



## Introduction

Chitani Community Sustainable Development Organization in partnership with SAFAIDS, as the leading HIV and AIDS information communication dissemination organization in Southern Africa, developed a strategic approach to document best practices in Blantyre Southern region of Malawi. The project was piloted in group village headman Kumponda traditional authority Kapeni and later replicated in 72 villages under group village heads, Kumponda, Roben Nsambuzi, Mpasuka, Manjombe, Jameson, Mpasuka and Pasani, Traditional Authority Kapeni Blantyre Malawi. The project was implemented in three years starting from 2009 and ended in 2012.

In Malawi, women are unproportionately affected by HIV and AIDS in comparison to men. 10.6% of the population aged 15-49 are HIV positive with a prevalence of 12.9% among women compared to 8.1% for men (Malawi Demographic and Health Survey, 2011). Though HIV prevalence is lower among Malawi's rural population at 8.9%, HIV and AIDS remains a major public health issue in rural regions given that 85% Malawians reside in the countryside (MDHS, 2011). Furthermore, 10.5% of rural women and 7.1% of rural men are living with HIV and AIDS (MDHS, 2011).

The relationship between the high prevalence of HIV infections among women to the hierarchical relations of power between women and men was repeatedly demonstrated in the literature (Gupta, 2000); Center for the Study of Violence and Reconciliation, 2001; Human Rights Watch, 2003; Kistner 2003; Kathewera-Banda, 2006). Such power disparities largely inhibit women's access to productive economy. According to the Ministry of Health's 2004 Demographic Health Survey conducted by the National Statistics Department, HIV and AIDS prevalence is at highest in the Southern Region. It is also a mostly densely populated region. With this rationale the project was implemented in the Southern region of Malawi.

The project was implemented in villages around Lunzu. Lunzu is located 20Kms from Blantyre City along M1 Zalewa road. Lunzu is the biggest market of agricultural produce and other commodities. The trading centre is also flooded with several entertainment centres where people from various places come to sell their goods and buy their needs. These coupled together makes Lunzu a place of higher sexual activity. Although there is this hyper socio-economic activity, most people in Lunzu are poor and the greatest number of people still lives under the poverty line. Due to this most people lack basic needs and use some other negative means to make ends meet like prostitution.

According to assessment conducted in January 2009, the results indicated that there are high rates of HIV/ AIDS among women and girls than men and boys of the same age. The contributing factors were harmful cultural practices, values and beliefs that fuel gender based

violence in their communities. Regardless of their status, they tend to be breadwinners of their families and children when their husbands die and divorce. The communities lack capacities to analyze their situation, and make strategies to address them with support from NGO and Policies.

### **Goal of the project**

The project aims at building community capacities to confront and address cultural practices and beliefs that increase the vulnerability of women to HIV in six group village heads under Traditional Authority Kapeni Blantyre Malawi by June 2012.

### **Objectives.**

- ▶ Increase community dialogue and awareness of the linkages between HIV&AIDS, Gender, women's rights and culture
- ▶ To gather information and assess to what extent the community understand the inter-linkages between culture, HIV and AIDS, gender based violence and women's rights.
- ▶ Strengthen the capacity of couples and families to address the practices that put women at risk
- ▶ Strengthen the capacity of partners, community leaders, women and girls in leading the transformative processes to address women's vulnerability to HIV and AIDS
- ▶ Create a critical mass of culture change agents that will drive the change processes within their own communities

### **Methodologies .**



**Baseline survey** was conducted at house hold level to targeted families, Health centres and Police victim support unit. The project team developed the questionnaire and trained the enumerators. Later, the project team sensitized the traditional leaders as buy-in for the project. The baseline survey targeted 110 households (40 female headed and 70 male headed). The enumerators used door to door approach to enable them gather in-depth information at their home environment. At household, they were also raising dialogues with the family members. Project team also conducted survey at Mlambe Mission Hospital, where they provide HTC and ART, the main idea was to document on how they were providing services to the people in the area and collect numbers of people reached (men and women). The reports showed that 1,210 women and 650 men access HTC services, 451 women and 150 men receive HIV treatment per month. The team also collected data at Lunzu Police Station to collect number of GBV cases received per month and how are they supported. The reports showed that 35-40 cases on GBV received each month. Later the enumerators analyzed information on desk review. This data was later used in reviewing the project.



**Conducting sensitization meetings,** meetings were conducted at group village head level. The meetings were organized to disseminate information on the CTRF concept, at the same time as traditional leaders buy-in. The sensitization meetings targeted the 106 community leaders (73 women, 33 men). The meetings were facilitated by the trained staff in CTRF Model. At each group village head, CHICOSUDO partnered with Community Based Organizations and other stakeholders.

### Community dialogues.



*Women's dialogue*



*youth dialogue*



*men's*

Four series of community dialogues (women, men, custodian's of culture and mixed dialogues) were conducted.



### Round 1

The first round of dialogue was to break silence. Women, men, youth and custodians of culture were meeting separately. In their groups they were requested to identify harmful cultural practices in their community and to discuss how these were linked to HIV, gender based violence and women's rights. Despite separation of sexes, it showed that women were reluctant of sharing their painful stories. The project team introduced secrete box to allow everyone secretly express their views and stories. At the end it

showed that, in men's box there were few written letters and the box for women were full of hand written letters and notes about painful stories. During this dialogue they identified the following harmful cultural practices; wife sharing/exchange, polygamy, initiation ceremony and widow cleansing.

### Round 2

The second round of dialogues continued with a focus to build a good understanding of the linkages between the various practices and gender, HIV and culture. A female facilitator worked with the women to equip them with skills to speak out. The issues identified were later used to be presented to the men in the mixed meeting. Men facilitators worked with men to talk about how good men do not risk infecting their wives in the name of culture, stressing that, like everything else, and culture can be modified to save lives.

### Round 3



#### *Mixed groups*

In the third round the community showed that they were now tired of talking and were itching for action. At this point they were working in mixed groups, and ensure that they were solution and action focused. The project used drama as the main way of disseminating information and stimulating discussion. At the end of each drama session people, both men and women were fighting for the chance to contribute. The debate now centred of what to do. At this time, the community acknowledged that change was not going to happen with few individuals attending the dialogues. Then they agreed on the need to have some representatives who would mobilize the rest of communities and share information on the interlinkages and the agreed solutions. At this time the communities selected the community based volunteers as change agents who would be responsible for conducting outreach.



#### **Round 4.**

In the last dialogue, traditional leaders showed interest of modifying harmful cultural practices, placing emphasis on the need of doing things differently.

In all the community dialogues were attended by 124 men, 125 women and 102 custodians of culture.

#### **Community Based Volunteer Training on the interlinkages between culture, gender based violence and women's rights.**



CBVs were selected from all six group village heads. A total of 42 (19 men and 23 women). CBVs were equipped with knowledge and skills in the areas of HIV and AIDS, gender, gender based violence, culture and women's rights. The CBVs were responsible for conducting outreach activities to disseminate information on the interlinkages between culture, HIV and AIDS, gender based violence and women's rights, through door to door, church meetings, community development meetings, funerals, boreholes, markets and other places where people gather and provide referrals. They walk with the motto "walk the talk". CBVs were given toolkits, T-shirts and ID Cards for easy working and for easy identification.

## Community Outreach



Each CBV was given the target of 80 to 100 people to be reached in one year with information regarding the interlinkages between culture, HIV and AIDS, gender based violence and women's rights. The CBVs used Tool Kits to disseminate information in the following platforms; door to door, church meetings, community development meetings, funerals, boreholes, markets and other places where people gather and provide referrals to clients who needed support. CBVs were reporting on monthly bases by using monthly data collection forms which were designed to collect information about the following; number of people reached, GBV cases reported, where they were referred like; police, church, traditional leaders, health Centre, HTC Centre, family and others. Community outreach also captured information on platforms where they shared the information like Traditional ceremonies, Ward meetings, funerals, Churches, Clubs, and other. At the end of the project, CBVs reported that they reached (13,459 males and 23,123 female), GBV cases referred 353 men 652 women.

## Community gala



*Few participants at community gala.*

After the end of fourth dialogues, project organized community HIV and AIDS gala which brought together 72 villages under six group village heads in a day of fanfare and learning more about the linkages between culture, HIV and AIDS, gender based violence and women's rights. The HIV and AIDS gala allowed organizations to showcase their services to the community, so they could benefit from knowing what services were available and where to find them, for example HTC service providers Banja La Mtsogolo and Mlambe Mision Hospital provided HTC where 98 people got tested and 12 were HIV positive, the number could increase, but the HTC service providers lacked HTC kits. The community HIV and AIDS gala was attended by more than 850 people. The District social welfare, District Council, Member of Parliament Cecilia Chazama, Traditional Authority Kapeni attended the gala and addressed the community, thereby showing that there was support for cultural transformation among the leaders. The MP took advantage of the platform to express the position of the government on addressing GBV through cultural transformation. At least 12 NGOs attended the gala.

## Outcomes

- ▶ Improved couple communication regarding sexual matters
- ▶ Formation of referral networks among traditional leaders, Government, NGOs, FBOs, CBOs in the area to support women and girls.
- ▶ Modification of harmful cultural practices that expose women and girls to HIV and AIDS.
- ▶ Custodians of culture are taking leading role in assisting women and girls who face abuse.
- ▶ Reduced gap between policy makers and communities.
- ▶ Increased HTC uptake by the communities:

## Case 1



*CBVs with Annie.*

*Annie attended community gala. During the gala, she got tested for HIV. She was HIV+. She looked for CD4 count at the local Hospital, but the Machine was not working for months. She was very sick. She came to Chitani CBO office to seek advice on where she could go for CD4 count. We wrote the referral letter to one member partner DREAM, she was assisted. Now she has started taking ARVS. Annie said 'Community gala saved my life because I have known my HIV status. It was difficult for me to pay for transport to Queens Hospital for CD4 count but the network between Chitani CBO and DREAM has shortened the distance.*

## Case 2



group village Kumponda confesing about changing harmful cultural practices.

*One group village headman explained that he had five wives before the project. But since I have learnt the danger which is on multiple and concurrent partnerships I have left four wives. I have encouraged my family to go for HIV test. We are all negative. With this I am taking the lead of encouraging my fellow Chiefs not take advantage of being the traditional leader to have more wives because HIV is real.*

## Impact on behavior Change

Increased acceptance of and demand for condom use- reported by at least 50% of the women and community stakeholders who are distributing condoms.

## Enhanced community's communication around sexuality by 75%.

One married woman reported that before she attended the community dialogues, she had not time to discuss about sexual matters with her husband but with the capacity gained, they are free to discuss.

## Increased Access to information about HIV



*Judith in her Office*

Unmarried women reported that the dialogues have build their capacities to learn more about HIV issues than before when they got information in radios and at the Hospital.

### **Changing harmful cultural practices**

There is growing disapproval of practices such as wife inheritance 'small houses', wife exchange/ sharing, death cleansing and polygamy. Where practices are still being followed, there is a tendency for the parties to determine their HIV status beforehand.

### **Lessons learnt**

- ▶ Involvement and engagement of custodian's of culture, at the start of the project is very important.
- ▶ Separating women, men and custodian's of culture on sensitive issues concerning culture, GBV and HIV and AIDS is crucial.
- ▶ Cultural practices, values, beliefs cannot be changed overnight; therefore we should not give up!
- ▶ Multi-sectoral approach is needed in addressing the triple: culture, GBV and HIV.
- ▶ Community dialogue is the best way of dealing with community problems.

### **Challenges**

- ▶ CBV dropout due to death, marriages, and employment transfer to urban areas.
- ▶ Lack of resources for economic empowerment for women and girls.
- ▶ Lack of mobility resources for the supervisors for monitoring and supervision of CBVs work.
- ▶ Policies are in the hands of Central Government and are written in English, making policies inaccessible to rural populations. The government needs to translate policies into local languages but also needs financial and technical support to do so.

### **Best practices**

#### **Ethical soundness**

- To follow the basic protocols with respect to culture, the implementers began by first engaging with the traditional leadership to ensure they were approved and were fully aware of nature of the intervention, although the idea originated through an international call for gender transformation, a comprehensive baseline survey was carried out to ensure that gender transformation was needed and wanted by the community.

#### **Cost effectiveness**

- The use of available structures like, local government, community based volunteers, local stakeholders- health services providers and police VSU, social welfare.

- Vehicle was provided to carry community members to the meeting venue; instead of community members having their own way there (and meeting and needing to be reimbursed for this letter.)
- Meetings were held at the community center in an open space, and breakaways were under the tree
- Food was cooked by community members donating their time and firewood.
- Training community based volunteers from communities not only increased the sustainability of the project but also reduce costs as these community based volunteers were able to carry out an information dissemination service without the need for salary.

### **Relevance**

- Comprehensive baseline survey carried out, but the positive reception of the project by the community and their call for it to be scaled up indicates that it was extremely relevant.
- The project was timely, it came at a time when the community were tired of the usual HIV and AIDS workshops of the past and were looking for something new.
- The use of culture, as an entry point of usual massages, made the dialogues more exiting and relevant to the community.

### **Replicability**

- CHICOSUDO a partner's organization in winding out of this project, documented the process during the implementation and pilot stages. This not only allowed innovations (for example secrete box and the use of drama) was used as soon as the need arose, but it also allowed replication of the project.

### **Innovatiness**

- Adaption of SAFAIDS culture dialogue series as the model traditionally accepted of solving problems in in Africa through dialogue.
- The partnering of a regional and local community based organization to pilot and implement work together was a model of what good partnerships can do well when manage well.
- Collection of evidence based model that can be reprecated in other areas in Malawi and other countries.
- The separation of women and men in the discussions and the use of the secrete box when it was observed that, women were not camming forward with their concerns.
- The involvement of the drama group to get the community involved in discussing issues. This drama group creatively arrived at scenarios relevant to the communities in immediate concerns.
- The project documentation process encouradged innovation, as it allowed implementers to review their work and pickout problematic areas, that makes it possible for them to respond.

### **Sustainability**

#### **Program sustainability:**

- The project is driven by local organization with buy –in at the highest community leadership level, and with technical support from regional organization at very low cost.
- community change agents employed were community members, not remunerated, and doing the work in line with their own day-to-day activities of home based care.



- Issue addressed, for example HIV, is priority problems that community members had been grappling with and struggling to resolve for years.
- Community ownership was very high in this program as demonstrated in the change agents' comments that the Chief accorded them to speak at key community events.
- capacity building provide to the community change agents and their linkages to CHICOSUDO would ensure they they provide quality work under the guidance support of Executive Director and his team.

#### **Financial Sustainability:**

- The cost for starting and running of this project is very low because of limited resources required to implement the project.
- There has been the general call from the community for the project to be scaled up and for further funding to be secured in order to carry out the project in group village heads in Blantyre rural.

#### **Organization Sustainability.**

- CHICOSUDO has been in existence for 8 years as community based organization and has become solid organization with good reputation in Blantyre.
- The staff that initiated the project in 2009 are still with the organization. Over the years CHICOSUDO has gained enough capacity to support this and other projects being implemented by the organization.
- The ownership and support for the project within Blantyre and the community is an assurance of its likelihood to be sustainable beyond the project's lifespan.

#### **Conclusion**

- ▶ Possibly a novel finding from this project is that transformation of gender relations does not always mean removing the dominance of men; this may be an arena for future research.
- ▶ It seems that culture and gender focused programmes *can* effectively and sustainably influence the HIV epidemic directions in Malawi.
- ▶ These findings will be a valuable tool to influence programming across the Malawi, and other countries as cultural, gender and epidemic contexts and patterns are similar across the region.

Based on the successes and lessons learnt from the pilot, the project is being expanded to other districts in Malawi.