Supporting and Mitigating the Impact of HIV/AIDS for Livelihood Enhancement: Malawi

ONTEXT: Malawi remains extremely affected by HIV/AIDS, with nearly 12 percent of the population estimated as livi th the disease in 2007 (World Health Statistics 2009). A lack of awareness surrounding contraception means th nsmissions rose significantly between 1996 and 2000, from 23 to 55 percent among women and 47 to 71 among me alawi National Statistics Office 2000). This issue is further compounded by the fact that basic services such as health ca e inaccessible to the poorest and most vulnerable Malawian citizens. Through strengthening citizen-state-private sect ations, improving the knowledge base surrounding HIV/AIDS and implementing citizen monitoring tools, the Supportir d Mitigating the Impact of HIV/AIDS for Livelihood Enhancement (SMIHLE) project aimed to develop and promo erational models that strengthen mainstreamed service delivery relating to HIV/AIDS and gender issues.

OBJECTIVE: To develop and promote operational models and practices that strengthen the delivery of food security services that mainstream HIV/AIDS and gender-related issues; to enhance livelihood security and well-being through improving rural communities' access to quality services.

PROACH: A key project objective was to **promote local nership** over local development activities through **empowering mmunity member**s to set their own development objectives. This s hoped that the formation of and provision of training to Village brella Committees (VUCs), Village Savings and Loan Groups, Seed nk Groups and Marketing Groups would ensure this objective was t. The CSC – not originally part of the project – was introduced er a mid-term evaluation found that monitoring and feedback stem did not allow community members sufficient scope to gotiate with either CARE staff or local service providers.

IHLE introduced the CSC as a means of sharing responsibility for nitoring project interventions with communities, increasing rticipation of project beneficiaries and improving the accountability d transparency of duty bearers.

TERVENTION: SMIHLE was funded by AusAID through CARE Australia from 2004 to 2010. It was implemented longwe and Dowa Districts of Central Malawi, reaching approximately 30,000 households with 165,000 seconda neficiaries. In focusing on operational practices that strengthened the delivery of services that mainstream HIV/AI d gender issues, focus was placed on community institutions, seed banking, village savings and loans and marketing. C process were implemented from 2007-2010, with the first round lasting 2 months. The process took part in 5 phases

Planning and Preparation: Project staff worked to raise CSC awareness with local leaders, service users a community members. Briefings were held with the Dowa and Lilongwe Director of Planning and Development a District Commissioners, to introduce and gather support for the CSC; this was followed by a one-day orientati workshop for ten District Executive Committee members. CSC facilitators were also trained at this stage.

Conducting the CSC with Community: On Day 1, community participants were selected to ensure the inclusion of vulnerability groups, and divided into groups of women, men and local leaders. Discussions compared services receiv with individual entitlements. Facilitators then jointly converted issues identified into common indicators. On Day groups scored services against the indicators, using a scale of 1-5, 10 or 100 depending on group preference. Final facilitators met with group representatives to consolidate scores into one community score per indicator.

Conducting the CSC with Service Providers: A similar process of issue identification and scoring was repeated wi service providers; indicators identified were broadly similar to those highlighted by service users.

Interface Meeting and Action Planning: Service users and providers, plus stakeholders such as local leaders a officials, met to first present and then discuss their respective scores. Participants worked with project staff to devel joint action plans for service delivery improvement Plans included specific actions and the body/individual responsib for implementation; timing, with total duration between 6 and 12 months; and resources. Activities included: regul meetings with local leaders to remind them of their responsibilities; timely distribution of seeds and building materi by VUCs; training and information distribution on HIV/AIDS; and monitor crop performance on a fortnightly basis.

SABLING FACTORS

Difficulty of effecting behavioural change: CARE staff noted that communities' lack of familiarity with holding service providers to account means that instilling service users with the confidence to fully engage with and challenge service users might take longer than envisaged.

Limitations of CSC monitoring: While community-level monitoring is worthwhile as a means of promoting empowerment and rights-awareness, it is insufficient as a substitute for rigorous project-level monitoring. VUCs also complained that, while they recognised the advantages of the CSC, they would prefer to rely on more simple/less time-consuming monitoring methods.

Non-integration of CSC process: Many municipalities regarded CSC-driven monitoring, evaluation and the mainstreaming of gender and HIV/AIDS as add-ons to their work as opposed to adaptive mechanisms for overall improvements in service delivery.

Limited Organisational Communication: Performance assessments of service users and providers were not reported to CARE Australia, the reasons for which are unclear. This method of holding CARE Malawi to account was thus available but not used, and learning at the senior decision-making level may have been limited as a result.

ENABLING FACTORS

- **Involvement of key local political actors:** T inclusion of the District Director of Planning a Development in several CSC processes and follow- meetings meant that issues raised were advertis beyond the VUC level. In Dowa District, this result in increased investments in tree-planting, roads a pond construction.
- **VUC structures**: The CSC process benefited from t previous establishment of VUCs, who assum significant responsibilities in action plan designs a served as focal points for community complain suggestions and dialogue.

SUCCESSES:

- **Improved and responsive service delivery**: CS improved service providers' ability to respo quickly and appropriately to community deman For example, communities were able to requ earlier seed distribution, which gave them mo freedom in deciding what to plant when. The CSC al prompted farmers to challenge the practice of se management/distribution by multiple sources, whi caused irregular availability and inconsiste distribution. VUCs were subsequently given so responsibility for distributing an increased amount seeds at agreed locations and times.
- **Community empowerment**: Many participan noted that the CSC process improved their confiden to challenge and negotiate with service providers a previously remote political authorities such District Council members.
- **Expanded space for user-provider negotiation**: using jointly agreed numerical scores to represe service users' opinions on performance, it becam easier to communicate farmers' voices to other acto District officials were noted as becoming more op to criticism, while greater citizen engagement wi formal decentralized structures has support community representation and consideration at t District level.

EY LESSONS:

- **Prioritise short-term intensive VUC support over long-term investment**: As the VUC structure proved general sustainable, future projects should not focus on providing long term financial and technical support to individual VU but rather work to expose a large number of communities to the VUC formation process. This could be achiev through providing intensive support to newly formed VUCs for one year, reduced support during the second year a conducting only M&E on VUC activities thereafter.
- **Ensure quality facilitators:** The CSC is highly dependent on the quality of individual facilitators, who should be ab to extract community views accurately and without bias; overcome power relations so that all participants are hear and ensure action plans' are as representative and empowering as possible. CARE provided training on the theoreti and practical aspects of CSC facilitation (such as contextual adaptation, leading constructive as opposed antagonistic discussions, and breaking down power hierarchies) as a means of ensuring quality facilitation.

NTACT: