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CHANGE PACKAGE

Increasing participation of caregivers in household economic strengthening activities in Balaka and Mangochi Districts in Malawi

APRIL 2018

This change package was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Linley Hauya, Tiwonge Moyo, Tiwonge Chimbandule, and Patricia Chiumia of University Research Co., LLC (URC). It was funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and carried out under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is made possible by the generous support of the American people through USAID.

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DISCLAIMER

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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TABLE OF CONTENTS

I. Introduction	1
II. Improvement methodology	1
III. Evidence towards effective interventions for improving household wellbeing	3
IV. Approaches used to support vulnerable households to improve livelihoods	4
V. Results on improving household economic wellbeing	5
VI. Consolidation of the change package.....	5
VII. Use of the change package	6
VIII. Recommendations to those planning to improve delivery of services for vulnerable beneficiaries	6
IX. Appendix A: The Malawi vulnerability framework	7
X. Appendix B: Table of interventions for improving food security and economic status of vulnerable households.....	8
XI. References.....	11

Acronyms

AIDS	Acquired immunodeficiency syndrome
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CADECOM	Catholic Development Commission in Malawi
CBO	Community-based organization
HCI	Health Care Improvement Project
HES	Household economic strengthening
MOGCDSW	Ministry of Gender, Children, Disability, and Social Welfare
NAC	National AIDS Commission
NGO	Non- Governmental Organizations
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PCI	Project Concern International
QI	Quality improvement
SLA	Saving and loans association
URC	University Research Co., LLC
USAID	United States Agency for International Development
VSLA	Village savings and loan association

I. Introduction

The USAID Health Care Improvement (HCI) project, with support from the USAID Mission in Malawi and the US President's Emergency Plan for AIDS Relief (PEPFAR), supported the Ministry of Gender, Children, Disability, and Social Welfare (MOGCDSW) to develop quality service standards of care to guide the delivery of services provided to vulnerable children in Malawi 2009 - 2011. In 2012, the MOGCDSW endorsed the standards and recommended the scale-up of their usage across the country.

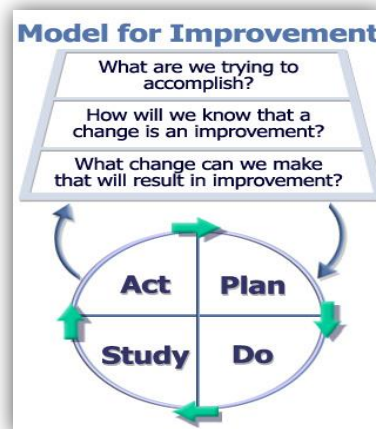
In 2013, HCI transitioned to the USAID Applying Science to Strengthen and Improve Systems (ASSIST) project and initially began working with five community quality improvement (QI) teams in two districts, Mangochi and Balaka, to improve the quality of services delivered to orphans and vulnerable children (OVC) and their families. In March 2015, ASSIST scaled up its support to five more communities in the same districts. ASSIST's work in Malawi supported the MOGCDSW to achieve the six objectives of its National Plan of Action (NPA). These include 1) improving access to essential services by vulnerable children; 2) building the capacity of families and communities to facilitate full rights of vulnerable children; 3) improving capacity (technical, institutional, and human resources) of the social protection system; 4) improving policy and legislation, leadership and coordination at all levels to protect vulnerable children from the consequences of vulnerability; 5) ensuring vulnerable children live in supportive environment; and 6) strengthening the functionality of the monitoring and evaluation (M&E) systems.

II. Improvement methodology

ASSIST supported the MOGCDSW to introduce modern QI methods to communities through already existing community based organizations (CBOs) that were comprised of community volunteers and provided social services support to the vulnerable population in the community. To kick start the improvement work in 2013, the Ministry engaged five CBOs, and later in 2015, added five more CBOs in the two districts. Within these CBOs, key community volunteers from the executive committee and community extension workers from health, education, and agriculture sectors were selected to participate in QI teams. They were trained on basic QI concepts and how to apply the improvement model to improve social services (**Figure 1**). The multi-sectoral QI teams (**Box 1**) initiated the improvement work with monthly, later bi-monthly, coaching support from MOGCDSW, in collaboration with ASSIST. During the coaching visits, the teams were supported to identify and understand the root causes of the challenges faced by vulnerable children and their families, prioritize areas for improvement, develop changes, and test them to see whether they led to improvement for vulnerable children and households or not.

To promote and facilitate peer to peer learning and sharing of change ideas among the QI teams, the Ministry, with support from ASSIST, facilitated quarterly learning sessions where representatives from the 10 quality improvement teams, were brought together to share their lessons

Figure 1: Model for improvement



Adapted from: T. Nolan et. al. The Quality Improvement Guide

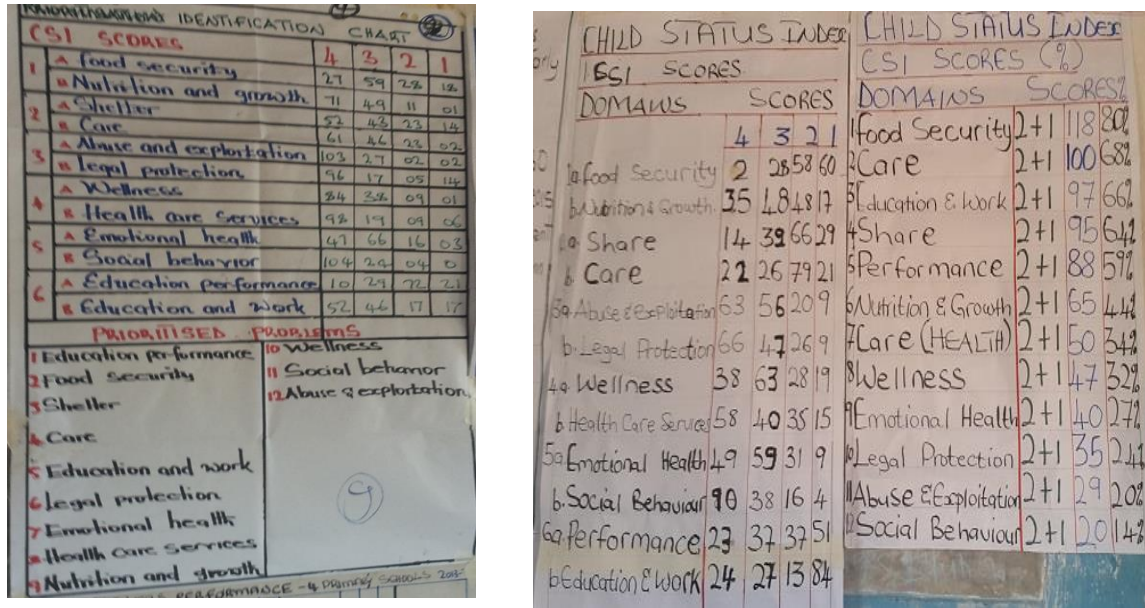
Box 1: Quality Improvement Team Composition

- Representative of the Area and Village Development Committees
- Primary school headmasters, teachers
- Early Childhood Development workers
- Extension workers (health, agriculture, forestry, child protection)
- CBO director and members
- Police representative
- Volunteers
- Village leaders

and experiences of the improvement work.

Before the teams engaged in the improvement work, they conducted assessments using the MEASURE Evaluation Child Status Index (CSI) to identify the challenges faced by the vulnerable children in the communities. The CSI assesses problems in food security and nutrition, shelter and care, abuse and legal protection, health, social and emotional health, and school attendance and performance. **Figure 2** below shows examples of CSI summaries.

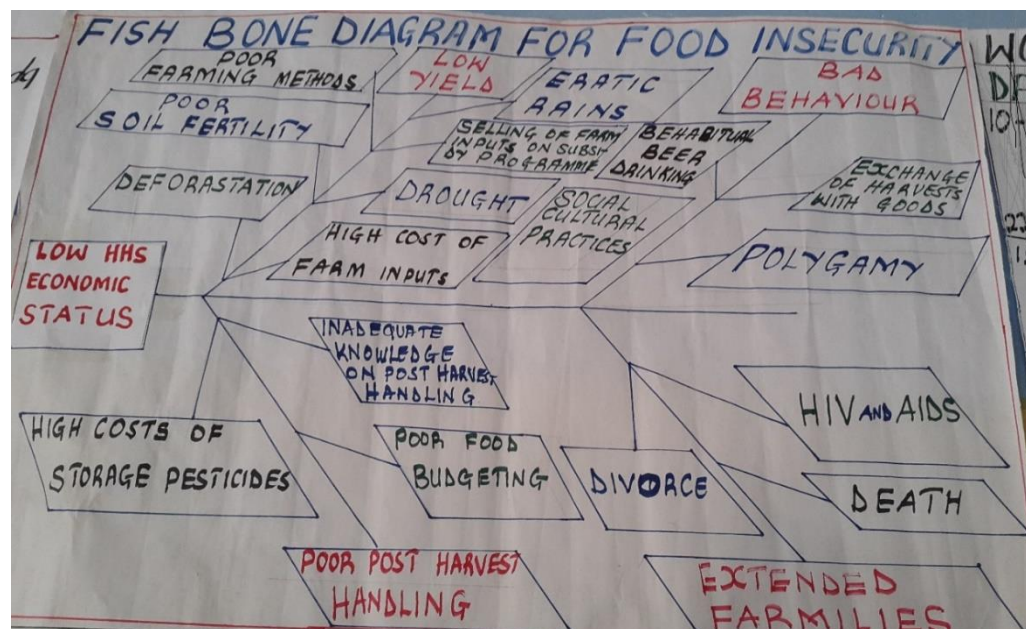
Figure 2: Summary tables, which teams developed after tallying CSI assessments results



The CSI findings showed that food security was one of the critical challenges faced by vulnerable children and their families. Based on these findings, teams decided to improve household food security and economic wellbeing of the vulnerable families.

The teams then developed fishbone diagrams to understand the root causes of food insecurity and low economic wellbeing (**Figure 3**). The fishbone exercise uncovered a number of underlying causes of food insecurity and low economic status of the vulnerable families: climate change; community social cultural practices; inadequate skills and resources for farming and post-harvest handling; inadequate support structures for income generating activities; increases in family size when children of ill or deceased caregivers, particularly those who are HIV positive, were taken in; and changes in family status due to divorce.

Figure 3: A fishbone diagram by Kadyalunda CBO QI team showing the root causes of food insecurity and low household economic status



III. Evidence towards effective interventions for improving household wellbeing

Empirical evidence has shown that engaging vulnerable households in income generating activities not only improves the household’s economic wellbeing, but also improves the food security for the households. A five-country (Haiti, Kenya, Tanzania, Rwanda and Zambia) evaluation of food insecurity that involved over 2,000 vulnerable children concluded that, those who received livelihood training and support (agricultural training, farming inputs, or supported with home or community gardens) reported higher frequencies of having adequate food.¹ Economic strengthening programs for adults in households with vulnerable children also proved to be successful at improving food security for the children.

A comparison study of two Kenyan communities with savings and loans associations (SLA), where adult participants pooled money, borrowed, and paid back loans with interest, found that participating in the SLA programs statistically improved the diversity of foods in households, frequency of eating foods, and the nutritional status of vulnerable children, as opposed to comparison sites that did not offer SLA programs.²

An assessment conducted by the Malawi National Aids Commission in 2009 on the effectiveness of existing income generation activities aimed at mitigating the impact of HIV and AIDS on infected and affected adults and children, found that interventions such as small-scale livestock production, vegetable

¹ Senefeld, S., Farmer, M., Ahmed, S., & Lee, C. (2008). Food and nutrition security of orphans and vulnerable children: programmatic implications resulting from a five-country evaluation [abstract]. Paper presented at the XVII International AIDS Conference, Mexico City, Mexico, 3-8 August 2008.

² Taoka, S., Baggaley, R., Hughes, K, Ndondoo, E., Masila, J., & Wambua, N. (2008). Do Savings and loans associations (SLAs) improve diets and nutritional status of orphans and vulnerable children (OVC) [abstract]? Paper presented at the XVII International AIDS Conference, Mexico City, Mexico, 3-8 August 2008.

production, and crop production effectively provided significant sources of livelihood for people living with HIV, orphans and vulnerable children and other vulnerable groups.³

IV. Approaches used to support vulnerable households to improve livelihoods

Based on national and global evidence that involving caregivers in economic strengthening activities would improve the wellbeing of vulnerable children, the community teams began developing and selecting changes that would lead to increased involvement of guardians in activities that were predicted to improve their household economic wellbeing. The proposed changes were tailored to address issues identified in the root cause analysis for each community. Initially, the teams selected a few vulnerable households to test the different changes in their communities, and they only spread the interventions that worked and yielded results in their communities. There were two approaches the teams used to reach the households:

1. In the first approach, the QI team divided the vulnerable guardians into guardian committees of less than 25 people, based on how near the guardians lived to one another. When the QI teams planned new interventions, they introduced the intervention at the guardian committee level by providing information, teaching, or demonstrating how the intervention would be implemented. The guardians were then tasked to return to their households to practice what they were taught with agreed timelines for follow-up. QI team members followed up on the guardian committees to check the progress of the intervention, provide further guidance and record information about the intervention for sharing at QI meetings where data was consolidated. Four teams used this approach to reach their vulnerable families.
2. In the second approach, the QI team members were allocated households according to village boundaries rather than proximity of households. New interventions were discussed and demonstrated at the QI team level, then team members visited the households in their villages to introduce and demonstrate the new interventions. The QI team members made follow-ups to check the progress of the intervention, provide further guidance and record information about the intervention for sharing at the QI meeting where data was consolidated. Six teams used this approach to reach the vulnerable households.

Based on the discussions at the harvest meeting the teams reviewed the pros and cons for both approaches. The teams recommended the use of guardian committees to be the most effective approach for involving guardians in household economic strengthening (HES) activities as compared to the second approach.

The QI teams engaged vulnerable households in the different HES activities based on the households' level of vulnerability and their capacity to engage in such activities. The teams used a vulnerability framework extracted from the NPA for vulnerable children in Malawi (**Appendix A**) Selection of interventions were based on the geographical and environmental characteristics of the area. Before the QI teams engaged the community in these activities, they conducted sensitization meetings with the chiefs and the entire community to ensure that the community was aware of their activities. A summary of all interventions implemented to improve household economic wellbeing is illustrated in **Appendix B**.

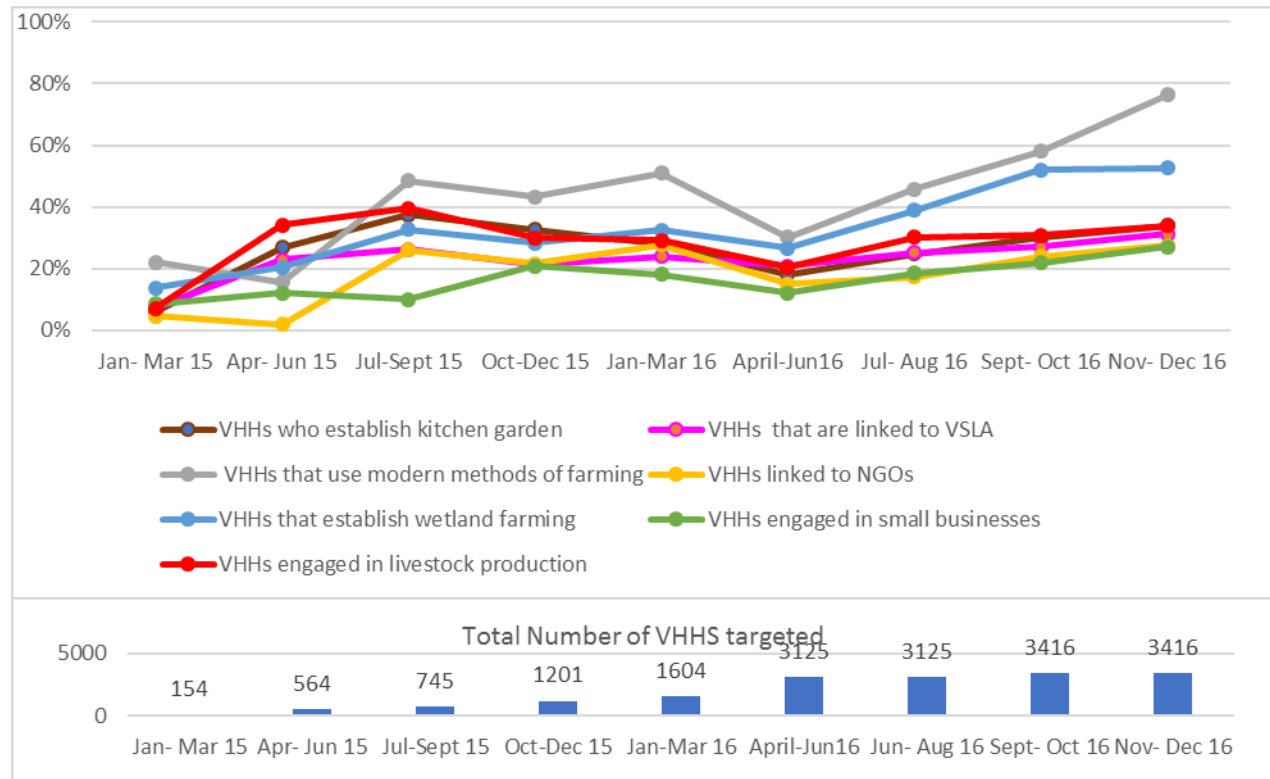
³ National AIDS Commission. 2009. Assessment of the effectiveness of the income generating activities for HIV and AIDS impact mitigation. Report.

V. Results on improving household economic wellbeing

The community improvement teams significantly increased the number of vulnerable households participating in different interventions to improve livelihoods. In March 2015, only 34 of 154 vulnerable households (22%) were participating in one or more interventions to improve food security and economic wellbeing. The teams then began working with the households in the same month and phased in activities across the months as they increased the number of households targeted for support. By December 2016, the teams supported and linked 2607 of 3416 targeted households (76%) to different household economic and food security strengthening activities. A summary of the results on household economic and food security strengthening activities is presented in **Figure 4**.

From **Figure 4**, it is observed that some activities are seasonal and as the rainy and growing season approaches from November, some activities such as kitchen gardens or wetland farming are not actively promoted as most households concentrate on field farming. Activities such as VSLAs are also periodical such that when groups are established, new members cannot join until the current cycle is complete and members have shared their profits.

Figure 4: Proportion of households supported to improve household food security and economic status, Mangochi District (March 2015-December 2016)



VI. Consolidation of the change package

All changes were consolidated during a harvest meeting that took place in December 2016 where six to seven representatives of the 10 QI teams were brought together to harvest the changes they tested to improve social services. During the two-day meeting, teams were given a list of all the changes that were recorded in their improvement plans and submitted to ASSIST, and they were requested to make clarifications on how they tested the changes. In addition, the teams also ranked the changes on a scale of one to five, in three aspects that included 1) evidence of effectiveness; 2) simplicity of testing and

implementation; and 3) whether the process can easily be spread to other communities. The harvest meeting consolidated changes tested to improve food security and economic wellbeing of vulnerable households.

VII. Use of the change package

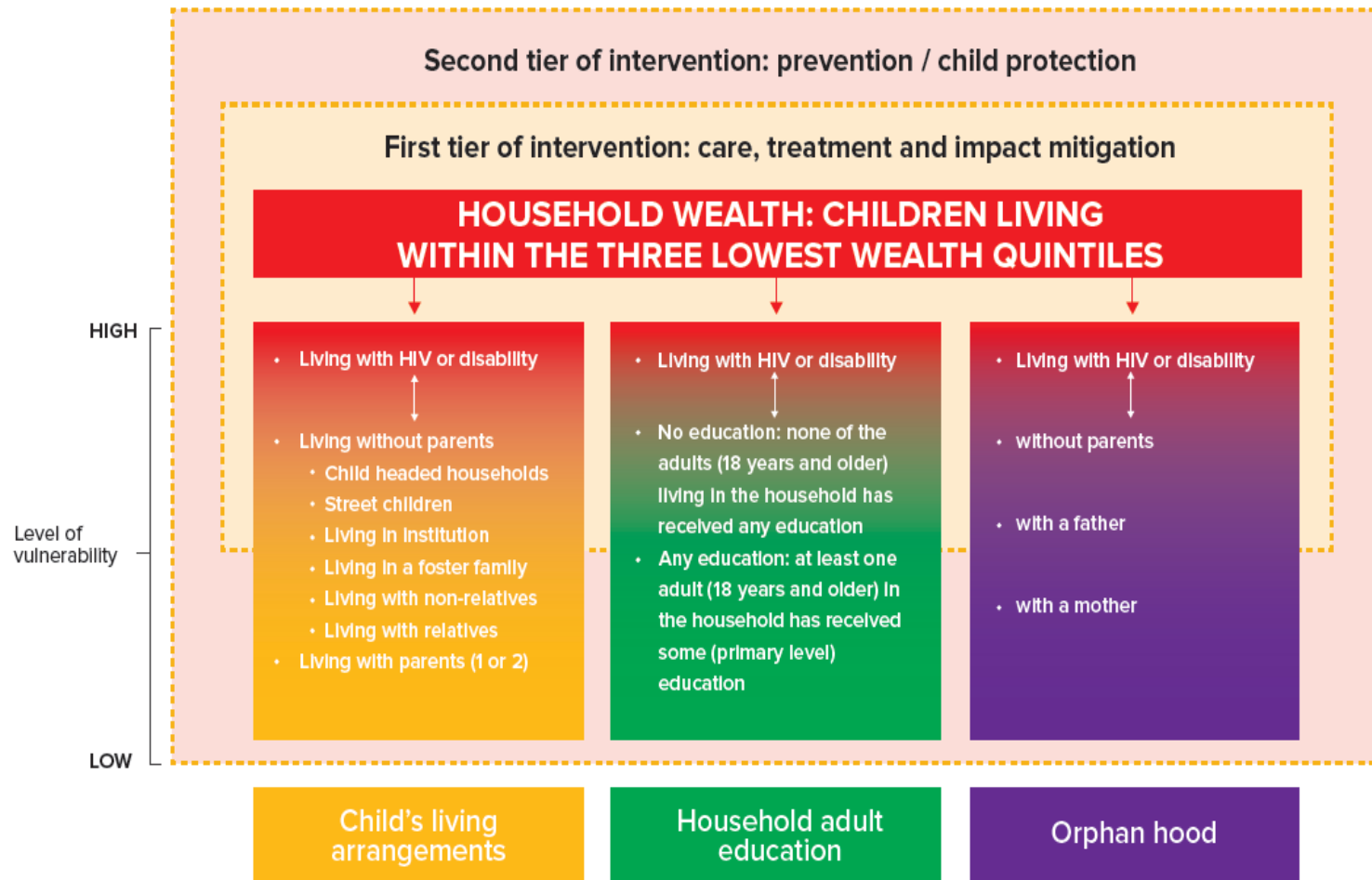
This package of change ideas is intended to provide guidance to other QI teams that are planning to improve the delivery of OVC services at community level. Even though the teams ranked the changes, we learned that every community was different and changes that worked better in one community did not work well or rated low in another community. We recommend that QI teams intending to use these changes test the change ideas first before implementing them to ascertain whether they lead to improvement in their settings.

VIII. Recommendations to those planning to improve delivery of services for vulnerable beneficiaries

In order to systematically and effectively improve the services for vulnerable beneficiaries we recommend the following:

- To ensure that households are supported appropriately, there is need to assess the level and type of vulnerability of the households to ensure targeted support for improving their food security and economic status. This was done with the Malawi vulnerability framework (**Appendix A**).
- Agricultural extension workers are key to improving the household economic status of households as they are professionally trained to support communities. They, together with the community workers, are required to set goals and outline activities for the targeted households before beginning supporting households.
- Data management is cross cutting for improving OVC services. It requires reinforcing quality data collection, accurate recording, quality data management systems, continuous data analysis, interpretation and use for further improvements. Improvement decisions should be made based on the evidence observed from the data collected.

IX. Appendix A: The Malawi vulnerability framework



Adapted from Idele et al. 2012

X. Appendix B: Table of interventions for improving food security and economic status of vulnerable households

Intervention	Best practices identified by teams	Number of sites testing change	Results
Establishment of kitchen gardens	<ul style="list-style-type: none"> • Teams set monthly or bi-monthly household targets to ensure that the selected households established a kitchen garden. • Households that had local vegetable seeds used some of their seeds to start the garden. The QI team members that had established kitchen gardens shared vegetable seeds or seedlings for other households to start up their garden. • QI teams used CBO funds to purchase vegetable seeds and distributed them among the targeted households. • Targeted households received seedlings from the communal garden based at the health facility to start up their kitchen gardens. • When teams managed to support all targeted households to establish the kitchen gardens they increased their targets to reach more households. • QI teams divided the vulnerable guardians into groups and for each planned intervention, the team reached the beneficiaries in groups, demonstrated or taught them and tasked the guardians to practice what they learnt. The QI team members then followed-up with the QI team to assess progress. 	9 communities	1157 households established gardens
Establishing or linking vulnerable beneficiaries to VSLA	<ul style="list-style-type: none"> • Teams selected a number of beneficiaries based on their capabilities and linked them to already existing VSLA groups that had recently divided their shares and profits. • Young people who were community trainers of VSLA trained the women before they started the saving or borrowing. The QI teams then made follow ups to encourage the beneficiaries to 	9 communities	Beneficiaries from 1068 households were linked to VSLA

Intervention	Best practices identified by teams	Number of sites testing change	Results
	use the savings or money borrowed to start a small business or provide basic needs for their children		
Use of modern methods of farming	<ul style="list-style-type: none"> • Through the agriculture extension worker (AEW), guardians of vulnerable children were taught how to use modern methods of farming. • The AEW either demonstrated to groups of guardians or QI team members who then visited guardian and demonstrated the same. Demonstrations were made particularly on making of compost manure, Mbeya fertilizer, establishing and caring for kitchen gardens and conservation farming. 	10 communities	2607 households adopted modern methods of farming
Engaging in wetland farming	<ul style="list-style-type: none"> • During the dry season, households that were close to dambo areas or rivers were mobilized to engage in wetland of small-scale irrigation farming. Some of the crops planted included maize, sweet potato, beans and a variety of vegetables. The produce was consumed at the household level and sold to support the families in some basic needs. • QI team worked with the chief and allocated strips of dambo land to vulnerable beneficiaries who cultivated different crops for consumption and sale. 	10 communities	1798 households were engaged in wetland farming
Engaging in small scale livestock production	<ul style="list-style-type: none"> • As teams were supporting the households with the kitchen gardens or wetland farming, they also encouraged those that were able to sell their surplus to purchase small livestock that were easy to take care of, such as chickens, ducks, pigeons, etc. • When QI activities began at a CBO that initially had a goat pass-on program, the team added all the vulnerable beneficiaries on the list to receive the goat offspring. 	10 communities	1126 households were supported to engage in small-scale livestock production. A challenge was noted that some households did not manage to sustain their livestock.

Intervention	Best practices identified by teams	Number of sites testing change	Results
Linking households to NGOs that support livelihoods	<ul style="list-style-type: none"> • Households were linked to NGOs such as CADECOM, Concern Universal, and Project Concern International, etc. These NGOs provided seeds and farm inputs to the vulnerable beneficiaries. • NGOs provided business start-up capital for the beneficiaries to engage in small-scale businesses. Some of the beneficiaries received food rations such as soya, beans and maize. 	9 communities	938 households were linked to NGOs supporting vulnerable families
Engaging in small businesses	<ul style="list-style-type: none"> • The QI teams conducted sensitization meetings among the vulnerable guardians on the importance of engaging in small businesses. The QI team then followed-up with the guardians in their households to identify those that had capacity for businesses and referred them to a community resource person who was trained on establishing small businesses. • Guardians were referred to the community development assistants for skills training. • Vulnerable households who were on social cash transfer were particularly encouraged to start small businesses. Households that were participating in VSLA were encouraged to engage in small businesses to effectively benefit from the VSLA activities. 	7 communities	925 households were supported to start small businesses

XI. References

1. Senefeld, S., Farmer, M., Ahmed, S., & Lee, C. (2008). Food and nutrition security of orphans and vulnerable children: programmatic implications resulting from a five-country evaluation [abstract]. Paper presented at the XVII International AIDS Conference, Mexico City, Mexico, 3-8 August 2008.
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3. National AIDS Commission. 2009. Assessment of the effectiveness of the income generating activities for HIV and AIDS impact mitigation. Report.

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