



Discussion Paper BRIEFS

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Discussion Paper 179

Scaling-Up HIV/AIDS Interventions Through Expanded Partnerships (STEPS) in Malawi

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The HIV prevalence rate in Malawi is an estimated 15 percent, with 80,000 deaths occurring due to AIDS just in 2001. Fifty-six percent of all adults infected are women and about 8 percent are children under age 15. The high rates of HIV in women, combined with high fertility rates, suggest that future vertical transmission rates could increase significantly. About 470,000 children have already lost one or both parents, and by 2001, 17.5 percent of all children were orphans in Malawi.

The immediate effects of this crisis are staggering. Life expectancy has dropped from 43 years in 1996 to 39 years in 2000. A large proportion of rural households are affected by HIV/AIDS, experiencing loss of labor, delayed agricultural operations and thus delayed agricultural productivity, increased dependence on piecework, and increased indebtedness.

Scaling Up HIV/AIDS Interventions Through Expanded Partnerships (STEPS), supported by Save the Children U.S.A. (SC), is a multisectoral initiative in Malawi addressing the challenges that communities and households face due to HIV/AIDS. STEPs adopts a community mobilization and capacity building approach to address these challenges.

Purpose and Methodology

This report discusses the factors that are enabling or constraining the scaling-up of the STEPs initiative to combat HIV/AIDS in Malawi. It also discusses potential threats to and contextual factors that limit the scaling-up.

The research draws primarily on the literature available on STEPs and on qualitative data collected during a five-day visit to SC Malawi and its project areas in Lilongwe and Nkhhotakota districts in December 2002.

The Scaling-Up of STEPs

STEPS began in 1995 as the Community-Based Options for Protection and Empowerment (COPE) in Mangochi District, Malawi. COPE was a service delivery program to assist children affected by HIV/AIDS. Through evaluations, SC realized that the approach was unsustainable, cost-ineffective, and not

scalable. Based on the recommendations of evaluations and lessons from field experience, STEPs revitalized the existing but dormant, decentralized AIDS committees—District AIDS Coordinating committees (DACC), Community AIDS committees (CAC), and Village AIDS committees (VAC) under the National AIDS Commission (NAC)—in the Namwera community in Mangochi.

Based on the positive experience in Namwera, STEPs changed its initial strategy to that of an external change agent, assisting communities with mobilization and capacity building so that communities become empowered to act collectively to address their own problems. STEPs' community mobilization strategy adopts a six-step Community Action Cycle with the aim of building community capacity to identify problems due to HIV/AIDS, developing a plan to address these problems, mobilizing internal and external resources, assessing achievements, and refining plans and action.

VACs are the loci of action. They identify the vulnerable and plan responses on the basis of the nature and magnitude of vulnerability within the villages, the needs of the vulnerable, and the capacity within the villages to respond. The VACs also monitor activities and mobilize resources. The CACs provide VACs leadership, training, and support for their local-level efforts.

The DACCs are responsible for capacity building of CACs and VACs and assisting them with coordination and monitoring of their activities.

STEPS now operates in four districts and aims to expand to two more by

2005 to provide coverage to 15 percent of Malawi's population. It is scaling up institutionally by partnering with the government and civil society through such partnerships and by training other NGOs/CBOs to facilitate collective action, STEPs hopes that by 2005, 75 percent of Malawi's population will be covered by similar community mobilization models.

As the needs of the most affected communities are crosscutting, the program has scaled up functionally

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into a multisectoral program with activities along the continuum of prevention, care, support, and mitigation. STEPS has also been scaling up politically, influencing national policies related to HIV/AIDS and children.

Factors Enabling and Constraining Scaling-Up

Factors Enabling Scaling-Up. Contextual factors critical for scaling up include an enabling policy environment and a strong government commitment (especially of NAC) to a multisectoral approach to combating HIV/AIDS. Organizational factors enabling STEPs to scale up include a well-trained and motivated staff, adoption of a community mobilization model through capacity building of the existing structures (district, community, and village AIDS committees), commitment to documenting and disseminating lessons learned, and reaching more affected populations through partnerships.

Factors specific to communities include leadership within the community, whether the communities are urban or rural (rural communities are more easily mobilized), the nature of livelihoods, and the history and culture of the communities with respect to collective action. Planning with the communities for a phasing out of SC's presence and scaling up of the role and responsibilities of the AIDS committees and funding mechanisms that do not threaten community ownership of the problem and response have also been identified as critical in enabling and scaling-up sustainable collective action.

Factors Limiting Scaling-Up. Important factors that threaten or limit the scaling-up of STEPs include

- the magnitude of the epidemic, which is eroding community resources;

- the current food crisis, which is diverting resources to sheer survival;
- the gap between what communities need and what they have access to;
- weak district-level AIDS committees and the threat of political interference;
- weak commitment of donors to a truly community-driven multisectoral response; and
- the overall context of poverty and underdevelopment, which makes it difficult to mobilize communities and build their capacities to respond to the multiple challenges of the epidemic.

Conclusions

STEPS operates high-HIV, low-resource communities, mostly in settings characterized by low employment, lack of basic services, such as health care and schools, and low agricultural inputs. Initiation, growth, and sustainability of community-driven initiatives in these settings is time- and resource-intensive.

But promoting community ownership and building local capacity is crucial to fight HIV/AIDS. Donors and other international organizations need to realign priorities, expectations of sustainability, and time frames with those of affected communities.

Keywords: scaling-up, community mobilization, HIV/AIDS, Malawi

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