



Joint Oxfam Programme in Malawi



Shire Highlands Sustainable Livelihoods Programme

Promising practices around HIV mainstreaming

Over the past four years, it became increasingly obvious to The Shire Highlands Sustainable Livelihoods Programme (SHSLP) in Mulanje District, Malawi, that its impact in strengthening food and livelihoods security within the community was being negatively affected by HIV and AIDS¹. The pandemic was devastating families and even whole communities, and changing the face of poverty in the area. It was becoming common to see the chronically ill, elderly widows, or children as heads of households. These households had to rethink the way they provided for their families; this in turn led the SHSLP to rethink how it functioned to meet the rapidly changing needs of communities.

This case study summarises how the Shire Highlands Sustainable Livelihoods Programme ensured its work was relevant and effective in light of HIV/AIDS. It highlights the process it developed, and the lessons it learned to share with other organisations interested in HIV mainstreaming. In such a short document, it is only possible to offer a hint of how we have started the journey of mainstreaming HIV/AIDS. We recognise that we have still some way to go since the changes wrought by HIV/AIDS, both on communities and ourselves as an organisation, are enormous and necessitate a continuous process of learning, action and reflection. However, we hope this case study shows that with commitment and adequate resources, it is possible for a non-HIV-specific organisation to support people in the community and to challenge the devastating impact of the virus².

Summary of lessons learned

- Visionary leadership that can acknowledge and reflect the reality of HIV/AIDS into all elements of policies, approaches and programmes is essential.
- Staff must be given the opportunity to properly internalise the impact of HIV/AIDS as individuals as well as professionals through training, appropriate policies, and access to services.

- Participatory techniques must allow women and girls, housebound people, elderly people, and child-headed households to be involved at every stage of the programme.

- Capacity building of local structures, government extension, and partners' needs to be on going, not simply one-off workshops or training. This will mean spending additional resources.

- HIV/AIDS may change who is most vulnerable in the community, particularly young people.

What do we mean by 'mainstreaming'?

Mainstreaming is a strategy used by development and humanitarian agencies to ensure their work takes into account the impact of HIV/AIDS within communities. Mainstreaming HIV/AIDS helps to ensure that development agencies' core work is able to properly include people infected or affected by the virus, and adapt both methods of working and interventions to better support these people.

Background

Oxfam has been working in the Shire Highlands since the 1990s. The programme promotes participatory development in an area characterised by high population density, limited formal employment opportunities, and subsistence agriculture. Working through government extension staff, the core business of the programme is to diversify and increase agricultural production, improve soil fertility through crop selection and manure production, agro-forestry, and gaining access to markets. With one-in-four adults being HIV-infected in the area, it was not long before the impact of HIV/AIDS became very clear – with staff, government workers, and the community all feeling its effect. The impact of the virus was particularly difficult for women who not only carried the additional burden of caring for the sick, but who also had few opportunities to diversify their livelihoods in times of crisis.

The Process of Mainstreaming

It was at this point that the SHSLP took a decision to address the impact of HIV/AIDS and embarked on a strategy of mainstreaming HIV into all elements of its policies, procedures, and programmes. It opted for a mainstreaming strategy because it believed it could best serve men, women, and children in the programme area by adapting its core business, rather than become an 'HIV/AIDS-specific' organisation. For Oxfam, this meant including issues of HIV and AIDS at all levels of programming and policy development, in order to reduce the impact on people at community and organisational levels. The following is a summary of the steps taken and main lessons learned. It also outlines the results of this process in terms of how the programme has changed as a result of mainstreaming HIV/AIDS:

Develop the capacity of SHSLP through internal mainstreaming of HIV/AIDS

The first step was for SHSLP to increase levels of awareness and skills of their staff around HIV/AIDS. This involved holding awareness-raising workshops for Oxfam staff, making available in the offices condoms and leaflets about HIV/AIDS, and holding regular discussions on subjects related to the virus. As a result of this awareness-raising process, staff were able to internalise how the virus can affect anyone; knew how to protect themselves and their families; and were able to access services if they chose. This in turn helped to reduce some of the stigma surrounding the virus and allowed staff to review more openly how they could better support those in the community who were affected.



As a result, the organisation began to look at how best to support its staff in light of HIV/AIDS. This involved a full-scale review of relevant Oxfam Malawi policies and procedures, which resulted in further training on: codes of conduct around HIV/AIDS and employment, and a review of legal

statutes from Malawi around HIV/AIDS and how these were reflected in the organisation's policies and practices. It also embarked on the implementation of an Oxfam GB Critical Illness and HIV/AIDS Policy. The internal mainstreaming process also led managers to commission an Institutional Vulnerability Audit to assess how HIV/AIDS could affect the organisation in the future, to help them to address issues such as increased sickness, reduced productivity, and increased health care costs.

It is essential that staff be allowed sufficient time to internalise how HIV can affect themselves and their family, working at their own pace and in their own way. This demands significant time and human resources.

Mainstreaming needs the full commitment of senior managers since it demands a review of organisational policies, procedures and programmes.

There is an organisational tension between wanting to support employees and recognising that staff have the right not to disclose their HIV status.

It is also important that organisations strive to reduce stigma around HIV/AIDS, this may mean embedding HIV/AIDS within a 'chronic and critical illness' framework.

Staff members may wish to mainstream HIV into their work, but struggle to balance busy workloads.

Research in the programme area on the impact of HIV/AIDS

Increased understanding of how HIV/AIDS affected every aspect of people's lives led programme staff to try to find out the reality of HIV/AIDS in the Shire Highlands, focusing on the impact of illness and death on the lives of men, women, and children. With few testing facilities available, and stigma making it difficult for people to publicly state their serostatus, Oxfam worked with the community to look at the impact of HIV/AIDS, rather than who was infected. The emerging picture showed that the virus had changed many people's daily lives by increasing workloads, reducing productivity, and increasing household expenses. It was also clear that while everyone is vulnerable, women and girls are particularly affected because of limited access to information and services to protect themselves; low status in the community; lack of economic opportunities; and the fact they are usually caregivers in the community. Not only was the virus affecting individuals within households, but this had a direct impact on the community in general, as people were less able to be involved in community meetings and development projects. It also was clear that though people's knowledge about HIV/AIDS was quite high, stigma was still a huge problem and few people were comfortable to talk about their own households' illness or death related to HIV/AIDS.

Lessons learned

Stigma around HIV/AIDS shows how important it is to look at the impact of the virus on communities – such as an increase in widow- or child-headed households – and an increase in chronically or acutely sick households. These households are either discouraged from or drop out of community activities and therefore may not be visible when using traditional targeting techniques.

Some development approaches may unintentionally exclude HIV-affected households because they presume people are mobile, not housebound.

HIV/AIDS changes the way poverty and vulnerability is seen in the community: a family may one time be seen as 'poor with workable livelihoods options', but quickly slip into 'highly-vulnerable' status due to ill health or death in the family.

Increasing levels of poverty make it difficult to select who to include and who to exclude with targeting strategies. This has become a critical problem with the growing number of orphans in so many villages.

The spiral of poverty exacerbates HIV/AIDS. For example, orphaned girls being forced to sell sex to survive.

Young people may become increasingly vulnerable and need special attention.

Labour constraints become a reality for many families and make it increasingly difficult for families to participate in livelihood activities.

It is essential that research develops an inclusive and supportive approach to ensure that people who are vulnerable and at risk are properly involved.

Adapting ways of working – local structures.

A programme of this size and complexity usually works through local structures. In the case of the SHSLP, the programme worked through government extension services and village development committees. This way of working had been particularly successful at ensuring the development process was owned and driven by local structures, with SHSLP providing support. And the research highlighted the advantages of this approach: that government extension services were able to develop supportive and trusted relations with the community, and that the village development committees could become an extremely strong method of increasing HIV-awareness in their villages and identify families most in need of support. However, HIV had particularly adversely affected extension workers, either because they were infected or affected themselves, or their attendance at funerals of family and friends resulted in the village development communities often having limited capacity. The extent of involvement of people living with the virus was unclear.

So SHSLP reviewed its overall support to local structures, focusing on how it could better support the government extension workers and village development committees to mainstream HIV/AIDS. It had already invited government extension workers to some of the internal mainstreaming workshops it had held, but it was clear more was needed. The SHSLP embarked on a major capacity-building initiative that included specific recommendations on how to better include affected families and support those infected or affected by HIV (i.e. two out of ten VDC members should be from families that are affected by chronic illness and death and that the revolving credit schemes should be reviewed and the need for repayment criteria removed for most vulnerable families).

The programme is looking at developing new ways of working that can more directly reach affected households such as with home-based care groups, faith-based organisations and orphan support groups.

Lessons learned

It is important adequately to include local structures, government extension workers, and partner organisations in the review process, as well as identifying how SHSLP could better support them to mainstream HIV.

Capacity building of local structures etc. needs to include training and workshops on a regular basis to account for increased turnover of people.

Tools used with the community need to ensure they include an HIV/AIDS perspective, including participatory tools.

Encourage people affected by chronic illness and death to be represented on local committees and decision-making bodies (ie village development committees) and promote women into leadership positions and prioritise gender awareness.

Prioritise training and capacity-building of village development committees and other community structures around HIV/AIDS; ie: how to identify and respond to chronic illness and death but also to tackle the issue of stigma and discrimination.

Local structures can be a highly-effective method of increasing HIV awareness in the community using methods such as drama.

Reviewing and revising programme interventions

HIV and AIDS have changed households in the community. There are more chronically ill households, women are taking on untenable additional workloads, and this is making the very concept of many livelihoods interventions no longer relevant to large numbers of people. So the programme looked at how it needed to adapt its interventions to ensure they were relevant in light of

such labour shortages. Staff and extension workers went through Oxfam's objectives, activities, and indicators, and were encouraged to make small, tangible modifications rather than drastic changes, to build on the core competencies of existing staff. Testing of new and innovative ideas was encouraged, and much attention was paid to developing model farmers in the community to spread innovation and learning amongst men, women, and young people. A number of exciting new ideas have evolved, most have a labour-saving element – this being the biggest constraint to HIV-affected households – but many have other benefits, such as improving nutritional status of households (particularly relevant for chronically sick, elderly, and young people), some increased income security and creating a 'living bank' to rely on rather than forcing people into risky survival strategies such as migration or sex work.

Promising practises: adapting activities

This should not be read as a definitive list, but more as a guide to what can work well with people coping with the impact of HIV and AIDS.

Promotion of small ruminants: rabbits, guinea fowls, chickens, and goats can help affected households. Guinea fowls can be particularly good as they are prolific egg-layers, mature quickly, are more disease resistant than chickens, and are easy to look after.

It may be important to adapt some intervention criteria such as revolving schemes to take account of the extreme low asset base of some households. For instance, providing 100 sticks of cassava to food-insecure households was popular. As a cash crop and staple food cassava is drought-resistant and fast-maturing (two harvests per year). It was also cheap to grow as it does not require artificial fertilisers, fetched a good price on the local market, and both leaves and tubers can be eaten.

Compost manure-making such as pit, cube, and Chinese methods, help reduce the need for high-cost chemical fertilisers and have different labour requirements (particularly the pit method which demands the least labour).

Paying more attention to the nutritional value of food crops such as groundnuts, beans, and pigeon-peas, which are high in nutrition – particularly relevant for people living with HIV/AIDS – and have the added advantage of nitrogen-fixing – thus increasing soil fertility.

Intercropping to promote maximum use of land.

Treadle pumps can be adapted so that people who are less physically able can use them, to help irrigate land in a shorter space of time (reduced from 6-8 hours to 3-4 hours).

Conclusion

The SHSLP has had some success at mainstreaming HIV/AIDS into its core development work, and can take credit for ensuring that not only are the rights and needs of infected and affected people properly included in its programme, but so are the rights and needs of its staff. The use of a mainstreaming strategy has helped the rural livelihoods programme take a critical look at its work from a HIV/AIDS viewpoint, and resulted in change at every level from personnel policies through to programme activities. However, the reality of HIV/AIDS in the Shire Highlands continues to have a negative impact on the lives of people. The numbers of orphans is growing, as are the challenges on households to sustain livelihoods when one or more members are sick. Elderly people, especially women, are needing to shoulder the burden of care and are trying to provide some form of economic support for families.

This reality forces development agencies such as Oxfam to search for and develop new strategies which can provide some level of social welfare or 'safety net' within the framework of the existing design and structure of the programme. The concept of mainstreaming is therefore being broadened to include greater provision of care and support, using, where possible, local resources such as home-based care groups, faith-based organisations and orphan support groups. This phase of the programme is at its inception, and the SHSLP looks forward to sharing these experiences over the coming months.

¹ The Shire Highlands Sustainable Livelihoods Programme is part of the Joint Oxfam Programme in Malawi.

² Oxfam has developed a number of materials to illustrate its experiences, these include the book AIDS On the Agenda by Sue Holden; a 25-minute video: HIV/AIDS and Livelihoods: Experiences in Mainstreaming from Malawi; and the Oxfam International HIV/AIDS Mainstreaming Toolkit. Please visit www.oxfam.org

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