

NORWEGIAN CHURCH AID IN MALAWI 2005-2010

A Selection of Success Stories Depicting the Work of Norwegian Church Aid and its Partners in Malawi



NORWEGIAN CHURCH AID
actalliance

TABLE OF CONTENTS

List of Acronyms	3
The Country Director's Note: Together for a Just Malawi	4
Introduction	5

HEALTH:

Community Takes Maternal Health Issues in Own Hands	6
Enough is Enough: Community Resolves to Eradicate Maternal and Child Deaths	7

HIV AND AIDS:

Integration of Provision of Safe Water in HIV and AIDS Service Delivery as a Best Practice ..	8
Clergy's Influence Draws the Curtain on HIV and AIDS Stigma and Discrimination	9
Effective Co-ordination Yields the Participation of Faith Based Groups in the National HIV and AIDS Response	10
People Living with HIV Fight for Their Right to Food	11
Empowered Muslim Women Break the Silence on HIV and AIDS	12
Man to Man Campaign Transforms Men's Perceptions on Masculinity and Alcohol Abuse	13

GENDER BASED VIOLENCE & TRAFFICKING:

Rescued from Modern Day Slavery	14
Rescuing Survivors from the Pangs of Child Trafficking	15
An End to Widow Cleansing in Southern Malawi	17

COVER:

Mlanda Health Centre.
Some of the volunteers who monitor child
nutrition and pregnant women.
Photo: Norwegian Church Aid, Malawi

PUBLISHED: 2011

LIST OF ACRONYMS

AIDS - Acquired Immuno-Deficiency Virus
ARV - Anti Retroviral Therapy
CBE - Community Based Educators
CBCCC - Community Based Child Care Centre
CCAP - Church of Central Africa Presbyterian
CCJP - Catholic Commission for Justice and Peace
CHAM - Christian Health Association of Malawi
CHC - Catholic Health Commission
CHRR - Centre for Human Rights and Rehabilitation
DACC - District AIDS Coordinating Committee
DC - District Commissioner
DIAC - District Interfaith AIDS Committee
EAM - Evangelical Association of Malawi
ECC - Ecumenical Counselling Centre
ELDS - Evangelical Lutheran Development Service
FBO - Faith Based Organisation
GBV - Gender Based Violence
HIV - Human Immuno-deficiency Virus
HSA - Health Surveillance Association
HTC - HIV Testing and Counselling
IGA - Income Generating Activity
MANELERA - Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
MIAA - Malawi Interfaith AIDS Association
MK - Malawi Kwacha
NCA - Norwegian Church Aid
NGO - Non Governmental Organisation
OVCs - Orphaned and Other Vulnerable Children
PLHIV - People Living with HIV and AIDS
PTC - Programme Technical Committee
QMAM - Quadria Muslim Association of Malawi
RBA - Rights Based Approach
SSDDIM - Stigma, Shame, Denial, Discrimination, Inaction and Miss-action
TBA - Traditional Birth Attendant
VDC - Village Development Committee
WCC - World Council of Churches
ZIAC - Zonal Interfaith AIDS Committees

THE COUNTRY DIRECTOR'S NOTE: TOGETHER FOR A JUST MALAWI

Norwegian Church Aid Malawi has just completed implementing its 5 year strategic period 2005-2010. During this period, the selected strategic focus areas were Health, HIV and AIDS, Gender Based Violence and Accountable Governance.

Together with our national partners in Malawi we have during these 5 years been able to cover considerable ground and we have together achieved a number of results that we need to be proud of, reflect upon and share both in the Malawian context but also with others. As part of this process, NCA Malawi challenged its partners to come up with some success stories from their project implementation and during a 2 day workshop in December 2010, at the very last leg of the 5 year period, we all sat down together and shared and reflected on these stories.

NCA recognises that its vision "Together for a Just World" cannot be achieved without the work and efforts of our national partners. This collection of success stories is a tribute to the work and commitment of the Malawian partners and the women, men and children in the local communities around Malawi working to improve their lives and their communities for a better future. We look forward to continuing the work into the new strategic period 2011-2015 and the results that we can achieve together onwards.

Kari Øyen
NCA Country Representative in Malawi

THEMATIC WORKING AREAS 2005-2010

The following are the thematic areas that NCA is working on with partners in Malawi in order to ensure a just society for all humanity.

HEALTH

The aim of this programme was to contribute towards the improvement of health for women and children in communities surrounding Christian Health Association in Malawi (CHAM) health units, by building the capacity of the institutions of CHAM so that they are able to offer quality maternal and neonatal health services.

HIV AND AIDS

The aim of this programme was to empower women, men, girls and boys in local communities to reduce the spread of HIV and AIDS and mitigate its impact by supporting the building of the capacity of Faith Based Organisations (Christian and Muslim) in Malawi through prevention activities, provision of care and support for the infected and affected, and by reducing stigma and discrimination.

GENDER BASED VIOLENCE & TRAFFICKING

To contribute towards the elimination of Gender Based Violence (GBV) and the creation of a society where women and men, girls and boys enjoy equal rights and are able to participate in national, local and personal development. The aim of the trafficking project was to contribute towards the efforts of counteracting trafficking of women, men, boys, and girls who are at most risk of being trafficked through building the capacity of FBOs in working against human trafficking and promoting networking and collaboration in this work.

CIVIL SOCIETY FOR ACCOUNTABLE GOVERNANCE

The aim of this programme is to support churches and selected partners in their efforts to be responsible and relevant actors within civil society, in order to fight poverty and injustice in a gender sensitive way with a rights based approach.

INTRODUCTION

A capacity assessment that Norwegian Church Aid (NCA) conducted some time back pointed at challenges amongst its partners relating to documentation of their achievements and best practices in a manner that put the right holder at the centre of the success story.

In this light, NCA organised a workshop for its eighteen partners in Mangochi District at the southern tip of Lake Malawi from Tuesday 7 December to Friday 10 December 2010 to facilitate sharing of best practices among the partners as NCA was concluding its strategy and rolling out a new strategy in January 2011.

Participants from fifteen NCA partners out of the eighteen turned up for the workshop. These were from: Evangelical Lutheran Development Service (ELDS), Evangelical Association of Malawi (EAM), Ecumenical Counselling Centre (ECC), Catholic Health Commission (CHC) of Chikhwawa Diocese, Nkhoma Synod Church and Society Programme, Centre for Human Rights and Rehabilitation (CHRR), Malawi Interfaith AIDS Association (MIAA), Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA), Quadria Muslims Association of Malawi (QMAM), Catholic Commission of Justice and Peace (CCJP), both the national chapter and the Chikhwawa chapter, Chisomo Children's Club and three health centres managed by the Christian Health Association of Malawi (CHAM), namely Mlanda Health Centre, St. Lukes Health Centre and Bembeke Health Centre.

This booklet is a result of four days of toiling where each of the fifteen partner organisations presented their success stories and all the other participants scrutinised each and every story and consequently improved them in terms of content and outlook. After participating in the workshop, all the participants improved their capacity in impact story collection and writing.

Stories covered in this publication are a selection of the many good stories that were presented and discussed in the workshop. It would have been desirable to publish all the stories but the limitations of space, time and resources compelled us to select a few.

These stories cover a diverse spectrum of NCA's work in Malawi and provide a window to readers who may never have an opportunity to see firsthand the difference that NCA and its partners are bringing in the life of many poor women, men and children in Malawi.

NCA would like to thank all representatives of partner organisations that attended the workshop for their unquestionable stewardship which they displayed by participating in all the sessions actively and shaping the outcome as evidenced by this booklet.

We hope that you will find the contents of this booklet appealing to read and that you will join hands with the many people who are working tirelessly to raise the standard of poor people to levels that are desirable for all humanity.

COMMUNITY TAKES MATERNAL HEALTH ISSUES IN OWN HANDS

BEMBEKE HEALTH CENTRE



Cecilia Kapatuka. Photo: Norwegian Church Aid, Malawi

Cecilia Kapatuka is a community volunteer with the Maternal and Child Health Project being implemented in Nadzikhale village in Dedza District by Bembeke Health Centre. The project is funded by the Norwegian Church Aid. She is married and has three children. Her last born is four years old. Cecilia, 20, says her first child was born in the neighbouring Salima district at a health facility, while her second and third children were born at home with the support of a traditional birth attendant in her home village of Nadzikhale (located 12 km east of Bembeke Health Centre in the area of traditional authority Kamenyagwaza in Dedza District.)

When asked why her two children were born at home Cecilia says;

"I used to wait until labour pains started; however, due to long distance to the health centre I could not make it; I was always late; I could not be carried on a push bicycle. Many women during my time were delivering at home; therefore, it was not strange for me to deliver at home".

Despite the fact that she used to deliver at home, Cecilia used to go to the health centre for antenatal clinics on monthly basis because her husband was willing to carry her on a bicycle. This was not the case with most of her friends who did not go for antenatal clinics.

"I was fortunate that my children stayed alive after delivering at home. Four of my friends lost their babies soon after delivery. It was indeed sad. Fortunately there was no mother who lost her life, maybe because the traditional birth attendants used to give some concoction to the mother soon after delivering", said Cecilia.

Cecilia says it is pleasing to see that women are now attending antenatal clinics right there in the village;

Cecilia says that whenever the volunteers detect a pregnant woman in the village, they follow her up very closely to ensure that she starts antenatal care in the early months of her pregnancy.

The volunteers also ensure that all pregnant women deliver at the health centre. They are advised to start off to the hospital early to avoid delivering at home.

"I don't want any woman to experience what I experienced at the hands of the traditional birth attendant", says Cecilia.

She says that, together with their village headman, the community has put up by-laws to punish those who deliver at home and this seems to be working well because since the inception of the project, there has never been a woman who has delivered at home. She also attributes this to the continuous health education that is provided to the people by the Health Surveillance Assistants and the Home Craft Workers.

However, Cecilia laments that once in a while there are cases of babies born in transit to the health facility. This, she attributes to women who still wait until labour pains start, incidentally they end up delivering on the way. She says that those that choose to return and not proceed with the baby to the health centre are also punished in order to deter others from doing the same.

The volunteers encourage mothers to proceed to the hospital, despite the fact that they have delivered on the way.

When asked what she feels about the project, Cecilia laughs and says;

"I wish I had my pregnancies during this era when we have such a wonderful project. The women who are getting pregnant now are lucky, because they do not have to travel long distance to hospital for antenatal care; I am happy with the project and that is why I accepted to serve as a volunteer so that I can contribute to the good health of my fellow women".

She finally says she wishes that a fully fledged health facility was constructed in her village, because it would be of service not only to the pregnant mothers, but also to the children and elderly people who have difficulties in walking.

ENOUGH IS ENOUGH: COMMUNITY RESOLVES TO ERADICATE MATERNAL AND CHILD DEATHS

MLANDA HEALTH CENTRE

After experiencing excessive maternal, neonatal and child deaths, a village in Ntcheu district resolved to put an end to this trend by establishing and enforcing by-laws to encourage women to deliver at the local health centre, and nominating volunteers to monitor and manage nutrition of children in the villages.

In 2007, people of Mpalale village in Ntcheu district of central Malawi buried ten babies who died under one month old, seven children who died aged under 5 years old, and a mother who died while giving birth. After consulting Mlanda Health Centre, health surveillance assistants (HSA) Charles Banda and Kennedy Kamulira informed the villagers that some of the causes were that only 12 of the 101 pregnant women in their village attended antenatal clinic during the first three months of their pregnancy, and over 46 of them delivered at home or at traditional birth attendants (TBA). Home craft workers at Mlanda also informed the villagers that 45 children in the village were malnourished. Led by their chief, the villagers decided that enough was enough, and resolved to work with Mlanda Health Centre to eliminate maternal and child deaths.

The community elected a village committee to develop by-laws aimed at discouraging pregnant women from delivering at home or at the hands of traditional birth attendants. When the committee recommended a fine of MK1,000 (US\$7), villagers protested that it was too little, and the fine was consequently raised to MK1,500 (US\$10).

These fines finance maintenance of bicycle ambulances which are managed by the same village committee. Traditional birth attendants have hitherto been assigned the role of identifying pregnant women so that community leaders can follow up, to make sure they attend antenatal clinics early and adequately, and deliver at the health centre. The community also appointed 13 volunteers to conduct growth monitoring, as a way of identifying malnourished children early. There are three community gardens and 41 kitchen gardens set up by the villagers to feed the children.

Two years into the 3-year project, pregnant women attending antenatal clinics in Mpalale Village in the first three months of pregnancy has increased from 12 percent to over 88 percent.

Delivery at the clinic is over 88 percent, while home or traditional birth attendants' deliveries decreased to less than seven percent (no woman has delivered at a traditional birth attendant or

at home in 2010). Only one child died within a month of birth as compared to ten before the project (no child has died in 2010), and no woman has died while giving birth in the past two years. The interventions have reduced the number of children malnourished from over 43 to less than 10, and deaths of children under five years old have been reduced by 43 percent.

With funding from Norwegian Church Aid, Mlanda Health Centre builds the capacity of Mpalale village's 4,356 population to reduce maternal and neonatal mortality through participatory and quality service delivery, and enhances nutrition of vulnerable boys and girls in the impact area. It also promotes community management of moderate malnutrition in children under five years. CCAP Nkhoma Synod's Public Health Department provides managerial and administrative backstopping to the project.

Key lessons learned are the importance of providing information to villagers in order to stimulate community action, building the capacity of structures developed by the communities to tackle key problems they are facing, and allowing communities to develop and enforce by-laws. Villagers of Mpalale have managed to improve antenatal attendance, reduce child malnutrition, and eliminate maternal and child deaths through effective partnership with Mlanda Health Centre.



Some of the volunteers who monitor child nutrition and pregnant women. Photo: Norwegian Church Aid, Malawi

INTEGRATION OF PROVISION OF SAFE WATER IN HIV AND AIDS SERVICE DELIVERY AS A BEST PRACTICE EVANGELICAL LUTHERAN DEVELOPMENT SERVICE

Community participation in development work must start with good health. In order for people to be productive, they must be healthy. There are many projects that can improve the health and well-being of poor people. One that is often not prioritised by development practitioners, but that has more utility and value for poor people, is the provision of safe water.

With funding from Norwegian Church Aid (NCA), the Evangelical Lutheran Development Service (ELDS) is implementing an integrated sustainable water and sanitation project in Dedza District. The project aims at improving domestic sanitation through the provision of sustainable safe water for home based care for orphans and vulnerable children (OVC) as a result of HIV and AIDS.

"This child care centre you see here started with an initiative from the community. They realised that the number of orphans kept on increasing every year due to mostly HIV and AIDS related deaths. Most of the children in the community could only have one meal a day, which is not adequate for good nutrition. The centre started with 13 children but now there are 33." explained Secretary for Msomekera Village Development Committee.

He said his community learnt from their neighbouring community that ELDS supported them with small scale irrigation techniques which had changed their quality of life. The Msomekera community then agreed to approach ELDS to assist them in protecting their community well which served as the only source of water for the community.

"We saw that the unprotected well was endangering our children's lives. We got a positive response from ELDS, but to our disbelief, instead of just protecting the well, they provided piped water right in our villages. We have been using this unprotected water source for a very long time and water borne diseases were rampant. We are looking forward to taste safe water from taps within our villages," explained the secretary.

Msomekera VDC has 31 unprotected water points, one of which is used by Msomekera Community Based Child Care Centre (CBCCC) which ELDS is supporting with nutrition supplements. This meant that the children at this centre have been vulnerable to water borne diseases like cholera, militating against the very efforts to provide nutritional supplements to the children. This justified the need for the provision of safe water and good sanitary facilities at the centre.

The project started in 2009 and is ongoing. ELDS plans to construct two other water points in the next phase. It is implemented in five villages under Group Village Headman Msomekera, namely Msomekera, William, Nguluwe, Kalamba and Kachipeya in Traditional Authority Kachere's area. The project targeted 844 households; 365 of which are headed by men, and 479 headed by women.

The availability of water will not only serve the CBCCC but the whole community. It will lessen the time it takes people to access portable water for household use and irrigation which will improve the production of nutritious food for all households including orphans and people affected by HIV and AIDS. This will likely boost their nutrition uptake, improve their health status and promote their active participation in other household chores and development work.

The integration aspect in the project is registered as a best practice. This is because, by providing a sustainable safe water source to the community, it is already bringing good health and development in the area. The project is cost effective in that the community contributed bricks and sand for the construction of the water points. Community members also pegged water and pressure points and dug the trenches for laying out pipes.

ELDS has learnt that community empowerment and involvement should start at project identification stage and continue at all levels of the project cycle, for smooth and successful implementation of development projects.



The water tank at Msomekera CBCCC.
Photo: Norwegian Church Aid, Malawi

CLERGY'S INFLUENCE DRAWS THE CURTAIN ON HIV AND AIDS STIGMA AND DISCRIMINATION

MANERELA+

"I went for HIV test and was found positive. Initially people were afraid of going for the test because others would think that they were full of sins. But MANERELA has taught us that having the virus is not a sin," bishop Mtuumodzi of African Abraham Church emphatically testifies.

"Religious leaders now understand that having the virus that causes AIDS is not death. Those who were being discriminated against are coming in the open, especially in my church. There's no fear of going for HIV testing".

With the aim of fighting against Stigma, Shame, Denial, Discrimination, Inaction and Miss-action (SSDDIM), the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+) established a project in Dedza district, in Traditional Authority Kamenyagwaza's area in 2007.

One of the project's strategies is the formation of a faith based support group called Umodzi, which means unity. Currently, the group has 56 members up from an initial 12 members when it was formed. Further, three more support groups have sprung out of Umodzi. These are Mthandizi and Mayamiko from Traditional Authority Kachere and Banda Hills from Traditional Authority Kaphuka's area. Activities that are done within the support groups include group therapy and community outreach.



Bishop Mtuumodzi in front of his church. Photo: Norwegian Church Aid, Malawi

Bishop Mtuumodzi, the leader of the African Abraham Church in Dedza District, is responsible for 50 churches in the district. He is one of the first members of Umodzi Congregational Response Group to be trained in SSDDIM and the importance of HIV testing and disclosing sero status. This has influenced many of his church followers to go for HIV testing and to publicly declare their status, fighting stigma and discrimination in the process.

"After the HIV results, I waited for some time, before disclosing my status to my family and church. The news was received well because being a Bishop, it showed them that judgment is not ours but God's. Over 800 members from my church have since gone for HIV testing and come out in the open about their status" said the Bishop.

Before MANERELA+ went to work within this area, people in the area used to shun HIV testing due to fear of being stigmatised and discriminated against. This was because HIV and AIDS is only being associated with sexual immorality, even though there are other ways of contracting the virus.

"Religious leaders now understand that having the virus that causes AIDS is not death..."

MANERELA+ found it necessary to encourage the participation of religious leaders in the fight against stigma and discrimination associated with HIV and AIDS, because in Malawi religious leaders play a vital role in shaping people's perceptions, attitudes, and practices.

"In the past, people were being excommunicated from churches when others knew that they were HIV positive" he said.

There are a number of lessons learnt from this project. These include that the involvement of religious leaders in HIV and AIDS activities encourages people to go for testing, disclose their sero-status to partners, reduce stigma and discrimination associated with HIV and that active involvement of communities is cost-effective and creates a sense of project ownership among them.

EFFECTIVE CO-ORDINATION YIELDS THE PARTICIPATION OF FAITH BASED GROUPS IN THE NATIONAL HIV AND AIDS RESPONSE

MALAWI INTERFAITH AIDS ASSOCIATION (MIAA)



Faith leaders celebrating unity of purpose.
Photo: Norwegian Church Aid, Malawi

"I am of the opinion that the Malawi Interfaith AIDS Association (MIAA) is strategically positioned to bring faith leaders together to debate on how faith response to HIV and AIDS should reposition itself to tackle the issue of homosexuality without necessarily compromising moral integrity of faith institutions," said the Vice President of the Republic of Malawi, Right Honorable Joyce Banda speaking on the official opening of the high level religious leaders policy and advocacy conference in Blantyre, Malawi - September 2010.

But what makes MIAA to be strategically positioned in the fight against HIV and AIDS?

In February 2001, a State Faith Community Task Force was formed to enhance collaboration between Government and Faith Based Organisations (FBO). In November 2002, various faith institutions in Malawi came together for a conference on "Breaking the Silence," as a follow-up to the November 2001 World Council of Churches (WCC) HIV & AIDS Conference in Nairobi. One of the gaps realised in both forums was the lack of coordination of FBOs, especially in HIV and AIDS activities. In 2003 the Malawi Interfaith AIDS Association (MIAA) was established to address the inadequate coordination, networking and collaboration of faith Institutions in the HIV and AIDS response.

From January 2008 to January 2010 Norwegian Church Aid supported MIAA to implement a project called "Capacity Building, Coordination and Programme Delivery". The main objective of the project was to promote a united commitment of faith communities in the fight against and mitigation of the impact of HIV and AIDS on women, men, boys and girls. One of the specific objectives

under the project was to facilitate the coordination of faith based response to the pandemic.

In order to have effective collaboration, coordination and networking within the faith community on HIV and AIDS issues, MIAA put up structures at different levels. At the highest level is the Council, which is the supreme body of the association formed by heads of different faiths. The executive committee reports to the Council and is formed by the General Secretaries from MIAA mother bodies and affiliates.

The Programme Technical Committee (PTC) is the hub of programme planning and implementation, coordination and networking. It comprises of HIV and AIDS Managers and coordinators from the membership organisations. The PTC members share plans and reports.

The Annual General assembly is the forum where all policies and programmes on HIV and AIDS within the faith community are developed. To further improve its coordination, MIAA facilitated the establishment of District Interfaith AIDS Committees (DIACs) across the country. The existence of the 32 DIACs, coupled with already existing network of churches and mosques within the districts, presents the most viable coordination at the grass roots level. DIACs have proved to be strategic because they are on the ground. They are better positioned to move the response as they can easily reach the marginalised and hard to reach areas with family and congregational interventions.

To further enhance coordination at community level, the DIACs established the Zonal Interfaith AIDS Committees (ZIACs) at Traditional Authority level.

The work of DIAC and ZIAC have contributed so much in raising the visibility of FBOs response to HIV and AIDS that these two structures are recognised by the District Councils. The District AIDS Coordinating Committee (DACC) has a DIAC representative.

The coming together of different faith groups and religions represents a true reflection of tolerance. In itself it shows the level of commitment and strengths that the faith community of this country has towards the fight against HIV and AIDS. It is also easy to reach consensus on important and sensitive issues. Once agreed at the high level it becomes easy to communicate with the members of the congregation.

PEOPLE LIVING WITH HIV FIGHT FOR THEIR RIGHT TO FOOD

EVANGELICAL ASSOCIATION OF MALAWI (EAM)

"We have our rights, we will meet the DC," said people living with HIV and AIDS in Traditional Authority Malemia in Nsanje District where over 320 people have been involved in group therapy meetings. These meetings have enabled them to acquire knowledge on how they can handle issues that affect them, especially on HIV and AIDS-related stigma and discrimination.

People Living with HIV (PLHIV) were not recognised as a special group at the community level. This inhibited their involvement and full participation in different activities of the community. The Evangelical Association of Malawi (EAM), through the consortium approach, started working with the PLHIV to promote their participation in community issues and improve their wellbeing.

All Pastors in each project area form the General Assembly, the General Assembly chooses 10 Pastors to form the Consortium Board, and the Consortium Board identifies a Coordinator who is the overseer of the HIV and AIDS programmes.

Funded by Norwegian Church Aid, the project has been implemented for three years from 2008 to 2010. The project goal is to contribute to the reduction of new HIV and sexually transmitted infections, alleviate the suffering of the HIV and AIDS infected and affected people, and mitigate the impacts of the epidemic.



Group therapy in session for people living with HIV in Nsanje District. Photo: Norwegian Church Aid, Malawi

The project has brought union among religious leaders in the participating communities. Religious leaders of different denominations are able to organise activities together and reach people of different religious affiliations. These activities aim to increase access to social services by PLHIVs and OVCs, involve youth in HIV prevention,

and increase networking with government institutions and other Non Governmental Organisations, among other activities.

The project is being implemented in Nsanje, Mulanje, Lilongwe and Nkhata Bay Districts in two or three Traditional Authorities in each district.

During the crop growing season in 2010, none of the more than 320 people living with HIV benefited from the government subsidised input program that provides poor people with coupons to buy subsidised farm inputs including fertilizer. In conjunction with the consortium board, ten members representing all PLHIVs went to the District Commissioner's (DC) offices to voice out their concerns. After discussions, an agreement was reached to include people living with HIV as beneficiaries of the programme. So far over 50 PLHIVs have received fertilizer coupons.

All this was done because of group therapy meetings that they have once a month to discuss issues that affect them and how they can live positively.

In Nsanje, the religious leaders will continue work-ing together in addressing issues of HIV and AIDS, and the PLHIV have divided themselves into zones which have committees. The committees monitor all the activities of the support groups, sometimes without being supervised by the Pastors, and this is a sign that the PLHIV group therapy meetings will continue.

Key lesson learnt from this project is that churches of different denominations working together can better address issues that affect people in the community. Many men were reluctant to be involved in the group therapy meetings because they did not want to disclose their sero status. Religious leaders were trained in basic HIV and AIDS facts, and these influenced more men to go for HIV Testing and Counselling (HTC) and play a role in HIV prevention.

"Now we are happy because some of us have benefited from the subsidised fertilizer programme, all because we know that every human being has rights," said the PLHIV after they knew their discussions with the DC were fruitful.

EAM has empowered the religious leaders on how the church can raise resources for the implementation of the group therapy meetings, for instance by conducting special money collections in churches towards those who are living with HIV.

EMPOWERED MUSLIM WOMEN BREAK THE SILENCE ON HIV AND AIDS

QUADRIA MUSLIM ASSOCIATION OF MALAWI



A group of Alhidayat Sisters pose at their Paraffin Pump.
Photo: Norwegian Church Aid, Malawi

Women can change the community if they are well empowered. A group of Muslim women called Alhidayat Sisters from Group Village Headman Mtumbwe in Traditional Authority Kachenga in Balaka District, are breaking with disempowering traditions.

The women have stood firm against harmful cultural practices like women swapping, Fisi (Surrogate fatherhood) and other harmful practices such as the use of one razor blade for circumcision that predisposes young boys to HIV when they are initiated into manhood. These Muslim women have started to speak openly about HIV and AIDS and care and support initiatives, thanks to Quadria Muslim Association of Malawi (QMAM) and Norwegian Church Aid.

Life for women and people living with HIV has changed socially and economically and there is now reduced vulnerability to HIV and AIDS

The people of Mtumbwe in Balaka district had a deep seated aversion to discuss HIV, AIDS and matters of sexuality in nature. However, the reality of the epidemic was discovered to be serious. It was revealed by the Balaka District AIDS Co-ordinating Committee that 5 out of 10 families around Group Village Headman Mtumbwe were HIV positive. This compelled the Quadria Muslim Association of Malawi (QMAM) to do something. "The problem of HIV is rampant here, because men have multiple sexual partners on the basis that Islam allows them to do so. As a result, they put their families at risk of HIV", said Jennifer Msomela.

QMAM noted that women have little or no say on issues of HIV and AIDS in the area. This made

QMAM to come up with a project titled "Support HIV and AIDS Project" (SHAP). The main goal is to strengthen the capacities of communities, especially women and young girls, in care and support of people living with HIV and AIDS, and address the gender inequalities that predispose them to the HIV infection through a Rights Based Approach (RBA).

Objectives of the project were to empower women and girls socially and economically so that they are able to meet the challenges arising from HIV/AIDS, promote positive living for people living with HIV and AIDS, create awareness on dangers of harmful cultural practices among youths that includes young women and girls, and strengthen the capacity of QMAM and Alhidayat Community Based Organisation (CBO) to enable them respond effectively to HIV and AIDS.

The project started in January 2008 and was completed in December 2010. QMAM implemented the project with funding from Norwegian Church Aid. QMAM observed that it is possible to succeed in the fight against the HIV and AIDS pandemic by complementing prevention and care support with empowering women in food security, nutrition and sustainable income generating initiatives for the vulnerable households.

Care for people living with HIV and AIDS, orphans, vulnerable children and the chronically ill has been a big challenge for most vulnerable households. These Muslim women therefore supported the vulnerable households and orphans by providing them opportunities to generate income for their households.

The project has brought change in the daily life of most people in the area. More than 3,800 people were reached with messages through attendance in many forums. It is estimated that out of this audience, about 749 were men, 1,251 women, 845 boys and 1,013 girls. The project also empowered women to establish viable income generating activities (IGA) such as paraffin retailing, and rearing of chicken.

Through the paraffin pump business, rearing of chicken and goats, life for women and people living with HIV has improved socially and economically, and there is now reduced vulnerability to HIV and AIDS.

MAN TO MAN CAMPAIGN TRANSFORMS MEN'S PERCEPTIONS ON MASCULINITY AND ALCOHOL ABUSE

CCAP NKHOMA SYNOD

"It is now two years since my elder brother departed after he had committed suicide upon being tested of HIV. He was tested and found out that he was HIV positive. He traced where he had contracted the virus, and found out that it was the time when he used to drink excessively and having unprotected sexual relationship with several partners. He used to say, 'Men should be recognised as men.' Two days after the test, he committed suicide." Said Damson Mbewe of Mkanda trading centre in Mchinji.



Damson, sharing the story of his brother. Photo: Norwegian Church Aid, Malawi

Before the Nkhoma Synod Church and Society Programme started implementing a project that focuses on issues of masculinity, alcohol abuse and HIV and AIDS, people were not able to link the dangers between the wrong concept of masculinity, alcohol abuse and HIV/AIDS.

Alcohol abuse was rampant in Mchinji district, HIV prevalence rate and incidences of Gender Based Violence (GBV) were very high. The project found it necessary to address these issues so that people could know their rights and responsibilities from a faith based perspective.

It is an integrated project (concept of masculinity, excessive alcohol consumption and HIV/AIDS). Its objectives include to create awareness on the wrong notions of masculinity in the light of excessive alcohol consumption and its relationship to the spread of HIV/AIDS; to consolidate the role of chiefs on the need to reconstruct the concept of masculinity; to sensitise faith leaders on the concept of masculinity and how it adds value to their every day roles as counsellors; and to advocate and lobby for the strengthening of the legal framework in terms of alcohol related regulations.

The project has assisted young men to change their wrong mindset on masculinity and excessive alcohol consumption which often leads to unprotected sexual intercourse putting people at risk of contracting HIV.

There are 23 young men in Mchinji district and 16 young men in Kasungu district, who have come out in the open and talk about how the project has made them change their behaviour, in terms of their perspective of masculinity and excessive alcohol consumption.

Implementation of the project started in 2008. It is being implemented in trading centres of Kapiri, Mkanda, Kamwendo and Mchinji Boma in Mchinji District and Chulu, Chamama, Santhe and Kasungu boma in Kasungu.

Community Based Educators (CBEs), chiefs and other key figures of the society are involved in the implementation of the project. The church and traditional leaders have shown commitment to curb the challenges and effects the wrong concept of masculinity and excessive consumption of alcohol brings on society, such as increasing vulnerability to HIV infection and Gender Based Violence.

It is challenging to come up with a standard concept of masculinity in local language. This concept is being addressed for the first time by the church, which for so long has been closed up to many ethical issues. The project has not yet come up with a widely accepted word for masculinity in vernacular.

The project involves conducting trainings, man to man community awareness campaigns, clergy and traditional leaders' conferences, research and developing & distributing of posters, leaflets and other materials with messages.

Church leaders have supported the project instead of opposing it, as has been the case before. There is a need to scale up the project. The sphere of operation is vast, and more research is needed, on both positive and negative concepts of masculinity, excessive alcohol consumption in relation to the transmission of HIV and Gender Based Violence (GBV). This is on the basis that many women have testified that many men become violent at home when they are drunk. This is so because they claim that as men, they can take alcohol as much as possible, without restrictions and questions.

RESCUED FROM MODERN DAY SLAVERY CENTRE FOR HUMAN RIGHTS AND REHABILITATION



Austin Fredson. Photo: Norwegian Church Aid, Malawi

Austin Fredson, 13, was rescued from human trafficking, after the Centre for Human Rights and Rehabilitation (CHRR) conducted a community sensitisation campaign on violence against children, in Dedza district. Austin has now reintegrated into his community and is attending school while the community has now become aware of children's rights.

Blinded by promises of money and a better life, a poverty-stricken couple in Msomekera Village, Traditional Authority Kachere, in Dedza, gave up their 9-year-old son to human traffickers, who took him to Mozambique to work as a herd boy.

For two whole years, Austin, now 13, worked for someone. While other children went to school, he grazed cattle. While other children played, Austin fulfilled numerous other tasks laid out before him, such as watering tobacco nursery beds and gardening.

After toiling so hard for two years, Austin returned home with a pitiful K2,000 (US\$13) as his payment.

"I was abused and ill-treated by my employer," Austin recalls, "but my parents were never told about this. They were told I was happy and well taken care of."

Despite being told about his ordeal, his parents still forced him to return to Mozambique to continue working.

Their attitude, however, changed when the Centre for Human Rights and Rehabilitation (CHRR)

arrived in the village to raise awareness about children's rights and the evils of child labour. *"This was when I realised I had done something wrong to my son,"* confesses Rachel, his mother. *"It distressed me a lot to think that I had all along been violating my son's rights."*

Austin was subsequently withdrawn from the work and re-enrolled in school where he has continued to do very well. Rachel hails CHRR for opening her eyes to the fact that child trafficking and child labour is a violation of children's rights.

"I have learned a lot of things through this organisation's activities. I now know that sending my child to school is very important, and that as a parent, I have the responsibility to make sure that my children get education," she says.

With an estimated 1.4 million children being involved in child labour in Malawi, the CHRR, with funding from the Norwegian Church Aid (NCA), is conducting community awareness campaigns to sensitise communities on the dangers of child labour and child trafficking.

The project, which started in 2009, and ended in December 2010, was founded on a baseline study, which showed that violence and abuse against children are common in Malawi.

The research further showed that children are subjected to abuse, within all spheres of society, including within the home, in schools and within the wider community. All too often, those perpetrating the various forms of abuse are duty bearers such as parents, teachers and other authorities.

These violations often go unchecked because both rights holders and duty bearers have either accepted the situation as normal, or failed to recognise and report such incidences.

In Dedza, child labour is culturally condoned whereby family members, regardless of age, are expected to contribute financially to the upkeep of the family. The awareness and action project was thus designed to contribute towards the creation of a society in which the rights of boys and girls are respected and fulfilled.

The project was premised on the belief that a cycle of abuse exists; children who are abused are most likely to become abusers in adulthood. The project therefore sought to break this chain by mobilising rights holders and duty bearers to take action in promoting the rights of the child.

"This project has empowered us, local leaders, to do something to ensure that the rights of children are not being violated in our area," says Group Village Headman Msomekera.

"For example, local leaders and parents-teachers association, agreed that every parent that does not send their child to school, but instead sends them to work, should pay a fine of MK500."

"As a result of this, and as a result of community awareness activities on children's rights conducted by CHRR, we have seen that a lot of parents are now sending children to school. This has resulted in school enrolment increasing from around

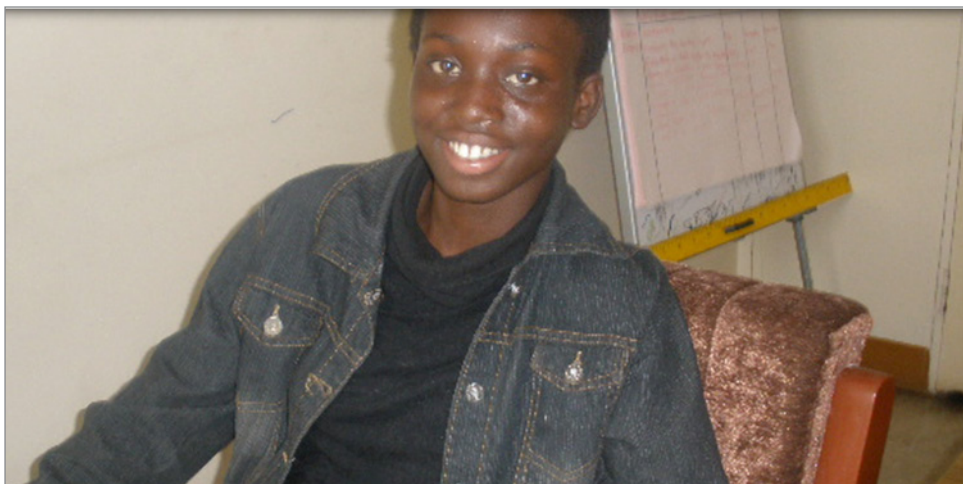
400 two years ago to over 700 at present," said Msomekera.

Despite these achievements, a number of challenges still daunt the project in fighting against violence against children.

One of the challenges is the lack of proper legislation to tackle child trafficking in Malawi. The absence of specific legislation on child trafficking allows for weak punishments to be imposed on people convicted of child trafficking offences.

There is need to intensify the advocacy campaign to lobby the government of Malawi to speed up the enactment of the anti-trafficking legislation.

RESCUING SURVIVORS FROM THE PANGS OF CHILD TRAFFICKING CHISOMO CHILDREN'S CLUB



Kenneth can now afford a smile. Photo: Norwegian Church Aid, Malawi

"Kenneth was found in a state of confusion as this was his first time to be in Blantyre a lot of kilometres away from home"

Street children are regarded as one of the most vulnerable groups that are on a higher risk of being trafficked. Reports published by Non Governmental Organisations (NGOs) and other government agencies have revealed numerous incidents of children who have been trafficked within the country, and to other countries in the region, including Zambia, Tanzania, Mozambique and South Africa. Cases of women trafficked to Europe for purposes of sexual exploitation have also been reported. It is clear that something important has to be done in order to address the plight children face.

From 10th October 2006 to 10th January 2007, Norwegian Church Aid (NCA) in partnership with Chisomo Children's Club, carried out a pilot project called 'Prevention of trafficking in women and children'. Chisomo encountered 41 cases of children who were actual and potential victims of

trafficking. It was believed that this number only represented a very small proportion of the total number of children actually being trafficked. The outcome of the pilot project facilitated the first phase of the initiative to combat human trafficking, which Chisomo Children's Club carried out starting from 2007 to 2009.

The project was implemented in Dedza and Lilongwe Districts in the central region of Malawi in Traditional Authority Kasumbu and Kachere in the former and Tsabango and Chiseka in the latter. In the southern region, implementation was in Blantyre District's Traditional Authorities Somba, Chigaru, Machinjiri and Kuntaja and in Traditional Authorities Chiwalo and Kaduya in Phalombe District.

Project objectives include; to empower the target groups by enhancing their knowledge on

the concept of trafficking, contribute to the sustainable and continued fight against trafficking in Malawi, contribute to the establishment of volume and causes of trafficking in Malawi, contribute to the development of a sustainable antitrafficking network in Malawi and promote the safety and empowerment of identified trafficked victims and those at particular risk of becoming trafficked.

Since the project started in 2007, it has contributed in rescuing 52 children (9 girls) who were actual and potential victims of trafficking, from exploitative situations. Village headmen, the police, social welfare officers, ministries of labour, education and youth were involved throughout the implementation of the project.

A standard 4 drop out, Kenneth resorted to herding cattle and sometimes doing ganyu (piece work) in his village in order to get something for his family.

The project used a mix of strategies to achieve its objectives including awareness raising, capacity building, data collection, networking and offering protection and support to survivors.

Approximately 12,000 people were targeted. This is an ongoing project and all logistical preparations for the next phase are through. The element of networking with other stakeholders, protection and support given to survivors, and the restoration of human dignity to survivors reflect the element of good practice undertaken by the project. Take for instance the story of a 14 year old boy, Kenneth Damiano, who represents some of the difficult conditions that many trafficked children face in the country.

A drop out of school at Standard four, Kenneth resorted to herding cattle and sometimes doing ganyu (piece work) in his village in order to get something for his family. He was taken from his village, Somba in Zomba district to Changalume (67 Km away) by a man from the same village, who seemed to have a desire to assist the child's family that was struggling to raise him. The man promised the child's mother that apart from assisting with some house errands, as a house maid, Kenneth will also be going to school in order to continue with his education. When they arrived in Changalume, things went the opposite way. He was never enrolled in school, and as a result he was made to work for the family's income generating business. He had to walk long distances of about 6 kilometres in search of better markets to sell local cakes known as Mandasi. This made him exhausted all day long.

To make things worse, he was never paid and was also accused of bringing the family business down. After enduring for so long, Kenneth ran away from these hardships. With the hilly terrain of Changalume, and being a new person to the area,

Kenneth lost direction and ended up being transported to Blantyre by unknown people who wanted to help. He was met by Chisomo Children's Club staff that were on a street outreach initiative, providing counselling to children on the street.

Kenneth was found in a state of confusion, as this was his first time to be in Blantyre, a long way from home. He narrated his sad story and also gave particulars of his home village. He was invited to Chisomo Children's Club where he was given counselling and attended life skills lessons for three weeks before he was finally reintegrated to his village.

He was registered back in school and is now in standard 6, continuing with his education at Mchengawedu Primary School. As part of continued support, his mother received MK 10,000 to run a small scale business. He wants to become a soldier when he finishes school.

Key successes factor for the project has been the creation of anti-child trafficking clubs in schools. These clubs have increased awareness amongst children on child trafficking issues.

A situational analysis on human trafficking, conducted in Phalombe District, presented a clear picture of the situation of human trafficking in the district, and has helped like-minded organisations working in the district to properly plan and initiate appropriate strategies in order to curb human trafficking issues.

The ability of targeted communities in articulating human trafficking issues has helped to create more awareness at community level. Rescuing and reintegrating trafficked children back to their communities, and the education support given to them, has helped to restore human dignity to survivors. This has given them hope of achieving their future ambitions. Income Generating Activity (IGA) loans given to families of survivors have helped to improve their living standards at household level.

Key lessons learnt include that relatives and other trusted guardians are in the habit of enticing families to surrender children on the pretext of supporting them, whilst in fact they are 'trafficked' for exploitative situations in urban areas.

AN END TO WIDOW CLEANSING IN SOUTHERN MALAWI CATHOLIC COMMISSION FOR JUSTICE AND PEACE

"I am only 31 years old, but I have practiced 'Kulowa kufa' (widow cleansing) more than 22 times. Through this man to man symposium organised by CCJP, I have stopped, because I have realised that I am putting my life and that of my wife in danger and also violating the rights of women who are forced to sleep with me", confessed Charles Moja of Nsanje District in southern Malawi.

A needs assessment conducted in the Diocese of Chikhwawa in 2004, revealed gross violations of human rights through cultural practices. This prompted the Catholic Commission for Justice and Peace (CCJP) to seek financial support from Norwegian Church Aid to implement a project that would particularly address Gender Based Violence (GBV) through a Rights Based Approach (RBA).



Charles (In black shirt) poses with fellow men who are against harmful cultural practices.
Photo: Norwegian Church Aid, Malawi

Entitled 'Ending Gender Based violence and its impact on HIV and AIDS in Nsanje District,' the project is one of the many success stories of how people in some parts of the district have changed a cultural practice that has been 'part of their life' for many years, but which has also undoubtedly promoted GBV and the spread of HIV and AIDS.

The project advocates against harmful cultural practices that promote violation of women rights and put them at risk of contracting HIV. The project's goal is to create a society that does not condone GBV, harmful cultural practices and protect women from HIV and AIDS infection in the district. Its major objectives are to reduce incidences of GBV, train local and district authorities and communities about gender based violence and HIV and AIDS, advocate for change of harmful cultural practices that promote GBV and the spread of HIV and AIDS.

The project has brought about change of attitude among people towards some cultural practices

which encourage abuse of women's rights including wife cleansing. Traditional leaders are taking a leading role in discouraging harmful cultural practices that are spreading GBV, HIV and AIDS. Any perpetrator of such acts is heavily fined by them in their local courts.

The project started in 2007 in Traditional Authority Tengani's area and has over the three years spread to other two Traditional Authorities, namely, Ndamera and Malemia. The project ended in December 2010.

Funded by the Norwegian Church Aid, about 80,000 people have directly and indirectly benefited from the project. The project used trainings, awareness campaigns and mediation as some of the strategies to achieve its goal.

However, it has been noted that to change a mindset overnight is not possible, let alone to stop it abruptly. Hence an alternative way of 'Kulowa kufa' has been improvised as Charles Moja explains;

"Now my wife and I do practice the cleansing ritual whenever we have been hired and the benefits of it are enjoyed together as a family."

So whereas in the past Moja was hired to have sex with widows as a way of cleansing them from impurities brought about by the death of their spouses, he now sleeps with his wife in performance of the same ritual, whenever a wife lost a husband.

In one way or another, this has definitely contributed to the reduction of HIV and AIDS rate to 11 percent in Nsanje District. Rights holders, especially women, are now able to say 'no' to forced sexual cleansing. Duty and cultural bearers, like chiefs, have understood the dangers of such harmful cultural practice.

NORWEGIAN CHURCH AID IN MALAWI 2005-2010

Norwegian Church Aid works with people and organisations around the world in their struggle to eradicate poverty and injustice.

We provide emergency assistance in disasters and work for long-term development in local communities. In order to address the root causes of poverty, we advocate for just decisions by public authorities, businesses and religious leaders.

Norwegian Church Aid is an ecumenical, diaconical organisation for global justice. We work where needs are greatest, regardless of the religious affiliation of our beneficiaries.

To ensure the efficiency and quality of our work, Norwegian Church Aid is a member of ACT Alliance, one of the world's largest humanitarian alliances. The alliance consists of church-based organisations throughout the world and cooperates with organisations of other religious faiths.

Norwegian Church Aid – Together for a just world

