

# Vulnerability in the era of ART:

## Learning from co-locating HIV and livelihoods programs



PHOTO BY JAKE LYELL FOR CRS

Village savings and loans groups have provided economic empowerment for members of PLHIV support groups.

***“If these services are not integrated, they would have little impact... the money I get from VSL, I invest in my field, and I use that harvest for food and to sell. And in my HIV support group, we learn about nutrition, so I then grow vegetables or buy additional nutritious foods.”***

—Judith Dzinga, Malikopo village, Chikwawa district

## How has ART changed the face of vulnerability?

NGOs, donors and host-country governments have aspired to integrate HIV, food security and livelihoods programming for more than a decade with only limited success. While the conceptual logic behind integrated programming has been obvious to many, the “how to” of combining the requisite resources and appropriate technical approaches has been less so. Now, in the era of antiretroviral therapy (ART), as HIV infection assumes the status of “chronic-but-not-necessarily-life-threatening,” our understanding of “HIV-related vulnerability” needs a second look.

Fortuitously, a unique situation emerged in Malawi that brought all three programming streams to the same communities and allowed real-life experimentation. Due to its chronic food insecurity, dense population and high burden of HIV infection, the rural south of Malawi attracted funding from both USAID Food for Peace (FFP) and USAID’s President’s Emergency Fund for AIDS Relief (PEPFAR), enabling—for the first time ever—large scale co-location and integration of programming by a consortium of NGOs led by CRS Malawi. The lessons learned and bi-directional benefits experienced are relevant to the design of all livelihoods and food security programming in high HIV prevalence contexts.

CRS’ FFP-funded Wellness and Agriculture for Life Advancement (WALA) and the PEPFAR-funded Integrated (HIV effect) Mitigation and Positive Action for Community Transformation (IMPACT) programs were implemented in the same communities for

**“People used to think that people who were HIV positive should not associate with others. But WALA and IMPACT gave people advice in numerous, frequent meetings which changed people’s thinking. People are now able to join support groups and be open about their status.”**

—Medson Wotchi,  
Group Village Headman,  
Machinjiri, Zomba district

four years.<sup>1</sup> The experiences and bi-directional benefits of integration were documented through a qualitative study<sup>2</sup> in 2014 (Figure 1).

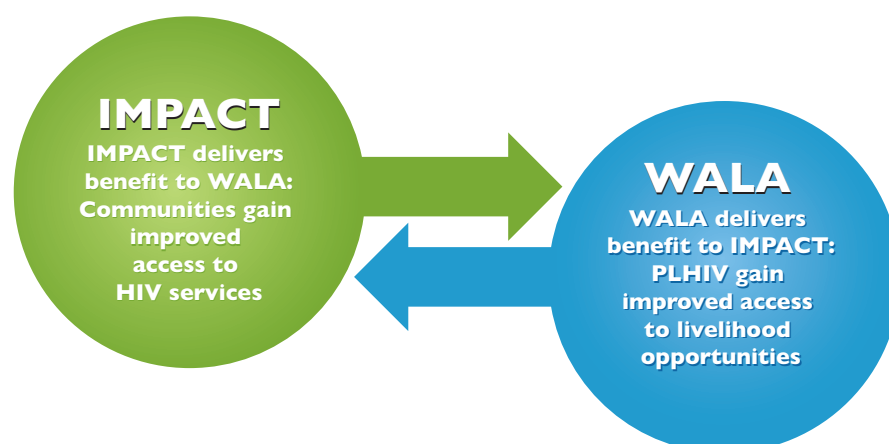


Figure 1: CRS’ IMPACT and WALA programs were the first-ever at-scale demonstration of bi-directional benefits.

## WALA delivers! PLHIV gain access to livelihoods activities

In all four districts covered by the study,<sup>3</sup> PLHIV spoke with enthusiasm about the livelihoods benefits they gained from WALA. Though some non-PLHIV still viewed their HIV-positive counterparts as “too weak to fully engage,” PLHIV strongly disputed this claim. Lead farmers and care group volunteers (CGVs) seconded this assertion, explaining that PLHIV were often early adopters of health technologies and role models for the rest of the community when it came to health-seeking behaviors and proactive engagement in livelihoods activities.

Focus group participants in all four study districts also expressed a significant decline in stigma and discrimination over the past decade, which calls into question the ongoing necessity of considering HIV in food security and livelihoods program design and targeting. To better understand this phenomenon, WALA/IMPACT village savings and loans (VSL) groups were studied, revealing that while separate/parallel VSL programming (for PLHIV) was not imperative, PLHIV-only VSL groups did provide extra protection and comfort to more marginalized and vulnerable PLHIV. These PLHIV-only groups served as a stepping stone, allowing shy or cautious individuals to experiment with new activities in a less threatening environment.



<sup>1</sup> WALA was a five-year (2009–2014), \$81 million USAID Food for Peace program serving seven districts in the south of Malawi with MCHN and a broad portfolio of livelihoods and resilience building activities, working to establish and strengthen VSL, producer, irrigation and agribusiness groups. IMPACT was a four-year (2010–2014), \$13 million USAID- and PEPFAR-supported program designed to improve the well-being of orphans and vulnerable children (OVC) and enhance access to treatment and care for PLHIV. IMPACT was intentionally located and programmed as a complement to WALA, bringing OVC and HIV services to communities already engaged in WALA activities.

<sup>2</sup> Greenblott, Kara. HIV Programming Comes of Age: The Malawi experience of Co-locating HIV and livelihoods programming. CRS/Malawi. Lilongwe, Malawi, 2014.

<sup>3</sup> Balaka, Chikwawa, Mulanje and Zomba



***“What I know about how to live a better life, it is not only for us with HIV. It is for the whole community. Even those that are HIV-negative, they should also follow the same advice. What we are doing, it is for everyone.”***

—Febe Gwiliza, PLHIV support group leader, Mulanje district

**There was a consensus among lead farmers that many PLHIV in producer groups are healthier and physically stronger than other farmers in the community, possibly due to their extra attention to health and nutrition issues.**

As HIV programming begins to lose its “exceptional” status, these findings support advancing efforts toward “normalization” while acknowledging the value of providing extra, perhaps temporary, assistance to more vulnerable members of PLHIV support groups.

## What we learned

**Barriers to PLHIV participation still exist, but most are not HIV-related.**

Barriers to livelihoods participation cited by PLHIV included poverty, lack of self-confidence, illiteracy and lack of land, among others. Interestingly, only the following two barriers cited were related to their HIV status:

- Self-stigma, defined as imposing feelings of inferiority and unworthiness on one’s self
- Health and physical strength where PLHIV had not yet adjusted to or were not adhering to their ART regimen

For both barriers, interviewees noted that their support group colleagues had been instrumental in mentoring and guiding them toward recovery and engagement.

**PLHIV support groups are the best entry point for ensuring PLHIV inclusion.**

Support group membership serves to restore PLHIV confidence and promote living positively.

As such, it prepares members for wider engagement with community activities. Proactive lead farmers and irrigation technicians boosted PLHIV participation rates by promoting their activities to PLHIV support group meetings and encouraging support group members to join.



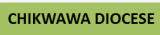
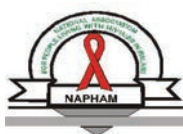
## IMPACT delivers! Communities gain improved access to HIV services

Co-location brought HIV services to the wider community, using the enormous WALA infrastructure as a platform for reaching the masses.

## What we learned

**Where the WALA CGVs happened to be HIV-positive, they were exceptionally capable in their roles.**

Due to their HIV-positive status, these CGVs had many years of exposure to counseling and education; prenatal, antenatal and post-natal care; nutrition and positive living and ART adherence. Consequently, they were naturally adept at helping HIV-positive mothers (especially the newly diagnosed) regain their health and understand and adhere to prevention of mother-to-child transmission (PMTCT) protocols.



### Catholic Relief Services – Malawi

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IMPACT's work, email:  
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[crsprogramquality.org](http://crsprogramquality.org)

## Community Health Days deliver bi-directional benefits.

Community Health Days were cited in all four districts as a resounding success in terms of bringing HIV testing, counseling and education to rural communities while simultaneously demonstrating livelihoods activities and locally constructed home and garden improvements to PLHIV.

## More HIV mainstreaming is required in livelihoods programming.

In an effort to be inclusive of PLHIV, some groups provided less labor-intensive roles to weaker individuals (regardless of status). Overall, however, WALA missed opportunities to promote the need for HIV testing, prevention and healthy behaviors or to develop the skills of community volunteers and leaders in inclusion and de-stigmatizing behaviors.

## Eight essential actions for generating bi-directional outcomes

1. **Leverage PLHIV support groups** as an entry point for livelihoods activities.
2. **Position HIV / “vulnerability” champions within VSL and other livelihoods groups** to a) mentor marginalized PLHIV (and other vulnerable groups) and b) encourage uptake of HIV services by *all* group members.
3. **Capitalize on the years of investment** in developing capacity of PLHIV support group members, HIV-positive CGVs and other PLHIV by positioning them for leadership in their communities at large.
4. **Mainstream relevant HIV messages** into all livelihoods work and train livelihoods leadership on these issues, drawing on PLHIV support groups and the National Association for People living with HIV in Malawi (NAPHAM) expertise. **Ensure HIV messages are regularly updated.**
5. **Replicate successful mechanisms that integrate HIV and livelihoods**, such as Community Health Days and joint monitoring.
6. **Set targets and monitor** for PLHIV inclusion and integration outcomes.
7. **Strengthen referral mechanisms** between HIV services and livelihoods activities. Promote collaboration among health, HIV and livelihoods leadership at the community level.
8. **Leverage traditional leadership** by training Village Headmen on HIV-related issues. HIV-positive Village Headmen who have publicly disclosed their status are an untapped resource.

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### Integrated (HIV Effect) Mitigation and Positive Action for Community Transformation

**(IMPACT)** is a four-year USAID-supported Global Development Alliance program that aims to improve the quality of life for orphans and vulnerable children (OVC) and people living with HIV (PLHIV). As lead agency of the IMPACT Program, Catholic Relief Services Malawi brings together twelve consortium partners to expand service access and relevance in partnership with the Government of Malawi.