



Flyer 6: Findings of Local Research on HIV/AIDS

Purpose

The HIV/AIDS pandemic in sub-Saharan Africa has reached such crisis proportions that it affects every aspect of life. The goal of “mainstreaming HIV/AIDS” is to ensure that the impacts of HIV/AIDS are addressed and reduced in communities and within organizations, in all sectors. Many development and humanitarian organizations want to mainstream HIV/AIDS, but do not know where to start.

This flyer is one of a series summarising the process and lessons learned by about twenty organisations in their efforts to mainstream HIV/AIDS into livelihoods work in Malawi. The series offers ideas that could be useful to others wanting to mainstream HIV/AIDS into their own work, without changing their core focus.

This flyer summarises findings from research on the local epidemic in Mulanje District; the previous flyer outlines the research process. The focus of the field work was to understand how HIV/AIDS affects different people in communities, how it undermines organisational capacity and ability to achieve objectives, and how people and organisations respond. Such research sets the scene for re-designing or modifying programmes to better account for HIV/AIDS.

Overview of Oxfam Malawi

Oxfam Malawi is funded by Novib, Oxfam GB, Oxfam Hong Kong, and Oxfam Ireland. The Shire Highlands Sustainable Livelihoods Programme operates in Mulanje and Thyolo Districts. The Partner Support Programme involves organisations in southern Malawi, and national coalitions on education and on economic justice.



Research on Local HIV/AIDS Epidemics

For those trying to mainstream HIV/AIDS into development work, it is vital to understand the reality of where they work. In Malawi, several organisations conducted joint qualitative research in Mulanje District in March 2001, involving field work in two communities, and interviews with managers and field workers of several NGOs, government departments, and businesses. No quantitative research was performed to assess how widespread the perceptions and findings actually were.

Direct involvement by staff in field research has many advantages over hiring a consultant to research and report back. For many staff, it was the first time they had directly talked with people living with or affected by HIV/AIDS about the implications of illness. It provided an opportunity to learn first hand how the pandemic influences life in many ways.

Staff researchers also began to create strong working partnerships with other organisations, crossing the boundaries between ‘development’ and ‘health.’ Further, they developed skills in using simple methods to systematically learn about issues that deeply influence how they must work in future.

Following this research, the organisations in Mulanje, including Oxfam, modified their existing livelihood work, based on new understanding of how HIV/AIDS influences life. This review of programmes is addressed in the next flyer.

This is one of a series of flyers designed to assist organizations in mainstreaming the issue of HIV/AIDS into their core work and internal policies, without losing their primary focus. This is Flyer 6 (29 October 2001).



Impacts of HIV/AIDS in Communities

During 14 focus groups and 19 in-depth interviews with people in families directly affected by chronic illness in Mulanje, some important issues arose repeatedly. Many are similar to findings in other places.

- **Clustering:** Some families are worse affected than others. Several members may suffer chronic illness and death at the same time, or over a short period. Others suffer no illnesses among immediate members, though they may be affected in that they help care for or support relatives and friends.
- **Mother's illness is double blow:** Mulanje is a matrilineal society. Men move to their wives' homes upon marriage. If the father dies, it is a blow, but the mother continues to look after the children. If the mother dies, the father often leaves and the children are orphaned, with no continued support.
- **Badly affected people become 'invisible':** Development interventions and government services often help those who are active in community meetings and formal groups. People with ill health, or severe labour shortages, tend to find it difficult to participate. As a result, they 'drop out' of common development processes, and in effect become 'invisible,' not benefiting from development efforts.
- **Growing poverty:** Chronic illness and death of older, more skilled family members means less food and income. Money is used to pay for medicine and food, productive assets are sold, people get poorer.
- **Women and girls take on greatest burdens:** As one or both parents fall ill, chores shift to the remaining women and girls. This includes bringing food and money into the home, caring for the sick, and carrying out daily tasks of cooking, cleaning, and general household maintenance.
- **Reduced education, intergenerational poverty:** Young people, especially girls, may be forced to drop out of school, either to take on extra work at home, or due to lack of money. This limits their education and skills development, which in turn puts severe constraints on their options for making a living as they grow older. Badly affected families can grow poorer from one generation to the next.
- **Unreliability of social networks:** The extended family, and community institutions like churches, are often seen by outsiders as key sources of support. However, respondents were clear that the support provided is ad hoc and unreliable. While welcome and at times essential, it is far from enough.
- **Cycle of poverty and illness:** Poverty was often referred to as the driving force spreading HIV. Poor women and girls may engage in occasional commercial sex (as opposed to full-time sex work), which increases the risk of contracting HIV.

Impacts of HIV/AIDS on Organisational Capacity

Managers and staff of government departments, NGOs, and private businesses are themselves living with or affected by HIV/AIDS. During interviews and focus groups across this spectrum, main issues emerged:

- **Organisations in Mulanje are affected by HIV/AIDS:** Every respondent noted absenteeism, lower productivity, vacant posts, growing costs of health care and funerals, and overloading of others.
- **Limited internal responses:** Most organisations try to cover costs of funerals for staff, and some provide HIV education for staff. Only one of seven organisations is developing comprehensive workplace policies to minimise impacts on employees, on their families, and on the organisation itself.
- **Few comprehensive efforts in programmes:** Some run health education activities with communities; but there are few efforts at mutual support among HIV prevention, care and treatment, and mitigation of socio-economic impacts. Some try: Ministry of Agriculture inserts leaflets on AIDS into seed packs.
- **Challenge for improving internal policies:** Local managers can not easily change policy to better address needs of staff or communities without approval of senior managers, based outside the district.
- **Coordination within the district:** The District AIDS Coordinating Committee is one body that could help all organisations in the district to learn about AIDS, and to address the pandemic in mutually supporting ways. A District AIDS Plan was recently drafted; this is a crucial opportunity to build upon.

OXFAM GB, SOUTHERN AFRICA
HIV/AIDS MAINSTREAMING
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Please contact us with your suggestions, comments and your own ideas concerning HIV/AIDS mainstreaming.

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