



Women in smallholder households

Since CARE Malawi started its operations in 1998 it has strived to deepen the quality and impact of programs. This is guided by a strong understanding of peoples' livelihoods and a thorough analysis of structural and systemic causes of poverty and marginalization. Based on this analysis CARE Malawi has chosen to focus on three specific marginalized groups whom we can achieve deep and lasting impact. One of these is *Women in vulnerable, chronically food insecure, rural smallholder households*¹.

Mrs Meke represents this group. She comes from a village in the rural district of Kasungu in central Malawi and lives in a small house with her husband, her widowed daughter and one of her grandchildren. She has two adult sons who live with their own families nearby. Mrs Meke's husband is the village headman, which means he is responsible for looking after the development and well being of their village. Mr Meke owns two acres of farmland and two hectares of wetland, which is used for cultivation during the dry season. They used to own goats and many chickens, however their goats were stolen and most of their chickens died of disease. Mrs Meke's family grow tobacco, which her husband and sons take to the auction floors in the capital, Lilongwe, to sell.

Mrs Meke is typical of women from this impact group – she belongs to a household which owns a small amount of land and assets and have some labor but have limited skills and are not earning enough to support the whole family. Although Mrs Meke's family grows food such as maize, groundnuts, sweet potatoes and other vegetables, they are not producing enough to meet their basic needs. For instance, they are often short of food and cannot pay for hospital fees and medication when someone is sick.

As a result, women like Mrs Meke are trying to cope with high levels of chronic or untreated health conditions such as malnutrition, water-borne disease and worm related diseases. In addition, these women have limited access to resources, opportunities and services. Usually they are not involved in decisions concerning the household, including farming or selling of the household crops, yet they contribute a lot of the labor. They are also excluded from community decision making activities and economic opportunities, or if they are included they lack the skills or education to participate fully.

The Meke family belong to their village farm inputs club, which was established with support from CARE Malawi. Through the club, households can access small, interest-free loans to use as capital to improve farm production. Last year the Meke family used these funds to purchase bags of fertilizer and a bag of maize seeds. As a result, their crop yield has increased. Whereas the family could previously only produce enough food to last them 4 months, now they have enough for at least 9 months.

Through its program focused on women from rural smallholder households, CARE Malawi aims to empower these women socially and economically so they are able to exercise their rights of access to and control of productive resources and services. It is hoped women like Mrs Meke will enjoy more diverse and reliable access to income and sufficient nutritious food as a result.

¹ The other two programs focus on *Rural adolescent girls of primary and post-primary age, approximately 10-18 years* and *Women from very poor, chronically food insecure, highly labor constrained female headed households*.