

# Case study

## Household Approach for Gender, HIV and AIDS Mainstreaming, Malawi

Gender, targeting and social inclusion



**Case studies** illustrate the kinds of interventions (from IFAD and other development agencies) that have used household methodologies effectively, highlighting the way each methodology has worked in a particular context.

The **case studies** are “living” documents and will be updated periodically based on new experiences and feedback. If you have any comments or suggestions, please contact the originators.

### **Originator**

#### **Clare Bishop-Sambrook**

Lead Technical Specialist, Gender and Social Inclusion  
Policy and Technical Advisory Division, IFAD  
E-mail: [gender@ifad.org](mailto:gender@ifad.org)

### **Prepared by**

#### **Frieda L Kayuni**

Deputy Director, Agriculture Gender Roles Extension Support Services,  
Department of Agriculture Extension Services  
E-mail: [flkayuni@yahoo.com](mailto:flkayuni@yahoo.com)

#### **Rexy J Tolani**

Social and Business Development Specialist,  
Irrigation, Rural Livelihoods and Agricultural Development Project, under  
Ministry of Agriculture, Irrigation and Water Development  
E-mail: [tolanirjs57@yahoo.com](mailto:tolanirjs57@yahoo.com)

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Cover photo:

Photographer: Rexy J Tolani

Malawi - One of the mentored households explaining how they have achieved their household vision, Zomba District

# Household Approach for Gender, HIV and AIDS Mainstreaming, Malawi

## Section 1: Overview of the methodology

<b>Name of the methodology</b>	<b>Household approach (HHA) for gender, HIV and AIDS mainstreaming</b>
<b>Countries of implementation</b>	HHA is implemented in the southern and northern regions of Malawi, at the Likangala, Limphasa, Muona and Nkhata irrigation schemes in Chikwawa, Nkhata Bay, Nsanje and Zomba districts. In Zomba district, the approach has been scaled up to six groups in Malosa, Mpokwa and Thondwe extension planning areas (EPAs).
<b>Start/end date</b>	March 2010 – ongoing
<b>Lead organization sponsoring the development and implementation of the methodology</b>	The Department of Agriculture Extension Services (DAES), Ministry of Agriculture, Irrigation and Water Development, is responsible for introducing HHA in Ministry initiatives on gender mainstreaming. DAES has worked closely with the Social and Business Development Specialist in the Irrigation, Rural Livelihoods and Agricultural Development Project (IRLADP) project coordination unit to adapt HHA from the Zambian to the Malawian context (see case study on Zambian household approach). HHA activities have largely been funded by the World Bank and IFAD through IRLADP and, to a lesser extent, by the African Development Bank under the Agriculture Infrastructure Support Project (AISP). It is expected that activities will be continued under the new IFAD-supported Programme for Rural Irrigation Development and the ongoing Sustainable Agricultural Production Programme.
<b>Purpose of the methodology</b>	The purpose is to empower all household members (male and female, adults and youth) engaged in farming as a business to have better gender or power relations that will enable equitable access to and control over resources, assets and benefits in order to improve their livelihoods while addressing the factors that put them at risk of HIV infection and make them vulnerable to the impacts of AIDS. Empowerment is through knowledge- and skills-building, inclusive decision-making, resource mobilization and use, and use of benefits.
<b>Contribution of the methodology to wider organizational/ project goals</b>	The Ministry and IRLADP aim to achieve food security and increased incomes at the household and national levels so as to ensure sustainable socio-economic growth and development. This cannot be achieved if there are gender inequalities at the household level and persistent factors that predispose household members to HIV infection and the impact of AIDS. HHA plays a crucial role in addressing gender and HIV-related issues at the household level. The households become models in the villages and interest groups.
<b>Target group</b>	The target group comprises active households involved in agricultural enterprises for home consumption and income-generation.

## Section 2: Implementation arrangements

<b>Implementing partners</b>	<p>Within DAES, the Agriculture Gender Roles Extension Support Services (AGRESS) has taken the lead in implementing the methodology, working in collaboration with other disciplines in the department, namely Agribusiness, Food and Nutrition, and Communication. Other departments in the Ministry, such as Crop Development, Animal Health and Livestock Development, and Land Resource Management, provide participating households with technical support according to their development plans.</p>
<b>Selection of facilitators</b>	<p>The facilitator is a frontline, section-level staff member (agricultural extension development officer (AEDO)) who works under the agricultural extension development coordinator (AEDC) at the EPA level.<sup>1</sup> Five facilitators were selected at each of the four irrigation schemes and two for each EPA in Zomba.</p>
<b>Training of facilitators</b>	<p>After identifying the sites for implementing HHA, the frontline staff (facilitators) and their supervisors at the local, district and zone levels were trained by a national team from AGRESS. The aim of training the supervisors was to enable them to backstop the facilitators during implementation and allow the approach to be scaled up at other sites. In total, 40 men and 19 women have been trained under IRLADP and AISP funding. Three five-day trainings have been conducted, including a refresher course for trained facilitators and supervisors.</p> <p>A variety of training methods were used, including interactive presentations, group and plenary discussions, role play and field visits. The fieldwork gave participants hands-on experience in how to administer the tools for identifying and analysing gender and HIV problems at the household level, as well as the challenges experienced in the process. The field visits in the second training allowed participants to learn more from the experiences gained by participating households.</p> <p>The trainings covered:</p> <ul style="list-style-type: none"> <li>▪ Introduction to gender and HIV, orientation on HHA</li> <li>▪ Orientation on the use of gender- and HIV-sensitive household appraisal tools</li> <li>▪ Tracking and monitoring mechanisms</li> <li>▪ HHA implementation arrangements</li> <li>▪ Work plan of activities</li> <li>▪ Field practicalities: approaching a household, using the tools, identifying and prioritizing problems and actions, and action planning</li> </ul>

<sup>1</sup> The unit for implementing agricultural interventions at the community level is the section. Several sections make an extension planning area (EPA) and there are several EPAs in a district, which are aggregated into eight agricultural development divisions (ADDs) at the national level.

### Section 3: Household approach at the household level

<p><b>Step 1: Preparation at community level</b></p>	<ul style="list-style-type: none"> <li>▪ The AEDO and AEDC, with support from district supervisors, conduct a half-day HHA awareness/orientation meeting for EPA service providers and local leaders in order to gain their support and commitment. The orientation covers the following: <ul style="list-style-type: none"> <li>▪ Description of HHA</li> <li>▪ Importance of and justification for HHA</li> <li>▪ Criteria for selecting households to participate in HHA</li> <li>▪ Activities to be carried out in HHA implementation</li> </ul> </li> <li>▪ The AEDO, in collaboration with local leaders and other service providers, identifies a special interest group (a group of farmers engaged in a similar agricultural enterprise such as rice production) or farmer organization to work with. Normally they choose a group that is collaborative but has not benefited much from service providers. The joint selection is important for transparency, and joint implementation and support.</li> <li>▪ The AEDO, in collaboration with local leaders and other service providers, conducts an HHA awareness/orientation meeting for committee members and farmers in the special interest group. This ensures that all members understand HHA and support households in implementing HHA.</li> </ul>
<p><b>Step 2: Household selection criteria</b></p>	<p>The farmer-based organization or interest group committees select the households to implement HHA using the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Active in farming and collaborative</li> <li>▪ Produces for both home consumption and marketing</li> <li>▪ Early adopter of agricultural technologies (for example a household with a lead farmer whom the community has elected to perform technology-specific farmer-to-farmer extension and is trained in the technologies)</li> <li>▪ At least two members are literate and have numeracy skills</li> </ul> <p>The AEDO orients all members of selected households on HHA to clarify any uncertainties, confirm their interest, and promote a commitment to and ownership of the implementation process.</p> <p>Although a walk-away policy was instituted for non-complying households, it has not been used.</p>

<p><b>Step 3: Planning at household level</b></p>	<ul style="list-style-type: none"> <li>▪ Each AEDO works with five to eight households.</li> <li>▪ Each household is visited at least once every two weeks, which allows sufficient time to implement the planned activities and to respond to any corrective measures suggested by the extension staff. The duration of the visit should not be more than half a day.</li> <li>▪ The AEDO facilitates the collection and documentation of household baseline information. A household member documents the information in a notebook. This information also acts as a base for monitoring and evaluation.</li> <li>▪ The AEDO conducts the household needs assessment or problem analysis using gender-, HIV- and AIDS-sensitive analysis tools, such as the problem tree and seasonal calendar. The assessment is conducted separately for women and men in the household to allow free expression. Issues preventing them from achieving their vision are prioritized using pairwise ranking and then consolidated. The household agrees on the number of issues or needs to initially deal with by considering the priorities expressed by the women and the men. To make the task manageable, two AEDOs from adjacent sections assist each other.</li> </ul>
<p><b>Step 4: Vision setting, needs assessment, objective setting, enterprise selection and action planning</b></p>	<p><b>(i) Vision setting</b></p> <p>The AEDO facilitates the setting of the household's vision and milestones for a better tomorrow by:</p> <ul style="list-style-type: none"> <li>▪ Describing what a vision is and its importance</li> <li>▪ Dividing the household members into male and female groups in order to identify any gender differences in the visions</li> <li>▪ Letting the groups brainstorm, starting with what their household currently looks like and the situation they would like to be in within three years, and discuss the constraints that prevent them from attaining their desired situation</li> <li>▪ Requesting the women and men to consolidate their household vision based on the groups' priority visions</li> <li>▪ Supporting the household together to set yearly milestones that will enable them attain their vision</li> </ul> <p><b>(ii) Needs assessment and objective setting</b></p> <p>After setting the household vision, the AEDO facilitates a more detailed participatory needs assessment for all household members using participatory gender- and HIV-sensitive tools, including:</p> <ul style="list-style-type: none"> <li>▪ Problem tree analysis to identify core problems, underlying causes and effects</li> <li>▪ Seasonal calendar to chart major activities and events the household members perform for the whole year, in order to establish the gender division of labour, access to and control over resources and benefits, and predisposing factors to HIV infection and impacts of AIDS</li> <li>▪ Pairwise ranking, to prioritize needs</li> </ul>

	<p>The household sets objectives based on this assessment, their consolidated prioritized needs and the vision's yearly milestones.</p> <p><b>(iii) Enterprise selection and prioritization</b></p> <p>The AEDO facilitates the selection and prioritization of enterprises for household food and nutrition security and income.</p> <ul style="list-style-type: none"> <li>▪ Male and female members of the household separately select two preferred enterprises, using pairwise ranking, and giving reasons for their preferences</li> <li>▪ Gross margins of the selected income-generation enterprises are analysed (using data for the area) in order to select the most profitable enterprise(s)</li> <li>▪ One or two prioritized enterprises of the two groups are consolidated in plenary sessions</li> </ul> <p><b>(iv) Household action planning</b></p> <p>The AEDO facilitates the development of a household action plan by household members using an action planning tool.</p> <ul style="list-style-type: none"> <li>▪ The action plan include outputs and activities derived from the previous steps</li> <li>▪ For each activity, the household member responsible is noted, together with the type and quantity of resources required</li> </ul> <p>Copies of the action plan are kept by the household and agricultural extension service.</p>
<p><b>Step 5: Resource mobilization</b></p>	<ul style="list-style-type: none"> <li>▪ Household members prepare a budget for resources that need to be purchased, and identify who will be responsible for purchasing or mobilizing each resource and the time frame.</li> <li>▪ Households acquire technical information through their interest groups, extension workers, individual visits and village demonstrations.</li> <li>▪ Some inputs are provided by the district or ADD if the household is involved in conducting demonstrations.</li> </ul>
<p><b>Step 6: Support household's activities</b></p>	<ul style="list-style-type: none"> <li>▪ The AEDO monitors implementation of the household action plan and provides on-the-spot advice to household members.</li> <li>▪ Lead farmers promoting different agricultural technologies also provide technical expertise.</li> </ul>
<p><b>Average length of the implementation cycle</b></p>	<p>The duration of the cycle is three years. Provided the weather conditions are favourable, this should be sufficient for households to attain their vision.</p>

## Section 4: Monitoring and indicators

<b>Monitoring process</b>	<ul style="list-style-type: none"> <li>▪ All household members take part in monitoring and evaluating the progress and impact of the activities being implemented.</li> <li>▪ Changes from the planned activities are discussed and agreed by all members.</li> <li>▪ Each household has: a visitors' book: a tracking book that acts as a reminder for the frontline staff and the household on the actions taken, advice given and actions to be taken; and a records book of the output from the HHA processes, including action plans and records.</li> <li>▪ Households conduct review meetings to track progress that are sometimes attended by the AEDO. The AEDO conducts review meetings for all participating households. There are also reviews conducted by staff members at the district, ADD and national levels in order to review progress with staff members.</li> <li>▪ The AEDO submits to supervisors a bi-weekly schedule that includes HHA activities.</li> <li>▪ Supervisory visits are conducted by staff at all levels using a checklist.</li> <li>▪ Monthly and annual progress reports are produced.</li> </ul>
<b>Indicators</b>	<p>The indicators are based on the information collected at the baseline and from outputs of the household action plan and vision. Each household is unique and may identify its own indicators. Some of the indicators are:</p> <ul style="list-style-type: none"> <li>▪ Type and quality of dwelling</li> <li>▪ Sanitation</li> <li>▪ Crops and livestock (including fish farming) present</li> <li>▪ Number of plots of land, area, and who controls each plot</li> <li>▪ Priority livelihood strategy (first three priorities)</li> <li>▪ Division of labour</li> <li>▪ Assets/equipment, who controls them and who uses them the most</li> <li>▪ Type and quantity of inputs used, who decides on type to procure and how to use</li> <li>▪ Number of livestock owned by type, who decides on type of livestock to acquire, who controls selling and slaughtering</li> <li>▪ Sources of income, who controls its use and how the income is used</li> <li>▪ Types of food eaten at meals (dietary diversity) by different household members</li> <li>▪ Knowledge of gender, HIV and AIDS</li> <li>▪ Strategies for HIV prevention and for mitigating impacts of AIDS</li> <li>▪ Type and number of trainings attended and by whom</li> </ul> <p>The information documented by the AEDOs are further analysed at the district level to establish trends among the households.</p>



## Section 5: Results

<b>Number of beneficiaries reached</b>	<p>Currently HHA is implemented in 120 households.</p>
<b>What are the main changes that can be attributed to the household methodology</b>	<ul style="list-style-type: none"> <li>▪ Assertiveness of women farmers in speaking their mind and contributing freely to discussions and planning</li> <li>▪ Ability of a woman to continue farming after death of her husband</li> <li>▪ Increased participation by women and children in determining the household vision</li> <li>▪ Increased knowledge and skills (men and women) regarding food and cash crops as a result of more frequent extension visits</li> <li>▪ Adoption of improved production and post-harvest technologies</li> <li>▪ Improved food security, with food lasting the whole season rather than just three to six months after harvest</li> <li>▪ Husbands' open appreciation of the roles women play in the home and in farming</li> <li>▪ Improved participation by women and children in making decisions on the type of enterprise to develop and the use of the proceeds</li> <li>▪ Greater transparency, as husbands no longer keep secret from their family members the amount of money earned from sales of produce (or, in some instances, their salaries)</li> <li>▪ Increased income available for household use as a result of greater transparency and accountability, and household budgeting determined by all family members</li> <li>▪ Change in perception in gender-based division of labour, with men assuming some of roles traditionally undertaken by women, such as washing clothes, cooking and going to the maize mill</li> <li>▪ Reduction in HIV-risky behaviours (for example, sex for food or money) and in vulnerability to the impacts of AIDS, due to openness in the access to and control of resources and benefits</li> </ul>
<b>Key elements responsible for the successes factors and strengths of the methodology</b>	<ul style="list-style-type: none"> <li>▪ Use of the gender-, HIV- and AIDS-sensitive participatory tools to identify and analyse the issues in the triple roles (productive, reproductive/domestic and community) at the household level</li> <li>▪ Development and close follow-up of the gender- and HIV-responsive action plans</li> <li>▪ Technical backstopping and encouragement from the AEDO, subject matter specialists and supervisors from the district and ADD offices</li> <li>▪ Positive comments about HHA from neighbours, interest group leaders and members, and the successes that participating households experienced</li> <li>▪ Periodic review meetings organized for HHA households to share experiences and learn from each other</li> </ul>

<b>Challenges</b>	<ul style="list-style-type: none"> <li>▪ Insufficient time for AEDOs to make regular and consistent visits to participating households</li> <li>▪ Loss of HHA-trained staff as a result of illness, death, staff transfers and retirement</li> <li>▪ Timely implementation of workplans when households attend to unplanned activities such as funerals and sickness of family members</li> <li>▪ Time required to scale up HHA by training and orienting district and frontline staff members, stakeholders and other service providers</li> </ul>
<b>The way forward: potential improvements</b>	<p>After implementing the methodology for four years, the next steps are to:</p> <ul style="list-style-type: none"> <li>▪ Review the HHA guidelines to improve the quality of the tools, selection criteria and monitoring mechanisms</li> <li>▪ Train staff under different projects and funding on HHA to scale up the approach</li> <li>▪ Orient district stakeholders and ADD staff on HHA and expand to all non-IRLADP districts</li> <li>▪ Produce a video documentary of the HHA methodology</li> <li>▪ Organize exchange visits for staff and household members within the country and externally</li> <li>▪ Develop and produce a booklet or leaflet on HHA for dissemination to staff, stakeholders, local leaders, farmer organizations and households</li> <li>▪ Collaborate with the Malawi NGO Men for Gender Equality Now in their efforts to build on their strategies for involving men and male youth</li> <li>▪ Train all frontline staff members and district staff in HHA, which will reduce the impact of transfers</li> <li>▪ Reschedule workplan activities where there is need to make space for HHA</li> <li>▪ Include HHA in different funding sources, including government funding under Other Recurrent Funding</li> <li>▪ Share the approach with other service providers so that they can assist in implementation and provide complementary services</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>▪ The approach is being implemented and facilitated by the Ministry of Agriculture, Irrigation and Water Development staff as one of the extension approaches for ensuring household food, nutrition and income security. Staff training in HHA is being included in the annual workplans and budgets, and is supported by different funding sources.</li> <li>▪ The use of a household's own resources in implementing the action plan and working with farmers from existing farmer organizations enhances the sustainability of the approach.</li> <li>▪ The orientation of local leaders on HHA promotes their support for the approach.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ In order to increase capacity to scale up HHA, there are plans to: (i) train the households initially involved in HHA so that they become lead households to help the AEDOs mentor other households; (ii) train all frontline staff, their supervisors and subject matter specialists on HHA so that wherever they work in the country they are able to implement the methodology; and (iii) orient other stakeholders and partners at the district level on HHA to encourage the provision of complementary services such as functional literacy, health and forestry.</li> <li>▪ Exchange visits will improve the households' commitment to HHA.</li> </ul>
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## Section 6: Resources

<b>Budget</b>	<p>Currently most of the funding for HHA has been from IRLADP, which has been funded by IFAD and the World Bank. HHA has received approximately US\$100,000 each fiscal year since 2009/2010.</p> <p>The cost breakdown is as follows:</p> <ul style="list-style-type: none"> <li>▪ Staff training (two trainings for 24 staff members): US\$10,000</li> <li>▪ Meetings with local leaders and interest groups (at three sites): US\$300/site/three years = US\$2,700</li> <li>▪ Meetings with households, including appraisal and planning phase: US\$200/site/per year for three years = US\$1,800</li> <li>▪ Follow-up and supervisory visits from AEDC, district, ADD and national-level staff: US\$45,000 for three years (conducted several times a year)</li> <li>▪ Review meetings at the household, EPA, district and national levels: US\$45,000 for three years (conducted several times a year)</li> <li>▪ Publicity for HHA through video documentary, radio and publications: US\$8,000 over three years</li> </ul>
<b>Resources</b>	<p>The Household Approach Guidelines and various modules are available upon request from the case study originators. Modules include: household visioning; pairwise ranking for enterprise selection and prioritization of issues; gender, HIV and AIDS-responsive seasonal calendar and problem tree; and action planning.</p>



International Fund for Agricultural Development


Via Paolo di Dono, 44 - 00142 Rome, Italy


Tel: +39 06 54591 - Fax: +39 06 5043463

E-mail: [ifad@ifad.org](mailto:ifad@ifad.org)

[www.ifad.org](http://www.ifad.org)


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