Overview of CARE Programs in Malawi

CARE Malawi – January 2011

CARE Malawi

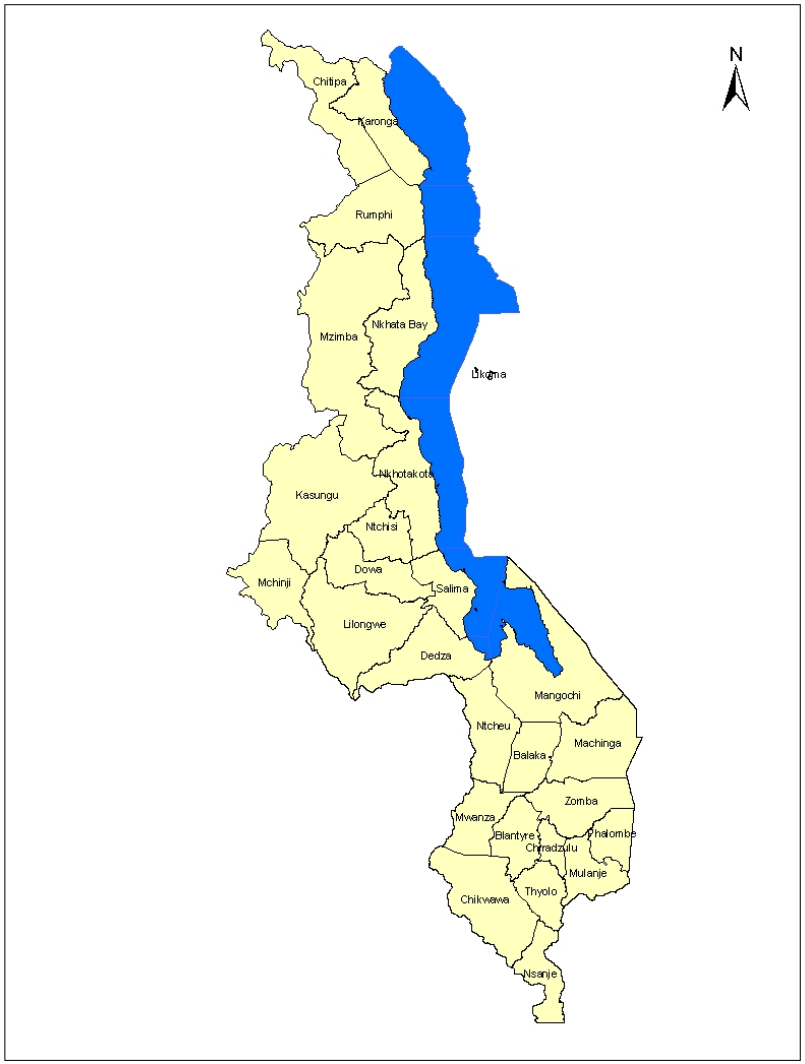
CARE established operations in Malawi in 1998.

Programs include food security, agriculture, health, education, and social and economic empowerment, especially for women.

Learning Priorities in Health

- Understanding the interface between health care services and communities
- Factors that influence the ability and motivation of people to access health services
- How communities support and hinder the delivery of health care by frontline health care providers (e.g. HSAs and health centre personnel)
- How communities support and hinder individuals, especially vulnerable women and their children to access health services

Geographic Coverage



CARE works throughout Malawi, with a growing number of partners and through participation in emerging civil society coalitions and networks.

The Central Region is the site of numerous pilot and action learning projects aimed at testing innovative approaches, while the Technical Services Unit provides training to local partners and looks at ways to scale-up proven approaches cost-effectively.

Target Populations

CARE Malawi strives to deepen the quality and impact of programs, through a strong understanding of peoples' livelihoods and a thorough analysis of structural and systemic causes of poverty and marginalization.

Based on this analysis CARE Malawi has chosen to focus on three specific marginalized groups whom we can achieve deep and lasting impact:

1. Women in very poor, highly **labor constrained, female-headed households**.

2. Rural adolescent girls of primary and post-primary age, approximately 10-18 years.

3. Women in vulnerable, chronically food insecure, **rural smallholder households**.

1. Women in very poor, highly labor constrained, female-headed households

- Often resort to transactional sex for subsistence, putting them at great risk of STIs, HIV/AIDS, and unplanned / risky pregnancy
- Social marginalization and economic barriers create barriers to accessing maternal health and sexual reproductive health services
- Many PLWHAs in this group (HIV is often the reason that women have become household heads), but limited access to traditional forms of social support
- At risk for gender-based violence, and being forced into marriages and relationships with abusive, unsupportive partners
- Much more likely to lack basic knowledge about maternal health and sexual reproductive health

Rural adolescent girls of primary and post-primary age, approximately 10-18 years.

- Cultural practices push girls into early marriage once they leave primary school, but less than 20% of girls are accepted into secondary school
- They are often overlooked in programs targeting adult women, but are often the most at-risk segment of the population, with the least access to information about sexual reproductive health and the least access to maternal health services
- About 20-25% of births are to this group (14-19)

Women in vulnerable, chronically food insecure, rural smallholder households

- Their households may have slightly more economic resources, but social norms around intra-household decision-making often mean that they have little to no voice in decision-making around health care, including sexual reproductive health and maternal health services.
- At risk for gender-based violence

Empowering Adolescent Girls

Teleza Bezai is an 18 year old girl from a rural village in central Malawi. In 2006, when she was 14 years old, Teleza became pregnant and was forced to drop out of school to deliver and nurse her baby.

Teleza with her daughter Melisha

Empowering Adolescent Girls

- Adolescent girls from rural areas often don't have access to quality and youth-friendly SRH services.
- Girls are at risk of gender-based violence and are often exploited due to the economic circumstances of their households.
- They are vulnerable to pregnancy at a young age, and are often pressured by their families and community to get married and drop out of school.
- Despite good government policies, rates of early and forced / coerced marriage are high.
- Adolescent girls have rates of HIV infection 4 times that of their male peers.
- They have less access to health services, including antenatal and obstetric care, and are at increased risk of maternal mortality, which remains high, despite recent improvements.

Empowering Adolescent Girls

Teleza with her parents

A CARE partner, FAWEMA, helped women in Teleza's village to form an advocacy and social support group for adolescent girls. In 2008 Teleza's parents supported her request to return home with her daughter and re-enroll in school. Likewise, Teleza's school and teachers have supported her re-enrolment and assisted her to catch up. Teleza is now in Grade 8 and performing well. She hopes she can continue on to secondary school and would like to become a health care worker to improve the access to services for adolescent girls.

Empowering Adolescent Girls

Teleza's story is exceptional. According to the Head Teacher of her school, Teleza was the first teen mother in her school to re-enroll.

Through its programming focused on rural adolescent girls, CARE Malawi aims to address the structural and social drivers that lead to poor health and education outcomes for girls and women, allowing them to participate equitably in economic, social and political opportunities and have influence in decision making at all levels.

Types of programming

- Improving interactions between communities and health and education services through approaches like community scorecards
- Building the capacity of communities and frontline health providers to engage in joint problem-solving
- Addressing social stigma and marginalization that inhibits access to sexual reproductive health care for unmarried adolescent girls; and
- Working with community advocacy groups to improve intra-household gender dynamics and decision-making around health-seeking behavior
- Addressing gender-based violence in schools and communities
- Piloting alternatives to early marriage, including approaches to keep girls in school and delay marriage / sexual debut for those who have left
- Working with communities and households to address economic pressures that drive early marriage

Research and Learning Collaboration – Structural and Social Drivers of Health Outcomes

Pathways

- The Pathways study seeks to answer the question: “What role do structural drivers and economic change have on HIV-related risk and prevention behaviors and their distribution in a population?”
- This longitudinal study undertaken in collaboration with the University Of Wisconsin (NIH) will assess the mechanisms, processes, and magnitude of impact of a package of economic development interventions on HIV vulnerability (i.e., HIV risk behaviors, malnutrition, HIV infections) and economic outcomes (i.e. food security, income, household assets.
- The project will examine outcomes by gender to determine whether the package has a differential impact on men and women and if so, why and will also examine changes in gender empowerment and gender based violence as potential positive outcomes.

Research and Learning Collaboration – Structural and Social Drivers of Health Outcomes

Models for Inclusive Sexual and Reproductive Health

- 2006-2008 action research project in conjunction with the 'Road Map for Accelerating the Reduction of Maternal and Newborn Mortality and Morbidity in Malawi'.
- Tested new approaches to improving community and household-level dialogue, decision-making and support for maternal and newborn health, including social support mechanisms, health-seeking behavior / linkages with health services, and reduction of social stigma.

Research and Learning Collaboration – Structural and Social Drivers of Health Outcomes

Lift-Up

- Part of a larger, multi-country grant funded by the Bill and Melinda Gates Foundation, Lift-Up Malawi aimed to increase understanding of how the design of community-based interventions affects targeting and impact.
- The research initiative explored whether and how people and households in ultra-poor and very poor households are benefiting from community-based approaches designed to reach them.
- The research contributes to understanding of equity approaches[1] and is being used to design new approaches to improve targeting in community-based interventions.

[1] Narrowing the Gaps to Meet the Goals: an equity-focused approach to child survival and development is the most practical and cost-effective way of meeting the health Millennium Development Goals for children. UNICEF 2010

Research and Learning Collaboration – Structural and Social Drivers of Health Outcomes

Improving Health Outcomes for Vulnerable Women

- Pilots new approaches to reach extremely vulnerable women, primarily in single-female-headed and ultra poor households
- Action Research to test a new community-based targeting approach and package of linked health and economic development approaches, based around a modified version of Village Savings and Loans and the 'community advocates' approach
- The project will examine outcomes on health (primarily HIV prevention / treatment and access to SRH services), as well as social and economic empowerment and changes in stigma and social structures at the community level.

Thanks / Zikomo!

Questions?