



MAINSTREAMING HIV WITHIN A HUMANITARIAN RESPONSE – a case study from Concern Malawi



**Prepared for Concern Worldwide – Southern Africa Region
Written by Dr Jo Keatinge¹ and Susan Amoaten²**

¹ National HIV Adviser, Concern Zambia

² Southern Africa Regional HIV Adviser, Concern Worldwide

Background

By the end of 2005 it was clear that people in rural Malawi were again going hungry as a result of the lowest maize harvest since 1994. There were many reasons for the low maize harvest. The rains ended early, and fertilizers had been hard to find at the beginning of the planting season. But in addition, AIDS had hit many households changing for ever their composition, affecting labour availability on farms and reducing the flexibility and diversity of people's livelihood options³.

In July 2005, Concern Worldwide Malawi implemented an emergency response that reached 5,050 targeted households in Dowa, Nkokakota and Lilongwe with 50% food aid⁴ and 50% cash transfer. Known as FACT, the Food and Cash Transfers' project had three objectives:

1. To provide nutritional support to targeted households who were overlooked by the Government of Malawi's emergency response;
2. To provide a temporary safety net to minimize the need of households to resort to destructive coping strategies during the lean period;
3. To explore the effectiveness of cash transfers in addressing food insecurity in humanitarian emergencies in Malawi.

In line with Concern Worldwide's commitment to HIV mainstreaming⁵, Concern Malawi ensured that 1,000 of the 5,050 targeted households were identified using HIV or AIDS related criteria. However, its HIV mainstreaming went beyond targeting to include the position of cash and food distribution points, community monitoring of distribution sites and a long term commitment to responding to community food insecurity.

This case study describes the process of HIV mainstreaming and how this has ensured a humanitarian project responding to acute food insecurity and hunger include those infected or affected by the AIDS epidemic. Using a simple tool called the harm framework⁶, programme staff were guided to include an HIV lens in their decision making through three core statements:

³ CWW Malawi: Project Proposal for an emergency Cash and Food transfers for Livelihood protection: Nov 2005

⁴ Consisted of 20kg maize, 4kg beans and 1litre of oil.

⁵ Mainstreaming is a process whereby HIV and AIDS are considered within the core programme objectives to ensure that the rights and needs of families infected or affected by the virus are appropriately assessed and analysed thereby ensuring they are included in the relevant intervention.

⁶ First developed in the 1990s by the humanitarian sector to learn how their aid interacted in conflict situations. It has since been adapted and used in many other sectors including WHO and UNICEF.

DO NO HARM	PREVENT HARM	REDRESS HARM
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In the case of the FACT programme, the queries become:

- a) How can the FACT project avoid the risk of creating opportunities for spreading the HIV virus?
- b) How can the FACT project help prevent harm?
- c) How can the FACT project redress harm?

1 Concern Malawi

Concern Worldwide began operations in Malawi in March 2002 in response to the food insecurity crisis declared that year. Initial food distributions were carried out through 17 missions and reached more than 10,000 people. This was soon followed by three large development interventions in the areas of nutrition, food and livelihood security and food aid by end July 2003.

The Food and Cash Transfer Project

By October 2005, Concern Malawi identified that levels of hunger caused by food insecurity were again on the rise in their programme areas. The result of the 2004/2005 drought had seen the lowest maize harvest since 1994⁷ and market prices for maize, the staple crop and main foodstuff, were on the rise. Communities in Concern Malawi's programme area were once again in need of large scale humanitarian support.



⁷ FAO forecasts harvest production at just under 1.3 million tons – the lowest in a decade – or approximately 26 percent less than 2004's relatively poor harvest.

The decision to provide both food and cash programme (FACT) was based on the assumption that while food aid was an important method of meeting people's immediate nutrition needs, cash had the advantage of being more flexible thereby fulfilling household's other commitments. The combination would best serve vulnerable people's livelihood as well as food insecurity.

The FACT programme has been extensively evaluated⁸ and shows clear advantages to people in receiving both food and cash. It demonstrated that FACT food packages were mainly consumed by beneficiary households, with some sharing among poor relatives, and that the cash transfers were put to a wide range of uses, including being invested in household farm and non-farm enterprises, or the health and education of children. The combination of food and cash transfers therefore achieved the dual objectives of guaranteeing access to food at a time of shortage, while also giving people choices over allocating cash transfers to their food and non-food priorities.

2 HIV Mainstreaming within the FACT project

Concern Malawi are working towards ensuring the rights and needs of HIV infected and affected households are included in all their work either implicitly or explicitly. There are no blueprints for mainstreaming HIV, so it is always seen as a "work in progress", with much learning still to be done. In Concern Malawi this process has included four distinct actions.

2.1 Targeting

The principle method used to mainstream HIV within the FACT project was through including specific households known to be infected or affected by HIV. It has been long recognised that families coping with both HIV and food insecurity face an intolerable burden. People who are HIV+ need a regular nutritious diet and mental stress and anguish can speed up the physiological impact of the virus on their immune systems. When people are HIV symptomatic⁹, their ability to work is affected because of ill health, whilst they need more money for medicine and food. HIV+ women are particularly affected because of their responsibility for maintaining the diet and welfare of the family including child care, caring for the sick and food

⁸ After the FACT: An Evaluation of Concern Worldwide's Food and Cash Transfers Project in Three Districts of Malawi, 2006 Stephen Devereux, Peter Mvula, Colette Solomon June 2006

⁹ The HIV virus can be seen in four distinct phases: infection, asymptomatic, symptomatic and AIDS

production¹⁰. Including such households was seen as important for FACT to reach its intended beneficiaries. However, it was recognised that fears of stigma and discrimination may prevent such households coming forward.

Concern Malawi used a triangulated targeting approach.

- Village leaders and communities selected households using their own criteria. Social factors ie chronic ill health, orphan-headed/ elderly headed households plus food insecurity criteria ie number of meals eaten per day were used.
- Concern cross checked this information with HIV organisations involved in delivering home based care (HBC) to sick households to avoid reinforcing any possible stigma. Mponela AIDS Information and Counselling Centre (MAICC) and Athelanji in Dowa District¹¹ submitted names of clients who they found to be particularly struggling during the hungry period. Both had well established networks of volunteers and by teaming up with Concern, they were able to access food and cash to supplement the support they provided to chronically ill households.
- The list of names was then cross checked with government agency records to reduce the risk of households receiving support from more than one source.

Stories from people on the FACT programme

Florence is a 38 year old widow with 5 children. Her husband died in 1999 in Lilongwe where he worked as a car mechanic. In 2001 Florence tested HIV+ and joined MAICC for support and counselling and in 2005 she also was diagnosed with TB. Ill health has meant she is only able to undertake small amounts of piece work and cannot tend her own agricultural plot. Her 20 yr old daughter has had to take responsibility for the household. Florence is very weak despite having started ART in January 2006, had "reached the stage where her children were feeding her". Florence had to go to the distribution point with her children for them to carry it home. The food, especially the oil, added calories which have helped her gain energy and the money she used to pay for transport to collect her ART from hospital. Since April her health has increased so members of MAICC "cannot believe how she is now". It has particularly meant a lot to her children to see her getting better and they say to her 'hey look at you, you are getting weight'.

Taken from interview notes of Dr Jo Keatinge, April 2006

¹⁰ Women are more susceptible to the HIV virus for physiological reasons, and more vulnerable to it because of their inability to negotiate safer sexual relationships and practises.

¹¹ **Mponela AIDS Information and Counselling Centre (MAICC)**: is a local NGO, working on HIV and AIDS in Dowa District. They carry out a wide range of activities including: community sensitisation; VCT; home based care to 419 adults; provide nutritional advice and therapeutic food; carry out life skill, vocational training and income generating activities to support over 6,500 orphans or children.

Athelanji is a local CBO started in 2002 working on HIV prevention and mitigation of AIDS. It has 158 volunteers who carry out; community sensitisation; advice on nutrition and positive living; HBC incl counselling; and support income generating schemes for orphans, children, elderly and PLHA.

2.2 FACT distribution points

Humanitarian agencies make efforts to ensure particularly vulnerable people are not marginalised or exploited, but distribution points are often chaotic places because of the need to distribute large quantities of goods to large groups of people quickly. The FACT programme tried to take account of this, ensuring that distributions put needs of individuals first.

- Distribution points were established no more than 10 km from the vast majority of intended beneficiaries, this makes them easier to reach and, importantly, to carry heavy food parcels home. This is particularly important for symptomatic HIV+ people and other chronically ill people.
- They worked with community leaders to ensure distribution points were placed in easily accessible locations. Placing distribution sites in open, visible locations reduces possible extortion of programme participants by unscrupulous people on their way to and from the distributions.
- Sites were operational in daylight hours with a maximum of 400 people coming at any one time. This was particularly helpful for the sick or care givers as it reduced long queuing and avoids the need to travel at night.
- Guardians were registered in place of those who were too weak to attend because of ill health.



Stories from people on the FACT programme

Michael lives behind his parents' house with his four children. He is a 36 year old widow whose wife died in 2004, he too became sick in 2004 when a test confirmed he was HIV+. He lost his job as a driver due to ill health and came back to his parent's village so they could help him with the children. He joined Athelanjji, and benefits from spiritual support as well as information on the importance of a balanced nutritional diet and regular exercise. Athelanjji included his name to the FACT project because he has been getting very weak recently, and had been very worried as to how he and his children would manage during the particularly harsh 'hunger period' of Jan-April 2006. Accordingly to Michael, FACT 'came at just the right time' as 'he didn't have anything' and there were few resources around. Michael was able to reach the distribution point by bicycle which helped him bring the food back. He shared the food with his parents and his children, which has made him feel a little better but he still 'hasn't enough energy to work in the garden'. The cash was used to buy maize, hire someone to work on his plot and buy agricultural inputs.

Taken from interview notes of Dr Jo Keatinge, April 2006

2.3 Community involvement in FACT

Humanitarian programmes recognise that abuses of power and increased powerlessness are key factors in increasing people's susceptibility to HIV infection. In times of hunger, food becomes an important commodity that people are desperate to secure. There is the potential in an emergency response for sexual abuse and exploitation of vulnerable people, especially of women, to occur.

Community leaders and committees, elected in each village, were informed in advance of distribution days and helped Concern staff in two ways:

- ensured food and cash was only delivered to previously identified individuals (or their approved alternative person)
- policed the sites and helped arbitrate disputes

Local committees ensured that especially vulnerable people such as women headed households and the elderly were not "cheated" and others on their way home from distribution points. One Concern staff member explained that in the past it had been known for elderly women to be harassed by more powerful people to hand over some of their food aid.

2.4 Concern staffing of FACT

The vast majority of FACT programme was implemented with an existing staff team. This enabled the project to fulfil the "do no harm" principles of HIV mainstreaming by ensuring a stronger bond between Concern and community members which had a significant impact on reducing exploitation, including sexual, at distribution points.

- All Concern staff undertook refresher courses in the professional management of emergency distributions, with particular attention paid to reducing the likelihood of exploitation. This involved making sure that communities were sensitised on the purpose of the relief operation and the targeting criteria.
- All staff were briefed in codes of conduct and a Programme Participant's Protection Policy which sets out severe disciplinary action such as dismissal to be taken in cases of abuse.
- Locally elected 'complaints' committees were set up at each distribution point, where any Concern staff misconduct could be reported and addressed. Interestingly, no cases were reported.
- Concern staff already living and working in the relevant communities were prioritised to work at the various distribution points to avoid the risk of staff having to stay away from their homes and families
- Women staff were actively encouraged to get involved at the distribution sites.
- Contract drivers were kept to a minimum.

3 Drawing out the impact of HIV mainstreaming

The impact of HIV mainstreaming on the FACT programme to achieve its objectives, or on HIV and AIDS prevention, care and support and impact mitigation is difficult to prove. However, by using qualitative information from programme participants, community leaders, participating organisations and Concern staff, it is possible to build up a picture of its overall outcome.

Stories from people on the FACT programme

Mary is a 29 year old widow whose husband died in May 2003. She has one 10 year old child and stays in her parents' house with 8 other people. Mary found she was HIV+ in February 2004 when her husband became sick. He was told he had been bewitched because his family had violated chieftain rights. Mary joined a MAICC support group but succumbed to AIDS before she was able to enrol on an ART programme in September 2005. By December 2005, the household were struggling with hunger and Mary registered for the FACT programme. She nominated a family member to collect her cash and food as she was bedridden. The cash has been invaluable to pay for transport to collect her free ART and other medication which is not free. Mary is now much better and "people are surprised the way she is today". She now is able to participate in many of her normal household chores and is now considering getting remarried to a person she met from her HIV support group.

Taken from interview notes of Dr Jo Keatinge, April 2006

3.1 Did HIV mainstreaming help FACT achieve its goal?

The FACT programme's goal was to meet the food security needs of targeted households during the hungry season using a combination of food and cash.

Objective 1: To provide nutritional support to targeted households who were overlooked by the Government of Malawi's emergency response;

Explicitly targeting food insecure HIV and AIDS affected or infected households using HBC organisations and proxy indicators ensured they were able to benefit from FACT without having to declare their serostatus publicly. The stories in this case study demonstrate HIV+ households used the cash to pay for transport and additional medicines¹². And all interviewed HIV+ participants reported improvements in nutrition from the food aid.

Objective 2: To provide a temporary safety net to minimize the need of households to resort to destructive coping strategies during the lean period;

There was some evidence that the programme stopped households becoming ever more vulnerable by reducing the need to sell off remaining assets. Discussions with MIACC certainly said they had observed less transactional sex, and interviews with different participants said they used the cash to pay for labour on their land thereby establishing food security for the future.

3.2 Did the FACT programme help reduce risk of HIV transmission?

It is well recognised that young girls are more vulnerable to HIV both physically and because they are in a weaker position to control how and with whom they have sex. Initial research had showed that young girls (on average 16 years old) were a common group to migrate during the hungry period. 10% less girls left home in search of food or work as a result of the FACT programme. Whilst this would need more detailed assessment, there is reason to be optimistic that the FACT project did have an impact in reducing girls' risk of exposure to sexual exploitation.

There had been some fears that a cash programme might increase men's spending on alcohol which is often associated with risky sexual behaviour and HIV transmission. However, monitoring reports found few such examples partially because the targeting picked up those most in need, so money was spent on necessities and partially because of community monitoring. There was one report, for instance where a man had used money inappropriately. When the community

¹² Whilst more and more HIV+ people are able to access free ART, medicines for opportunistic infections are not free, nor is medical care and transport to and from health care facilities.

group in charge of that village heard, they took away his the ration card and handed it over to the spouse.

3.3 Mitigating the impact of HIV/AIDS

There was also some anecdotal evidence that the FACT project helped mitigate the impact of the virus. It was reported by many people that they would usually expect far more children to die during the hungry season (December to April) from malaria because of lack of money for healthcare. Another village headman said he had seen fewer funerals during the hungry season than usual.

Stories from people on the FACT programme

The chairperson of Athelanji said that “children are still alive.” He pointed to one orphaned boy whose mother was reported to be suffering with AIDS and explained that the young child was being looked after by his grandparents but fell seriously ill just before the FACT project started. The child’s condition was said to have been desperate ‘he wasn’t doing anything and wasn’t even walking’. However when the grandparents were included as guardians they were able to provide both adequate food and use the cash for medicine and because of this the child had made a remarkable recovery and was now running around.

Taken from interview notes of Dr Jo Keatinge, April 2006

Also, the nutritional status and energy levels of some of the HBC clients targeted in Mponela improved during the hunger period. For example, one elderly man reported that his abdominal swelling and energy levels improved so he was able to walk to the distribution site which the HBC nurse attributed to the additional protein he was getting in his diet. Similarly an elderly woman reported that her ‘general body swelling’ improved and she was much stronger.

In addition, better nutrition improves the effectiveness of ART. It makes the drugs more palatable, can counteract some of the side effects of treatment and speeds up the rate of recovery. One HIV+ woman said “(FACT) provided me with food which was needed to take my drugs” and as a consequence her health improved. Another reported how she was much better and she and members of MAICC “cannot believe how she is now.” She went on to say that it meant a lot particularly to her children to see her getting better and that this now meant they were now able to laugh and say “hey look at you, you are putting on weight”.

There was also some discussion on the impact the programme had on the families of HIV infected people. The FACT project meant their care and support role could reduce freeing them up to farm, and reducing healthcare costs.

Teaming food with access to ART has made a big difference to people in the communities – as one Concern staff member said, ‘it makes me feel proud’ to see people improve and to know that ‘we have helped in some small way’ by including them specifically within the FACT project. This went a little way to breaking silences around HIV status and challenging stereotypical views of HIV + people.

However, there is still some way to go. Two individual stories reflect a different view with one woman saying some people were rebuking her for “deliberately contracting the virus to get food”. And another said HIV+ people were identified late and therefore were easily identifiable caused some ‘jealousy’ and ‘avoidance’ from others¹³. In particular, since FACT was a short term project, what happens to those who were identified publicly as being HIV+ now the project has ended?

4. Concern Malawi and HIV mainstreaming – commitment to change

HIV mainstreaming requires organisations to rethink what they are doing, how they do it and who their work supports – it means commitment to change. The FACT project helped put some substance to what this means in practise. It also raised questions about what happens after the emergency phase is over what will now happen to the most vulnerable when the FACT project ended.

4.1 A changing definition of ‘vulnerability’ in the face of HIV and AIDS

HIV+ women are often abandoned either because a husband dies first of AIDS or they are sent away with their children to live on their own when their status is known for fear of finger pointing. Concern has realised that female headed households are particularly vulnerable and are rarely targeted as patriarchal systems in communities are often insensitive to gender issues. This highlights the importance of considering the gender dimensions of the AIDS epidemic, and the need to complement community based selection of beneficiaries (which may reinforce existing stereotypes and prejudices) with other methods such as checklists.

4.2 A changing approach to targeting

Secondly, the FACT project highlighted how difficult it is to include the chronically sick. Concern staff said “the chronically sick do tend to be quite mobile as often they are attending hospital appointments or looking for resources from other people”; and

¹³ Interestingly, though discriminated against, this woman felt it was an opportunity to open discussions about HIV in the community. And she then started to talk to other FACT beneficiaries about the virus.

that “this group (meaning PLHAs) is marginalised because of stigma” and this means it takes longer “to find them and work with them”. This presents many challenges for a humanitarian project which has to respond quickly, moreover it means being somewhat flexible in identifying beneficiaries to allow for the mobility of the chronically sick.

4.3 Changing attitudes towards people who are HIV+

Concern staff realised that ‘not everyone who is HIV positive is vulnerable; one woman I met who is HIV positive; she shows that she is not as vulnerable; she heads a group and looks more affluent’. This means that simply including HIV+ people and affected families may not fulfil the humanitarian principles of the programme of reaching the most vulnerable and hungry. HIV criteria need to be triangulated with hunger and vulnerability criteria to develop the most appropriate picture of the target group.

4.4 Changing relationship with AIDS specific organisations

Involving HIV/AIDS organisations who are regularly in contact with HIV+ households and who appreciate the different levels of vulnerability, has meant that overall the HIV targeting process was better applied to include those who were most in need. This is because volunteers within local NGOs and CBOs have a greater understanding of the changing nature of individuals conditions, where and how they live and are more aware of the external support that household’s receive. They showed they had more experience in managing those infected with HIV, something which Concern has learnt from. Furthermore, the counselling and spiritual support, access to ART, and practical home based care provided by these organisations is an important complement to the FACT project. Local partners in Mponela reported that the FACT project had raised their profile. Athelanji, for instance, said the number of PLHAs registered went from 14 to 66 in a matter of months. This was because Athelanji members were able to access FACT and therefore “many people are still alive” put down to the combined impact of ARTs and FACT.

Conclusion

Unlike non affected general households, the impact of HIV/AIDS continues to be felt for months and years and the demands on households are equally relentless. A short term emergency intervention was recognised as 'simply not being enough' to support households affected by HIV and AIDS. For example, when the FACT project finished one HIV+ woman was no longer able to pay for transport to pick up her ARTs and because she had not been strong enough to manage her plot due to ill health in the previous season, the harvest for this year was very poor. It is clear that those infected by HIV need substantially longer term strategies to cope with many different aspects of their lives: better nutrition, sustainable livelihoods and access to free treatment. It raises the profile of social protection programming for HIV+ people and affected families.