A Review of the COPE Program and Its Strengthening of AIDS Committee Structures

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The authors must acknowledge that this report was completed more than a year after the visit was conducted; however, the recommendations and much of the economic strengthening portion of the report were provided to the program and the USAID mission shortly after the visit.

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<th>ACRONYMS</th>
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<tbody>
<tr>
<td>ACDI/VOCA</td>
<td>Agricultural Cooperative Development International/Volunteers</td>
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<td></td>
<td>Overseas Cooperative Assistance</td>
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<td>CAC</td>
<td>Community AIDS Committee</td>
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<td>CBO</td>
<td>community-based organization</td>
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<td>CDA</td>
<td>community development assistant</td>
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<td>CHAPS</td>
<td>Community Health Partnerships</td>
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<td>COPE</td>
<td>Community-based Options for Protection and Empowerment</td>
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<td>CRS</td>
<td>Catholic Relief Services</td>
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<td>DACC</td>
<td>District AIDS Coordinating Committee</td>
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<td>DCOF</td>
<td>Displaced Children and Orphans Fund</td>
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<td>DEMAT</td>
<td>Development of Malawi Trust</td>
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<td>EAP</td>
<td>Economic Assistance Project</td>
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<td>EOP</td>
<td>economic opportunity promoter</td>
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<tr>
<td>FINCA</td>
<td>Foundation for International Community Assistance</td>
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<td>HIV/AIDS</td>
<td>human immunodeficiency virus/acquired immune deficiency syndrome</td>
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<td>LIFE</td>
<td>Local Income and Food Enhancement</td>
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<tr>
<td>MFI</td>
<td>microfinance institution</td>
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<td>MKW</td>
<td>Malawian kwacha (official currency)</td>
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<td>MOWYCS</td>
<td>Ministry of Women, Youth Affairs, and Community Services</td>
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<td>MRFC</td>
<td>Malawi Rural Finance Company</td>
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<td>NACC</td>
<td>Namwera AIDS Coordinating Committee</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>PLWA</td>
<td>people living with AIDS</td>
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<tr>
<td>ROSCA</td>
<td>rotating savings and credit association</td>
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<tr>
<td>SARRNET</td>
<td>Southern Africa Root Crops Research Network</td>
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<td>SC</td>
<td>Save the Children Federation, Inc., of the United States</td>
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<td>SEDOM</td>
<td>Small Enterprise Development Organization of Malawi</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
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<td>UNCDF</td>
<td>United Nations Capital Development Fund</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>U.S. Agency for International Development</td>
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<td>VAC</td>
<td>Village AIDS Committee</td>
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EXECUTIVE SUMMARY

Malawi is an extremely poor, densely populated country in southeastern Africa. It has a population of approximately 10 million. HIV/AIDS is a significant impediment to Malawi’s economic and social development. The country is in an advanced stage of an HIV/AIDS epidemic, the effects of which are already severe and can be expected to become worse. An estimated 14 percent of the adult (15–49 years of age) population is HIV positive. The problems emerging in Malawi among children and families affected by HIV/AIDS are similar to those seen elsewhere in sub-Saharan Africa. The growing number and proportion of orphans is a profoundly important development issue that requires serious attention at the national level.

In 1995, the U.S. Agency for International Development committed US$538,000 from the Displaced Children and Orphans Fund (DCOF) to Save the Children Federation for the Community-based Options for Protection and Empowerment (COPE) for the period from July 15, 1995, to July 15, 1997. DCOF has since provided an additional US$1,619,000 to extend COPE through 2001. In 1996 and 1998, John Williamson and Jill Donahue, DCOF technical advisors, worked with COPE staff to assess the program. In March 1999, Ms. Donahue carried out training in community resource mobilization for COPE’s economic promoters. This report is based on the third assessment visit made by Mr. Williamson and Ms. Donahue, April 6–20, 2000, when they were asked to again review the status of and next steps for the COPE program, giving attention to other programs and approaches that address the needs of children orphaned by AIDS.

In 1994, the National AIDS Control Program and UNICEF, recognizing the need to mobilize a collaborative response to HIV/AIDS by all segments of society, developed the concept of a national network of AIDS committees. Support was provided at the district level, and each District AIDS Coordinating Committee (DACC) was to organize for each of its health catchment areas a Community AIDS Committee (CAC). In turn, each CAC was to mobilize a Village AIDS Committee (VAC) in every village. Committees at district and community levels included representation from government ministries, nongovernmental organization (NGOs), religious bodies, and the private sector. At each level, every committee was to have four technical subcommittees:

1. High-Risk Groups
2. Home-Based Care
3. Orphans
4. Youth
However, resources were provided for only a limited time, and the mobilization process, for the most part, did not progress much below the district level.

In late 1996, following the first DCOF assessment of COPE, the program’s staff began to focus on mobilizing and building the capacities of communities to respond to HIV/AIDS. COPE used its resources to breathe life into the AIDS committee structure. As a result, the VACs have undertaken activities including the following:

- Identifying and assessing the situation of orphans and other vulnerable community members
- Establishing communal gardens to benefit orphans, people who are ill, and other vulnerable people
- Conveying HIV/AIDS prevention and awareness messages
- Organizing youth clubs to convey HIV/AIDS prevention and awareness messages to the community through drama, dance, and music
- Assisting affected households with chores
- Organizing community-based child care and feeding
- Advocating locally with guardians and schools to allow vulnerable children to attend school
- Raising funds to provide material assistance to vulnerable children and adults
- Receiving and distributing food, clothing, and other donated items.
- Helping people get to the hospital

Concurrently with the shift in approach to community mobilization, COPE established the positions of area mobilizers and economic opportunity promoters as its frontline staff. In July 2000, COPE reported that in the communities where it works, which represent about 12 percent of the country’s population, the AIDS committees in those districts have accomplished the following and more:

- Mobilization of 208 VACs, 16 CACs, and 4 DACCs
- Delivery of planting material to more than 100 VACs for the establishment of nurseries
- Provision of material assistance for orphans, vulnerable children, and their families in all VACs
- Formation of 249 youth clubs
- Fundraising of more than US$20,000 by DACCs and CACs
Observations on COPE and the AIDS Committees

COPE Has Generated Significantly Increased Social Capital

Community mobilization and capacity building have resulted in higher levels of social capital in HIV/AIDS-affected villages. The community mobilization process has produced AIDS committees that have taken responsibility for identifying the villages’ needs, that are committed to finding solutions, and that are taking the initiative to mobilize resources—starting with their own and gradually widening the circle of resources to include those external to their community. A key factor in the process is that communities “own” these activities. They recognize that they are taking action that is in their own interest, and they can make a direct link between the actions they take, the allocation of their resources within their community, and, finally, the small steps of progress made.

Examples of increased social capital include the following:

- VACs mobilizing funds through their own means
- VACs resolving governance problems within committees
- VACs mobilizing resource people within their communities on their own initiative
- VACs actively pursuing the participation of the entire community
- Neighboring communities spontaneously forming VACs
- Youth groups playing critical roles and receiving recognition for their contributions
- DACCs and CACs beginning to play external resource mobilization roles

Gaps and Potential Are Both Great

Even where they are working well, the AIDS committees and their technical subcommittees have not been able to mobilize enough resources to meet all the basic needs of orphans and vulnerable children, much less everyone seriously affected by HIV/AIDS. The gap between what communities are doing and the needs of the children and other vulnerable residents is still very large, and to think that community resources alone will be able to bridge it is not reasonable.

The AIDS committee networks, however, are an extremely valuable resource that has been painstakingly developed and that should be strengthened. They have great potential for making important and sustained improvements in the lives of people living with and affected by HIV/AIDS. Malawi must find ways to build further the capacities of these structures and to channel resources to and through Village AIDS Committees. This system must be more fully developed as a means of channeling resources (financial, material, and food aid) to the grassroots level. COPE should give such development major emphasis.
COPE Should Not Become a Service-Delivery Program

COPE has faced pressures to become a service and resource provider. It can and should help find ways to ensure that AIDS committees are able to obtain the resources they need to meet the needs of the most vulnerable community members. To an extent, COPE may need to be a conduit for some resources. Establishing a small grant component is one possibility, and providing supplies for home-based care is another. However, such functions could easily come to consume the majority of COPE’s resources and the time and effort of its staff, and COPE should avoid that outcome. COPE must continue to expand and to strengthen community action.

COPE Should Phase Down, Not Phase Out

When COPE began to emphasize community mobilization, it anticipated that, after a period of capacity building, it would be able to phase out entirely from one district and move on to another. At this stage, that strategy appears to be unrealistic. COPE should certainly work toward phasing down its presence and level of activity in a district as the AIDS committee structure begins to function; however, COPE should not entirely cut off contacts with DACCs at this time.

Government Support for the AIDS Committee Structure Is Lacking

The AIDS committee structure itself appears to have been orphaned. DACCs did not seem to have any direct relationship with the National AIDS Control Program. Malawi’s AIDS committee structure has drawn attention from other countries as a way to strengthen the frontline of response to HIV/AIDS. Recognition and support by the government of Malawi of the resources that it has in this AIDS committee structure would be most helpful. This structure appears to be particularly relevant as Malawi decentralizes government functions.

Partnership Has Been Important

The Local Income and Food Enhancement project of the Southern Africa Root Crop Research Network has collaborated with COPE to address the food and income vulnerability of the families and children affected by HIV/AIDS in three COPE districts. Nurseries are established for improved varieties of sweet potatoes, and after the first season, starts are distributed to vulnerable households so that they can produce their own crop. This partnership has proven to be extremely valuable. COPE should seek other opportunities to enable AIDS committees to tap into development resources.

COPE Needs to Report on Its Long-Term Impacts

Because COPE is a community mobilization program, it should track the ways that people are benefiting in communities that it has helped mobilize both during and after its period of direct involvement. To the extent that COPE is successful, communities will be better able to respond to the needs of their most vulnerable members. At the time of the visit, however, COPE was reporting only on results achieved during the current funding period (COPE II).
The Need: Early, Integrated Intervention in Communities Affected by AIDS

The AIDS committee structure has substantial untapped potential as a mechanism to reduce the impact of HIV/AIDS and to help prevent the spread of the disease. The three following areas deserve particular attention from COPE and the AIDS committees:

1. Recognizing home-based care as a way to prolong parents’ lives and connecting care and support of people living with HIV/AIDS with both preventing HIV and protecting and assisting orphans
2. Addressing the needs of children well before they become orphans
3. Strengthening the economic resources of households and communities before they are severely affected by HIV/AIDS

Despite training arranged by COPE, home care in communities mobilized through the COPE process was found to be no better than in other communities. Providing quality care requires hands-on training by qualified people, not classroom lectures. Not enough qualified trainers are available. Even more frustrating for community members trying to support home care for people living with AIDS is that they have no tangible goods to provide to people in extreme need. The lack of ongoing access to basic medicines, health care supplies, and food is a major deficit that requires significant, ongoing donor commitment.

Preventing HIV infections is the best way to mitigate the effects of AIDS in the long term. Some AIDS committees reported that they were revitalizing or increasing their prevention and HIV/AIDS awareness efforts. Youth subcommittees have been particularly active in conveying AIDS prevention messages. However, the AIDS committees could do more if government resources were committed for this activity.

Economic Strengthening: A Preventive Approach

COPE staff members are working with AIDS committees to respond to the economic needs of households affected by HIV/AIDS in two ways.

1. Improving the economic resources of individual households by using
   - Linkages to microfinance institutions and other credit and savings schemes
   - Business management training (in part to comply with microfinance requirements)
   - Market linkages (consisting of training in how to uncover opportunities within various business sectors)
   - Training in creating rotating savings and credit associations (essentially how to mobilize savings through informal mechanisms)
2. Providing relief assistance (food, clothes, school fees) to vulnerable individuals and households and providing moral support (visiting, advising, consoling, assisting with child care and household chores) through:

- Resource mobilization (identifying the skills and talents of local people, mobilizing community members to get directly involved, conducting intermittent fundraising activities, collecting membership fees and donations from religious groups and/or other institutions)
- Linking vulnerable households and communities to resources, resource people, and governmental and nongovernmental programs

Relief assistance and support to strengthen the economic resources of individual households are interrelated. VACs and CACs depend on intermittent fundraising activities, membership fees, and other donations to finance relief assistance to families and children in need. Their ability to sustain their activities depends, in turn, on a degree of economic stability at household and community levels. Communities are already poor, but if AIDS pushes too many people from poverty into destitution, their needs will overwhelm the capacity of the committees to raise funds and respond.

**Recommendations**

The report concludes with detailed recommendations in the following areas:

- Identify and respond to children before they become orphans
- Prolong the lives of parents by improving quality of home care and access to basic necessities
- Intensify HIV/AIDS prevention messages and activities to change and maintain safer behaviors
- Target communities heavily affected by AIDS, rather than households in crisis, with economic opportunities
- Increase coordination with government and NGO programs
- Use DACC and CAC members’ skills more extensively
- Involve the private sector more fully
- Inject new fundraising ideas to prevent “charity fatigue”
- Improve the effectiveness of training
- Influence activities relevant to orphans and other vulnerable children
- Continue to strengthen community mobilization and capacity building
INTRODUCTION

The Context

Malawi is an extremely poor country in southeastern Africa. With a population of approximately 10 million and a growth rate of 3 percent, Malawi is one of sub-Saharan Africa’s most densely populated countries. The infant mortality rate of 134 per 1,000 is one of the highest in the world. Nearly one-half of all children are chronically malnourished. Only half of the population has access to safe drinking water.

This bleak picture tells only part of the story, however. In 1994, Malawians found new hope after multiparty elections ended 30 years of oppressive government. One of the significant changes introduced by the new government was free primary education for all, although a lack of trained teachers and classroom overcrowding have been problems. The country has avoided armed conflict. Per capita income in 1997 was estimated to be US$266, 73.9 percent higher than in 1991. The growth rate of the economy was estimated to be 4.2 percent in 1999. The country’s external debt (US$2.3 billion in 1998) slows its progress, however, with debt service absorbing about a quarter of the government’s budget revenue. About 90 percent of the population lives in rural areas, most cultivating small plots. Maize, tobacco, tea, and sugarcane are the main crops.

The country’s largest ethnic group is the Chewa, and its language, Chichewa, and English are the principal languages. Other major ethnic groups are the Yao, Nyanja, Tumbuko, Lomwe, and Sena. About 55 percent of the population is Protestant, 20 percent Roman Catholic, and 20 percent Muslim. Indigenous beliefs are also influential.1

Malawi’s potential for economic growth is also slowed by the nation’s 58 percent rate of illiteracy. Free primary education was introduced to address this problem, but dramatic increases in enrollment have exacerbated problems of overcrowding in schools. Many teachers are poorly trained and have inadequate access to teaching materials. The U.S. Agency for International Development (USAID) has supported a social mobilization campaign that has helped to increase girls’ enrollment.

Malawi is in a process of decentralizing government decision making and other functions. Much more responsibility will be exercised at the district level.
HIV/AIDS in Malawi

HIV/AIDS is a significant impediment to Malawi’s economic and social development. The country is in an advanced stage of an HIV/AIDS epidemic, the effects of which are already severe and can be expected to become worse. An estimated 14 percent of the adult (15–49 years of age) population is HIV positive. Of the new infections in 1998, 46 percent were estimated to have been among young people between 15 and 24 years of age and 60 percent were among women. About 70 percent of all hospital beds are occupied by people with HIV/AIDS conditions.²

The problems emerging in Malawi among children and families affected by HIV/AIDS are similar to those seen elsewhere in sub-Saharan Africa. The illness of a parent, often the father, reduces household labor capacity and income. Available resources and time of other household members are redirected to caring for the person who is ill, increasing economic stress in already poor households. Reduced economic capacity may mean food insecurity and difficulty paying for school expenses, basic material items, or medicines.

By itself and in combination with such economic problems, AIDS morbidity and mortality cause great psychosocial distress for those who are ill and their spouses and children. Cultural taboos about discussing an impending death often prevent acknowledgment of or response to this distress. The death of the father sometimes leads to a scramble by his relatives to claim his property under traditional law, leaving the widow and orphans in even worse economic circumstances. Often an infant, infected perinatally, falls ill, which indicates that the mother is also infected.

The growing number and proportion of orphans is a profoundly important development issue that requires serious national-level attention. By 1998, an estimated 210,000 children below age 15 had lost their mother to AIDS.³ That figure understates the impact of parental loss on families and communities, however, because children who lose their fathers also face particular hardships and, although AIDS is the major cause, other causes also contribute to the number of orphans in need of care. An estimated 947,000 children had lost one or both parents to AIDS and other causes. This number represents more than 20 percent of all the country’s children, and the number of orphans and the proportion they represent of all children in Malawi is expected to increase gradually at least through 2010.⁴

AIDS is taking a toll on education in Malawi. Malawi was reported to be losing one teacher per day to AIDS by 1999.⁵ UNICEF estimated that, in the same year, 52,000 children in Malawi did not have teachers because of AIDS.⁶ Almost half the primary school children in Malawi are thought to be sexually active.⁷

Although many shortcomings still exist, Malawi has made notable responses to HIV/AIDS. In 1992, it was the first country in Africa to develop policy guidelines for the care of orphans. In 1994, the National AIDS Control Program and UNICEF, recognizing the need to mobilize a collaborative response to HIV/AIDS by all segments of society, developed the concept of a national network of AIDS committees. Committees involving government ministries, nongovernmental organizations (NGOs), religious bodies, and the private sector were to be developed at the district, health catchment, and village levels. Each committee was to have the four following technical subcommittees:
1. High-Risk Groups
2. Home-Based Care
3. Orphans
4. Youth

This structure was to be developed using a cascade approach. Support was provided at the district level, and each District AIDS Coordinating Committee (DACC) was to organize for each of its health catchment areas a Community AIDS Committee (CAC). In turn, each CAC was to mobilize a Village AIDS Committee (VAC) in every village. However, resources were provided for only a limited time, and the mobilization process, for the most part, did not progress much below the district level.

In April 1996, the National Task Force on Orphans issued the National Orphans Care Program: 1996–1998 policy paper. The development of a more formal policy document is ongoing. In 1998, Malawi began a participatory national dialogue that culminated in the development of the Malawi National Strategic Framework 2000–2004. This people-centered document was the product of a nationwide social mobilization process that solicited broad citizen input to help guide strategy development. Previous national plans had focused primarily on biomedical issues. The new strategic framework, and the associated Agenda for Action and HIV/AIDS Implementation Plan, realistically address the country’s HIV/AIDS epidemic, giving attention to the social, economic, cultural, political, and biomedical factors that influence the epidemic’s course and its impacts. These documents and the process through which they were produced serve as a model for other countries.

Malawi also stands out with regard to the active involvement of its senior political leadership in addressing HIV/AIDS. President Bakili Muluzi addresses AIDS issues in every speech he makes, and Vice President Justin Malewezi chairs the Cabinet Committee on HIV/AIDS Prevention and Care and actively supported the country’s strategic planning process.

The Displaced Children and Orphans Fund

Established in 1989 by an act of the U.S. Congress, the Displaced Children and Orphans Fund (DCOF) is administered by USAID’s Office of Health and Nutrition. The fund has evolved into a program that focuses on issues of loss and displacement among three groups of children in the developing world: children affected by armed conflict, street children, and children orphaned and otherwise made vulnerable by HIV/AIDS.

In 1995, USAID committed US$538,000 of DCOF funds to Save the Children Federation, Inc., of the United States (SC) for the Community-based Options for Protection and Empowerment (COPE) for the period from July 15, 1995, to July 15, 1997. DCOF has since provided an additional US$1,619,000 to extend COPE through 2001.
Visit by a DCOF Team

John Williamson and Jill Donahue, DCOF technical advisors who previously assessed COPE in 1996 and 1998, visited Malawi April 6–20, 2000. The team was asked to again review the status of and next steps for the COPE program, giving attention to other programs and approaches that address the needs of children orphaned by AIDS. The team was also directed to recommend possible strategies for follow-on scaling-up of activities to address the needs of those children, with attention to strengthening the roles of local NGOs and community-based organizations (CBOs).

During the April 2000 visit, the team met with DACC members in Lilongwe, Nkhotakota, and Mangochi Districts. Because COPE had only recently begun to work in Lilongwe District, the team was able to meet with only the DACC in that district, but in Nkhotakota and Mangochi the team met with AIDS committee members at all three levels. The team met with staff of the USAID mission and talked extensively with COPE staff. To provide background information and to gain external perspectives on COPE, the team also met with representatives of the Ministry of Women, Youth Affairs, and Community Services (MOWYCS); UNICEF; UNAIDS; the United Nations Development Program (UNDP); and several NGOs. The team also reviewed considerable documentation on COPE and its activities, HIV/AIDS in Malawi, and related matters. The scope of work for the team’s visit is included as Appendix A. The principal contacts made by the team are listed in Appendix B, and their itinerary is included in Appendix C.

This visit was undertaken shortly after the release of a report on the status of home-based care for people living with AIDS in Malawi. That report was, at least by implication, critical of COPE in that the assessment found that people living with AIDS were living in very poor conditions, including in those areas where COPE had arranged for training in home care. The report called for significant new efforts to address the needs of people living with AIDS, so among the issues the team addressed were what COPE’s role should be, how it might have to change, and, specifically, whether it should shift its approach more toward service delivery, focusing less on community mobilization and capacity building.
THE COPE PROGRAM

Background

COPE was launched in July 1995 in Malawi’s Mangochi District with DCOF funding, which was provided in response to an unsolicited proposal by SC. Initially, in nine villages around the Mangochi town area, COPE implemented a broad range of interventions aimed at mitigating the impacts of HIV/AIDS on children and families. These interventions included structured recreation activities, a microfinance program, support for wetlands gardens, outreach visits to identify children in need of health services, home-based care training, HIV prevention activities through drama groups, apprenticeships for adolescents, and anti-AIDS clubs for youth.

In October 1996, the members of the current DCOF team visited Malawi and undertook a joint review of COPE together with its staff. The review provided COPE’s staff an opportunity to reflect on their approaches and the activities that they had carried out and to consider adjustments that they might make in the Namwera area of Mangochi District, the next area where COPE was preparing to start work. That joint review found that, although most of the interventions were producing positive results, the cost per beneficiary was too high to implement COPE’s staff-intensive approach at scale in Malawi. Another observation was that the continuation of COPE-initiated activities by community volunteers would be questionable after COPE staff moved on to work in another part of the district. As a result of the review exercise, COPE’s senior staff determined that, when the program begins work in Namwera, it should work more with existing structures, institutions, and organizations, as well as experiment with different approaches, and it should focus on facilitating the emergence of community-owned efforts.

COPE staff took a different approach in the Namwera portion of the district during the remaining eight months of the DCOF grant. Staff size was reduced, and the focus of the program shifted from addressing problems to mobilizing and building the capacities of the community to do so. COPE used its resources to breathe life into a structure of district-, area-, and village-level committees that had been devised by the National AIDS Control Program and UNICEF in 1994, but which did not function in most of the country.

After doing an assessment in the area, COPE and government personnel organized a three-day Training for Transformation workshop for Namwera leaders. Participants included Namwera’s member of Parliament, Namwera’s traditional authority, religious leaders, business leaders, concerned residents, and field staff from the Ministries of Health, Education, and Agriculture, as well as the MOWYCS. The workshop sensitized participants to the impacts of AIDS in Nam-
wera and to responses that community residents could make. When participants decided to form a committee to initiate joint action, the workshop coordinators explained the government’s District, Community, and Village AIDS Committee structure, which participants decided to adopt in forming the Namwera AIDS Coordinating Committee (NACC). In keeping with the national model, NACC established four technical subcommittees: Orphans, Home-Based Care, High Risk, and Youth.

As members of NACC, COPE field staff participated with other members in conducting similar workshops in 16 area villages, each of which decided to form a VAC. Recognizing that their role in Namwera would last only a few months, COPE staff members made a point at the village level of identifying themselves as members of NACC. This stratagem avoided raising the profile of COPE or SC and helped reinforce community ownership of action. Although COPE personnel withdrew from Namwera by August 1997, in the following five months NACC organized 5 additional VACs, and the membership of the 16 original VACs increased.

Some of the activities carried out by VACs included the following:

- Identifying and assessing the situation of orphans and other vulnerable community members
- Establishing communal gardens to benefit orphans, people who are ill, and other vulnerable people
- Conveying HIV/AIDS prevention and awareness messages
- Organizing youth clubs to convey HIV/AIDS prevention and awareness messages to the community through drama, dance, and music
- Assisting with household chores in HIV/AIDS-affected homes
- Organizing community-based child care and feeding
- Advocating locally with guardians and schools to allow vulnerable children to attend school
- Raising funds to provide material assistance to vulnerable children and adults
- Receiving and distributing food, clothing, and other donated items
- Helping people get to the hospital.

Concurrently with the shift in approach to community mobilization, COPE established the positions of area mobilizers and economic opportunity promoters (EOPs) as its frontline staff.

On the basis of the results achieved in Namwera, DCOF provided a second three-year grant to SC in September 1997 to strengthen community capacities in 30 health catchment areas in six districts (COPE II).

The same DCOF team visited Malawi January 16–February 1, 1998, to review with COPE staff members and the country director of SC the approaches being used under the new grant. By that time, COPE had ended its active work in Namwera, was strengthening the Mangochi DACC by helping it mobilize CACs in other parts of the district, and had begun work in Dedza District by
strengthening its DACC and helping it mobilize CACs. During its 1998 visit, the DCOF team gave particular attention to the potential relevance to other countries of COPE’s community mobilization approach, with a view toward identifying activities that might be taken to scale in Malawi or elsewhere. The team recognized the achievements of NACC. Because the program had dropped its microfinance component, the team recommended that COPE explore closer operational links with microfinance programs—in particular, the Foundation for International Community Assistance (FINCA)—as well as programs providing services in HIV/AIDS prevention, health, and education.

In March 1999, Jill Donahue carried out training in community resource mobilization for COPE’s EOPs. At that time, community- and village-level AIDS committees had experienced initial success in mobilizing their internal resources. COPE staff members had been able to create links between communities and agricultural extension help or inputs that greatly enhanced community group fundraising for more vulnerable members of their village. Yet, committees seemed to be reaching the limits of those resources. They needed assistance to identify and mobilize additional resources that remained untapped within their community and to gain access to new external sources of assistance.

Accordingly, Ms. Donahue provided support to the COPE project in two areas: (1) skill development for the EOPs, and (2) collaboration with FINCA and other microfinance institutions to explore potential linkages between COPE II target beneficiaries and financial services (credit and savings). Although COPE met with FINCA, no partnership has yet been achieved.

When COPE began its process of systematically working to mobilize and strengthen community responses to orphans and vulnerable children and to HIV/AIDS generally, it began to breathe life into the nationally mandated AIDS committee structure. In the process, some changes have evolved from the original system. Some committees have renamed their High-Risk technical subcommittees Prevention technical subcommittees. Some have taken the practical step of adding a fifth subcommittee, Resource Mobilization.

In July 2000, COPE reported that the communities in which it works represent about 12 percent of the country’s population. The estimated population for the four districts in which COPE works is 322,923 in Mangochi, 280,892 in Dedza, 172,322 in Nkhotakota, and 219,731 in Lilongwe.

COPE reported that accomplishments of the AIDS committees in those districts include

- Mobilization of 208 VACs, 16 CACs, and 4 DACCs
- Delivery of planting material to more than 100 VACs for the establishment of nurseries
- Provision of material assistance for orphans, vulnerable children, and their families in all VACs
- Formation of 249 youth clubs
- Fundraising of more than US$20,000 by DACCs and CACs
At the time of the team’s visit, DCOF funding for COPE was due to end in December 2000. Subsequently, funding was extended to carry the program through December 2001. USAID funding cannot be extended beyond that point, however, on a noncompetitive basis.

**Observations on COPE and the AIDS Committees**

**COPE Has Generated Significantly Increased Social Capital**

Community mobilization and capacity building have resulted in higher levels of social capital in HIV/AIDS-affected villages. *Social capital* is defined as relationships that serve as assets and resources, which in turn enable residents to undertake collective action for mutual benefit. Increasing evidence shows that such social cohesion is critical for poverty alleviation and sustainable human and economic development. Harnessing and building on social capital have contributed to community capacity to create more resilient safety nets for families affected by HIV/AIDS.

The community mobilization process has produced AIDS committees that have taken responsibility for identifying their needs, that are committed to finding solutions, and that are taking the initiative to mobilize resources—starting with their own and gradually widening the circle of resources to include those external to their community. A key factor in the process is that communities “own” these activities. The communities recognize that they are taking action that is in their own interests, and they can make a direct correlation between, first, taking action in their own interests; then allocating their resources in their community; and, finally, making small steps of progress. Seeing that small progress gives people the courage and confidence in their abilities to try bigger and better things.

COPE’s approach has evolved from one in which its staff addressed problems on behalf of communities to one where COPE mobilizes and builds the capacities of communities to do so. COPE’s role has evolved further, so that staff members are working at the district level to build mechanisms through which resources can be channeled to mobilized communities in a systematic way. This mechanism is the AIDS committee structure of DACCs, CACs, and VACs.

USAID, UNICEF, and other organizations have recognized the power that youth represent for addressing both prevention and care issues and have been advocating “youth as part of the solution.” The energy and commitment of young people were reflected in a song that the youth group in Balakasi village led during the visit to that village’s maize field, which was cultivated to support orphans and other vulnerable village members: “Balakasi Fire! We take care of those who are needy; it is good to take care of them. Balakasi Fire!” Less literal translations, but ones that more accurately captured the spirit of the song for an American ear would be “Balakasi Rocks!” or “Balakasi Rules!” One of the Malawian visitors with the team was strongly impressed with the level of pride that the youth group had in the fact that its village looked after vulnerable people and that the youth were making an important contribution to that care. According to the visitor, young people do not usually take such interest in village-level activities. More commonly, young people look down on what happens in the village.
During the assessment, the team asked VACs to articulate the advice they would give to others that wanted to do something about HIV/AIDS in their communities. What they said further illustrates community members’ level of commitment and the profound experience they bring to how to respond and mobilize. The following box provides some examples of what they have learned.

**Quotes from Village AIDS Committees:**

“If leaders start to respond [to impact of HIV/AIDS]; doing what they can with the little they have; then the community will follow suit.”

“Headman or woman should be willing to do something, an act of charity, as a way to set an example.”

“Headman/woman must be very active in order for the committee to have authority and gain respect.”

“Loving people [meaning volunteers] should take up activities without expecting to be paid.”

“Children should not be segregated according to family origin, religion, etc. Assistance should be based only on who we all know is needy.”

“A committee must differentiate between orphans; not all orphans need assistance; the committee must look critically at priorities.”

“[Those organizing recreational activities should] play with all children in the same way as if they are from the same family.”

“Money brings suspicions and jealousy, so transparency is essential to gain credibility in the eyes of the entire community. They should know what the donations and other assistance are for, and they should be witnesses to how they are distributed.”

“If you want help, you can’t wait for it. You shouldn’t expect someone to come help you unless you are already trying to do what you can with the little you have.”

“If people want to work with orphans, they have to form a group, share ideas on how to raise funds—starting with their own resources. More funds can come from ideas based on their own experiences.”

“Committees shouldn’t try to do their work alone but with the whole community. They should be able to tell them [the wider community] what they are doing and why.”

“Identify who is willing to get involved and carry out activities at public meetings. The composition of the group to work together; including membership contribution; should also be discussed openly”

“[Committees should] get material assistance for the very most needy and then show openly that they are getting the donations; invite the rest of the community to witness distribution.”

Through the combined efforts of COPE staff and members of the AIDS committees, communities clearly are acting on their own initiative and improving on program initiatives. These actions provide evidence that the capacity-building efforts of COPE have produced significant social capital. Examples that the team identified are as follows:

- VACs mobilizing funds through their own means (donations, piecework, varied fundraising efforts). Across the board, these committees channel assistance to those deemed most
needy according to criteria they develop (e.g., orphans, children in extremely poor households, people living with AIDS, and isolated elderly people). VACs have raised funds and crops that they have distributed to the people in the village about whom they are most concerned. In providing such assistance, VACs have been extremely careful in the way they have used those resources, which they themselves generated. They have also put a high premium on distributing material resources in a transparent way, for example, by inviting the wider community to bear witness to donations and by reporting on their activities at public meetings held by the headman or headwoman.

- VACs resolving governance problems within committees. One committee (Balakasi in Mangochi District) found that men, some of whom were VAC members, were secretly harvesting corn from the communal garden at night. The women on the committee decided among themselves that the VAC must be disbanded and a new one elected. With the support from the Balakasi headwoman, they explained to the community the reasons for disbanding the VAC and asked that the entire community elect a new one. A new committee was elected, and almost all the new members were women. The problem of secret harvests ceased.

- VACs mobilizing resource people within their communities on their own initiative. VACs are not looking only to COPE for assistance. They seek the involvement and support of such institutions as the Islamic Center, the Red Cross, and church groups.

- VACs actively pursuing the participation of the entire community. VACs have come to recognize that they cannot solve the community’s problems without its active participation. They are working to involve the community at large in activities such as working in the communal garden, making home visits to do household chores, cleaning and repairing houses, cutting firewood, and carrying water. They seek the involvement of the wider community through announcements at general community meetings called by the chief or traditional authority, through dramas, and through songs that the VACs compose and sing. In addition to monetary contributions, VACs encourage donating time and physical efforts as well as making compassionate responses to those in need. In two villages, people who might have been marginalized in village activities because of their disabilities (e.g., paralysis caused by polio) occupied key positions (secretary of the Balakasi VAC and soccer coach for a group of vulnerable boys in Chiwaula) and held the obvious respect of the community.

- Villages self-mobilizing in response to the neighboring VAC activities. Some villages organize themselves when they see VAC activities in a neighboring area. The team met with one such VAC in Kanyezi village in Nkhotakota District. The Balakasi VAC in Mangochi District had been approached by neighboring communities to form a joint community-based childcare center.

- Youth groups playing critical roles and receiving recognition for their contributions. In Mangochi District, the DACC and one of the CACs helped youth groups organize a Youth Fair where 12 groups performed in dramas, dances, choirs, and poetry readings. Attendance was estimated at 1,500 people. The messages of these activities related to preventing HIV/AIDS, reducing stigma, and supporting children orphaned by AIDS. Youth groups figured prominently at all DACC, CAC, and VAC presentations attended by the DCOF team.
• DACCs and CACs beginning to play external resource mobilization roles. Having seen what the first five CACs in Mangochi District were doing, the Community Health Partnerships (CHAPS) program of SC provided funding to the Mangochi DACC to organize a sixth CAC in the Chaleba area where CHAPS is working. DACCs are now able to obtain cassava and sweet potato planting material directly from the Local Income and Food Enhancement (LIFE) project of the Southern Africa Root Crops Research Network (SARRNET). One DACC was negotiating a commitment from a literacy program to include villages in CAC areas.

Gaps and Potential Are Both Great

Even where they are working well, the AIDS committees and their technical subcommittees have not been able to mobilize enough resources to meet all the basic needs of orphans and vulnerable children, much less everyone seriously affected by HIV/AIDS. The gap between what communities are doing and the needs of the children and other vulnerable residents is still very large, and community resources alone cannot reasonably be expected to bridge it. Nevertheless, the AIDS
committee networks are an extremely valuable resource that has been painstakingly developed and that should be strengthened. The families and communities seriously affected by HIV/AIDS are the first line of response to HIV/AIDS and its impacts. At the family and community level the ongoing struggle will be won or lost.

The AIDS committees have great potential for making important and sustained improvements in the lives of people living with and affected by HIV/AIDS. Their potential for effective prevention and mitigation is only partly realized. Malawi must find ways to build further the capacities of these structures and to channel resources to and through Village AIDS Committees. Efforts must be intensified to link government, nongovernment, and private-sector programs to the DACC-CAC-VAC structure. This system must be more fully developed as a way of channeling resources (financial, material, and food aid) to the grassroots level to reinforce care and support services for families and children affected by HIV/AIDS. COPE should give such development major emphasis.

USAID and the World Food Program both have mechanisms for providing food aid. The evaluation of home-based care found that inadequate food was a primary problem among households caring for someone living with AIDS. COPE should explore possibilities for AIDS committees to obtain ongoing access to food aid.

**COPE Should Not Become a Service-Delivery Program**

COPE has faced pressures to become a service and resource provider. It can and should help find ways to ensure that AIDS committees are able to obtain the resources they require to meet the needs of the most vulnerable community members. To an extent, COPE may need to be a conduit for some resources. Establishing a small grant component is one possibility, and providing supplies for home-based care is another. However, such functions could easily come to consume most of COPE’s resources and the time and effort of its staff, and COPE should avoid that outcome.

COPE must also take great care not to subvert the community mobilization process itself. Resources can increase the impact of community action, but they cannot lead the process. To the extent that communities initiate activity in expectation of receiving funds, food, or other resources, continuation of their efforts will depend on the ongoing provision of those resources. The basis of sustained community action is a sense of ownership and responsibility. After a community has begun to act using its own resources, some modest amount of external resources may be provided. However, if the resources are sufficient to become the group’s focus, they can become the tail that wags the dog.

COPE must continue to expand and strengthen community action. To the extent that COPE can arrange for other bodies to channel resources to and through the AIDS committee structure, it should do so. If communities come to see COPE as a key source of funds and materials, COPE’s ability to mobilize community-owned action will be undermined. To the extent that COPE does take on resource-channeling roles, over time it should seek to shift these roles to other bodies. COPE may need to help build some capacities of local NGOs or other bodies to enable them to undertake such roles.
COPE Should Phase Down, Not Phase Out

When COPE began to emphasize community mobilization, it anticipated that after a period of capacity building, it would be able to phase out entirely from one district and move on to another. At this stage, that strategy appears to be unrealistic. COPE should certainly work toward phasing down its presence and level of activity in a district as the AIDS committee structure begins to function. The illness and deaths caused by AIDS, however, will continually erode community structures. COPE should anticipate that it will need to maintain some ongoing contact with DACCs, and possibly with CACs, to monitor what is happening and where it may need to resume a higher level of capacity-building work. Such contacts will also enable COPE to continue to link DACCs and CACs with resources that become available and to collect information on the activities, achievements, and impacts of the AIDS committees.

Government Support for the AIDS Committee Structure Is Lacking

The AIDS committee structure, itself, appeared to have been orphaned. DACCs did not appear to have any direct relationship with the National AIDS Control Program. The Department of Social Welfare was communicating regularly with district orphans’ committees, which are part of the DACC in the four districts where COPE is working. It was not clear whether in other districts they are independent or are part of a DACC.

Of the country’s 26 districts, officials in the Department of Social Welfare identified 11 districts as having very active orphans’ committees. Four others were identified as being less active. A UNICEF official indicated that the AIDS committees were most active in the areas where NGO programs, like COPE, are operating.

In the three districts visited by the team, the DACC structure appears to be working. Comments were made, however, indicating that the DACC in Dedza had not been particularly active. In the districts where it is working, COPE has found that the technical subcommittees for Orphans and for Youth have been the most active, which may in part reflect COPE’s particular strengths as well as a number of other factors: the prevalence of deeply felt concerns about orphans and other vulnerable children, the straightforward way in which community resources can be mobilized to address their needs, the stigma associated with AIDS, the difficulty of mobilizing public action to influence sexual activity, the lack of material resources to support home care, and the difficulty with observing any cause-and-effect links between either HIV and AIDS or prevention activity and a reduction in illness.

Malawi’s AIDS committee structure has drawn attention from other countries as a way to strengthen the frontline of response to HIV/AIDS. DCOF hopes the government of Malawi will realize the resources that it has and begin to recognize and support this structure. This structure appears to be particularly relevant as Malawi decentralizes government functions.

Partnership Has Been Important

SARRNET’s LIFE project has collaborated with COPE to address the food and income vulnerability of the families and children affected by HIV/AIDS in three COPE districts. Nurseries are
established for improved varieties of sweet potatoes and, after the first season, starts are distrib-
uted to vulnerable households so they can produce their own crop. This partnership has proven to
be extremely valuable. COPE should seek other opportunities to enable AIDS committees to tap
into development resources.

**COPE Needs to Report on Its Long-Term Impacts**

Because COPE is a community mobilization program, it should track the ways that people are
benefiting in communities it has helped mobilize both during and after its period of direct in-
volvement. To the extent that COPE is successful, communities will be better able to respond to
the needs of their most vulnerable members. At the time of the visit, however, COPE was only
reporting on results achieved during the current funding period (COPE II). Because COPE is
seeking to make a long-term impact through the ongoing action of community groups, the pro-
gram should continue to monitor what those groups do. Results achieved in a village after
COPE’s active involvement has ended in that area are an important indication of the value of
COPE’s strategy of community mobilization and capacity building.

Significantly, for example, the activities in Namwera have continued to increase after COPE
staff members moved on to other areas. The number of VACs in Namwera has increased from 16
to 30. Also, the Mangochi DACC, with support from COPE, helped mobilize or strengthen five
CACs. With support from another program (CHAPS), that DACC mobilized a sixth CAC in
Chaleba. In turn, that CAC has mobilized more active VACs. Though COPE staff had no direct
role in the formation of these VACs, they are a result of its work, as is the support that they pro-
vide to vulnerable children and adults.

**The Need: Early, Integrated Intervention in Communities Affected by AIDS**

The AIDS committee structure has substantial untapped potential as a mechanism to reduce the
impact of HIV/AIDS and to help prevent the spread of the disease. Although committees under-
take many activities, they still seem to react to crises as they occur in communities. A more pro-
avactive approach is urgently needed that can enable communities to make proactive efforts to pre-
vent and mitigate problems, rather than just to respond to them. The three following areas
deserve particular attention from COPE and the AIDS committees:

1. Recognizing home-based care as a way to prolong parents’ lives and to connect care and
   support of people living with HIV/AIDS with both preventing HIV and protecting and
   assisting orphans
2. Addressing the needs of children well before they become orphans
3. Strengthening the economic resources of households and communities before they are
   severely affected by HIV/AIDS
Strengthen Home Care and Prolong the Lives of Parents

Malawi’s AIDS committee structure calls for each committee to have a technical subcommittee on home-based care. Some Youth subcommittees also get involved in home-care activities by doing household and childcare chores or visiting people living with AIDS (PLWAs). As part of its mobilization and capacity-building process, COPE has encouraged the formation of these subcommittees and has sought to strengthen their capacities, primarily through arranging for training carried out by Ministry of Health personnel.

Despite such training, an assessment led by USAID in March 2000 found that home care in communities mobilized through the COPE process was no better than in other communities. To better understand the underlying reasons for this shortcoming, the team met with home-care subcommittees in Nkhotakota and Mangochi Districts. The subcommittees described how they worked with community leaders to identify those who were ill and then organized visiting schedules.

In spite of their good intentions, members of the Home-Based Care and Youth subcommittees know that they are not providing quality care and feel frustrated and helpless. Many members complained that their training amounted to being given guidelines but not real skills training. Providing quality care requires hands-on training by qualified people, not classroom lectures. Yet access to government health workers who could provide this training is difficult; not enough qualified trainers are available.

Training trainers at the DACC level to train CAC members, who, in turn, train VACs, can be a cost-effective way to conduct training. However, this cascade approach relies entirely on the quality of skills of the trainers. If the initial trainers are not skilled, the quality of training only deteriorates as it goes down the cascade. For example, at least in some cases, training seems to consist of a list of guidelines or directives dictated to the participants. The extent to which trainers use true participatory training is not clear.

Training should show results before it is repeated. Those responsible for training delivery must ask, “The training was conducted, but so what? Did it improve skills? How do I know this?” Paying attention to the answers to these questions can improve training.

Even more frustrating for community members trying to support home care for PLWA is the lack of anything tangible to provide to people in extreme need: they have no medicines, supplies, or food. It is beyond the means of most communities to maintain a continuous supply of these items on their own, nor is the Malawi health system able to provide them. Neither did any of the AIDS committees visited report having access to these basic items through NGOs. The absence of ongoing access to basic medicines, health care supplies, and food is a major deficit that requires significant, ongoing donor commitment.

Reach Children before They Are Orphaned

Children’s psychosocial distress and economic hardship may be even greater during a prolonged period of parental illness and increasing incapacity than after they are orphaned and absorbed into another household within their extended family, particularly when their mother falls ill after
the father has died. Children in such households can be in an extremely difficult material and emotional situation.

Although Orphans subcommittees often work in coordination with Youth subcommittees, the team did not hear of any instances where the Home-Based Care and Orphans subcommittees shared information or conducted joint visits to households with PLWA. This method would seem to be a logical way to identify households where children are suffering extreme psychosocial distress, are experiencing health problems, or are dropping out of school, and acting at this earlier stage could head off more serious problems later.

The Malawi AIDS committee structure calls for an Orphans technical subcommittee at each of the three levels. The AIDS committees the team spoke with typically emphasized their activities regarding orphans, many times in response to crises. This concentration was likely caused largely by the emphasis of the government, UNICEF, and NGOs on the situation of orphans.

In many communities, the AIDS committee was, in fact, responding not only to orphans and PLWA, but also to other people about whom they were concerned. Their emphasis on orphans in formal presentations may have been a response to what committee members thought most concerned the team. Several CACs and VACs began their presentations to the team by describing their activities in terms of reaching orphans with material assistance. But when the team probed for more details, committee responses revealed that they were also caring for elderly persons living alone, people who were sick from whatever cause, and poverty-stricken families and their children.

In other communities, however, orphans appeared to be a primary focus because their needs have been emphasized by external bodies emphasizing the plight of orphans. Some communities were coming to see orphans as a privileged group and resented this displacement because it undermined extended family mechanisms. Action for children must be matched to their situation, not the category that they fall into. VACs should assess the situation of individual orphans because many are extremely vulnerable, but VACs should not limit their attention to orphans, because other children may be vulnerable due to AIDS and other causes.

Communities themselves should develop criteria for determining vulnerability because they understand which factors indicate problems locally. The continuation of community efforts to help those in need should be driven by the deeply felt concerns of community members, rather than by the categorical priorities of outside groups. Such external groups should help communities define their own criteria to determine vulnerability. Participatory learning and action exercises, such as wealth ranking, can be adapted for this purpose.

**Institute HIV/AIDS Prevention and Awareness Efforts**

Preventing HIV infections, of course, is the best way to mitigate AIDS impacts in the long term. Some AIDS committees reported that they were revitalizing or increasing their HIV/AIDS prevention and awareness efforts. Members of the Namwera AIDS Coordinating Committee, for example, said that, since they began holding regular community meetings for awareness raising and information dissemination, attendance has been increasing steadily. They said participants
are more willing to speak frankly, ask questions, and share experience. A subcommittee also reported an increase in demand for condoms at the hospital.

NACC recognized not long after it was formed that certain cultural practices were working against it in preventing the spread of HIV. Through community-wide meetings, discussions with traditional and religious leaders, and other modes of information dissemination, it says that it has been successful in helping change some traditional practices that contribute to the spread of HIV. For example, NACC said that practices are changing regarding the widow “cleansing” (in which a member of the late husband’s family has sex with the widow) and circumcision rituals (introducing the idea to those being circumcised of bringing their own clean, never-used razor blades).

Youth subcommittees are actively engaged in prevention and awareness-raising efforts. In fact, the High-Risk and Youth subcommittees typically join forces for various events. Community theater is particularly popular and effective at transmitting sensitive and complex messages. Some DACCs and CACs have decided that the name “High-Risk Group” has hampered the work of the subcommittee charged with prevention, and they have subsequently changed the name to “Protection,” “Behavior Change and Communication,” or “Prevention.”

The team saw part of a youth festival organized by the CAC. At this event, youth groups performed dramas, skits, and songs and recited poems with HIV/AIDS-related messages. Organizers estimated that about 600 people from surrounding communities dropped in on the event throughout the day. The outstanding groups received awards.

The team met with the Namwera AIDS Coordinating Committee during the assessment to obtain the members’ input on a variety of issues. During this discussion, one of the members, a Peace Corps volunteer, made an impassioned plea to the others about putting more emphasis on prevention issues. The following was the response of Mr. A. N. Mtsuko, Chairman of NACC: “We’ve been trying to kill the snake by hitting its tail. Money comes in for orphans—but how did the orphans get there? It is because someone died from AIDS, maybe from lack of knowledge. Prevention [of HIV/AIDS] and awareness [of the consequences of HIV/AIDS] can change behavior. And when behavior has changed, then we can say we’ve killed the snake by hitting it on its head!”
AIDS committee prevention efforts are hampered by several factors:

- Most DACCs and CACs report that money tends to be more often available for orphan and youth initiatives, but they have been challenged to secure funding for prevention work.

- Sometimes friction arises between the Youth and the High-Risk subcommittees. The young people generally feel that their opinions do not receive equal attention. As youth, they are expected to “carry out orders” from the adults. Consequently, the potential contribution from the Youth subcommittees is not developed as fully as it could be. Yet young people are incredibly effective in transmitting HIV/AIDS-related messages to their peers. If motivated, youth have amazing ideas and seemingly boundless energy.

- Improving access to condoms is subject to the same limitations as improving access to drugs. NGOs that have condom distribution programs often do not operate in the same areas as the CACs, and the Ministry of Health’s delivery system is weak (at best). In addition, the government program promotes use of condoms for family planning purposes and usually does not want to distribute its supply to AIDS committees.

UNICEF/Malawi has supported the development of a community dialogue tool that uses a participatory approach to help communities identify important health issues (such as HIV/AIDS) and determine what actions they can take to bring about changes. The model includes dialogue within the community and with a resources person (e.g., health extension worker, AIDS committee member, etc.) to facilitate joint decision making and joint problem solving for behavior change. Significantly, the first steps involve listening, not teaching. The tool is built into the triple-A approach to participatory problem solving. It recognizes that both the resources person and the community have something to contribute and establishes a dialogue through which that can be done. The document describing this approach says that “dialogue is built on mutual respect among those engaged in it. Through it, all partners can benefit by way of outcomes of joint inter-

Community Dramas

The team had the good fortune to attend several community dramas. The following are some examples:

- Kanyambo VAC (Nkhotakota District)—A mother and father encourage their daughter to “be nice” to older men. They shower her with praise when she brings home presents from the men. When the daughter contracts AIDS, they see that they are in part responsible for her situation and warn other families not to make the same mistake they did.

- Mtosa CAC (Nkhotakota District)—A young man returns from the hospital and tells his friends that he has AIDS. Some of his friends hesitate to go greet him, but others insist that it is important for them to welcome their friend home and to help him.

- Balakasi VAC (Mangochi District)—An orphan is treated unfairly and abused. A man mistreats a child who was begging in the street until he recognizes him as being the son of a distant relative.
ventions, enhancing of capacities for action, and promoting sustainable behavior change, as partners."10 It also includes this very sound advice:

It is necessary to note that when one element of behavior in a difficult situation is changed, encouraged by the partnership approach, the whole situation actually changes, bringing about results beyond the specific element changed. One does not have to start with the most needed change for best results to be realized. It is the habit of continuous improvement that creates the upward spiral for positive change as households discover new potentials accompanied by providers working with them as partners, through dialogue. It pays to start with actions that are possible and then improve step by step towards the objective to be achieved.11

COPE staff should review this tool carefully to see how COPE staff members, trainers, and AIDS committee members may be able to use it in HIV/AIDS prevention.

**Economic Strengthening: A Preventive Approach**

From the start of the COPE program, SC emphasized addressing the profound economic impact that HIV/AIDS has on households and communities. COPE staff members are working with AIDS committees to respond to the economic needs of households affected by HIV/AIDS in two ways:

1. Improving the economic resources of individual households by using
   - Linkages to microfinance institutions and other credit and savings schemes
   - Business management training (in part to comply with microfinance requirements)
   - Market linkages (consisting of training in how to uncover opportunities within various business sectors)
   - Training in creating rotating savings and credit associations (ROSCAs) (essentially how to mobilize savings through informal mechanisms)

2. Providing relief assistance (food, clothes, school fees) to vulnerable individuals and households and providing moral support (visiting, advising, consoling, assisting with child care and household chores) through
   - Resource mobilization (identifying the skills and talents of local people, mobilizing community members to get directly involved, conducting intermittent fundraising activities, collecting membership fees and donations from religious groups and other institutions)
   - Linking vulnerable households and communities to resources, resource people, and governmental and nongovernmental programs.

Relief assistance and support to strengthen the economic resources of individual households are interrelated. VACs and CACs depend on intermittent fundraising activities, membership fees, and other donations to finance relief assistance to families and children in need. Their ability to
sustain their activities depends, in turn, on a degree of economic stability at household and community levels. Communities are already poor, but if AIDS pushes too many people from poverty into destitution, their needs will overwhelm the capacity of the committees to raise funds and respond to those needs.

**Improving Economic Resources of Individual Households**

COPE assists the AIDS committees in developing strategies to strengthen household economic resources. Over the long run, households must cope using their own capacities and resources as well as support from their extended family, but relief assistance may be needed to enable a household severely affected by HIV/AIDS to survive the most difficult times.

The challenge of this strategy is threefold. First, households with enough productive capacity to benefit from microenterprise initiatives must be distinguished from those without. Second, if productive capacity is sufficient, the task is to determine what type of intervention the Malawi AIDS structure can promote to benefit the individual households. Third, for those households that are not able to continue with productive activities and have depleted their assets, alternative support must be secured.

Table 1 presents examples of how AIDS committees are seeking to improve the economic resources of individual households.

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<th>Component</th>
<th>Beneficiaries</th>
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<td>Linkages to microfinance institutions</td>
<td>2 women and 9 orphan care groups&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Linkages to LIFE (SARRNET) cassava and sweet potato planting materials&lt;sup&gt;b&lt;/sup&gt;</td>
<td>An estimated 4,200 households by February 2000</td>
</tr>
<tr>
<td>Business management training</td>
<td>140 community members&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>ROSCA training</td>
<td>9 CAC&lt;sup&gt;c&lt;/sup&gt; and 20 DACC&lt;sup&gt;d&lt;/sup&gt; members</td>
</tr>
<tr>
<td>Market chain analysis training</td>
<td>20 DACC members&lt;sup&gt;d&lt;/sup&gt;, 36 community members&lt;sup&gt;d&lt;/sup&gt;, and 9 CAC&lt;sup&gt;c&lt;/sup&gt; members</td>
</tr>
</tbody>
</table>

<sup>a</sup> From COPE quarterly report, January to March 1999.

<sup>b</sup> COPE and partners supply planting materials from the LIFE initiative to VACs through DACCs and CACs. The VACs use those materials to start communal gardens. The VACs then supply planting materials to individual families in need after the first harvest from the communal garden.

<sup>c</sup> From 1999 COPE annual report (totals for 1999 only).

<sup>d</sup> From COPE quarterly report, October to December 1999.

**Linkages to Microfinance Programs**

AIDS committee members recognize the potential of microfinance services to strengthen vulnerable households’ economic resources. Because these programs require specialized expertise, the best solution is to create linkages between such programs and AIDS committees.
From documentation and discussions, most linkages appear to have been made with the Development of Malawi Trust (DEMAT). FINCA is another organization with possibilities, but it has not yet expanded its services to areas that overlap with COPE districts, although it is about to begin in Lilongwe District. UNICEF also has started financing several community revolving loan funds. Finally, the Malawi Rural Finance Corporation (MRFC) is collaborating with the MOWYCS’s Economic Assistance Project (EAP), which is being implemented by government community development assistants (CDAs) and the Ministry of Agriculture and Irrigation’s Fisheries Department. Table 2 summarizes these programs, which are described subsequently.

**DEMAT.** DEMAT and COPE have collaborated during COPE’s first funding period. Some women’s groups from Save the Children’s microfinance program “graduated” to DEMAT. DEMAT’s loan sizes are larger than those offered by SC’s program. Women saw that, after having gone through one or two loan cycles with SC’s program, they and their businesses were ready for the larger loan.

To date, the Malawi AIDS Committee structure has had little success in linking groups to DEMAT loans. However, many AIDS committee members have attended the business management training designed by DEMAT. For example, in Dedza, DEMAT and the EOPs offered business training to 150 women in preparation for receiving loans from DEMAT. After the training, the women decided they no longer wanted the credit because they thought the required savings amount was too large (DEMAT requires that borrowers provide 20 percent of the loan amount as savings before disbursing the loan). The financial services of some other microfinance institutions (MFIs) do not require this amount of savings in advance of the first loan requirement (MRFC and FINCA require savings, but during or after the first loan), and they may be better designed to reach poorer clientele. Unfortunately, they are less geographically accessible than DEMAT in the areas where COPE works.

**MRFC.** The government of Malawi’s Fisheries Department\(^{13}\) and the Economic Assistance Project initiative under MOWYCS both use MRFC to provide credit to groups their field agents mobilize and train. However, misconceptions exist about the different schemes offered by MRFC.

The scheme used by the EAP initiative is called the Mudzi window. Mudzi has two loan products. The product used by EAP is a small business loan for groups of 10 to 25 people. Collections are made monthly; either MRFC staff members can make the collections or group members can make their own deposits. No minimum loan amount applies, but the maximum is around MKW (Malawian kwacha) 4,000 (roughly US$308) for first-time loans and up to MKW 22,000 (about US$1,692) for future loans. No savings are required for initial loans, but clients must thereafter save 5 percent of the amount they borrow until they reach 20 percent.
Table 2. Microfinance Initiatives

<table>
<thead>
<tr>
<th>Microfinance Institution</th>
<th>Financial Service Products</th>
<th>Method of Loan Delivery</th>
<th>Development Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMAT</td>
<td>Loans:</td>
<td>Solidarity group</td>
<td>National Association of Small Businesses and Industries, National Association of Business Women and Entrepreneurs, Women’s World Banking, and Malawi Association for Small Business Assistance</td>
</tr>
<tr>
<td></td>
<td>first loan maximum = MKW 3,000 (US$230), no minimum</td>
<td>lending for groups ranging from 5 to 10 members</td>
<td></td>
</tr>
<tr>
<td></td>
<td>subsequent loans = MKW 5,000 (roughly US$385)</td>
<td></td>
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<tr>
<td></td>
<td>Forced savings:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% of loan amount required before borrowing</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRFC</td>
<td>Mudzi Fund: Small business loan:</td>
<td>Solidarity group</td>
<td>EAP of MOWYCS and German Technical Cooperation Agency; collaboration with Plan International and CARE International under consideration</td>
</tr>
<tr>
<td></td>
<td>first loan maximum = MKW 4,000 (US$308), no minimum</td>
<td>lending for groups ranging from 10 to 25 members</td>
<td></td>
</tr>
<tr>
<td></td>
<td>subsequent loans = up to MKW 22,000 (US$1,692)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mudzi Fund: Seasonal loan:</td>
<td>Smallholder farmers’ groups of 15 to 20 people</td>
<td>Ministry of Agriculture and Irrigation</td>
</tr>
<tr>
<td></td>
<td>up to MKW 2,500 (US$190) in the form of a voucher payable by distributor’s agricultural input to be repaid per agricultural calendar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINCA</td>
<td>Loans:</td>
<td>Solidarity group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>first loan maximum = MKW 2,000 (US$155)</td>
<td>lending (called village banking) for groups of 25 to 30 members</td>
<td></td>
</tr>
<tr>
<td></td>
<td>subsequent loan size linked to amount saved by the borrower</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Forced savings:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>must save 20% of loan over the loan cycle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The other product is for smallholder farmers’ groups of 15 to 20 people. This loan product is seasonal and allows each member of a farmers’ group to borrow up to MKW 2,500 (roughly US$190) for agricultural inputs. When the loan is approved, the borrower receives a voucher from MRFC that can be presented to the distributor of the borrower’s choice for the desired inputs. Repayment is organized around the agricultural calendar.

The Mudzi window is not offered in every MRFC satellite office. It is available to groups mobilized by CDAs as part of MOWYCS’s EAP initiative. The CDAs reported that they had mobilized the requisite number of groups (Mtosa CAC, Nkhotakota DACC), but were waiting for the funds to be released from MRFC for the EAP initiative. The assessment team did not see evidence that DACCs, CACs, or COPE viewed this government program as a potential opportunity in their efforts to link community members to credit.

Although the DCOF team did not confirm with MRFC, the Fisheries Department appears to use a scheme different from the Mudzi window. The loan amounts are much higher than Mudzi and are for experienced entrepreneurs who want to switch from the fishing trade to another type of business.

UNICEF. Finally, several CACs received UNICEF-supported grants to establish revolving funds. This program was reported to have had rather poor results, and UNICEF is in the process of redesigning this effort. Community groups receiving revolving funds apparently have been able to collect only a few repayments. For example, after 10 months, the Mtosa CAC has recovered only 25 percent of the money it loaned. A UNICEF report indicates that most funds tend to devolve to zero. Microfinance services generally accept that a repayment rate of at least 95 percent must be achieved and maintained if a microfinance institution is to achieve sustainability.

In Mangochi, results were also mixed. Where borrowers were paying back, the fund was still revolving. Where they were not paying back, the fund had disappeared. Reasons for fund devolution tended to have more to do with ownership issues than administrative capacity to manage the revolving fund. The sustainability of such funds depends on whether someone is prepared to put sufficient pressure on borrowers to repay or an adequate incentive exists for them to do so. In other MFI programs, repayment is most successful when borrowers understand that future access to loans is directly related to whether loans are repaid, including not only their loans, but also everyone else’s loans from the revolving fund.

The bottom line is that the fund will not sustain itself if borrowers do not care about future access or if they believe that more outside money will be forthcoming. In addition, the time spent by the DACC or CAC to manage such funds probably comes at the expense of other activities. It is also highly possible that managing such funds could cause problems between DACCs and CACs and the people in the community when they put pressure on people to repay.

UNICEF has recognized that, for a microcredit scheme to be effective, households with earning capacity need to be selected and not those that are very vulnerable, as has been the case. UNICEF has also seen the need to improve the capacity of its partners implementing this scheme.

Better Coordination Needed. The various microfinance interventions in Malawi must achieve much better coordination to be effective. If community residents see that recipients of loans from
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one program do not have to repay, it undermines the viability of other credit operations. If clients of one program default and no repercussions ensue, clients of other programs in that same area will point to this precedent and see no reason to repay, or they may drop out of a program seriously seeking repayments in the hope of getting free money from another program. Studies done for microfinance institutions show that once high defaults exist in one program, this pattern tends to spill over to other institutions in the area, creating a domino effect.

For example, in the Mtosa CAC, where the repayment rate was only 25 percent after 10 months, an EAP and MRFC initiative is also pending. The CDA has mobilized 15 groups and was waiting for funds to be disbursed. However, he was concerned that the initiative already in place could compromise the effectiveness of programs with better potential for sustainability.

Business Management Training and Linkages to Microfinance Institutions

According to information taken from COPE’s quarterly reports, at least 150 community members were being trained in business management skills. The DCOF team could not determine whether MFIs to which the participants would be linked required this training, or whether it was simply intended to improve skills, or both. Ostensibly, the aim of any of the economic strategies is to increase the income of affected households and to protect their assets. In neither case did it appear that COPE had attempted to determine whether the training had produced either result. This failure is troubling because precious time and resources are wasted if, at the end of the training, participants did not gain access to financial services or their incomes did not improve.

Two Microenterprise Development Tools

Rotating savings and credit associations and market chain analysis are two microenterprise development tools that were the subject of a four-day DCOF-supported training conducted in March 1999 for COPE’s EOPs. EOPs’ experience and that of DACCs, CACs, and VACs is that some households affected by HIV/AIDS do not fit the criteria for participation in microcredit projects but are still able to engage in microenterprise or agricultural activities. For such households, savings schemes and facilitating better market linkages may be more useful than access to credit.

ROSCAs. Mobilizing savings for very small amounts of working capital using an informal ROSCA has been practiced for centuries in many parts of the world. Some African examples of ROSCAs include susu in Ghana, stokvel in South Africa, tontine in most of francophone West Africa, “merry-go-round” in Kenya, and chilemba in Zambia. However, ROSCAs have not been widely practiced in Malawi. EOPs have introduced the ROSCA concept to DACC, CAC, and VAC levels and have reported several cases of women’s groups starting up ROSCAs. The DCOF team was not able to determine how many of these groups are still in operation. One of them stopped when the treasurer ran off with the money that the members had pooled. That group might have allowed too much cash to pool before rotating it, and the cash proved too tempting for the treasurer.

Another report cited a group that spontaneously began a ROSCA based on the traditional practice of pooling and rotating labor to harvest crops. COPE should seek to learn what sparked that
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initiative, how well it is working, and how its members manage it to ascertain whether it is a replicable phenomenon.

Market Chain Analysis. This analytical tool focuses on understanding the network of producers, processors, buyers, and sellers involved in the same business. Such an examination follows the chain of steps involved in obtaining raw materials, producing a finished product and then distributing or selling the product to consumers. Field staff gathers information by finding out who buys from whom and who sells to whom along this chain. Analyzing market chains within a specific type of business or industry (for example, vegetable gardening, tailoring, etc.) can help identify bottlenecks, which may provide a business opportunity. In addition, the analysis can reveal potentially profitable niches within a familiar business sector that are accessible without heavy investments of training or financial resources. All of the EOPs have introduced this concept at the DACC and CAC levels, where it was enthusiastically received but not yet put into practice. This tool appears to have potential that has yet to be realized. COPE should be concerned if those trained in a new skill or approach do not apply it relatively quickly. Its usefulness should be carefully examined before it is introduced on a wide scale.

A more fundamental challenge to the success of the economic-strengthening strategy is that the EOPs do not currently have a senior staff person to whom they can go for technical guidance or support. To help fill this gap, the team identified several opportunities for strategic partnerships during the assessment. A table summarizing general activities of organizations that may be able to partner with COPE or that might be able to operate their programs within the DACC, CAC, VAC system is included in Appendix F.

Providing Relief Assistance

Components of relief assistance are as follows:

- Resource mobilization (using skills and talents of local people, mobilizing community members, carrying out intermittent fundraising activities, collecting membership fees and donations)

- Linking households and communities in need of care and support to resources, resource people, and service programs

Resource Mobilization

COPE staff and DACC members have taken part in two resource mobilization workshops. Participants in those workshops have introduced the concepts that they learned to other DACC and CAC members. According to COPE reports and feedback gathered from EOPs and DACC members during the assessment, the two workshops have generated positive results. Resource mobilization has intensified and produced results. The following are examples:

- DACCs and some CACs have opened bank accounts, totaling US$10,614 and US$944, respectively.
• Various organizations and individuals made donations to DACCs, including the Islamic Center, Redd Barnett, the Red Cross, the Lions Lottery Club, the Tourist Association, private lodge owners, the Lutheran Church, and local artisans.

• SARRNET is implementing through DACCs its Low Income and Food Enhancement program to distribute improved varieties of cassava and sweet potatoes.

• In Nkhotakota District, three CACs have constructed and are renting out vendor stalls on market days. The money collected goes into the CAC fund.

• A CAC in Mangochi District constructed fish drying tables for rent to fishermen around Lake Malawi.

• Many DACCs and CACs have now formed an additional subcommittee to focus on resource mobilization.

• In some CACs, members do day labor to earn money to enable them to carry out a variety of activities.

• CACs and VACS regularly use funds raised to buy needed materials for orphans and the sick, including clothes, soap, and food.

The next step is for the CAC members to train all the VACs in their areas.

Another indication of progress is the changing makeup of DACCs. At first, the usual suspects made up the DACCs, primarily health and social welfare government staff members. Now, officers from the Ministry of Tourism, Parks, and Wildlife; Ministry of Forestry, Fisheries, and Environmental Affairs; Ministry of Agriculture and Irrigation; and Ministry of Labour and Vocational Training, as well as a growing number of NGOs participate in DACC and CAC activities.

AIDS committees have been most successful in generating funds for their activities when they have used members’ existing skills and knowledge. They have avoided the frequently tried but seldom successful approach of launching group income-generating projects that are, in reality, small businesses. Such initiatives typically require management skills and available time that members do not possess. They also oblige members to seek external grants, which are difficult to acquire, and repress committee initiative in acting on ideas using internal resources. The Malawi AIDS committee structure has opted to start with what committee members already know how to do (community gardens) or with things that are easy to learn and only take up committee members’ time intermittently (piecework, raffles, and big walks).

Committees could also benefit from broadening their approach to mobilizing local resources. Enhancing community mobilization efforts to engage wider participation within the community could help identify untapped resources. Often community groups do not recognize what they have access to immediately as resources. They do not always think of skills and talents as resources. Consequently, there is a tendency to look to outside sources of assistance before thoroughly examining all the possibilities within the community. Valuing all community members’ skills and talents and providing opportunities for them to contribute those talents is a very powerful philosophy. The capacity inventory is a tool that community mobilizers can use to put this philosophy into practice.
Continuing efforts to improve the participatory skills of all COPE staff and AIDS committee members is also very important. VACs especially need to be able to engage as many people in their communities as possible. This effort requires skills that committee members need to develop and learn.

AIDS committee networks, after they have begun to see some results by mobilizing local resources, should be able to make effective use of moderate amounts of external resources. It was the team’s impression that the Mangochi DACC has reached this stage, and others may have as well. A DACC-CAC-VAC network is potentially very attractive to donors who want to channel resources to the grass roots. However, too much funding without adequate systems and internal agreement on how to manage it and how to monitor and report on its use could undermine or destroy these networks. However, the gap between the needs caused by AIDS and local resources, even when such resources are effectively mobilized, is likely to remain great. Therefore, some access to external resources is needed.

Obtaining and managing external resources is a major challenge that COPE must help the AIDS committees address as they reach a level of organizational capacity to do so. Funds and food are both potentially available as donor concern for responding to the needs of orphans and vulnerable children grows. But pursuing and obtaining external resources are almost certain to cause problems if done before an AIDS committee structure has established a sense of ownership, responsibility, and capacity that comes from mobilizing and using local resources well.

The Namwera AIDS Coordinating Committee, the first CAC that COPE helped mobilize, has made this transition. Since COPE ended its intensive work in Namwera in 1997, NACC has (1) almost doubled the number of VACs that it has mobilized, (2) secured funding, and (3) built an impressive building that serves as a day care center. NACC also has an office and is providing vocational skills training for orphaned adolescents in the facility.

Finding ways to channel material and financial support to and through community structures (e.g. AIDS committees) in ways that reinforce community ownership and responsibility is very important. It will require discussion and careful planning among COPE, donors, NGOs, and community structures.

Linking Households to Resources, Resource People, and Services

A major source of assistance is the LIFE initiative from SARRNET. Through participating in this program (which was facilitated by COPE), AIDS committees have been able to establish nurseries for improved varieties of cassava and sweet potatoes and to distribute cuttings and produce to especially vulnerable households. In some cases, AIDS committees have been able to sell produce from their community gardens to generate funds. Communal gardens are very familiar to communities. The initiative has contributed significantly to raising committee funds, to affording households a way to provide for themselves, and to providing food to those who desperately need it.
Mobilized Resources and Linked Households

Table 3 summarizes examples that the assessment team noted during meetings with AIDS committees. It is not by any means exhaustive. Data of this type are usually provided in aggregate terms in COPE’s quarterly reports.

**Table 3. Mobilized Resources**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Support Provided to Vulnerable Members of Community</th>
<th>Committee and Location</th>
</tr>
</thead>
</table>
| Community garden started with cassava tubers from LIFE (SARRNET)         | • Upcoming harvest will allow VAC to provide tubers to caretakers of orphans and of ill people needing food.  
• Cuttings will go to other VACs to start their community gardens. (Numbers assisted depend on yield.)                                                                                                           | Nkhunga CAC, Nkhotakota District                                                                           |
| Member donations (MKW 850)                                               | • Donations will use to pay for or purchase  
  — Bicycle hire for transport of sick people to hospital  
  — Panadol or other basic drugs for AIDS sufferers or elderly who are ill  
  — Material needs (food, soap, clothes, and school fees) of vulnerable people in community (ill, elderly, and orphans and vulnerable children)                                                                 | Kanyambo (new, spontaneously formed) VAC, Mpamantha CAC, Nkhotakota District                             |
| Communal garden                                                          | • Sales proceeds will be added to bank account.  
• Produce will be given to families needing food.                                                                                                                                                                                                                     | Kanyambo (new, spontaneously formed) VAC, Mpamantha CAC, Nkhotakota District                             |
| House donated by village chief                                           | • Community-based child care center (CBCC) will be started for children who are too young for school and whose parents work in the fields or care for someone who is ill.  
• Those families who can will pay in kind or cash to contribute toward the cost for those who cannot pay. A meal will be provided for the children.                                                                 | Kanyambo (new, spontaneously formed) VAC, Mpamantha CAC, Nkhotakota District (continued) |
| Land donated by chief for communal garden; seedlings donated by DACC     | • Garden provides maize and rice for 15 families.  
• Distribution to 35 more families (orphans’ caregivers, those caring for ill people, or the especially needy) is planned.                                                                                                                                         | Mtosa CAC, Nkhotakota District                                                                           |
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<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Description</th>
</tr>
</thead>
</table>
| Member donations | • Money will be used for material support as follows:  
   — Panadol or other basic drugs for AIDS sufferers  
   — Material needs (food, soap, clothes, and school fees) of vulnerable people in community (ill, elderly, orphans, and other vulnerable children) |
| Proceeds from piece-work donated to CAC | • Apprenticeships for five older orphans was arranged. |
| Benches produced for rent in market | • Ten families received loans (mostly for gardens) of MKW 2,000 each. After 10 months, 8 paid back MKW 5,000 (25%). |
| Tinsmith recruited for building orphans’ skills | • Proceeds will go to finance home-based care (drugs, food, and material needs) and to assist needy orphans (food, clothes, school fees, and recreational activities). Youth group, Mtosa CAC |
| MKW 20,000 (provided by UNICEF) for revolving loan fund | • Maize meal and salt are provided to elderly, sick, orphans and other vulnerable children, and other needy families. Chiwaula VAC, Mangochi District |
| Member donations (MKW 200) Drama performances (MKW 230) Planned garden for youths | • Maize meal was distributed to 18 orphans and 13 elderly persons. |
| Member donations; bags of maize donated by chief Forty kilograms of maize meal donated by Red Cross | • Maize meal was distributed to 138 people (orphans, sick people, elderly, vulnerable children, and needy families). Chiwaula VAC, Mangochi District |
| Twenty-five bags of maize donated by member of parliament | • Clothes were distributed to 81 vulnerable children. |
| Seventy-one pieces of second-hand clothing donated by Islamic center Ten pieces of clothing donated by CAC Fish sales | • Sales supplied youth soccer team with soccer ball made from local materials (condom, cloth, plastic bags, net of strings). (continued) |
| Community members’ participation | Members are involved in the following activities:  
|—— Coaching soccer team (youths at risk)  
|—— Supervising other recreational activities for orphans and youth at risk  
|—— Visiting sick, elderly, vulnerable children, and orphans |  

| Member donations | Funds raised go to  
|—— Covering CAC start-up costs (training, accommodation, and transport)  
|—— Donations to CAC to pass on to VACs or to needy families in CAC location  
|—— VACs for such items as plastic sheeting, gloves, and other supplies for home-based care | Mangochi DACC  

| CHAPS funding | Funds were used to cover costs of starting up a new CAC (transport, training for CAC members, and accommodation). |  

| Member donations | Funds cover administration and support to VACs (transport, training, accommodation).  
| They contribute to nursery school operation.  
| They provide for the material needs of needy people in Namwera and the school fees of orphans or vulnerable children.  
| They provided fertilizers and seed to Balakasi VAC communal garden. | NACC, Mangochi District  

| Two bicycles donated by regional AIDS coordinator | Bicycles enable greater coverage for the home-based care committees. |  

| Fundraising through Friends of Namwera (U.S.-based) and support from Sea Coast | Funds financed nursery school start-up (89 children ages 3 to 5) and tinsmith and tailoring apprenticeship.  
| Funds provide start-up materials and tools for eight tinsmith graduates who are now in business. | NACC, Mangochi District (continued)  

| Tinsmith and tailor recruited for apprenticeship | Eight apprentices have graduated and 12 are in training for tinsmithing. |  

| Mangochi DACC |  

| NACC, Mangochi District (continued) |
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<table>
<thead>
<tr>
<th>Member donations</th>
<th>• Proceeds are used to provide</th>
<th>Balakasi VAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales from communal and wetlands gardens</td>
<td>— Material needs (food, clothes, and medicine) for vulnerable families and their children, elderly, and orphans</td>
<td></td>
</tr>
<tr>
<td>Big Walk (45 km) (yielded MKW 1,358.20 and lasted for 10 months)</td>
<td>— School fees for needy orphans and other vulnerable children</td>
<td></td>
</tr>
<tr>
<td>Sales of second-hand clothes</td>
<td>— Financing for a nursery school (using model of NACC) to cover children in three VACs</td>
<td></td>
</tr>
<tr>
<td>Land donated by chief for communal maize field</td>
<td>• Maize meal will be distributed to needy families (number depends on harvest, which looks promising).</td>
<td></td>
</tr>
<tr>
<td>Fertilizer and seed donated by NACC</td>
<td>• Proceeds from sales will contribute to above activities.</td>
<td></td>
</tr>
<tr>
<td>Business community donations</td>
<td>• VAC mobilized support from businesses last year, but not yet this year.</td>
<td></td>
</tr>
<tr>
<td>Community members’ participation</td>
<td>• Members are involved in the following activities:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>— Visiting sick, elderly, vulnerable children, and orphans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>— Making house repairs or performing other household tasks that the head of family is unable to complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td>— Providing child care</td>
<td></td>
</tr>
</tbody>
</table>

The Challenge: Combining Economic Strengthening and Relief Assistance

Efforts to strengthen the economic resources of individual households and activities that enable the provision of relief assistance for households in desperate straits are interrelated. If the relatively better-off people in a community become economically disabled, no one will be able to take up the activities of the DACCs, CACs, or VACs. Strengthening the resources of such households is a preventive method that enables all households to participate in community mobilization efforts and is also a way to minimize the number of people who need relief assistance.

Although the Malawi AIDS structure has had a positive effect on some vulnerable households, it needs to be scaled up to meet overwhelming economic needs. To date, the COPE EOPs have assisted the Malawi AIDS structure in developing economic strengthening strategies that seem to focus on the most vulnerable households or on orphan caregivers without much analysis of productive capacity. Table 4 proposes how a household’s degree of vulnerability could be differentiated and matched to an appropriate microenterprise intervention.
## Table 4. Matching Interventions to Targets

<table>
<thead>
<tr>
<th>Type of Intervention</th>
<th>Target(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linkage to microfinance institutions (MFIs)</td>
<td>• Is eligible according to MFI’s criteria</td>
</tr>
<tr>
<td></td>
<td>• Has productive capacity</td>
</tr>
<tr>
<td></td>
<td>• Is somewhat vulnerable or vulnerable to poverty (not-so-poor and poor)</td>
</tr>
<tr>
<td>ROSCAs</td>
<td>• Is interested</td>
</tr>
<tr>
<td>Market linkages</td>
<td>• Has some productive capacity but is unable or unwilling to absorb debt</td>
</tr>
<tr>
<td></td>
<td>• Is vulnerable or very vulnerable to poverty (poor and poorer)</td>
</tr>
<tr>
<td>Advice or guidance and training on economic opportunities</td>
<td>• Could be productive but has sold off all assets and liquidated all savings (to cover, for example, medical and funeral expenses or the care of orphans)</td>
</tr>
<tr>
<td>(perhaps coupled with provision of small grants)</td>
<td>• Is destitute but has not always been so; needs temporary boost to get back on feet</td>
</tr>
<tr>
<td></td>
<td>• Needs to switch to economic opportunity that is less demanding or time consuming</td>
</tr>
<tr>
<td>Relief assistance (permanent or temporary)</td>
<td>• Needs temporary assistance to avoid breakup of household or sale of productive assets, or is permanently disabled and needs assistance indefinitely (household or individual is coping with advanced stages of AIDS)</td>
</tr>
<tr>
<td></td>
<td>• Is destitute and has no productive capacity</td>
</tr>
</tbody>
</table>

\(^a\) HIV/AIDS-affected categories such as widows, orphans, orphan caregivers, and PLWA cut across all the targets.
CONCERNS ABOUT ENUMERATION OF ORPHANS

The DCOF team was concerned that the Department of Social Welfare has been encouraging district-level orphan enumeration. For local communities to identify and respond to their most vulnerable children is valuable, but problems can arise when communities are asked just to count orphans. Such efforts have been tried previously in Malawi and elsewhere without much success. External requests for communities to count orphans inevitably raise expectations of external assistance. If counting is done simply for monitoring purposes and no follow-up response is made, the exercise serves to increase communities’ frustration and anger, undermining the potential of future action-oriented mobilization. Also, singling out orphans to be counted can contribute to their being stigmatized.

Although the rationale for counting orphans is often to compile statistics for use in planning, efforts to count orphans do not produce accurate information on orphan prevalence or needs. Similar, neighboring communities report radically different proportions of children as being orphans because of differences in methodology or in expectations about assistance they may receive if they have more orphans. Census data, demographics and health surveys, and estimates, such as those presented in Children on the Brink 2000, can produce information for planning that avoids these problems and provides a useful basis for policy development and planning.

For example, the Nkhunga CAC reported that, in response to government officials, a recent exercise had been carried out to register orphans. In a population area of 72,000, 2,005 orphans had been registered, which, at 6 percent of all children, is likely a significant undercount. Also, the CAC members, who had anticipated that this work would produce some form of assistance, were not clear what would happen as a result. They gathered the information for someone else, not for their own use.

Community identification of orphans and other vulnerable children for local use, however, is another matter. Provided a community carries out such an exercise in order to determine which individuals it should help, starting with its own time and resources, the exercise can prove very useful, as many communities have shown. For the Department of Social Welfare to compile information on the number of vulnerable children actually receiving support from community groups, religious bodies, or NGO and CBO programs would be useful. Such figures could be compared with orphan prevalence estimates to give some idea of the coverage provided by assistance efforts.
Identifying orphans and other vulnerable children and the problems they face is an important step for community groups to take as part of their own process of determining who and what they are most concerned about and deciding what they can do in response. Community-owned action is sustained by the concern of community members. For this reason, it is important for communities to determine what constitutes vulnerability locally and how it can be identified. However, when communities establish their own criteria for determining who is most vulnerable, the categories will vary from one community to the next, and totals cannot be combined into a consolidated statistic. When a community is convinced to take action in response to an externally determined category, such as orphans and only orphans, the community’s continued efforts to assist such children will be contingent upon its receiving ongoing support from the body that identified this particular category as being of concern. Consequently, asking a community to count an externally defined group is not an effective way to mobilize ongoing community action. The box on the next page, which was prepared for Children on the Brink 2000, presents a two-stage approach to identifying and mobilizing action to assist orphans and other vulnerable children.
Targeting Interventions in Two Stages

The enormous and growing number of orphans has stimulated concern and action, from the village level to the global level, but it has also generated some inappropriately targeted programs. Consider these facts:

- The vulnerability of children in households affected by AIDS begins to increase with a parent’s illness, long before a child becomes an orphan.
- Not all orphans are vulnerable; some are taken into households that adequately provide for their material and emotional needs.
- AIDS is not the only cause of vulnerability among children.
- Resources are limited and should be used where they are most needed and will do the most good.

Recognizing these points, interventions must be targeted in two stages. The first stage is geographic targeting to the areas where families and communities are having the greatest difficulty protecting and providing for the needs of their children. While no area is likely to be spared by HIV/AIDS, there will be significant variations among geographic areas regarding the nature and extent of the impacts of the epidemic and local capacity to cope with them.

Census or general survey data, broken down to the district level or below, on the prevalence of orphaning (proportion of all children who are orphans) is very useful for geographic targeting. A large or rapidly increasing proportion of orphans among children in an area, particularly the proportion of double orphans, is a strong indicator of the effects of AIDS and increasing child and family vulnerability. However, other factors also need to be taken into account for geographic targeting. AIDS exacerbates poverty, but many other factors also combine to affect poverty, vulnerability, and coping capacity. Other indicators that can be used for geographic targeting (if they are available and reliable) include statistics on infant mortality, access to safe water, immunization rates, primary school enrollment and drop out rates, girls’ participation in school, nutrition and income levels, and unemployment rates. HIV prevalence is another important indicator, but orphaning and other problems for children tend to lag the HIV rate by several years. Not all of these statistics must be considered nor given equal weight, but each can be used to make comparisons of vulnerability. A composite indicator can be constructed for initial identification of areas of high vulnerability.

Service mapping is another component of geographic targeting. While statistics may point to certain areas as having greater problems, but it is also important to inventory the programs and resources that are already in place to address them. Often, rural and ethnic minority populations may be relatively under-served, with services concentrated in urban areas.

Statistics and maps are not enough, however. They can point to areas where children and families appear to be at greater risk, but interviews with key informants and discussions with community members are essential to test the accuracy of statistically-based impressions.

The second stage of targeting must be done in communities by the people who live there. They know better than outsiders the factors that contribute to vulnerability and which individuals they are most concerned about. Asking people who should benefit from an outside distribution of aid is likely to lead to competition and bias. But a vulnerability assessment is likely to be accurate if it is part of a community mobilization process in which the

*Box continued on next page*
community, itself, begins to respond using its own resources. People tend to use carefully resources that they have generated themselves. Outside aid can follow and reinforce such community-led efforts, and they can be targeted most effectively through a transparent public decision-making process that includes residents who know their community better than outsiders. The local factors that cause and that can be used to measure vulnerability vary among communities. These are often invisible to outsiders, who are not likely to know, for example, which households receive support from extended family members, have had to sell productive assets, do not have enough land, or are cooking only sporadically.

Also, it is inappropriate at the community level to direct services only to orphans, and even less so to try to identify and assist only children whose parent has died of AIDS. Where AIDS has been serious, orphanhood is likely to be a major factor that residents will consider when deciding who is most in need. But targeting services to “AIDS orphans” is labeling that causes stigma, jealousy, and misrepresentation. It is better, first, to target geographic areas where children and families are at particular risk because of AIDS and other factors, then to help people locally define which factors should be taken into account to determine individual vulnerability.

Another problem that comes when an outside agency imposes its own criteria (such as orphan status) is that this approach undermines community ownership of the problem and responsibility for action. The continuity of community efforts to assist a group of beneficiaries that an outside group wants to target is likely to depend on the continued provision of resources by the outside group. If the resources stop, so will community action, because the intervention was initiated by and is seen as the responsibility of the outside group.
RECOMMENDATIONS

1. Early, Integrated Intervention in Communities Affected by AIDS

COPE should intensify efforts to improve and integrate activities in home-based care, prevention, and economic strengthening with a view toward anticipating impacts of HIV/AIDS.

*Identify and Respond to Children before They Become Orphans*

Through the DACC-CAC-VAC structures, partnerships, and advocacy, COPE should encourage communities, organizations, and the Department of Social Welfare to identify and respond to the needs of the most vulnerable children and adults (including children whose parents are ill) rather than focusing exclusively on orphans.

Activities to support the home care of chronically ill patients and to improve the safety and well-being of orphans and other vulnerable children should be integrated in ways that make sense to the households concerned. Providing support for home care of parents who are ill while ignoring the needs of their children and the parents’ own concerns about their children’s future does not make sense. Attention to the sick and attention to their children need to be integrated.

COPE and DACCs should consult with and actively involve CACs and VACs on how best to integrate home-care support and child-focused activities.

*Prolong the Lives of Parents by Improving Quality of Home Care and Access to Basic Necessities*

COPE should hire a full-time health professional with community nursing skills to improve the quality and effectiveness of home care for chronically ill patients with AIDS. By improving training methods and materials, forming partnerships, and building ongoing training capacities, COPE should seek to establish long-term improvements in home-care training and support systems that do not depend on COPE’s direct provision of home-care training.

COPE, with the support of USAID/Malawi, should actively explore the possibility of obtaining food through USAID’s Leadership and Investment in Fighting an Epidemic program (Catholic Relief Services is the agency responsible in Malawi) or another source (e.g., World Food Pro-
gram) and enabling DACC-CAC-VAC structures to provide that food to especially vulnerable households in AIDS-affected communities.

With a view to achieving a wider impact in the medium to long term, COPE should identify CBOs and NGOs capable of supporting home-care services and help link them to secure funding that will be available through USAID’s Leadership and Investment in Fighting an Epidemic initiative.

COPE should work to strengthen household and community capacities for providing and supporting home care in ways that will help parents and other individuals living with AIDS to live longer and more comfortably by improving the access of AIDS-affected households to basic medications and supplies. Although COPE’s initial approach could involve directly channeling such items through DACC-CAC-VAC structures, COPE should seek through partnerships, advocacy, or other means to promote approaches that have the potential to be sustained without COPE’s ongoing involvement.

**Intensify HIV/AIDS Prevention Messages and Activities to Change and Maintain Safer Behaviors**

COPE should work through DACC-CAC-VAC structures to increase the involvement of youth in care activities for orphans and for children in households caring for ill patients, as well as in household chores for chronically ill patients. COPE should also encourage AIDS committees to involve youth in conveying HIV/AIDS messages to their communities through drama and music. COPE should help AIDS committees build on this youth involvement to influence young people to adopt behaviors that reduce their risk of contracting HIV.

**Target Heavily AIDS-Affected Communities, rather than Households in Crisis with Economic Opportunities**

COPE should rethink its approach to strengthening household economic resources. The emphasis should be on strengthening economic resources of individual households before they are affected by HIV/AIDS. COPE should clarify which types of households could benefit from credit, which need relief assistance, and which need grants to restart activities after having sold off their productive assets. COPE should expand the concept of access to microfinance and business development services to the entire community, not limit it just to orphan caregivers.

Save the Children Malawi/COPE should talk to FINCA, Usiwa Watha, and PRIDE Africa about ways to achieve a geographic overlap of microfinance services with community mobilization to address HIV/AIDS and its effects. In working toward such geographic overlap, Save the Children/COPE should seek to influence where the start-up and expansion of microfinance take place—especially with Usiwa Watha and PRIDE Africa. Where expansion plans are already under way, COPE, in consultation with relevant government agencies and DACCs, should seek to adjust where new mobilization efforts are started in order to achieve geographic overlap.
COPE should look for ways to strengthen the economic coping capacities of communities and individuals not reached by microfinance services (either because of poverty levels or geographic location outside areas currently served). Following are some possibilities:

- Promoting low-cost savings mobilization schemes more intensively by exposing EOP officers and DACC and CAC members to informal methods used by poor communities throughout the developing world.
- Intensifying and expanding the multiplication and distribution of improved cassava and sweet potato varieties through SARRNET’s LIFE program, particularly for people who have already lost many of their productive assets.
- Investigating activities carried out by USAID/Malawi (Strategic Objective 1) Smallholder Agricultural Scheme Agricultural Cooperative Development International/Volunteers Overseas Cooperative Assistance (ACDI/VOCA).

COPE should rethink promoting and spending resources on business management training for vulnerable households or orphan caregivers unless such training directly results in credit linkages and/or increased income. EOPs and DACC members should assess the impact of current training initiatives by determining how many households received loans and how many have increased their income as a result of training. COPE should emphasize interventions most likely to result in increased income flows into households. The more vulnerable the household, the more marginal and small its economic activities will be and the less applicable business management training will be.

COPE, with support from DCOF, should explore with UNICEF ways to minimize the potential of revolving credit schemes for undermining other, more sustainable community-level economic initiatives, such as microfinance programs.

2. Resource Mobilization

*Increase Coordination with Government and NGO Programs*

COPE should encourage the MOWYCS’s Economic Assistance Project, and the Fisheries Department, which also links groups to MRFC and DEMAT, to work in collaboration with the DACC-CAC-VAC structure.

COPE should assist DACCs and CACs in linking with organizations that have resources and relevant technical expertise to provide needed services. Examples include condom distribution carried out by government community health care workers, NGOs and church groups that provide home-based care skill training, and agricultural activities such as the shareholder scheme, as well as other schemes that promote the production and marketing of agriculture produce.
Use DACC and CAC Members’ Skills More Extensively

COPE, with technical support from DCOF, should seek new techniques to enable DACCs, CACs, and VACs to identify skills, talents, and access to resources of their members and others within their respective communities and networks of contacts.

Involve the Private Sector More Fully

COPE should seek key informants or those with contacts or links to the private sector to brainstorm ways to approach the private sector and mobilize its involvement and support.

COPE should identify and promote systematic ways that private-sector companies could provide human, technical, and financial resources to help mitigate the impacts of HIV/AIDS (e.g., developing innovations such as payroll donation schemes, advocating for banks to donate a percentage of the clients’ credit card charges to a community fund).

Inject New Fundraising Ideas to Prevent “Charity Fatigue”

EOPs and DACC members should continue searching for non-intrusive fundraising approaches (especially at the CAC and VAC levels) that do not consume or redirect groups away from their primary charitable activities.

COPE and DACCs should facilitate the exchange of information and ideas among CACs and VACs.

3. Capacity Building

Improve the Effectiveness of Training

All training activities for providing home care, mobility resources, economic strengthening, and responding to the needs of orphans and other vulnerable children should be carried out primarily at the village and community levels with hands-on skills-building and mentoring approaches rather than lecture-type classroom training. Staff members may need to build their own skills in participatory and adult training techniques to do so.

In addition to the vertical or cascade approach to mobilization (DACC to CAC to VAC), COPE should promote the use of lateral participation (VAC to VAC, CAC to CAC, DACC to DACC) in scaling out community mobilization.

Where COPE has done or supported training, it should follow up to determine what the impact has been.
4. Strategic Approach

*Continue to Strengthen Community Mobilization and Capacity Building*

COPE should retain a catalytic community mobilization and capacity-building approach in its primary interventions, adding resource provision elements as necessary with a view to maximizing the well-being of children and families affected by AIDS and to sustaining positive impacts. Resources should be provided only where communities have taken responsibility for problem solving and have invested their own resources.

DCOF should work with other donors and COPE, in consultation with USAID/Malawi, to develop a mechanism to enable VACs to use external funds to strengthen and increase their own efforts to benefit especially vulnerable individuals and households.

Save the Children U.S., taking into account the findings of this report and the Umoyo Network evaluation of home-based care, should develop a proposal for a COPE III, recognizing that USAID funds for this purpose could be provided on a noncompetitive basis only through December 2001.

DCOF should make technical and financial support available to enable USAID/Malawi to develop a request for applications to continue to scale up community mobilization and capacity-building efforts to mitigate the impacts of AIDS on children and families and to prevent the spread of HIV.
APPENDIX A—SCOPE OF WORK

In Malawi and other countries with advanced HIV epidemics, individual health and development and economic and psychosocial problems are growing as families and communities find it increasingly difficult to care for large numbers of orphaned children. The growing number and proportion of orphans represent a profoundly important development that requires serious national-level attention. Without effective, widely implemented measures to strengthen family and community efforts, profound social consequences will occur as poor countries struggle to absorb growing numbers of undereducated, untrained, and potentially alienated children and youth. The COPE program is a DCOF-funded activity whose initiatives aim to mitigate the impact of HIV/AIDS. The underlying concept for the program is the mobilization of the community to care for the most vulnerable children and families, particularly those affected by HIV/AIDS.

The first stage of the COPE program was funded by USAID for the period from July 15, 1995, to September 30, 1997. COPE II was funded for US$750,000 for the period from October 1, 1997, to September 30, 2000. COPE is the first effort of USAID to develop a community mobilization approach to mitigate the effects of HIV/AIDS on children and families.

Essential elements of this scope of work for Jill Donahue and John Williamson include the following:

- Developing an overview of the current and projected impacts of HIV/AIDS in Malawi and identifying the best options for mitigating these impacts
- Reviewing the current activities and assessing the effectiveness of the COPE program, giving particular attention to its potential for generating effective, sustained community-based efforts to mitigate the effects of AIDS on children and families
- Recommending what action USAID should take regarding any future support of the program

The team should meet with the USAID/Malawi mission at its earliest convenience and during the course of the visit. The team should spend the majority of its time with staff members of Save the Children and the COPE program. In addition, the team should meet with as many of the following organizations as possible: National AIDS Control Program, UNICEF, UNAIDS, United Nations Development Program, World Bank, Action Aid, Save the Children Fund (UK), and selected microfinance programs. USAID/Washington is looking to Malawi for opportunities to demonstrate and scale up collaborative interagency efforts to mitigate the effects of AIDS on
children and families, particularly opportunities for mutually reinforcing community mobilization and capacity-building efforts on the one hand and effective, sustainable microeconomic interventions on the other.
## APPENDIX B—CONTACTS IN MALAWI

<table>
<thead>
<tr>
<th>Organization</th>
<th>Individuals</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID/Malawi</td>
<td>Joan LaRosa, Elizabeth Marum, Kathryn English, Wayne McDonald</td>
<td>Tel: (265) 782 455 <a href="mailto:Jlarosa@usaid.gov">Jlarosa@usaid.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC/COPE</td>
<td>Chifundo Kachiza, Program Manager, Alepha Nemwaza, Field Coordinator, Christopher Mzembe, Community Mobilization Officer, Victor Katchika-Jere, George Chiweyu, Economic Opportunity Promoter</td>
<td>Tel: (265) 753 888 <a href="mailto:scus@malawi.net">scus@malawi.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>UNICEF</td>
<td>Catherine Mbengue, Representative, Mohammed Cisse, Senior Program Officer, Godfrey Banda</td>
<td>P.O. Box 30375 Lilongwe 3, MalawiTel: (265) 780 788 <a href="mailto:cmbengue@unicef.org">cmbengue@unicef.org</a></td>
</tr>
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<tr>
<td>UNAIDS</td>
<td>Angela Trenton-Mbonde, Country Program Advisor, Willard Amos Manjolo, Senior Social Welfare Officer (Family and child welfare/orphan care)</td>
<td>Tel: (265) 783 329 <a href="mailto:atrentonuaid@sdnp.org.mw">atrentonuaid@sdnp.org.mw</a></td>
</tr>
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<tr>
<td>MOWYCS</td>
<td>Penston-Kilembe, Deputy Director for Social Welfare</td>
<td>Private Bag 330 Lilongwe 3, MalawiTel: (265) 780 411</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mangochi DACC</td>
<td>Fixon Mkanda, Chairman, D. D. Misomali, Vice Chairman</td>
<td>c/o Mangochi District HospitalP.O. Box 42 Mangochi, MalawiTel: (265) 584 344</td>
</tr>
<tr>
<td>Organization</td>
<td>Individuals</td>
<td>Contact Information</td>
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</tr>
<tr>
<td>NACC</td>
<td>Mr. A. N. Mtsuko, Chairman</td>
<td>Private Bag 52 Namwera</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mangochi, Malawi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tel: (265) Namwera 6</td>
</tr>
<tr>
<td>Umoyo Network</td>
<td>A. Sokrab</td>
<td>Private Bag 254 Blantyre, Malawi</td>
</tr>
<tr>
<td></td>
<td>Roy Hauya</td>
<td>Tel: (265) 621 022 <a href="mailto:umoyo@malawi.net">umoyo@malawi.net</a></td>
</tr>
<tr>
<td>Catholic Relief Services</td>
<td>Desmond R. Nkhoma, Deputy Director</td>
<td>Tel: (265) 620 865 <a href="mailto:dsu@malawi.net">dsu@malawi.net</a></td>
</tr>
<tr>
<td></td>
<td>Nicholas Nkwapata, DAP Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coordinator</td>
<td></td>
</tr>
<tr>
<td>CARE</td>
<td>Nick Osborne</td>
<td>Tel: (265) 784 637 <a href="mailto:care@malawi.net">care@malawi.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usiwa Watha Credit Trust</td>
<td>Rodwell Mbale</td>
<td>Tel: (265) 780 545</td>
</tr>
<tr>
<td>ActionAid</td>
<td>Lawrence Khonyongwa, Program Officer</td>
<td></td>
</tr>
<tr>
<td>UNDP</td>
<td>Peter Kulemeka, Assistant Resident</td>
<td>Tel: (265) 783 500</td>
</tr>
<tr>
<td></td>
<td>Representative</td>
<td><a href="mailto:peter.kulemeka@undp.org">peter.kulemeka@undp.org</a></td>
</tr>
</tbody>
</table>
APPENDIX C—ITINERARY

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Activities</th>
</tr>
</thead>
</table>
| April 6, 2000 | Lilongwe | • Arrival  
• Discussion with Joan LaRosa at USAID mission  
• Discussion at SC office with Chifundo Kachiza, Alepha Nemwaza, Christopher Mzembe, and Victor Katchika-Jere |
| April 7, 2000 |          | • Discussion at UNICEF office with Catherine Mbengue, Mohammed Cisse, Godfrey Banda, and Mark Connolly  
• Discussion with Grace Malini at the office of the National AIDS Control Program  
• Discussion with Nick Osborne at CARE office  
• Discussion with Peter Kulemeka at UNDP office |
| April 8, 2000 |          | • Discussion with Mark Connolly at hotel |
| April 10, 2000 |          | • Discussion at USAID mission with Kathryn English and Wayne McDonald  
• Discussion with Angela Trenton-Mbonde at UNAIDS office  
• Discussion with Penston-Kilembe and Willard Amos Manjolo at the Department of Social Welfare office  
• Discussion with Rodwell Mbale at the office of Usiwa Watha Credit Trust  
• Discussion with Alice Naphiyo at MOWYCS |
| April 11, 2000 |          | • Discussion with COPE staff at SC office  
• Meeting with Lilongwe DACC  
• Discussion with COPE staff at SC office |
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Activities</th>
</tr>
</thead>
</table>
| April 12, 2000 | Nkhotakota | • Travel to Nkhotakota  
• Discussion with Nkhotakota DACC  
• Discussion with Nkhunga CAC |
| April 13, 2000 |            | • Discussion with Kanyezi VAC and visit to its communal garden  
• Discussion with Mtosa CAC  
• Return to Lilongwe |
| April 14, 2000 | Lilongwe   | • Preliminary debriefing at USAID office  
• Discussion with Lawrence Khonyongwa at Action AID office  
• Discussion with Godfrey Banda at UNICEF office |
| April 15, 2000 | Mangochi   | • Travel to Mangochi  
• Discussion with George Chiweyu at SC office  
• Discussion with Mangochi DACC at SC office  
• Visit to youth festival at Semu Chimwala village  
• Discussion with Chiwaula VAC |
| April 17, 2000 | Namwera    | • Travel to Namwera  
• Discussion with NACC and visit to its facilities  
• Discussion with Balakasi VAC and visit to its communal maize field |
| April 18, 2000 | Blantyre   | • Travel to Blantyre  
• Discussions with A. Sokrab and Roy Hauya at Umoyo Network office  
• Discussion with Elizabeth Marum at Umoyo Network office |
| April 19, 2000 |            | • Discussion with Joan LaRosa  
• Discussion with Larry Hastings at FINCA office  
• Discussion with Desmond R. Nkhoma and Nicholas Nkwapata at Catholic Relief Services office  
• Discussion with COPE staff and Elizabeth Marum at Umoyo Network office |
| April 20, 2000 |            | • Departure from Blantyre |
## APPENDIX D—SUGGESTED CONTACTS FOR PARTNERSHIPS AND ADVICE IN HOUSEHOLD ECONOMIC STRENGTHENING

<table>
<thead>
<tr>
<th>Contact</th>
<th>Activities</th>
<th>Suggested Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Andrew Banda</strong></td>
<td>Ministry is supporting the start-up of PRIDE Africa microfinance institution in conjunction with UNCDF (Mende Makoko). It supports the development of business management skills and entrepreneurship.</td>
<td>• Discuss overall strategy for strengthening economic resources of households in HIV/AIDS-affected areas. Negotiate geographic overlap between PRIDE Africa and DACC-CAC-VAC areas.</td>
</tr>
<tr>
<td><strong>Alice Naphiyo</strong></td>
<td>Economic Assistance Project consists of training in business management and savings mobilization. The management training affords linkages to financial institutions MRFC, SEDOM, and DEMAT. Program operates in eight districts: Nkhotakota, Kasungu, Machinje, Mangochi, Tiolo, Zomba, Rhumpe, and Nkata Bay. Each CDA is to mobilize a minimum of five groups of 10–20 people. Each district has approximately 15 CDAs.</td>
<td>• COPE should meet with Alice Naphiyo to determine how collaboration could occur. The CDAs in at least two CACs visited by the team had mobilized their five groups and were waiting for funds to be disbursed by MRFC. Yet, very little coordination seems to exist of their activities and those of the DACCs and CACs. Why? What is impeding collaboration? Could each party do something to take advantage of this opportunity?</td>
</tr>
<tr>
<td>Name</td>
<td>Information</td>
<td>Notes</td>
</tr>
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<td>------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Florence Kakuwiru</strong></td>
<td>Florence Kakuwiru is a contact person at UNCDF who spoke about a possible association scheme to assist households that have lost everything and need special assistance to start up their income-earning activities.</td>
<td>DCOF did not make direct contact during assessment. COPE should meet with Florence Kakuwiru to learn what this scheme is and where it might be operating. Could it be applied to households that have been seriously affected by HIV/AIDS and have had to sell most of their assets to pay for medical treatment or have lost their income earner?</td>
</tr>
<tr>
<td><strong>Rodwell Mbale</strong></td>
<td>Usiwa Watha is a newly formed microfinance institution starting up in the Lilongwe district. Rodwell Mbale is eager to collaborate with COPE.</td>
<td>Investigate how COPE and Usiwa Watha might overlap. Can the Lilongwe DACC and COPE adjust their start-up areas to take advantage of Usiwa Watha’s presence?</td>
</tr>
<tr>
<td><strong>Nick Osborne</strong></td>
<td>The project focuses on livelihood security and aims at increasing income earning by making linkages to financial institutions, mobilizing savings, and initiating a maintenance project. The maintenance project consists of training women’s groups as subcontractors for such things as road maintenance. The project operates in Chitakula, Kongoni, and Kalolo TAs.</td>
<td>Nick Osborne is very interested in collaborating with COPE and its partners. He already intends to use CDAs for the savings mobilization. If a direct geographic overlap does not exist with COPE, he suggested forming a social impact mitigation team made up of senior persons from CARE and COPE or DACC. This team would share expertise; that is, CARE would share its income-earning experience, and COPE would share its mitigation of HIV/AIDS impact (especially on orphans).</td>
</tr>
<tr>
<td><strong>ACDI/VOCA</strong></td>
<td>Project is a contracting agency for USAID’s Strategic Objective 1. ACDI/VOCA is working with farmers’ groups to improve their access to profitable markets. It is also promoting opportunities in cash crop production.</td>
<td>Investigate what the project is doing and where it is doing it. Are there any chances for collaboration? Are there any areas of geographic overlap at present or in the future?</td>
</tr>
<tr>
<td><strong>Larry Hastings</strong></td>
<td>Organization has begun to review its products in communities seriously affected by AIDS.</td>
<td>Explore possibilities for collaboration in Lilongwe district.</td>
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</table>
### APPENDIX E—SUGGESTED CONTACTS FOR PARTNERSHIPS IN NGOs AND GOVERNMENT PROGRAMS

<table>
<thead>
<tr>
<th>Contact</th>
<th>Activities</th>
<th>Suggested Collaboration</th>
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<tbody>
<tr>
<td>Desmond Nkhoma</td>
<td>CRS is the implementing agency for USAID’s initiative (money for HIV/AIDS orphans). Program focus is building food security, in part through use of PL 480 food commodities. It is active in the Palomba and Chikwawa geographic areas.</td>
<td>• Negotiate with CRS (through USAID) to extend geographic area or to subcontract to SC for food distribution in COPE areas. (COPE could use the DACC-CAC-VAC structure to channel food.)</td>
</tr>
<tr>
<td>Nicholas Nkwapata</td>
<td>Catholic Relief Services (CRS) and Leadership and Investment in Fighting Epidemic (USAID) initiative</td>
<td></td>
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</tbody>
</table>
| Roy Hauya                   | Umoyo coordinates support to the organizational and program development of NGOs. Current focus is on health service delivery, but Joan LaRosa suggests that focus could be expanded to include community mobilization (e.g., COPE’s approach). Portfolio of NGOs that Umoyo supports includes CARE, SC, Plan International, Adventist Development Relief Agency, and Program for Appropriate Technology in Health. | • Continue communication with Roy Hauya.  
• Brainstorm on idea of when and how COPE’s input and participation would be useful to other NGOs in the network. |
<p>| Umoyo Networks              |                                                                                         |                                                                                         |</p>
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<tr>
<td><strong>Grace Malinde</strong>  &lt;br&gt; Rural AIDS Initiative</td>
<td>Grace Malinde is investigating various ways to integrate HIV/AIDS issues into the government’s ongoing rural development programs. She would like to form a Rural AIDS technical working group to brainstorm, advise, and advocate for rural-based packages that address the needs of orphans, vulnerable children (especially adolescents), and other HIV/AIDS-affected groups. A strategy paper for mainstreaming issues is forthcoming, as is a pictorial facilitator’s guide.</td>
<td>• Find out what areas will be piloted for the initiative.  &lt;br&gt; • Advocate to bring the program to COPE-supported areas.  &lt;br&gt; • COPE might see if it could have a staff member on the Rural AIDS technical working group.  &lt;br&gt; • Grace Malinde is interested in promoting leadership training and Technologies for Training/Stepping Stones training methodologies. COPE would be an excellent organization to help her promote these approaches.</td>
</tr>
</tbody>
</table>
ENDNOTES


3 Ibid., p. 6.


10 Ibid., pp. 8 and 9.

11 Ibid., p. 11.


13 The Fisheries Department is actively encouraging fishermen to get into other kinds of business to relieve pressure on the supply of fish.
For details see Community Mobilization, workshop proceedings, March 17–20, 1999; and the report on “Community Resource Mobilization and FINCA/COPE II Overlap, March 12–28, 1999.”


Ibid.