER MAINSTREAMING AND ITS INFLUENCE ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICE DELIVERY AT THE COUNCIL.)

Questions

1. What is the current practice of gender mainstreaming within the Health Centre Management Committee's activities in relation to maternal health service delivery?
2. What are the examples of how gender considerations have been integrated into the planning, implementation, and evaluation of maternal health services?
3. What role does the Health Centre Management Committee play to ensure that council officials are held accountable for the delivery of quality maternal health services?

4. How does the Health Centre Management Committee engage with the community to gather feedback and ensure their participation in decision-making processes in relation to maternal health service delivery?
5. What are the challenges so far encountered by the Health Centre Management Committee in effectively implementing gender mainstreaming and ensuring downward accountability in maternal health services? How have these challenges been addressed?
6. Are there specific actions taken by the Health Centre Management Committee to facilitate downward accountability within maternal health service delivery? If yes, mention four?
7. Does the Health Centre Management Committee coordinate and collaborate with other stakeholders and committees at the health centre level to enhance gender mainstreaming and downward accountability in maternal health services? If yes, how does it collaborate? Which key stakeholders?
8. Does the Health Centre Management Committee collect and analyse data to monitor the influence of gender mainstreaming on downward accountability in maternal health service delivery? If yes, How?

I) OBJECTIVE NUMBER THREE (TO EXPLORE THE PERCEPTIONS AND EXPERIENCES OF KEY STAKEHOLDERS, REGARDING THE INFLUENCE OF GENDER MAINSTREAMING ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICES AT THE COUNCIL)

Questions

9. Does committee conduct formal assessments to measure the influence of gender mainstreaming on downward accountability in maternal health services? If so, what were the findings and recommendations?
10. How has the practice of gender mainstreaming within the Health Centre Management Committee changed over time, and what factors have contributed to these changes?

11. Give four examples of how gender considerations have influenced decision-making processes within the Health Centre Management Committee, with special focus on resource allocation and service provision for maternal health?
12. Share the lessons learnt from the practice of gender mainstreaming in maternal health service delivery? How have these lessons informed future actions?
13. How does the Committee envision the enhancement of gender mainstreaming and downward accountability in maternal health service delivery?
14. Are there potential opportunities for strengthening gender mainstreaming and ensuring downward accountability in maternal health services? If yes, what are they?
15. From your experiences within the Health Centre Management Committee, what recommendations would you put forward further future research?

APPENDIX 5: GUIDE FOR THE INTERVIEW WITH MATERNAL COMMITTEE.

THIS GUIDE IS TACLING OBJECTVIE TWO AND THREE

SELF-INTRODUCTION

I am Mwawi Chirwa, a final year student at the University of Malawi, Chancellor College studying a Master's Degree in Public Administration and Management. Am conducting this study in partial fulfilment of the requirements to be awarded my degree. Actually, my area of focus is "EVALUATING THE INFLUENCE OF GENDER MAINSTREAMING ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICES – A CASE STUDY OF ZOMBA CITY (2018-2023)".

k) OBJECTIVE NUMBER TWO (TO ASSESS AND ANALYSE THE PRACTICE OF GENDER MAINSTREAMING AND ITS INFLUENCE ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICE DELIVERY AT THE COUNCIL.)

Questions

1. What is your understanding of gender mainstreaming in relation to maternal health service delivery?
2. How has gender mainstreaming been integrated into the planning, implementation, and evaluation of maternal health services by the Committee?
3. Are there examples of how gender considerations have influenced decision-making processes and resource allocation ? if so, what are they?
4. Does the Maternal Health Committee prioritize and ensure accountability for the delivery of quality maternal health services? If so, give three examples?

5. Are there mechanisms that the Maternal Health Committee employ to gather feedback and actively involve the community in decision-making processes? If so, how?
6. Have there been challenges faced in effectively implementing gender mainstreaming and ensuring downward accountability in maternal health services? If so, how were they resolved?
7. What specific actions have been advocated by the Maternal Health Committee to promote gender mainstreaming and enhance downward accountability?
8. Does the Maternal Health Committee collaborate and coordinate with other stakeholders, such as health centre committees, to further gender mainstreaming and downward accountability? If so, how?
9. How does the Maternal Health Committee collect and utilize data to monitor and assess the influence of gender mainstreaming on downward accountability in maternal health service delivery?

L) Objective Number Three (To Explore The Perceptions And Experiences Of Key Stakeholders, Regarding The Influence Of Gender Mainstreaming On Downward Accountability In Maternal Health Services At The Council).

Questions

10. Have there been any formal assessments conducted to measure the influence of gender mainstreaming on downward accountability in maternal health services? If so, what were the findings and recommendations?
11. Share specific moments where gender mainstreaming has positively influenced downward accountability in maternal health service delivery, as reported by key stakeholders?
12. Have there been challenges experienced by key stakeholders regarding the influence of gender mainstreaming on downward accountability in maternal health services? If so, what were they, and how were they resolved?

13. What are the perceptions of key stakeholders on the influence of gender mainstreaming on downward accountability in maternal health services? What are their experiences and observations?

14. Do you envision further strengthening gender mainstreaming and downward accountability in maternal health service delivery based on the perceptions and experiences of key stakeholders within the Score Card Committee? If so, How?

15. What recommendations would you put forward to improve gender mainstreaming and ensuring downward accountability in maternal health service delivery in the future?

APPENDIX 6: GUIDE FOR THE INTERVIEW WITH COUNCIL DRUG COMMITTEE: “THIS GUIDE IS TACKLING OBJECTIVES TWO AND THREE”

SELF-INTRODUCTION

I am Mwawi Chirwa, a final year student at the University of Malawi, Chancellor College studying a Masters Degree in Public Administration and Management. Am conducting this study in partial fulfilment of the requirements to be awarded my degree. Actually, my area of focus is "Evaluating The Influence Of Gender Mainstreaming On Downward Accountability In Maternal Health Services – A Case Study Of Zomba City (2018-2023)".

M) Objective Number Two (To Assess And Analyse The Practice Of Gender Mainstreaming And Its Influence On Downward Accountability In Maternal Health Service Delivery At The Council.)

Questions

1. Define and describe the practice of gender mainstreaming in relation to maternal health service delivery?
2. How does the Committee perceive the influence of gender mainstreaming on downward accountability in maternal health service delivery at the Council?
3. Share specific examples of how gender considerations have influenced decision-making processes and resource allocation?
4. How does the Drug Committee ensure accountability for the delivery of quality maternal health services?
5. Are there mechanisms put in place by the Drug Committee to actively involve the community in decision-making processes related to maternal health service delivery? If so, what are they?
6. Does the Committee experience challenges in implementing gender mainstreaming and ensuring downward accountability? If so, how were they resolved?

7. What measures have been put forward by the Drug Committee to further gender mainstreaming and enhance downward accountability?
8. Does the Drug Committee collaborate and coordinate with other stakeholders in order to enhance gender mainstreaming and downward accountability in maternal health services? If so, how?
9. How does the Drug Committee collect and utilize data to monitor and assess the influence of gender mainstreaming on downward accountability in maternal health service delivery?

N) Objective Number Three (To Explore The Perceptions And Experiences Of Key Stakeholders, Regarding The Influence Of Gender Mainstreaming On Downward Accountability In Maternal Health Services At The Council)

Questions

10. Have there been any formal assessments conducted to measure the influence of gender mainstreaming on downward accountability in maternal health services? If so, what were the findings and recommendations?
11. Share specific moments where gender mainstreaming has positively influenced downward accountability in maternal health service delivery, as reported by key stakeholders?
12. Have there been challenges experienced by key stakeholders regarding the influence of gender mainstreaming on downward accountability in maternal health services? If so, what were they, and how were they resolved?
13. What are the perceptions of key stakeholders on the influence of gender mainstreaming on downward accountability in maternal health services? What are their experiences and observations?
14. Do you envision further strengthening gender mainstreaming and downward accountability in maternal health service delivery based on the perceptions and experiences of key stakeholders within the Score Card Committee? If so, How?

15. What recommendations would you put forward to improve gender mainstreaming and ensuring downward accountability in maternal health service delivery in the future?

APPENDIX 7: GUIDE FOR THE INTERVIEW WITH SCORE CARD COMMITTEE

“THIS GUIDE IS TACKLING OBJECTIVES TWO AND THREE

SELF-INTRODUCTION

I am Mwawi Chirwa, a final year student at the University of Malawi, Chancellor College studying a Masters Degree in Public Administration and Management. Am conducting this study in partial fulfilment of the requirements to be awarded my degree. Actually, my area of focus is "EVALUATING THE INFLUENCE OF GENDER MAINSTREAMING ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICES – A CASE STUDY OF ZOMBA CITY (2018-2023)".

O) OBJECTIVE NUMBER TWO (TO ASSESS AND ANALYSE THE PRACTICE OF GENDER MAINSTREAMING AND ITS INFLUENCE ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICE DELIVERY AT THE COUNCIL.)

QUESTIONS

1. How do you understand the practice of gender mainstreaming within the context of maternal health service delivery?
2. How would you describe the influence of gender mainstreaming on downward accountability in maternal health service delivery at the Council?
3. Share specific examples of how gender considerations influence the decision-making processes and resource allocation by the Committee?
4. Does the Score Card Committee ensure accountability for the delivery of quality maternal health services? If yes, How?

5. Does the Score Card Committee engage and involve the community in decision-making processes related to maternal health service delivery? If yes, How?
6. Have you encountered any challenges in implementing gender mainstreaming and ensuring downward accountability? If so, how were they dealt with?
7. Are there specific actions taken by the Score Card Committee to promote gender mainstreaming and enhance downward accountability in maternal health service delivery? If yes, what are they?
8. How does the Committee collaborate and coordinate with other stakeholders, such as the Maternal Health Committee and Drug Committee, to advocate for gender mainstreaming and downward accountability?
9. How does the Score Card Committee collect and utilize data to monitor and assess the influence of gender mainstreaming on downward accountability in maternal health service delivery?

P) OBJECTIVE NUMBER THREE (TO EXPLORE THE PERCEPTIONS AND EXPERIENCES OF KEY STAKEHOLDERS, REGARDING THE INFLUENCE OF GENDER MAINSTREAMING ON DOWNWARD ACCOUNTABILITY IN MATERNAL HEALTH SERVICES AT THE COUNCIL)

QUESTIONS

10. Have there been any formal assessments conducted to measure the influence of gender mainstreaming on downward accountability in maternal health services? If so, what were the findings and recommendations?
11. Share specific moments where gender mainstreaming has positively influenced downward accountability in maternal health service delivery, as reported by key stakeholders?
12. Have there been challenges experienced by key stakeholders regarding the influence of gender mainstreaming on downward accountability in maternal health services? If so, what were they, and how were they resolved?

13. What are the perceptions of key stakeholders on the influence of gender mainstreaming on downward accountability in maternal health services? What are their experiences and observations?

14. Do you envision further strengthening gender mainstreaming and downward accountability in maternal health service delivery based on the perceptions and experiences of key stakeholders within the Score Card Committee? If so, How?

15. What recommendations would you put forward to improve gender mainstreaming and ensuring downward accountability in maternal health service delivery in the future?

FORM OF CONSENT TO PARTICIPATE IN AN INTERVIEW

I..... accept to take part in an academic interview organized by Mr Mwawi Chirwa on voluntary basis and I have the freedom to continue or discontinue the interview.

I Mwawi Chirwa confirms that the information that I will gather will be used only for academic purposes and handled with confidentiality.

Signature.....

Mwawi Chirwa

respondent