



Strengthening responses to the Triple Threat in the Southern Africa region – learning from field programmes in Malawi, Mozambique and Zambia

Joint Project of Concern Worldwide (CW), Oxfam International (OI) and the Southern Africa Regional Poverty Network (SARPN)

Malawi

1. Background

A number of Concern Worldwide and Oxfam-International projects were visited in Malawi between the 23rd and 28th of April as part of the joint project on strengthening responses to the Triple Threat of HIV/AIDS, food insecurity and weakening capacity for service delivery in the Southern African region¹. The project consisted of a blend of policy level discussions with organisations such as Concern, the Joint Oxfam Programme in Malawi (JOPM), Word Alive Ministries, Evangelical Lutheran Development Service, and Mponela AIDS Information and Counselling Centre and on-site reflections of field staff and community meetings currently engaged in development work in Blantyre, Dowa, Phalombe and Mulanje Districts. The objective was to debate and document the experiences and understanding of practitioners engaged in supporting communities to achieve livelihood security taking account of factors underpinning a complex situation.

The following represents some of the field observations, which are shared to elicit commentary and debate amongst interested parties. At the outset it was recognised that southern Africa is experiencing a complex crisis, with both acute and chronic dimensions. Drawing on the lessons of the 2001-03 livelihoods crisis and more recent experiences, particularly those of field practitioners, a more nuanced response strategy is called for. A number of issues emerging from the field exercise as crucial with regards to livelihood insecurity in Malawi have been grouped as common themes.

2. The Drivers of Food Insecurity in Malawi

It was widely acknowledged in community discussions², with partner organisations present, that livelihoods had come under increasing pressure across Malawi since 2001. Practically all discussions focused on the lack of soil fertility and the inability of communities to afford fertilizers despite the government subsidies of the past year. The unsustainable use of trees or “deforestation” was recognised as a major cause of soil erosion and diminishing fertility. Wood was increasingly used by charcoal makers for sale but also for the fuel and timber needs of most households whom had few alternatives. Another dimension of environmental stresses was uncertain rainfall and a lack of control over water. The “new” variability in rainfall meant that agriculture was less predictable than in the past with excesses washing away costly fertilizer and soil, or a dry period stunting crops.

¹ The underlying problems of HIV/AIDS, food insecurity and weakening capacity for service delivery (triple threat) is rapidly reversing development gains, leaving communities and whole societies more vulnerable to external shocks, such as the effects of the dry-spell that impacted the region in late 2005.

² Meetings facilitated by ICOCA (Word Alive Ministries), Manjumbe Village, Blantyre; Evangelical Lutheran Development Association, Thombozi Community and Mphonde HBC Group, Phalombe; Oxfam, Kangoma Community, Mulanje; and Concern, Mponela Community, Dowa District.

Small landholdings, particularly in Mulanje, were identified in community discussions as a major limiting factor to food security. This problem was primarily a result of a high population pressure although the rigid boundaries of the tea estates (seen to be owned by “multi-nationals” and not “Malawians”) were also a factor in limiting expansion of areas under community agriculture. Tea estates were recognised as being important in terms of creating some employment and for broader economic development but these benefits were largely intangible for communities and therefore estates were regarded with some negativity.

Without prompting from the external agencies present, practically all discussions focused to some extent on how HIV/AIDS worsened this underlying situation (“there is too much of that here”)³, as many households (one group claimed “most” households) had sick adults, which diverted labour and eroded resources. It was clear that during discussions some community members clearly articulated the two-way relationship between HIV/AIDS and food security⁴. The recent excessive rains had also led to an increase in malaria, and incidents of severe diarrhoea, during the cultivation period.

It was significant that when discussing HIV/AIDS impacts, most people identified the trauma of illness within a family as a major contributing factor to food insecurity. Individuals caring for the sick would be continually thinking of them, diverting attention from other livelihood tasks at hand (“even the mind is on the sick”). This illustrates the very close relationship between the general activities of the household (for example child care and rearing, support relations between adults, home maintenance, food processing) and the production of crops and animal husbandry to feed the household. From the community discussions it appeared that these pressures were primarily borne by females within the household largely as a result of the gendered nature of caring activities.

In this general analysis, agricultural production, as a cornerstone of household food security of the areas visited, was undermined by a combination of environmental stress (soil degradation, lack of tree cover) and climate (rainfall variability), exacerbated by poverty (as individuals sought income-generating activities or livelihood assets from surrounding natural resources) and HIV/AIDS.

3. Integrating Responses to HIV/AIDS and Food Security

In terms of different responses to these underlying causes of livelihood insecurity in the various districts, a common approach of an integrated development approach arose. Essentially this approach relies on close relationships with people in the community, establishes strong relationships with local government through key individuals who are directly engaged with decision-making and community extension, and takes a longer term perspective in terms of building a track record and an iterative learning process. It is looking at making small, incremental changes through a variety of tried and tested methods. This approach is able to include people living with HIV and AIDS (PLWHA) and their families because it is sufficiently close to the ground to see them and adapt the way they work to include them.

³ Thombozi Community discussion.

⁴ It is now well established that HIV has an impact on livelihoods, reducing food security through illness and death; whilst food insecurity and poverty fuel the HIV epidemic as people are driven to adopt risky strategies in order to survive. Ultimately HIV/AIDS impacts on the livelihood outcomes of households.

According to staff and community discussions, particularly at the Joint Oxfam Programme in the Shire Highlands, this approach had led to tangible improvements in the lives of people. Project documentation seemed to confirm this perspective along with discussions with government officials who were directly involved. The most important dimension to this success appeared to be the delivery of services through government extension agents who had developed close relations with communities along with an ability by both communities and officials to undertake problem analysis through participatory research approaches. This kind of interaction has enabled the adaptation of various livelihood strategies as broader options are forged in a joint partnership. In particular HIV/AIDS has become core to this response, recognising it as a major stressor that requires a range of approaches from prevention messages (through drama groups and condom accessibility), mitigation (through a variety of more effective livelihood activities), and linking access to treatment and care where possible. Some of these elements are discussed in more detail below.

Participatory Rural Appraisal: Identifying Entry Points

Although the use of participatory rural appraisal is nothing new in development practice, in the Joint Oxfam Programme in Malawi, it was modified to ensure that individual contacts with households looking after chronically ill people complemented community meetings. This enabled the programme to identify the specific needs of these households at the design phase Focusing on the specific needs of HIV/AIDS affected households in order to support their productivity means placing them at the centre of research and analysis, programme design and implementation, and ultimately assessments around impact of interventions. Understanding why certain households and communities are more resilient than others is key to an effective response.

Another important dimension to the PRA was the inclusion of district level government officials and local leaders from the outset of the design phase. Consulting leaders during the research phase brought in an appreciation of their understanding of what drove the epidemic and opened space for debate to challenge cultural practices that may have become harmful in a context of HIV/AIDS. The inclusion of officials meant that the government was seen as the major player in the programme, as it was their existing system and structures that were used to bring development to the community. Oxfam staff were clear that they “did not want their names on the ground” and that a decision to “stand outside of the limelight” was at the core of their partnership with government. Government extension agents were also trained in PRA to enable them to undertake similar exercises in other areas of operation.

Targeting

PRA has become an essential tool in terms of targeting as it enables a very close understanding of what is happening at community level. Existing targeting mechanisms used by partners of both Oxfam and Concern aimed to identify the poorest and most vulnerable and are usually able to identify vulnerability relating to HIV/AIDS through PRA. The presence of HIV/AIDS forces practitioners to examine existing criteria and expand these where appropriate. In the JOPM, three categories of beneficiaries were identified to focus activities:

- The Innovative Group – which are people who have a more established source of livelihood security and have potential to engage in making markets work;

- The Adapting Group – which are people that require resource support to engage in sustainable livelihood activities; and
- The Coping Group – which are people who are deemed the most vulnerable through a lack of capacity to maintain a sustainable livelihood due to existing circumstances. They include HIV/AIDS affected households.

Oxfam agreed that at the outset of the programme it did not have an adequate understanding of the impact of HIV/AIDS on poor people and the demographic changes resulting from the epidemic. This led to an initial neglect of child-headed households. Integrating HIV/AIDS in a meaningful way through programme design built upon PRA that focused on the most vulnerable enabled the Joint Programme to engage with some of these issues.

It is important to recognise that community targeting may reflect embedded inequalities, and that there may be added difficulties in targeting HIV/AIDS-affected households in a context where the disease is highly stigmatised, or where people may not know their HIV status.

Cultural Norms and Gender

Cultural beliefs were often the starting point for communities when initiating strategies to cope with the reality of HIV/AIDS. Having understood how HIV transmission works from information and experience, “dangerous” practices were either changed or discontinued. Such practices included initiations for girls entering womanhood, male circumcision (which has exposed boys to the HI virus through the use of the same knife), and widow inheritance. It was emphasised in community discussions that many women were widowed “too young” and were left without support having had little chance to build up an asset base of their own. Despite some progress being made as a result of awareness raising property stripping still occurred in the focus areas. In response, it was felt that widows needed to be protected through encouraging the writing of wills, establishing community forums around inheritance rights, and the vigilance of community structures. In some instances families had been brought together to discuss how the asset base should be shared⁵.

These responses to cultural norms indicated that the vulnerability of some groups with low socio-economic status, in particular women and girls, were beginning to be interrogated by some communities⁶. However, in the same discussions, women were often blamed for spreading HIV (“women are causing HIV to progress”). Livelihood insecurity often places women in situations where they may trade sexual favours for benefits (“they wear mini-skirts”). In contrast, men who find themselves migrating to find work and being exposed to situations where they may change sexual partners frequently were not identified as drivers of the epidemic. This betrays existing gender inequalities. Staff and government officials felt that the only way to address this was through continued gender equity work and increasing livelihood options for women.

Agricultural-Based Livelihoods

⁵ In matrilineal areas, widowers were sometimes dispossessed by their wives’ families.

⁶ It was significant that the Manjumbe Village, which was situated in a matrilineal area, was led by a female chief, who strongly articulated concerns about cultural practices that made women more susceptible to infection. Female home-based care volunteers who pointed out that men also had a role in sex and were also party to arrangements where favours were exchanged for benefits countered discussions around women causing HIV to spread.

In terms of livelihood practices, the adoption of “modern agricultural methods” was seen to be important by both communities and the NGOs facilitating development. These included the use of composting, planting trees to stabilize and enrich the soil (particularly the use of the moringa oleifera tree), the (re-) introduction of drought resistant crops and increased diversification into animal production. The reliance on maize was often seen as a cause of vulnerability to food insecurity.

Access to fertiliser was another theme that was continually raised during community discussions. Many saw the need for continued government support to reduce prices. However, self-reliance was seen as being more important as dependency on the state reducing prices had failed the small-scale producers before. Self-reliance was loosely defined as adopting sustainable organic agriculture based on the use of compost and water harvesting techniques.

Irrigation and water harvesting were seen as important by communities who were directly involved with such interventions⁷, to decrease dependence on rain-fed crops. In areas such as Phalombe where there was a constant water supply throughout the year arising from the Mulanje Mountains, irrigation had the potential of becoming the backbone of agricultural practice. It was emphasised by Oxfam that low-cost interventions, such as the use of watering cans and river diversions, were needed rather than sophisticated and expensive technology such as mechanised pumps (as opposed to treadle pumps), which were favoured more by partner organisations. An argument around sustainability was lodged against expensive technologies that required technicians and parts to maintain them. The cost-effectiveness of such inputs did not make sense at a small economy of scale.

Community Safety Nets

Members of the Manjumbe Village outside Blantyre identified the need to increase yields for the community in general rather than just for the extended household. These increased yields would enable the community to be better able to respond to the needs of the most vulnerable to food insecurity, which reflected an increased need for such institutions despite their erosion over time. These institutions included the chief’s grain bins (disregarded in Manjumbe because of theft), the chief’s fields and community labour. Reinvigorating such institutions would require a change in mind-set, away from producing crops for the extended family alone towards sharing more generally. This may raise challenges for income-generating activities that are targeted at individuals and which are based around similar agricultural production measures. It was not clear from the discussions how community based activities involving pooled labour would cope under the stresses of HIV particularly as communal work is often the first to be affected in situations of high HIV prevalence.

When probed, communities felt that the most viable community safety net for those affected by food insecurity and HIV/AIDS impacts was a communal garden. The produce of such gardens would be used to support the most vulnerable, and in particular orphans and other vulnerable children (OVC). In many communities such gardens already existed but were not prioritised as a strategy to deal with vulnerability to food insecurity, partly because of the recurring pressures experienced by communities over the past five years. These discussions confirmed that the good ideas generated by communities often became hard to put into practice largely due to labour constraints.

⁷ For example, those communities involved with the Evangelical Lutheran Development Association such as Thombozi Community outside Phalombe.

Nutrition

Nutrition was another theme that emerged as an important element of coping in the face of HIV/AIDS. It was recognised by many Oxfam and Concern partners, and the organisations themselves, that malnutrition increased progression of HIV infection, and may increase the risk of transmission from mothers to babies. The cycle of inadequate dietary intake and disease is accelerated by HIV infection that leads to malnutrition. Research suggests that the chance of infection with HIV might be reduced in individuals who have good nutritional status; that the onset of disease and death might be delayed where HIV-positive individuals are well-nourished; and that diets rich in protein, energy and vitamins might reduce the risks of transmission from mother to child⁸. However, despite understanding good nutrition practices and the positive impact this may have against HIV/AIDS, the issue of poverty limited the ability of communities, even with external support, to use such knowledge in practice. Community preference for maize was another major limiting factor for nutritional diversification.

Discussions with Oxfam and Concern partner organisations raised the importance of knowledge around good nutrition. One option of improving knowledge was to seek linkages with the Ministry of Health or specialist organisations. In particular, information on different kinds of vegetables or other crops, which contained essential micronutrients, was a general concern of many partners. Such foods included sweet potato, pumpkin seeds and leaves, certain types of mushrooms, sorghum, millets, and the role of grasshoppers as a source of protein. The role of medicinal plants and their propagation in a context where environmental stress had diminished availability was also recognised and information around such instances sought. Sources of local foods that in the past had contributed to diverse diets had diminished due to environmental strain and rainfall variability. It was recognised that many solutions around nutrition security lay within communities (“the secrets of Africa are held by grandmothers”), which needed to be harnessed.

A partner of Concern Malawi, the Mponela AIDS Information and Counselling Centre (MAICC), taught HBC volunteers about how the diets of their clients and OVC could be improved. Such knowledge was linked to small vegetable gardens where “small remedies” based on herbs and other medicinal plants were grown. The intention was to increase the number of larger communal gardens with the support of government extension agents to ensure that more households, particularly those at a chronic stage of AIDS were able to access nutritional foods through the HBC system. A major hindrance to this programme was overstretched government staff (“who are always busy”) and a resultant lack of expertise available for the development of such gardens. An obvious alternative was stronger linkages with other NGOs, such as CARE and World Vision, which were operating in the area.

MAICC had a strong relationship with the locally based Blessings Hospital, which supplied them with a nutrition package to share with HBC and OVC clients, and the Mtengowanthenga Mission Hospital, which provides voluntary counselling and testing, as well as anti-retroviral therapy. The Christian Health Association of Malawi (CHAM) provided monthly transport for HBC clients and others requiring services from the Mission Hospital. The provision of the food mix from Blessings Hospital via MAICC’s on distribution was identified as an essential combination for the drugs, which were often toxic for the patients when taken alone. MAICC works as a

⁸ See Paul Harvey (2004) ‘HIV/AIDS and humanitarian action’, Humanitarian Policy Group research Report, Overseas Development Institute and various papers on the RENEWAL website: www.ifpri.org/renewal

facilitator, using its knowledge about the linkages between HIV/AIDS and nutrition to ensure organisations with different skills were brought in to provide a basic minimum of a comprehensive service to its HBC clients.

Every month two thousand nutrition packs were distributed to HBC and OVC clients, a small proportion of those requiring the service. Recognising this limitation, MAICC and Concern identified the importance of developing a larger, sustainable food security strategy.

Income Generating Activities: More Than Just Chickens?

Although there was generally a positive response when discussing different income-generating activities there were underway within many of the projects, there seemed to be a consensus amongst both “communities⁹” and partner organisations that alternatives to agricultural-based activities needed to be found. In other words, chicken or she-goat “pass-on” projects were deemed important to build up an asset base¹⁰. However, if real alternatives were to be found that would help diversify livelihoods in the long-term, particularly if young people were to be involved, then other options would have to complement these.

An initiative outside Blantyre facilitated by Word Alive Ministries (ICOCA) successfully established an artisan project whereby youths were apprenticed to artisans. These youths were taught how to work with different skills such as iron-smithing to car repairs. A concern expressed by both the community and partner organisation was that many of the youth had not returned to the village, preferring to stay near the urban area and nearer to their role models. Rather than see this as a negative, it seemed predictable that these apprentices would stay near Blantyre, which might bring other opportunities through these “living bridges” with other opportunities.

One way of strengthening IGAs as a viable means of underpinning livelihoods was through a strategy that identified linkages with other organisations from the outset of such projects. The identification of community strengths and existing activities are important starting points for such initiatives. However, they often fail to look more broadly at strategic linkages with other organisations that can enhance or adapt these activities. In this way, the partners or INGO operates as a facilitator, conducting a participatory situational analysis with the intention of mapping stakeholders and institutional linkages before IGAs are sought.

Another important option raised in discussions in the Shire Highlands was that of micro-saving schemes, which people had been heard about but had little sense of in terms of operational requirements.

Facilitating Linkages

The major challenge facing community safety nets, and interventions such as home-based care, was that of linkages. It appeared from community discussions that in many instances interventions addressing the nexus between hunger, vulnerability and HIV/AIDS operated, at best, with linkages between a few interventions. The full

⁹ Communities is loosely defined here as those individuals associated with the “community project” as defined by the project and who were present at the open discussion facilitated by the research consultant.

¹⁰ Livestock multiplication schemes were recommended as being very effective, particularly as this was one viable way on building up the asset base and a safety net.

range of “upstream” and “downstream” opportunities, needs or necessary linkages were seldom evident when discussing projects¹¹. For example, partner organisations facilitating a HBC initiative may identify the need to link to a local health centre or clinic for the project to become sustainable. However, focusing on an already over-stretched and fragile state institution will not address immediate problems of nutrition, compensating volunteers, supporting households overburdened with dependents and finding sustainability beyond the partner exit strategy.

A discussion with the Mphonde HBC group was illuminating in terms of the potential of linkages. It was recognised that households that absorb orphans need additional support, often in the form of food, as a result of increasing pressures on a low resource base. Although there was reference to some “connection” between a vegetable garden and the HBC, this was not a key component of the initiative.

Facilitated discussions identified a range of existing institutions such as a community gardens, grain bins and care centres overseen by grandmothers, which could alleviate pressures on households with high dependency ratios. Initial discussions agreed that such initiatives could bolt onto an existing HBC programme to increase effectiveness. A community garden, sustained through irrigation, producing both staples and vegetables could alleviate nutrition insecurity. The shared labour could also be used to demonstrate to children agricultural skills they may have missed as a result of losing their parents (taking cognisance of tensions around child-labour). Grain storage could be used to offset food shortages for the most vulnerable households and invigorate community vigilance around food needs. The care centres could alleviate time spent on child-care and provide a space for psychosocial support. Although these connections may appear obvious it should be stressed that facilitating linkages remains a major challenge for partners seeking sustainability and increased impact.

Linkages between interventions, often built upon existing structures, and other community-based initiatives are important but should not diminish linkages with external opportunities provided by other agencies, in particular the state. However, rather than depend on this system, innovative ways should be sought to facilitate linkages. Oxfam Programme staff were considering the role of bicycle ambulances to connect the sick with mobile clinics or health centres. Linkages may be the key to community resilience to livelihood insecurity and vulnerability to HIV/AIDS impacts.

This type of approach can be summed as to recognise, assess and respond to the immediate humanitarian needs (such as insecure access to food, water, health care or education) caused by multiple stressors, while simultaneously and equally urgently planning programmes both to reverse the accelerating erosion of government, community and household capacity and to confront food insecurity and poverty.

¹¹ One significant exception was that of the Kangoma Community, Mulanje.