Mainstreaming HIV and AIDS into Livelihoods and Food Security Programmes:

The Experience of CARE Malawi

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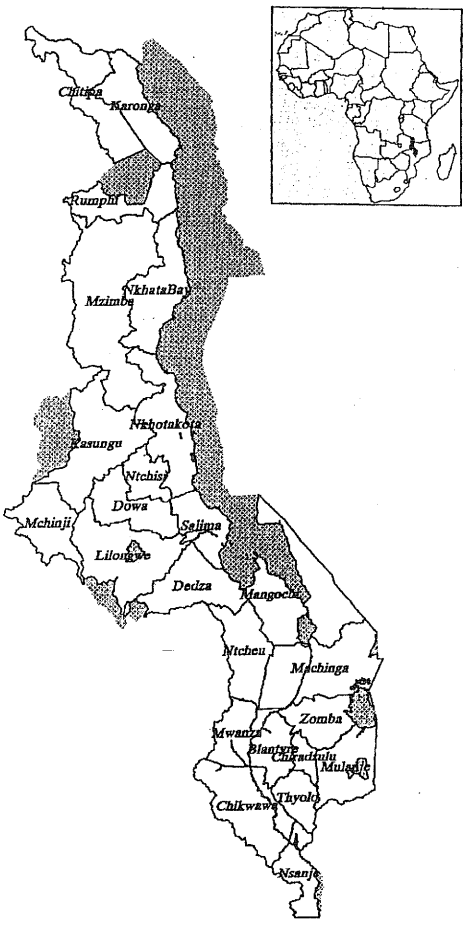

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1. Introduction

It is now well recognised that household food insecurity in Southern Africa can only be properly understood and addressed if HIV/AIDS is factored into the analysis. Analysis of linkages between food security and HIV/AIDS show that the relationships work in both directions, and are systemic, affecting all aspects of livelihoods.[1] Effective analysis and action to influence the causes and outcomes of HIV/AIDS requires a contextual understanding of livelihoods[2].

This raises significant challenges for organisations designing or modifying food security and livelihoods interventions in a context of HIV and AIDS. HIV/AIDS mainstreaming into livelihoods can support prevention of new infections as well as improve resilience to the impacts of AIDS. Recognising this reality and the importance of HIV/AIDS mainstreaming, organisations such as CARE Malawi have been researching the situation for several years, and developing programmes that seek to address the epidemic through new ways of doing core business.

The key question posed by the paper is how a mainstreamed food security or livelihoods programme is different from other non-mainstreamed programmes. This paper reviews the experience and lessons learned in CARE Malawi, which have evolved over the past five years. Some of the lessons involve framing expectations, having clear foundations, using appropriate approaches and tools, and working and learning in partnership with others.

2. The intertwined relationship between livelihoods (and food security) and HIV/AIDS

CARE's overall approach is based upon livelihoods analysis; food security is addressed as a subset of livelihoods. Livelihoods security can be defined as adequate and sustainable access to income and resources to meet basic needs and realise basic rights. It includes adequate access to food, potable water, health facilities, educational opportunities, housing, and time for community participation and social integration.[3] Secure livelihoods are based upon ownership of or access to resources, which are used in productive activities to off-set risks, ease shocks, and meet contingencies.[4]

More narrowly, people enjoy food security when they have access to sufficient, nutritious food for an active and healthy life. Achieving this involves:

- availability: Ensuring that a wide variety of food is available in local markets and fields;
- access: People are able to produce or purchase sufficient quantities of foods that are nutritionally adequate and culturally acceptable, at all times; and
- utilization: Food is stored, prepared, distributed and eaten in ways that are nutritionally adequate for all members of the household, including men and women, girls and boys.

At a household level, there is a two-way relationship between livelihoods and HIV/AIDS. Insecure livelihoods exacerbate the risk and vulnerability environment for HIV/AIDS. At the same time, illness and death associated with AIDS undermine livelihoods options.

Vulnerable people are forced to make decisions, often involving trade-offs among basic needs. For example, a family with insecure livelihoods, but with a fair amount of food on hand, may have to sell stocks of food now in order to raise cash for school fees or medical care - even though they know they will have to buy back food later at a higher cost. In this environment, insecure livelihoods exacerbate the risks and vulnerabilities of HIV and AIDS. Lack of options can push some people into activities or situations that put them and others at high risk of HIV, such as sex work. Lack of food, money and health care are key factors in rapid progression from HIV infection to onset of AIDS. People with insufficient resources find it harder to properly take medications, including anti-retrovirals.

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[1] Haddad and Gillespie, 2001
[2] SADC FANR VAC, 2003
[3] Frankenberger, 1996
[4] Chambers, 1988

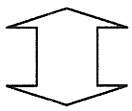
Finally, those with weak livelihoods are more vulnerable to social and economic impacts of illness and death in their families and communities.

Carolyn Baylies notes that HIV/AIDS can, on one hand, be treated in its own right as a shock to household food security, but on the other, it has such distinct effects that it is a shock like none other[5]. Among others, AIDS tends to strike people in their most productive years, leading to loss of assets and reduced options for livelihoods activities in the household.

The intertwined relationship between food (in) security and HIV/AIDS

Insecure livelihoods exacerbate the risk and vulnerability environment for HIV/AIDS, through:

- increased risk of HIV infections;
- faster progression from HIV infection to onset of AIDS;
- difficult environments for proper treatment of HIV; and
- increased socio-economic impacts of AIDS.



Illness and death associated with AIDS in turn undermine livelihoods options by:

- weakening or destroying human capacity (human skills, knowledge, experience, and labour)
- depleting control and access to other key assets: financial, social, natural and physical; and
- constraining options for productive activities, reducing participation in community activities, and increasing time needed for reproductive and caring activities.

An understanding of the negative two-way relationship between livelihoods and HIV/AIDS opens up opportunities. Policy makers, government officials and development practitioners can pursue livelihoods objectives in ways that also address major aspects of HIV and AIDS. This includes attention to the four main categories of work on HIV and AIDS.

Food and Livelihoods Security can Support Objectives of Work on HIV and AIDS

Prevention: increasing options for safe secure sources of food and nutrition security to avert new infections

Positive Living: enabling longer, healthier life for those with HIV

Treatment Support: facilitating access and adherence to proper treatment

Impact Mitigation: improving resilience to social and economic impacts of illness and death.

There are various definitions of mainstreaming HIV/AIDS. Rather than debate these, this paper address some of the main concepts needed to make livelihoods and food security programmes relevant to the realities of HIV and AIDS. The challenge for analysts, policy makers, donors and implementers is to understand how the rural socio-economy is being affected; how development interventions have intended and unintended impacts on the course of the epidemic; how those at risk and affected are being supported, undermined or ignored; and consequently how development policy and programming should be modified to better achieve their objectives. Because of the long-wave nature of the AIDS epidemic, the full impact of the disease will not manifest until the next several decades[6]. For this reason, efforts to address the social and economic causes and consequences of HIV and AIDS must be flexible, and based on an approach of continued learning and improvement.

[5] Baylies, 2002
[6] Barnett and Whiteside, 2002

3. The experience of CARE Malawi

CARE Malawi runs a broad portfolio with strong emphasis on improving livelihoods security, with programmes in such areas as agricultural development, micro-savings, and social protection. These are complemented by work on the health and education sectors, as well as on decentralisation. Over the last 5 years, the team has gone through a process to help the staff, local partners, and communities to better understand the relationships between HIV/AIDS and agriculture and livelihoods, and to develop systematic approaches to mainstreaming HIV/AIDS in all its work.

There has never been interest in shifting CARE's focus from agriculture or livelihoods to HIV programmes like condom distribution or health care. However, the focus and understanding of 'mainstreaming' developed over time. From the start, CARE tried to identify its comparative advantage, and where it could add the greatest value. There are plenty of other organisations – mostly local – who are better placed and better equipped to carry out the 'traditional' responses to HIV/AIDS – home based care, condom distribution, behaviour change communications, and so on. In the first initiatives, the emphasis was primarily on learning how HIV/AIDS undermine the ability of affected households to engage in and benefit from agriculture. This has widened beyond looking at the impacts of AIDS, to include a stronger focus on how various responses can reduce risk of transmission, prolong healthy living, and mitigate impacts. This involves a range of non-agricultural issues, such as food distributions, safety nets, and infrastructure programmes. CARE Malawi now pays close attention to both the risk and vulnerabilities associated with illness and mortality, and seeks to support the resilience of those at risk of affected.

The process has involved a large number of diverse efforts, over several years:

- field research[7,8,9,10]
- participation by staff and managers in several workshops and conferences
- significant investment in CARE's internal HIV/AIDS workplace policy for its own staff, which guides education and access to services, and improves staff skills and confidence to work effectively in an HIV/AIDS context
- membership in food distribution consortia with other agencies
- creation of a 'mainstreaming working group' comprising a mix of senior managers, program and support staff
- mid-term modifications of existing programmes
- development of livelihoods programmes that explicitly recognise HIV/AIDS as major features of the risk and vulnerability environment
- development of training and resource materials on HIV/AIDS and livelihoods, for use with community-based organisations
- a review of lessons learned in the process of mainstreaming HIV/AIDS into livelihoods work.

This effort is still on-going, with continually evolving ideas and initiatives. It is clear that there is no simple leap from 'non-mainstreamed' to 'mainstreamed' work. However, the review of CARE Malawi's process recently helped staff to reflect on their progress, and to identify some key lessons, which are outlined below.[11]

CARE Malawi has defined mainstreaming HIV/AIDS as *carrying out the organisation's core business in ways that better address the causes and consequences of HIV/AIDS*, as well as addressing the epidemic through all elements of the organisation, including within the workplace, and throughout all programming. The latter involves strategic planning, all stages of the program cycle from situation analysis and project design to implementation, monitoring

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[7] Shah, M; Osborne, N; Mbilizi, T & Vilili, G, 2002. 'Impact of HIV/AIDS on agricultural productivity and rural livelihoods in the central region of Malawi', CARE International in Malawi.

[8] Frankenberger, T; Luther, K; Fox, K & Mazzeo, J, 2003, 'Livelihood Erosion Through Time: Macro and Micro Factors that Influenced Livelihood Trends in Malawi Over the Last 30 Years', Tango International for CARE Southern and Western Africa Regional Management Unit (SWARMU), March

[9] Pinder, C. Economic Pathways for Malawi's Rural Households. CARE Malawi, May 2004.

[10] Bryceson, D; Fonesca, J and Kadzandira, J. *Social Pathways from the HIV/AIDS Deadlock of Disease, Denial and Desperation in Rural Malawi.* May 2004

[11] Drimie, Scott, and Mullins, Dan, 2005. 'Mainstreaming HIV and AIDS into Livelihoods and Food Security Programmes: An Analysis of CARE Malawi Programmes,' February.

and evaluation. [12] It involves development of partnerships, programme work in communities, and policy analysis and advocacy. CARE Malawi emphasise that 'if a development programme does not recognise the fact [that HIV/AIDS affects all aspects of society], then it will be "mopping with the tap running", or treating the symptoms of a problem without addressing the cause'[13].

In August 2004, CARE Malawi program staff reviewed their work, and identified examples of how programmes have been modified to make them more relevant to the causes and consequences of HIV and AIDS. Some of these involve partnerships with both local and international agencies. The following examples show how some programmes have been designed or modified to reduce risk and vulnerability associated with HIV and AIDS:

- Reducing risk of HIV infection
  - Supporting and Mitigating the Impact of HIV/AIDS for Livelihoods Enhancement (SMIHLE): Skills training for adolescent girls to increase options for safe, secure incomes
  - C-SAFE: food aid targeting at risk women and girls, to help avoid survival sex
  - Partnership in Capacity-Building in Education: advocacy for zero tolerance of abuse of female students

- Improving positive living with HIV
  - Central Regional Livelihood Security Project (CRLSP): village savings and loans that include affected and non-affected households, to increase access to financial assets
  - CRLSP: supporting production and preparation of nutritious field crops and vegetables

- Improving access to treatment
  - C-SAFE: food aid targeting at risk women and girls, to help avoid survival sex
  - C-SAFE: targeted food aid to encourage people to complete full course of TB treatment
  - National AIDS Commission umbrella program for small grants (NAC): using HBC to link families to agricultural and health care interventions

- Mitigating social and economic impacts
  - C-SAFE: food aid targeting at risk women and girls
  - NAC small grants: writing wills and disseminating information on inheritance law, to strengthen access and control over resources for widows and orphans
  - Hope For African Children Initiative (HACI): providing skills training for youths, e.g. carpentry, bricklaying

These examples represent new ways of intentionally using livelihoods work to address risk, morbidity and mortality. The review by CARE brings together several interventions that are underway in different geographical areas; a similar process could be used to identify how various government and non-governmental initiatives are jointly addressing HIV and AIDS in a single community or district.

4. CARE Malawi: Lessons learned about mainstreaming HIV/AIDS

How is a 'mainstreamed' program any different from a program that does not mainstream? This simple question is crucial if we are to go beyond simply using the jargon at conferences and workshops, and in program documents and publicity pieces.

However, there is no one simple answer: there seem to be some general approaches, but as with any program, the details depend on the sector and the situation. Indeed, some of the points below have been identified and discussed in by a number of organisations; CARE's experience further confirms some, and helps build the basis of practical experience. Many of these lessons simply underscore good principles of development programming, which are made even more crucial in areas that have heavy burdens of HIV and AIDS:

[12] HIV/AIDS Thematic Team, 2004. 'CARE Malawi HIV/AIDS Mainstreaming Strategy', June
[13] HIV/AIDS Thematic Team, 2004

- Framing expectations
  - Mainstreaming is a continual process of learning, synthesizing, and acting; not an event

- Clear foundations: in the workplace and in the program
  - From personal to professional: Use efforts in the workplace as foundation for program work
  - Build on comparative advantage: focus on the core business

- Helpful approaches and tools:
  - Start with HIV/AIDS lens, move to 'health and development' lens
  - Use a livelihoods approach
  - Focus on risk, vulnerability and resilience, not on AIDS
  - Address stages of the HIV/AIDS timeline

- Working and learning with others:
  - Develop partnerships to provide a range of complementary services
  - Identify strategic entry points for operationalising programmes
  - Research, reflection and integrating lessons learned
  - Employ a comprehensive monitoring and evaluation system

The following sections discuss each of these in turn.

4.1 Framing Expectations: mainstreaming is a process of learning, synthesizing, and acting; not a single event
Those embarking on 'mainstreaming' need to be clear from the start: this is a long-term process, not a single event that can be planned, conducted, completed, and left behind. The Malawi experience provides one example of a process that is long term, involving education, skills development, and new ways of thinking and working, so that staff and partners automatically seek to understand and address risks and vulnerabilities associated with HIV and AIDS. The process in CARE Malawi has involved a number of diverse events and initiatives, and on-going efforts to ensure that all involved actually learn from these opportunities.

However, having a number of initiatives is only part of the process: if the lessons learned are not properly synthesized and used to modify existing work and guide new work, the collection of initiatives no more ensures 'mainstreaming' than a collection of raw foodstuffs ensures good, nutritious meals, or than one good meal ensures food security. Those embarking on a journey of mainstreaming should be prepared to invest some time, energy, and thought into the process.

4.2 Clear foundations: in the workplace and in the program
CARE's experience strongly support that of several others – organisations need to address HIV/AIDS in the workplace, as well as in programmes. Both are necessary, neither one is sufficient on its own, and in fact they can and should be mutually supporting.

4.2.1 From personal to professional: Use efforts in the workplace as foundation for program work
At the start of its mainstreaming efforts, CARE Malawi found that staff did engage in initial efforts to learn about HIV and AIDS in communities, but their actual knowledge of HIV and AIDS, and at times some of the attitudes demonstrated, were not always conducive. Further, given the high adult prevalence in Malawi, it was clear that CARE's staff were themselves at risk, that some of the 130 staff probably were already living with HIV (even if they didn't know it themselves), that others were ill, and that many were dealing with HIV and AIDS personally in their families and communities outside of work.

Besides impacts on staff themselves, illness and death in the workforce undermine the organisation. Common impacts of HIV and AIDS include greater absenteeism, reduced productivity, increased financial costs, higher staff turnover, lower morale, and falling levels of experience and quality[14].

[14] Mullins, 2002.

One cannot expect managers, staff, or partners in communities or other agencies to critically analyse and address issues that they do not understand, or issues with which they are personally uncomfortable. Staff who are informed and comfortable, who know how to address HIV and AIDS in their own lives, will be much better placed to addressing these issues in their work. Such a process of internal reflection on HIV/AIDS deepens understanding and knowledge, as well as the implications of HIV/AIDS as individuals and members of society.

However, this does not mean that an organisation must have complete 'success' in HIV workplace interventions before starting to mainstream HIV/AIDS into its core programmes. HIV workplace issues and HIV mainstreaming in programmes (sometimes referred to as internal and external mainstreaming) can be mutually reinforcing. The overall emphasis is to help staff gain confidence and ability in all aspects, from the personal to the professional.

CARE set up a team to review risk and impacts of illness and death, both as they affect staff and their families, and as they affect the overall organisation. The team, comprised of a mixture of managers, program staff, and support staff at various levels, went on to draft a policy. This laid out the approach, including such interventions as staff education, reviewing other staff health policies, negotiating with an external specialist to provide subsidised medical care, reforming the performance management system, assessing budgets and financial planning, and undertaking human resources workforce planning[15].

This process seems to have helped: staff now routinely talk about HIV and AIDS, the overall level of correct knowledge has improved (from guards and drivers, to support staff, to program managers). CARE's staff as a whole seem more personally and professionally able to engage with the issues than was the case five years ago.

4.2.2 Build on comparative advantage: focus on the core business

The organisation should start by focusing on its core business. It may later turn to other fields, but should in no case overlook the possible comparative advantages and opportunities of its existing experience. In the case of CARE Malawi, the focus has been largely on livelihoods work. The new element of mainstreaming HIV and AIDS means that these livelihoods objectives should be achieved in ways that also help achieve key objectives of work on HIV and AIDS:

- Prevention: prevent new HIV infections among people at risk;
- Positive living: enable longer, healthier lives for those with HIV;
- Treatment support: facilitate proper adherence to medical care, including anti-retroviral treatment;
- Impact mitigation: reduce social and economic impacts among those affected by illness and death in their families and communities

This is very different from the approach of continuing to run livelihoods programmes in much the way they were done before HIV came on the scene, and merely adding on a new, poorly integrated element such as HIV awareness raising or condom distribution. The focus on core business helps people understand their comparative advantage. It also helps guard against the tendency to drop one's existing work completely in order to take on new work, such as shifting from food security programmes to home based care. The focus on comparative advantage might encourage people to design food security programmes that complement and support home based care.

4.3 Helpful approaches and tools

Once managers and staff are clear that they are embarking on a long process, which will involve attention to HIV in the workplace as well as in programmes, they can benefit from simple frameworks, approaches and tools. CARE Malawi found several that were helpful. The livelihoods approach helps to understand livelihoods risk, vulnerabilities and opportunities holistically; by building an explicit HIV/AIDS lens into the process, users pay particular attention to the links between health and livelihoods.

4.3.1 Adopt a livelihoods approach: Focus on risk, vulnerability and resilience

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[15] As identified by Mullins, 2002, there is a great range of information and guidance on addressing HIV/AIDS in the workplace. For example see the International Labour Organisation: 'An ILO code of practice on HIV/AIDS and the world of work', Geneva, June 2001.

CARE uses a livelihoods approach to guide analysis of risk and vulnerabilities, and to help identify opportunities and options. This approach helps one to understand livelihoods risk, vulnerabilities and options in systematic, holistic ways. It guides users to start with the household as the initial unit of analysis, but then encourages them to analyse livelihoods at various levels:

- Similarities and differences within households (for example, how do gender and age influence control or access over resources, and roles and responsibilities);
- Similarities and differences among households in a community (for example, diverse assets, competition and collaboration)
- External influences (such as policies, economic systems, social and cultural factors, and climate)

This analytical approach helps identify aspects of livelihoods that increase risk of and vulnerability to illness and death, and guides users to understand how various factors influence livelihoods and resilience. By pushing analysis beyond the individual and household level, it helps understanding of broader systemic influences, ranging from gender inequity in control over assets such as land, to policies that marginalise the most vulnerable, such as agricultural extension policies that focus on serving those who have the ability to demand support from extension agents. No single organisation or department can respond to all the issues identified, so the livelihoods approach calls for prioritisation and partnerships. I-LIFE[16], for example, proactively strengthens linkages among organisations that have relevant, complementary skills.

Communities consistently identified the most vulnerable as those with severe health problems (including HIV/AIDS), households caring for chronically ill persons, households hosting orphans, child-headed households, elderly headed households and female widowed households. However, this tendency to target types of people rather than actually looking at vulnerability is problematic. Not all female-headed households are vulnerable; some families headed by the elderly are actually fairly secure. While discussions may begin with a focus on types of people, the livelihoods approach can guide analysis to go further, to a better understanding of who is actually at risk or vulnerable, why, and how to improve their options and resilience.

4.3.2 Start with HIV/AIDS lens, move to 'health and development' lens

To focus the use of livelihoods analysis, CARE Malawi started to use an "HIV/AIDS lens." This is not a separate tool, but rather refers to explicit efforts by staff and managers to make sure that they consider HIV and AIDS while doing their work. The HIV/AIDS lens helps move from understanding to responding,[17] guiding use of livelihoods analysis, by encouraging continual analysis of key questions:

- how does the risk of HIV and impacts of morbidity and mortality affect this situation?
- how do livelihoods, and our interventions, affect risk of HIV transmission, progression to AIDS, and impacts of HIV and AIDS?

Some argue that such a lens is not actually needed if people use the livelihoods approach fully and properly. Livelihoods analysis always should include attention to human capacity, to control and access over resources, to options for livelihoods activities, and to external influences; implications of and for health should in principle always be part of the analysis. However, in practice, we have seen that many users of the livelihoods approach overlook the role of health as a key feature of the risk and vulnerability environment.

CARE Malawi's workplace policy underpins this 'lens' by helping make discussion of HIV/AIDS a normal, daily occurrence. Managers and staff now routinely discuss HIV and AIDS, refer to risk of infection and impacts of ill health, and have conducted livelihood assessments with explicit focus on understanding the bi-directional relationship between HIV/AIDS and food security for both I-LIFE and SMIHLE.

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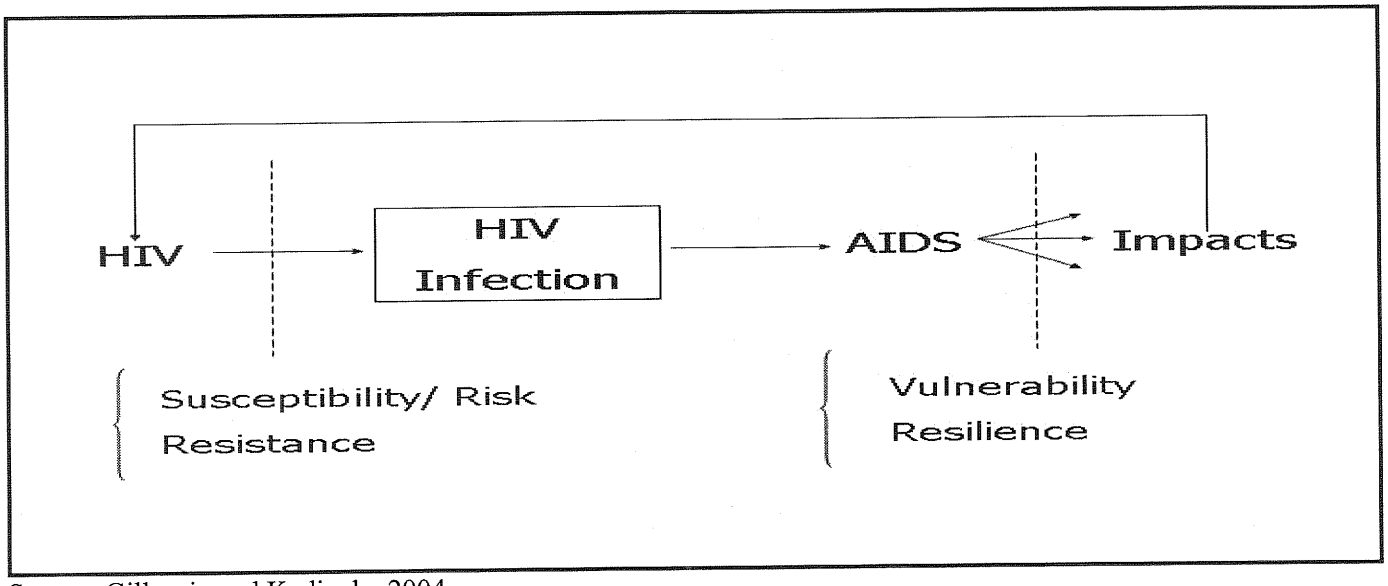
[16] Improving Livelihoods Through Increasing Food Security (I-LIFE) is being implemented by a consortium of 7 NGO's covering 8 districts in Malawi.

[17] Loevinsohn, M., and Gillespie, S (2003) 'HIV/AIDS, Food Security and rural livelihoods: Understanding and responding', Food Consumption and Nutrition Division Discussion Paper No. 157. Washington D.C.: International Food Policy Research Institute.

There is an important caveat: experience has shown that an overly-direct focus on HIV and AIDS may actually get in the way. Initial efforts tried to target "people with AIDS" – this is highly problematic, for many reasons. Most people with HIV don't know their serostatus. Those who do know their status, their family and care-givers are seldom publicly open about it. Finally, there is no obvious reason why support should be given to people with or affected by HIV and AIDS, yet not to those with other chronic or critical health problems.

Some community members are uncomfortable talking about AIDS, but are keen to discuss other very real health issues, ranging from sexually transmitted infections to malaria. This also reflects the fact that AIDS, though a major problem, is one of many health issues confronted by people in Malawi. The HIV/AIDS lens provided an important initial way of making programmes more relevant. However, over time, this should be broadened into a better understanding of how livelihoods and health influence one another more broadly, with HIV/AIDS as one crucial aspect.



Source: Gillespie and Kadiyala, 2004

4.3.3 Address stages of HIV/AIDS timeline

The vulnerability of individuals, households, communities and institutions varies with the stages of HIV/AIDS: from the risk of infection, progression from infection to onset of AIDS, and impacts upon those affected including survivors. The risks and vulnerabilities vary over time:

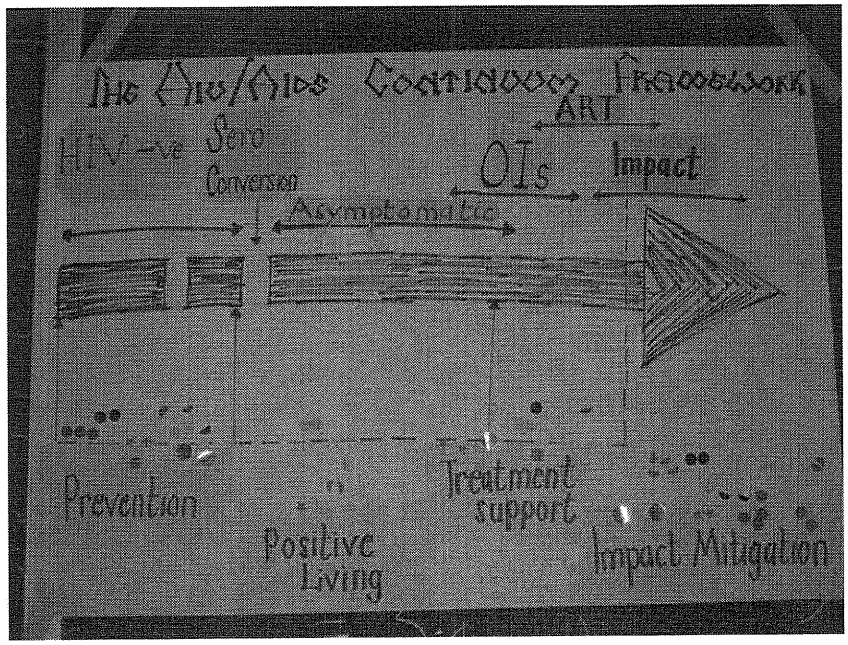
- From the perspective of an individual or family, at each phase different people are affected in different ways and may require different types of support.
- At a given point in time, a community or even a single household may have people in different phases.

A basic understanding of this reality is important. It can help one take a challenge that seems overwhelming, and make it manageable by breaking it down in to bite-sized chunks. Rather than having to respond to the totality of the pandemic, staff and communities can start by analysing how livelihoods increase or decrease risk of new infections among specific people, and develop appropriate responses. They can move on to analyse in turn various situations: how to support positive living by people with HIV, how to facilitate access to and proper use of ART, and how to mitigate social and economic impacts.[18]

In February 2005, CARE Malawi ran a workshop for members of 10 Community-Based Organisations and faith-based organizations that undertake a range of activities, such as awareness-raising, home-based care, agricultural production and support for income generation. They discussed the HIV timeline, then used stickers to indicate on the timeline where their current activities were focused. As shown in the photograph below, they realized that the bulk of their activities involved awareness-raising for prevention and efforts to mitigate impacts. They had far

[18] Greenaway, Kate and Dan Mullins, 2005. "The HIV/AIDS Timeline as a Program Tool: Experiences from CARE and C-SAFE." Paper for IFPRI Conference "HIV/AIDS, Food and Nutrition Security," Durban, April.

fewer activities in the areas of positive living and supporting access to treatment; these were identified as gaps that need to be addressed.



The table below notes just a few possible livelihoods interventions, which could be undertaken by different organisations including community groups, to address specific people at various stages of the timeline:

Examples of Program Interventions At Various Stages

	Before HIV Infection	Asymptomatic	Symptomatic	Death	Survivors
Targeting	Teenage girls at risk	Women with HIV	PWHAs Care-givers	Widow/er, orphans	Survivors
Objectives	Prevent new infections	Positive living	Care and support Impact mitigation	Mitigation: protect assets	Prevention & Mitigation
Interventions	Safe livelihood Skills dev't	Nutrition, income	Nutrition, income Food aid	Legal aid: inheritance	Safe livelihood Skills dev't
Methodology	Girls' youth groups	Build in all livelihoods work	Targeted support	Target vuln HHs	Targeted support
Potential partners	VCT, IEC School	Support groups Treatment literacy	Clinics, HBC, child care	HBC, Paralegals	Child care Paralegals

4.4 Working and learning with others

The causes and consequences of the epidemic are so diverse that no single organisation can have much impact by itself. CARE Malawi has engaged in a variety of efforts to work and learn with others to help build a broad front of civil society, government and private sector responses to HIV and AIDS.

4.4.1 Partnerships to provide a range of complementary services

CARE Malawi programmes support local partners in project activities and through strengthening community institutions.[19] This includes facilitating improved knowledge on the relationship between HIV/AIDS and food security, strengthening CBOs to manage food security activities that mitigate the impact of the epidemic, and enhancing linkages between different sectors to facilitate responsive service delivery with HIV/AIDS as a core concern. The CORE Initiative small grants program, run in tandem with the NAC small grants, is developing resource materials on HIV and livelihoods for use by CBOs and village development committees.

The timeline presented above can be a valuable tool to help diverse organizations (government, NGOs, CBOs, private sector, faith-based organizations) in a single community to assess who is best placed to address which aspects. This can lead to a range of complementary services, provided by various organisations with complementary skills.

Some examples of CARE Malawi's developing partnerships:

- Private sector marketing organisations (eg National Smallholder Farmer's Association of Malawi)
- Research organisations such as Chitedze Research Station and the International Crops Research Institute for the Semi-Arid Tropics (ICRISAT)
- United Nations Agencies such as the World Food Programme and UNAIDS
- Other international and local NGOs, in formal coalitions like C-SAFE as well as informal local relationships
- Various government departments such as the Ministry of Gender, the Ministry of Agriculture and Irrigation, and the Ministry of Youth, Sports and Culture
- The Ministry of Health, including local clinics
- District Assemblies, District Administrations and Village Development Committees
- The National AIDS Commission
- The National Association of People Living with HIV/AIDS (NAPHAM)

In addition to merely cooperating with others, some CARE programmes explicitly seek to strengthen linkages among organisations. For example, SMIHLE facilitates communication and joint planning among local churches, orphan care and home based care groups, Village AIDS Committees (VACs), funeral committees and local health clinics, and agricultural development initiatives[20]. The CORE Initiative provides small grants and capacity-building support to CBOs and faith-based organisations, and intentionally brings together a mix of those working on health and on livelihoods in order to stimulate sharing, learning, and complementary approaches.

The SMIHLE programme will interact with multi-sectoral HIV/AIDS networks on a regular basis, including CISANET, NAC, NAPHAM, Malawi Network of AIDS Service Organisations (MANASO), the Umoyo Network, the HIV/AIDS and Agriculture Sector Action Research Network in Malawi (HASARNET) and the Malawi Economic Justice Network (MEJN)[21]. Lessons about the successes and difficulties encountered with efforts to mitigate the impact of HIV/AIDS will be shared and lessons used to review and improve advocacy efforts of CISANET and HIV/AIDS related networks. In the future, CARE-Malawi intends to collaborate with the Civil Society Agricultural Network (CISANET), which represents a broad network of civil society agencies and advocates for a rights-based approaches to communities. In addition, CARE is developing partnerships with the Teachers Union of Malawi (TUM) with regards to the education projects and the Ministry of Youth, Sports and Culture with regards to the youth projects.

4.4.2 Identify strategic entry points

This entails identifying and agreeing on the key issues to address and strategic entry points for operationalising programmes. For example, agricultural extension workers should play to their comparative advantage through addressing causes and consequences of HIV in agriculture, rather than acting as HIV educators. In Uganda each

[19] SMIHLE Proposal, 2004, p. 4.

[20] SMIHLE Proposal, 2004, p. 6.

[21] These organizations are not all specifically food-security related. NAC, NAPHAM, MANASO and UMOYO are umbrella networks with a multi-sectoral focus. For example, MEJN is a rights-based organization while HASARNET, is catalysing a significant amount of research on HIV/AIDS and livelihoods in the country (see SMIHLE Draft Proposal, 2004, p. 9).

key service sector (health, education, agriculture, labour) outlined its own approach and requirements for a scaled up community mobilisation plan, because the impact of HIV is felt most keenly at community and household level. [22] Since most responses have occurred at this level, a coherent community mobilisation strategy enabled different sectors to respond to the epidemic while playing to their comparative advantages.

CARE Malawi has also used community mobilisation as its major entry point for most programmes. For example, in the CLRSP organisational capacities and partnerships were developed and strengthened with community-based organisations at the group village head level and with government agricultural field staff partners. Similarly, SMIHLE intends to prioritise participatory techniques to mobilise communities particularly in identifying 'vulnerable' people or groups, establishing and supporting local management structures of CBOs and for participatory monitoring and evaluation with beneficiaries and government structures.

CARE Malawi's relationship with the National AIDS Commission through the "Umbrella Programme" (NACUP), which is a grant making and capacity building intervention at district and community level, is another key strategic entry point for eventually mainstreaming HIV into all programmes. NAC intends to strengthen the capacity of local governments, in particular District AIDS Coordination Committees (DACCs) and City AIDS Coordinating Committees (CACCs) to take on a greater role in supporting community-based action. The main role of the contracted Umbrella Organisations is to support these committees in aspects of planning and managing the various initiatives by communities in responding to the epidemic. CARE Malawi has been contracted as the umbrella organisation for the Lilongwe District and City.

4.4.3 Research, reflection and integrating lessons learned

Programming should explicitly document, learn from, and build upon lessons about the relationship between livelihoods and HIV/AIDS and on evidence of success or failures. This requires an active reflection process as programmes are developed, a comprehensive monitoring and evaluation framework, and specific efforts to document, learn and share.

For example, CARE Malawi's most coherent mainstreamed programme is called *Supporting and Mitigating the Impact of HIV/AIDS for Livelihood Enhancement Programme* (SMIHLE). SMIHLE builds and consolidates previous livelihoods programmes, such as the *Central Region Livelihoods Security Programme* (CRLSP). The lessons from this project should be shared with and used by other CARE projects, and exchanged with other agencies that might take different approaches.

In the words of one member of staff, SMIHLE is "*our mainstreamed programme, which is a process we have learnt as programmes have unfolded... until now mainstreaming has not been formalised*"[23].

Another example is called *Improving Livelihoods Through Increasing Food Security* (I-LIFE). This is based on the collective experience of a consortium working in the sectors of agriculture, marketing, health and nutrition, HIV/AIDS and decentralization. I-LIFE explicitly builds on lessons learned to improve the quality of programming, which implies a learning and reflection process as experiences are channelled into proposal design and ultimately implementation. This process is partly intended to build confidence amongst staff as they reflect on their own successes in dealing with the issues arising around HIV/AIDS.

The SMIHLE proposal drew heavily on research from a number of sources including previous livelihood and HIV/AIDS assessments carried out by CARE Malawi.[24] Similarly a core pillar of the I-LIFE proposal was it was built upon a *better understanding of the relationship between HIV/AIDS and food security ... to adequately address*

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[22] Butcher, K, 2003, 'Lessons learned from mainstreaming HIV into the poverty eradication action plan in Uganda', DFID Uganda, October, p. 9.

[23] Interview, CARE Malawi Offices, 20 August 2004.

[24] From early report backs from Shah et al. The Impact Of HIV/AIDS on Agricultural Productivity And Rural Livelihoods In The Central Region Of Malawi. CARE Malawi. January 2002; Pinder, C. Economic Pathways for Malawi's Rural Households. CARE Malawi, May 2004; and Bryceson, D; Fonesca, J and Kadzandira, J. *Social Pathways from the HIV/AIDS Deadlock of Disease, Denial and Desperation in Rural Malawi.* May 2004.

the long-term needs of vulnerable rural households[25]. Ongoing research was identified as a core component of the sustainability of the programme. The I-LIFE Technical Working Groups are intended to collaborate across technical sectors in order to initiate research that would improve programme quality. For example, the HIV/AIDS and Agriculture Technical Working Groups intend to conduct action research on crop production and socio-anthropological relationships, seeking to design co-operative crop production models that enable HIV/AIDS affected households to maintain and potentially increase their incomes, while improving their nutritional status. With greater understanding of the links between HIV/AIDS and agriculture, the I-LIFE Consortium should be well placed to assess how agricultural knowledge is shared among populations affected by HIV/AIDS and how to strengthen efforts for cooperative agricultural production.

4.4.4 Monitoring and evaluation

Appropriate monitoring and evaluation systems should be employed to ensure that beneficiaries, implementers, policy makers, donors and other stakeholders have the information on whether interventions are working or not. However, the development of appropriate indicators to accurately gauge impact has been difficult in practice. Indeed, recent literature on this issue indicates the difficulty of unscrambling the effects of AIDS on rural communities and food security from economic, climatic, environmental and governance developments. The apparent impact on food production, access and use occurs in concert with a series of other factors, including erratic weather patterns, widespread poverty, poor governance, ill-advised economic policies, failed markets and the compounding force of HIV/AIDS[26]. Suggestions to develop appropriate Monitoring and Evaluation systems include:

- use a livelihoods approach to understand particular risks and vulnerabilities in the local socio-economic environment, the level of HIV/AIDS prevalence, and to guide and assess locally relevant interventions[27].
- integrate health, demographic and agricultural production indicators into an M&E framework
- develop a core impact assessment methodology, similar to Environmental Impact Assessments (EIAs), which will provide information that can be used to compare the impact of projects, between projects, different localities and countries[28].

The importance of research to inform programming and ongoing monitoring and evaluation are crucial. However, monitoring and evaluation of HIV/AIDS mainstreamed programmes remains a challenge not only for CARE Malawi but also for a range of organisations involved in similar programmes. This is reflected in the general literature on mainstreaming and in discussions held with CARE staff.

A key challenge in this regard is the development of appropriate indicators. The SMIHLE is working with communities and partners to assess increased resilience to shocks and stresses among 'vulnerable' households. This will be recorded and evaluated using community monitoring with scorecards and household asset matrices, with vulnerable groups and households providing the main source of information

7. Challenges and Opportunities

A number of challenges and opportunities have been identified by CARE-Malawi staff, including:

- *Uneven understanding within the team:* CARE Malawi has nearly 130 staff. Of these, some at all levels have a strong understanding of livelihoods, of the connections with HIV and AIDS, and have clear ideas on how to address these simultaneously. Others, however, still have vague understandings, and are much less clear on implications for programming. Also, new members of staff come onto the team without the benefit of work done by colleagues; they need orientation and routine staff development on the issues.

- *Insufficient evidence of success:* Even if the process of mainstreaming feels 'right,' there should be evidence that it eventually reduces risks of infection and vulnerability to impacts of morbidity and

[25] I-LIFE Proposal, 2004, p. 30.
[26] Drimie, 2004.
[27] VETAID, 2003
[28] VETAID, 2003

mortality. However, CARE Malawi still does not have such clear evidence of success. Indeed, CARE is one of many organisations discussing which indicators should be used to judge progress and success. Given multiple types of risk and vulnerability, broad lack of awareness of HIV status, stigma, proxy indicators are commonly used.[29],[30] There are issues of attribution, as well as problems of assessing success in influencing what has not happened due to interventions, such as whether infections have been averted. More work on how to monitor success as well as evidence of actual success is needed so that discussion of responses can be based upon reality rather than rhetoric.

- *Scaling up:* CARE Malawi staff noted that responses depend on partnerships, but that capacity within virtually all the organisations involved needs significant strengthening. These range from technical skills in food security and livelihoods, to basic understanding of HIV and AIDS, participatory approaches, and so on. Building a successful mainstreamed program in a handful of communities can provide valuable lessons and may improve the lives of hundreds or even thousands of people, but this is a minor step in the face of the larger pandemic. CARE, other NGOs, and government must work together to modify work in entire sectors.[31]

- *Government – civil society partnerships:* Government and civil society bring potentially complementary skills and resources to the picture. However, they need to establish a common agenda and practical working relationships. Over-stretched staff on both sides, bureaucratic delays, changes in national priorities or ignorance of government priorities, and resource allocation decisions are but a few of the issues that must be tackled.

- *Building a more systematic approach:* CARE and others in Malawi have gathered experiences over several years, based on a number of interlinked activities: research, staff training, participation in workshops and conferences, development of CARE's internal HIV/AIDS workplace policy, creation of a 'mainstreaming working group,' and a review of lessons learned in the process of mainstreaming HIV/AIDS into livelihoods work. These have enabled modifications of existing programmes, and development of new programmes that explicitly recognise HIV/AIDS as major features of the risk and vulnerability environment. CARE Malawi now has the opportunity to distil these into a more systematic approach to mainstreaming in all future programmes. This should include staff development processes to help deepen relevant skills and information, in ways that cater for normal staff turnover. All strategic plans, and all processes of program design, implementation, and monitoring ensure active should use such features as livelihoods analysis, the use of an HIV/AIDS lens, and complementary partnerships. This should not be hidden as 'business as usual; but should evolve over time as knowledge and understanding expands and evidence of impact emerges.

6. Summary

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[29] O'Donnell, M, 2004, 'Food security, livelihoods & HIV/AIDS: a guide to the linkages, measurement & programming implications', London.

[30] For a debate and discussion on the use of proxy indicators see SADC FANR Vulnerability Assessment Committee, 2003, 'Towards identifying impacts of HIV/AIDS on food insecurity in southern Africa and implications for a response: findings from Malawi, Zambia and Zimbabwe', Harare, Zimbabwe; Mdladla, P; Marsland, N; Van Zyl, J & Drimie, S, 2003, 'Assessment Methodologies: Integration of HIV/AIDS related indicators- Examples from the Field', United Nations Regional Inter-Agency Coordination and Support Office, Technical Consultation on Vulnerability in the Light of an HIV/AIDS Pandemic, 9-11 September 2003, Johannesburg, South Africa; and Marsland, N, 2004, 'Development of food security and vulnerability information systems in southern Africa: the experience of Save the Children UK', August.

[31] The experience gained under the CRLSP and other programmes have not only influenced CARE's future programming but also Malawi's Poverty Reduction Strategy Paper (PRSP) and the Malawian government's Food security and Nutrition Policy. CARE's livelihoods and HIV/AIDS programme is intended to continue to influence, support, learn from and monitor these government programmes (SMIHLE Proposal, 2004, p. 3).

Mainstreaming HIV/AIDS largely entails good development practice. The tendency by some to frame it as "different" or "difficult" actually makes it less likely that the bulk of governments, NGOs, CBOs and faith-based organisations will actually take steps to understand and address the risk and vulnerability associated with HIV and AIDS. Mainstreaming requires a "back to basics" approach and better application of social science: participatory approaches, understanding of differentiation within communities, an explicit focus on vulnerability and opportunities, and attention to the influences of factors far beyond the household. The use of such approaches as livelihoods analysis, with an HIV/AIDS lens, can help us to re-think livelihood targeting and design of interventions[32]. The initial focus on HIV/AIDS should gradually broaden to a more inclusive understanding of the two-way relationships between health and development.

In effect, mainstreaming HIV/AIDS requires programmers to return to some of the main principles and tools of development work. They need to work smartly, strategically and systematically in thinking about HIV and AIDS as major influences on risk and vulnerability, in order to effectively use development approaches in the midst of the epidemic.

[32] Joanne Abbot, Rural livelihood interventions for households affected by HIV/AIDS, prepared by CARE-Lesotho – South Africa for DFID Zimbabwe, February 2004.