Scaling-up a Community-Driven HIV/AIDS Program in Malawi

This note is part of a series that examines factors that facilitate the scaling up of Community Driven Development (CDD) programs. The note describes the factors that enabled and constrained the scaling up of a community based HIV/AIDS intervention in Malawi - Scaling-up HIV/AIDS Interventions Through Expanded Partnerships (STEPs). The STEP initiative assists local HIV/AIDS committees with community mobilization and capacity building so that communities become empowered to act collectively to address their own problems.

Background

In Malawi, HIV/AIDS accounts for 70 percent of all hospital admissions, and for the recent drop in life expectancy of parents and other adults from 43 to 39 years. As the crisis worsened, and with the growing number of AIDS orphans (projected to reach 20 to 25 million children throughout Sub-Saharan Africa by 2010), the Government began to focus on creating an enabling environment in which a wide spectrum of public, private, civil, and faith-community actors could participate in addressing the problem. Since 1999, these actors have been operating within a strategic framework that emphasizes: (i) local action through district, community, and village-level AIDS committees (established by the National AIDS Committee and UNICEF in 1994); and (ii) facilitated community-driven programs that promote behavior change, care and support activities, effective mitigation plans, and community and home-based services. Most of these programs have been small in scope, and experiences with scaling up have been limited. The STEP program is the notable exception. By end of its second phase (1997-2002), STEP had scaled up to more than 300 communities in four districts, covering

What Is Community-Driven Development?

Community-driven development is an approach to development that supports and empowers participatory decision making, local capacity building, and community control of resources. The five key pillars of this approach are community empowerment, local government empowerment, decentralization, accountability and transparency, and learning by doing. With these pillars in place, CDD approaches can create sustainable and wide-ranging impacts by mobilizing communities, and giving them the tools to become agents of their own development.

What Is Scaling Up?

Scaling up is a multi-dimensional process through which the impact of a community-driven programs is broadened and deepened. Dimensions of scaling up that have been identified include quantitative (physical replication); programmatic (new activities and programs); social (increasing the capacity of the community to engage in development activities, and mobilization of increasing numbers of local residents, including the vulnerable and marginalized); organizational (increasingly effective internal management and financial viability); and political (incorporation of the CDD approach by higher levels of government, and the direct entry of grassroots organizations into politics).
The STEPs community mobilization model

The STEPs community mobilization model is a six-part community action cycle:

- Prepare community leaders for mobilization
- Organize the community for action
- Explore HIV/AIDS issues, focusing and setting priorities for action
- Plan in collaboration with community and STEPs-Malawi staff
- Implement community action plans
- Collaboratively evaluate the program’s impact on the community’s ability to prevent and respond to HIV/AIDS-related problems.
The main role of the district STEPs staff can be summarized as facilitators for development of networking, resource mobilization and leadership skills at district, community, and village levels.

The District AIDS committee (DAC) included district health, education, agriculture, social welfare, and youth officers; assembly members; business, religious, and political leaders; NGOs; and people living with HIV/AIDS. Their responsibilities included coordinating and monitoring the quality of HIV/AIDS activities in the district; building the capacity of villages to address their HIV/AIDS needs; facilitating community and village-level access to financial, technical, and other resources; and helping village committees to identify and address their problems.

The Community AIDS committee (CAC) included community health, education, agriculture, social welfare, and youth officers; traditional leaders; religious and political leaders; village AIDS committee representatives; business leaders; CBOs; and people living with HIV/AIDS. Their responsibilities included monitoring the quality and reach of activities at the community and village levels; facilitating village-level access to financial, technical, and other resources through funding proposals or community-based fundraising; advocating for the needs of the village committees to the district committee; and facilitating the exchange of lessons learned among the different community and village committees.

The Village AIDS committee (VAC) included people and families affected by HIV/AIDS; traditional leaders; representatives of village organizations; traditional healers, initiators, and birth attendants; youth. These committees were responsible for developing village-level action plans and delivering services directly to the vulnerable. Services addressed a wide variety of needs, from cultivating communal plots to feed HIV/AIDS affected persons, to establishing village-based childcare centers for needy children, to behavior change campaigns, to providing home-based care and medication, to psychosocial assistance.

Findings from STEPS Phase II

Although the program was unable to scale up to two additional districts due to the ongoing food crisis, the results in the four districts were promising. By the end of Phase II, 38 community committees and 700 village committees had been mobilized (4 and 49 of which had formed spontaneously). A series of assessments also found that the community mobilization and capacity building effort had a considerable impact on the ability of communities to organize themselves to address HIV/AIDS and other problems. While the outcome in terms of AIDS prevention and mitigation has not yet been demonstrated, the initiative reduced the stigma attached to HIV/AIDS, and increased communities’ willingness to provide care and support to those affected by the disease. In addition, the STEPs programs helped build social capital in these communities, which in turn enabled VACs to resolve their governance problems; mobilize funds and resource people and expand their care giving activities.

Factors in Scaling Up

STEPS was designed, from its inception, to address the HIV/AIDS crisis over the long term. It was this long-term vision that enabled the program to switch from its unsustainable, input-intensive approach to the more dynamic and sustainable role of outside change agent, which in turn enabled it to expand to more districts. The program used a multi-pronged approach to scaling up collective action. In addition to engaging communities through the AIDS committee structure, STEPs actively participated in shaping national HIV/AIDS policies and strategies; and intensified its strategic partnerships with civil society to reach national scale. Further, the program’s development over the years was informed by regular reviews of the factors affecting successful implementation and replication. The most important of these were:

- **The creation of and response to community demand.** Initial discussions with community members revealed that they felt helpless and ineffective as the scourge of HIV/AIDS progressed. Many were coping with the problem in a disjointed fashion, but as they witnessed the more coordinated effort of STEPs-mobilized community and village AIDS committees, they began to demand STEPs’ services to strengthen their own AIDS committees.

- **A flexible, multisectoral, and proactive approach.** The first phase of the pilot was
primarily an orphan support program, but food insecurity was found to be a major barrier to placing the orphans with new families. Therefore, food security and other income-generating activities were incorporated into subsequent phases. The program also came to recognize home-based care as a way to prolong parents’ lives and support children before they became orphans. STEP is now planning to initiate systems to protect children from violence and abuse – a key element of the program’s evolving rights-based approach.

**Intensification and expansion of partnerships.**

In its initial stages, the program did not envision the intensification of partnerships, but focused on its own internal development as late as 2001. At that point, informed by assessments and discussions with the National AIDS Committee, the program decided to focus on partnerships with NGOs, including prominent international NGOs, as a way to build the capacity of local structures (district, community, and village AIDS committees, and district assemblies) to absorb funds and scale up responses.

**Replication.** Over the past few years, the program has trained a number of NGOs and CBOs in the STEPs approach, to enable these organizations to carry out similar interventions in their own districts. In response to the growing demand for replication of the STEPs model, a national implementing partnership was initiated in September 2001, with the aim of achieving national coverage of community-based HIV/AIDS programs by 2005. To date, 15 organizations have joined this partnership.

Conclusions

The STEPs experience shows that scaling up multisectoral, community-driven responses to HIV/AIDS is possible, even in resource-poor settings. Some key success factors for scaling up include a well trained and motivated staff, adoption of a community mobilization model through capacity building of the district, community and village AIDS committees, its commitment to document and disseminate lessons learnt; and reaching more affected populations through partnerships. Contextual factors critical for scaling-up include an enabling policy environment with a strong commitment of the current government to a multi-sectoral approach of combating HIV/AIDS. However, important challenges still remain. Lack of adequate funding, the magnitude of the epidemic, the ongoing food crisis, and the overall context of poverty and underdevelopment are factors that are undermining the scaling up potential of STEPs.

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This Note is based on the study, *Scaling-Up HIV/AIDS interventions through expanded partnerships (STEPS) in Malawi*, by Suneetha Kadiyala, produced by the International Food Policy Research Institute for the Social Development Family of the World Bank.

Additional copies can also be requested via e-mail: socialdev@worldbank.org

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2 The pilot and second phases were originally called COPE I and COPE II, respectively. For convenience, this report refers to the pilot as Stage I and the following stage as Stage II of STEPs.
