

## **Mainstreaming HIV and AIDS into Livelihoods and Food Security Programs: The Experience of CARE Malawi**

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### **Introduction**

It is now well recognized that household food insecurity in Southern Africa can be properly understood and addressed only 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 (Haddad and Gillespie 2001). Effective analysis and action to influence the causes and outcomes of HIV/AIDS requires a contextual understanding of livelihoods (SADC FANR Vulnerability Assessment Committee 2003).

This raises significant challenges for organizations 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. Recognizing this reality and the importance of HIV/AIDS mainstreaming, organizations such as CARE Malawi have been researching the situation for several years and developing programs that seek to address the epidemic through new ways of doing core business.

The key question posed by this chapter is how a mainstreamed food security or livelihoods program is different from other nonmainstreamed programs. This chapter 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.

### **The Intertwined Relationship between Livelihoods (and Food Security) and HIV/AIDS**

CARE's overall approach is based on 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 realize basic rights. It includes adequate access to food, potable water, health facilities, educational opportunities, housing, and time for community participation and social integration. Secure livelihoods are based on ownership of or access to resources that are used in productive activities to offset risks, ease shocks, and meet contingencies (Chambers and Conway 1991).

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 (Box 15.1).

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

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 (Baylies 2001). 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.

### **Box 15.1 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
- increased socioeconomic 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 labor)
- depleting control and access to other key assets: financial, social, natural, and physical
- 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. Policymakers, government officials, and development practitioners can pursue livelihoods objectives in ways that also address major aspects of HIV and AIDS.

There are various definitions of AIDS mainstreaming. Rather than debate these, this chapter addresses some of the main concepts needed to make livelihoods and food security programs relevant to the realities of HIV and AIDS. The challenge for analysts, policymakers, donors, and implementers is to understand how the rural socioeconomy 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 (Barnett and Whiteside 2002). 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.

### **The Experience of CARE Malawi**

CARE Malawi runs a broad portfolio with strong emphasis on improving livelihoods security, with programs 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 decentralization. Over the past 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 programs such as 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 many other organizations, mostly local, that are better placed and better equipped to carry out the "traditional" responses to HIV/AIDS: home-based care, condom distribution, behavior change communications, and so on. In the first initiatives, the emphasis was primarily on learning how HIV/AIDS undermines 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 nonagricultural issues, such as food distributions, safety nets, and infrastructure programs. 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 being affected.

The process has involved a large number of diverse efforts over several years: field research (Shah et al. 2002; Frankenberger et al. 2003; Bryceson, Fonseca, and Kadzandira 2004; Pinder 2004), 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 con-

text), membership in food distribution consortia with other agencies, creation of a “mainstreaming working group” comprising a mix of senior managers, program and support staff, midterm modifications of existing programs, development of livelihoods programs that explicitly recognize 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 organizations, and a review of lessons learned in the process of mainstreaming HIV/AIDS into livelihoods work.

This effort is still ongoing, with continually evolving ideas and initiatives. It is clear that there is no simple leap from “nonmainstreamed” 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 (Drimie and Mullins 2005).

CARE Malawi has defined mainstreaming HIV/AIDS as carrying out the organization’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 organization, 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, and evaluation (Care Malawi HIV/AIDS Thematic Team 2004). It involves development of partnerships, program work in communities, and policy analysis and advocacy. CARE Malawi emphasizes that “if a development programme does not recognize 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” (Care Malawi HIV/AIDS Thematic Team 2004).

### **Using HIV/AIDS Objectives to Guide Mainstreaming in Food Security Work**

If HIV mainstreaming is to succeed, those involved in food security programs, including staff, community members, and other organizational partners, must understand basic facts about the disease. For people without public health backgrounds, the HIV/AIDS epidemic can seem a vast, faceless problem about which they simply do not know what to do. One of the simplest and most practical approaches used by CARE entails learning about four main objectives of work on HIV and AIDS: prevention, positive living, treatment support, and mitigation of social and economic impacts. The staff, partners, and community members then review each of these in turn to consider how their work in food security and economic livelihoods could potentially help achieve each of these objectives:

- *Prevention*: increasing options for safe secure sources of food and nutrition security and reducing risk of new infections
- *Positive Living*: enabling longer, healthier life for those with HIV through improved access to nutritious food and to reliable income
- *Treatment Support*: facilitating access and adherence to proper treatment through improved access to nutritious food and to reliable income
- *Impact Mitigation*: improving resilience of community and family members to social and economic impacts of illness and death through improved access to nutritious food and to reliable income

In August 2004, CARE Malawi program staff reviewed their work and identified examples of how programs 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.

CARE staff reviewed their main programs and noted how each might contribute to one or more objectives related to 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
  - Consortium for southern African food security emergency (C-SAFE): food aid targeting at-risk women and girls, to help avoid survival sex
  - Partnership in capacity-building in education (PACE): 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 nonaffected households, to increase access to financial assets
  - CRLSP: supporting production and preparation of nutritious field crops and vegetables
- Improving access and adherence 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-UP): 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 such as 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 under way in different geographic areas; a similar process could be used to identify how various government and nongovernmental initiatives are jointly addressing HIV and AIDS in a single community or district.

### **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 by a number of organizations: 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:

- Framing expectations
- Clear foundations: in the workplace and in the program

- Helpful approaches and tools
- Working and learning with others

The following sections discuss each of these in turn.

**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 ongoing 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 in the process.

**Clear Foundations: In the Workplace and in the Program**

CARE’s experience strongly supports that of several others: organizations need to address HIV/AIDS in the workplace as well as in programs. Both are necessary, neither one is sufficient on its own, and in fact, they can and should be mutually supporting.

*From Personal to Professional: 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 did not 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 organization. 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 (Mullins 2002).

One cannot expect managers, staff, or partners in communities or other agencies to critically analyze 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 address 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 for individuals and members of society.

However, this does not mean that an organization must have complete “success” in HIV workplace interventions before starting to mainstream HIV/AIDS into its core programs. HIV workplace issues and HIV mainstreaming in programs (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 organization. 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 subsidized medical care, reforming the performance management system, assessing budgets and financial planning, and undertaking human resources workforce planning.<sup>1</sup>

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.

*Build on Comparative Advantage: Focus on the Core Business*

The organization 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, positive living, treatment support, and impact mitigation.

This is very different from the approach of continuing to run livelihoods programs 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 programs to home-based care. The focus on comparative advantage might encourage people to design food security programs that complement and support home-based care.

### **Helpful Approaches and Tools**

Once managers and staff are clear that they are embarking on a long process that will involve attention to HIV in the workplace as well as in programs, 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.

#### *Adopt a Livelihoods Approach: Focus on Risk, Vulnerability, and Resilience*

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 analyze 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), between households in a community (for example, diverse assets, competition, and collaboration), and external influences (such as policies, economic systems, social and cultural factors, and climate).

This analytic 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 marginalize 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 organization or department can respond to all the issues identified, so the livelihoods approach calls for prioritization and partnerships. I-LIFE,<sup>2</sup> for example, proactively strengthens linkages among organizations that have relevant, complementary skills.

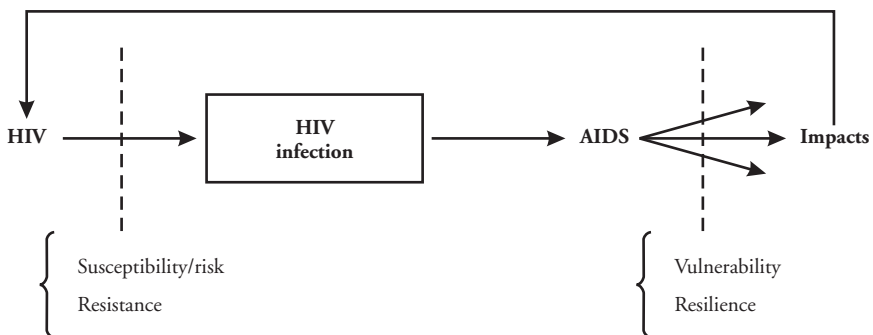
Communities consistently identified the most vulnerable as those with severe health problems (including HIV/AIDS), households caring for chronically ill persons, households hosting orphans, child-headed households, elderly-headed households, and female widowed households. However, this tendency to target 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. Although 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.

*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” (Fig. 15.1). 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 (Loevinsohn and Gillespie 2003), guiding use of livelihoods analysis by encouraging continual analysis of key questions: (1) how does the risk of HIV and impacts of morbidity and mortality affect this situation, and (2) 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

**Figure 15.1 HIV/AIDS lens**



Source: Gillespie and Kadiyala (2005).

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 bidirectional relationship between HIV/AIDS and food security for both I-LIFE and SMIHLE.

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 do not know their serostatus. Among those who do know their status, their family and caregivers 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 programs 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.

#### *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 on 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) and 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 analyzing how livelihoods increase or decrease risk of new infections among specific people and develop appropriate responses. They can move on to analyze 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 (Greenaway and Mullins 2005).

In February 2005, CARE Malawi ran a workshop for members of 10 community-based organizations and faith-based organizations that undertake a range of activities, such as awareness-raising, home-based care, agricultural production, and support for income generation. After discussing the HIV timeline, they used stickers to indicate where their current activities were focused. They realized that the bulk of their activities involved awareness-raising for prevention and efforts to mitigate impacts, with far fewer activities in the areas of positive living and supporting access to treatment; these were identified as gaps that needed to be addressed.

Table 15.1 uses the timeline and notes just a few possible livelihoods interventions that could be undertaken by different organizations, including community groups, to address specific people at various stages of the timeline.

### **Working and Learning with Others**

The causes and consequences of the epidemic are so diverse that no single organization 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.

#### *Partnerships to Provide a Range of Complementary Services*

CARE Malawi programs support local partners in project activities and through strengthening community institutions. 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 among 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 below 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 organizations with complementary skills.

In addition to merely cooperating with others, some CARE programs explicitly seek to strengthen linkages among organizations. For example, SMIHLE facilitates communication and joint planning among local churches, orphan care and home-based care groups, village AIDS committees (VACs), funeral committees

**Table 15.1 Examples of program interventions at various states**

<b>Intervention</b>	<b>Before HIV infection</b>	<b>Asymptomatic</b>	<b>Symptomatic</b>	<b>Death</b>	<b>Survivors</b>
Targeting	Teenage girls at risk	Women with HIV	PWHAs, caregivers	Widower, orphans	Survivors
Objectives	Prevent new infections	Positive living	Care and support, impact mitigation	Mitigation; protect assets	Prevention and mitigation
Interventions	Safe livelihood, skills development	Nutrition, income	Nutrition, income food aid	Legal aid: inheritance	Safe livelihood, skills development
Methodology	Girls' youth groups	Build in all livelihoods work	Targeted support	Target vulnerable households	Targeted support
Potential partners	VCT, IEC, school	Support groups, treatment literacy	Clinics, HBC, child care	HBC, paralegals	Child care, paralegals

and local health clinics, and agricultural development initiatives. The CORE Initiative provides small grants and capacity-building support to CBOs and faith-based organizations and intentionally brings together a mix of those working on health and on livelihoods in order to stimulate sharing, learning, and complementary approaches.

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 the Civil Society Agricultural Network (CISANET), which represents a broad network of civil society agencies and advocates for a rights-based approach to communities.

### *Identify Strategic Entry Points*

This entails identifying and agreeing on the key issues to address and strategic entry points for operationalizing programs. 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 key service sector (health, education, agriculture, labor) outlined its own approach and requirements for a scaled-up community mobilization plan because the impact of HIV is felt most keenly at the community and household level (Butcher 2003). Because most responses have occurred at this level, a coherent community mobilization strategy enabled different sectors to respond to the epidemic while playing to their comparative advantages.

CARE Malawi has also used community mobilization as its major entry point for most programs. For example, in the CLRSP organizational capacities and partnerships were developed and strengthened with community-based organizations at the group village head level and with government agricultural field staff partners. Similarly, SMIHLE intends to prioritize participatory techniques to mobilize 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 the district and community level, is another key strategic entry point for eventually mainstreaming HIV into all programs. 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 organizations 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 organization for the Lilongwe district and city.

*Research, Reflection, and Integrating Lessons Learned*

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

For example, CARE Malawi's most coherent mainstreamed program is called Supporting and Mitigating the Impact of HIV/AIDS for Livelihood Enhancement (SMIHLE). SMIHLE builds and consolidates previous livelihoods programs 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 its staff, SMIHLE is "our mainstreamed programme, which is a process we have learnt as programmes have unfolded . . . until now mainstreaming has not been formalised."<sup>3</sup>

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 channeled into proposal design and ultimately implementation. This process is partly intended to build confidence among 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.<sup>4</sup> Similarly, a core pillar of the I-LIFE proposal was that it was built on a better understanding of the relationship between HIV/AIDS and food security to adequately address the long-term needs of vulnerable rural households. Ongoing research was identified as a core component of the sustainability of the program. The I-LIFE Technical Working Groups are intended to collaborate across technical sectors in order to initiate research that would improve program quality. For example, the HIV/AIDS and Agriculture Technical Working Groups intend to conduct action research on crop production and socioanthropological relationships, seeking to design cooperative 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.

### *Monitoring and Evaluation*

Appropriate monitoring and evaluation systems should be employed to ensure that beneficiaries, implementers, policymakers, 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 (Drimie 2004). Suggestions to develop appropriate monitoring and evaluation (M&E) systems include:

- use a livelihoods approach to understand particular risks and vulnerabilities in the local socioeconomic environment, the level of HIV/AIDS prevalence, and to guide and assess locally relevant interventions
- 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 impacts of projects between projects and different localities and countries

CARE Malawi is mainstreaming HIV/AIDS into food security, health, and education programs, identifying core indicators of success in each sector and ensuring active participation of people who are affected or at risk in the monitoring of progress. Questions include: are the new interventions more accessible and more directly relevant, and are they actually benefiting more now than before the programs were “mainstreamed”? Participatory monitoring entails ensuring people are involved not just in feeding in information and data to managers but actually discussing the issues at local level and changing the program as needed.

### **Challenges and Opportunities**

A number of challenges and opportunities have been identified by CARE Malawi staff, including uneven understanding within the team and insufficient evidence of success in reducing risk of infection and vulnerability to impacts of morbidity and mortality. Given multiple types of risk and vulnerability, broad lack of awareness of HIV status, and stigma, proxy indicators are commonly used (O'Donnell 2004).<sup>5</sup> There are issues of attribution as well as problems of assessing success in, for example, infections averted. More work on how to monitor success as well as evidence of actual success is needed.

Scaling up is another challenge. Moving beyond pilot projects and mainstreaming must be standard operating procedure in all programs, in all sectors, all the time. This entails ensuring that all analysis and program design automatically addresses the issues of risk of HIV infection and impacts of AIDS. To enable this to happen, donors must be on board to support and facilitate this process. No one organization can do everything; partnerships are essential. Capacity often needs significant strengthening in a range of areas ranging from technical skills in food security and livelihoods to basic understanding of HIV and AIDS, participatory approaches, organizational management, and so on. Building a successful mainstreamed program in a handful of organizations in a limited number 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 Malawi is increasingly working with community organizations in a range of sectors and facilitating learning and sharing among them. Some of them are starting with experience in HIV and AIDS and learning about food security, others are starting from a food security perspective and learning about HIV and AIDS, but all are learning about how to better respond to the epidemic using their core strengths. CARE, other NGOs, donors, and government must work together to modify work in entire sectors.<sup>6</sup>

#### *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. Overstretched 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 work-

shops and conferences, development of an 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 programs and development of new programs that explicitly recognize HIV/AIDS as major features of the risk and vulnerability environment. CARE Malawi now has the opportunity to distill these into a more systematic approach to mainstreaming in all future programs. This should include staff development processes to help deepen relevant skills and information, allowing for normal staff turnover. All strategic plans and all processes of program design, implementation, and monitoring should consider tools such as livelihoods analysis and the HIV/AIDS lens.

### **Summary**

Mainstreaming HIV/AIDS is good development practice. The tendency by some to frame it as “different” or “difficult” actually makes it less likely that governments, NGOs, CBOs, and faith-based organizations 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 rethink livelihood targeting and design of interventions (Abbot 2004). 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.

### **Notes**

1. 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 Labor Organization: “An ILO code of practice on HIV/AIDS and the world of work,” Geneva, June 2001.

2. Improving livelihoods through increasing food security (I-LIFE) is being implemented by a consortium of seven NGOs covering eight districts in Malawi.

3. Interview, CARE Malawi offices, August 20, 2004.

4. From early reports back from Shah et al. (2002), Bryceson, Fonseca, and Kadzandira (2004), and Pinder (2004).

5. For a debate and discussion on the use of proxy indicators, see Mdladla et al. (2003), SADC FANR Vulnerability Assessment Committee (2003), and Marsland (2004).

6. The experience gained under the CRLSP and other programs 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 program is intended to continue to influence, support, learn from, and monitor these government programs (SMIHLE Proposal, 2004, p. 3).

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