A Volunteer-State Partnership Model: ArtGlo in Malawi

Case study for the 2022 State of the World’s Volunteerism Report

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MAXI CASE STUDY: ART AND GLOBAL HEALTH CENTRE (ARTGLO)

Title: A volunteer-state relationship and model: the case study of ArtGlo in Malawi

by

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**Abbreviations**

ArtGlo: Art and Global Health Centre

ADC: Area Development Committee

CBO: Community-based Organization

COVID 19: Corona Virus Disease

CSO: Civil Society Organization

DEC: District Executive Committee

DHMT: District Health Management Team

DHO: District Health Office

DIP: District Implementation Plan

DYO: District Youth Office/ Officer

FGD: Focus Group Discussion

HIV: Human Immuno-deficiency Virus

GBV: gender-based violence

MAWA: Make Art for Women’s Action

MASA: Make Art for Sustainable Action

NGO: non-governmental organization

PRA: Participatory Research Activities

SDGs: Sustainable Development Goals

SSA: Sub-Saharan Africa

SRHR: Sexual and reproductive health rights
SWD: Students with dreams
TWG: Technical Working Group
UEA: University of East Anglia
UN: United Nations
UNESCO: United Nations Educational, Scientific and Cultural Organization
UNGA: United Nations General Assembly
UNV: United Nations Volunteer
VAWG: Violence against women and girls
VDC: Village Development Committee
VSU: Victim Support Unit
YFO: Youth Focused Organization
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Acknowledgements

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A special thanks also goes to the study participants and community members who took part in this study. In addition, we would like to acknowledge the Zomba district management health team for their participation.
Introduction
Worldwide, volunteering has continued to be an avenue for bringing about impact by engaging people within the community and within organizations. In its simplest definition, volunteering can be understood as one freely giving their skills and time for the benefit or for the service of many. Volunteerism, in its various forms, has long been positioned as a unique and global asset which can help shape, localize and achieve development goals. It can also be seen as a pathway for participation towards the fulfilment of the sustainable development goals (SDGs). Aligned with the development process and principles of the 2030 Agenda, volunteerism identifies a dynamic and productive relationship between states and people as a key pillar.

In this report, we explore volunteerism from a unique perspective by analyzing new emerging models of volunteerism. More specifically, the study presented in this report focuses on the volunteer-state relationship through the themes of co-production of services and social innovation.

The main aims are to report on the emerging models of volunteer-state relationships and in what ways do these models enhance or limit the contribution of volunteering to evolving 21st century needs. We also aim for the findings of this report to potentially help volunteering more effectively shape a sustainable and inclusive societies.

Methodology
The study took a case study approach by applying qualitative methods as described in the sections below.

Study design and sites
Primary data for the maxi case study in Africa was collected in Zomba district where the organization of study, Art and Global Health Centre (ArtGlo), is located.

Study Participants
The study included volunteers, local state actors, community leaders such as chiefs, members of civil society organizations (CSOs) and community-based organizations (CBOs). This research
focused on how marginalized communities are able to shape the societies. To facilitate their full participation, participatory activities and interviews were conducted in their community.

**Sampling**

The participants for the maxi case study were recruited purposively through gatekeepers and other stakeholders already collaborating with ArtGlo. The sample size for this study was 45 participants with 15 key informant interviews (KII) and 6 focus group discussions (FGDs) of 6 people each as shown below:

*Table 1: Data collection*

<table>
<thead>
<tr>
<th>Key informants/ participants</th>
<th>Data collection tool</th>
<th>Total Number per ArtGlo case study</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Youth volunteers</td>
<td>5 Focus group discussions (FGD) with structured interview guides.</td>
<td>30</td>
</tr>
<tr>
<td>• Male youth champions (volunteers)</td>
<td>About 6 people in each FGD</td>
<td></td>
</tr>
<tr>
<td>• Female youth champions (volunteers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Men</td>
<td>One-on-one semi-structured interviews for Case study</td>
<td>4</td>
</tr>
<tr>
<td>• women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Youth leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Youth CBOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ArtGlo project staff</td>
<td>One-on-one semi-structured interviews for Case study</td>
<td>3</td>
</tr>
<tr>
<td>• Community leaders</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>• Religious leaders</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>• DYO</td>
<td>One-on-one semi-structured interviews for Case study</td>
<td>5</td>
</tr>
<tr>
<td>• DC / DPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• District TWG representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• DHMT representative</td>
<td></td>
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</tr>
</tbody>
</table>
Data Collection Methods

The following are the data collection methods that were used:

**Literature review**
The literature review aimed at mapping the policy and program provisions in the country and ArtGlo, as well as giving insights into the social, cultural and economic factors that influence volunteering in these spaces. It was also useful in understanding some cultural specificity of volunteering in the country – for instance, what values are attached to or drive volunteerism? This information is useful in understanding the role of volunteering in shaping and forging social contracts.

With permission from ArtGlo, the case study organization, the research collected policy or program documents, organograms, process flows and project evaluation documents to provide insight into the volunteer activities and build understanding of the policy infrastructure within which the volunteers operate. The documents that were analysed (policy documents and other reports) are publicly available and therefore do not need any additional access procedure to be used for the research. The literature reviews also involved collecting and reviewing advocacy flyers, posters, infographics and other online materials related to ArtGlo.

**Participatory research activities PRA**
Participatory research activities, based on PRA (Participatory Rural Appraisal) and subsequent focus group discussions (FGDs), were facilitated with small groups of around 6-8 people (e.g. volunteers, local state actors, CSO and CBO members).

**Semi-Structured Interviews**
Semi-structured interviews were used to investigate targeted questions in line with the research aims and issues that arose from the participatory activities. A total of 14 semi-structured

<table>
<thead>
<tr>
<th>Police of Victim support unit</th>
<th>TOTAL</th>
<th>45</th>
</tr>
</thead>
</table>


interviews, including with key informants, were conducted with a wide range of actors: local volunteers, local state actors (e.g. community chief, district state actors such as the District Health Officer, District Youth Officer) and ArtGlo staff members.

Analysis Methods
Analysis was carried out using an a-priori coding framework guided by the interview guides that sought to identify key themes and areas of co-collaboration and volunteerism at the individual and group levels. We applied thematic analysis to each transcript. The qualitative data analysis was supported by NVivo12 software, with a coding framework guided by questions in the data collection tools.
Outputs and Dissemination
The data were used to develop the deep dive chapters of the flagship report for UNV, the SWVR 2021. This includes anonymized quotes from interviews and participatory activities outputs. They were also used to inform dissemination workshops, webinars and other stakeholder engagement activity. An academic publication may also be produced drawing from the findings.

Ethical considerations
Informed consent was sought from each participant individually and such consent was granted in writing. The researchers also recorded the interviews. A consent form specifying the project aims, objectives, anticipated outcomes and dissemination plans was shared with potential participants and informed consent was obtained.

All participants were recruited voluntarily. They were given a consent form (or read out - for non-literate individuals). The research team explained to the participants the purpose of the study and their proposed involvement. Participants were encouraged to raise any concerns before taking part in the study. No one was forced to take part and it was made clear that their participation or non-participation on the research would not affect their relationship with ArtGlo.

Participants were informed that they had the right to withdraw from the study at any point and that if they decided to withdraw, their individual data would not be used (though this was not possible for focus group discussion data). They were informed that they had the right not to answer any questions that they felt intrusive on their privacy.

Participants’ confidentiality and anonymity was maintained wherever possible. However, where this was not possible – for instance with focus group discussions in a public space/group - researchers ensured that all participants could discuss any concerns within a safe environment before and afterwards. All personal identifiers were removed from transcripts and were not included in findings for dissemination activities; pseudonyms are used in any published material or presentations. For this study, data collection strategies were designed to be responsive to the changing COVID-19 situations in the communities where primary data collection was needed. Therefore, the study was sensitive to and adhered with Malawi’s guidelines on COVID-19.
In Malawi, ethical approval was sought from university of Malawi research ethics committee (UNIMAREC)

**Results**
The maxi case study was undertaken in July 2021. In total, 19 participants were interviewed: 5 were interviewed via FGDs while 14 were one-on-one KIIs. Below is discussion about the maxi case study organization, ArtGlo.

**General information about ArtGlo and its activities / programs**

Art and Global Health Center Africa is a local Malawian NGO based in Zomba, Southern Region of Malawi. ArtGlo’s programs are implemented in collaboration with volunteers comprising of youth mentors, medical service providers, medical students, minority groups, as well as people living with HIV. The focus of the case study is ArtGlo’s work on youth sexual reproductive health and access rights to health for minority groups and other minority groups, HIV/AIDS awareness and prevention and promotion of health seeking behaviour. ArtGlo collaborates directly with community members (in districts such as Zomba, Chiradzulu and Phalombe) via existing structures such as community-based organizations (e.g. Vision for Development and Tiwasunge Community Support Organization in Chiradzulu) and state authorities (notably, the local police of victim support units and district departmental offices). ArtGlo specializes in participatory art as a tool for social change, creating an environment in which local community members are empowered to make informed decisions on the issues that affect them. It also builds leadership skills while actively influencing equitable health delivery systems.

The ‘participatory art’ methodology used by ArtGlo is one of its core strengths and unique attributes in this field because it applies song, dance, poetry, drawing, theatre and drama to spark important conversations during its community meetings, and especially within workshops and training. To many, these participatory techniques are unfamiliar. For this reason, ArtGlo is seen as innovative in its approach to dealing with health issues, as well as engaging with communities and other stakeholders such as government health workers. In addition, these techniques
combine traditional elements of performance, particularly drama, dance and singing local songs, which are effective towards behavior change strategies. “We do dramas and songs which helps people from our communities understand the dangers of violence” (Youth from Vision for Development, FGD).

ArtGlo also uses these participatory methodologies in deliberative governance with the state, including the District Youth Office (DYO), District Management Health Team (DMHT) and health workers.

ArtGlo collaborates both directly with community members (in districts such as Zomba, Chiradzulu, and Phalombe) via existing community-based organizations (such as Vision for Development and Tiwasunge, a community based organization in Chiradzulu) and state authorities such as the local police of victim support units, district youth offices and district social welfare offices. Through such collaborations, ArtGlo’s community network has broadened.
Included within ArtGlo’s community network are youth leaders from the community who volunteer and aid in identifying other volunteers and program beneficiaries within their network – the youth leaders are also trained in ArtGlo’s workshops. An example of one such training is under ArtGlo’s program called Make Art for Women’s Action where civil society organizations apply to be a part of MAWA and are later trained before implementing the Making Art for Women Activism program within the communities where the volunteers live and work. ArtGlo works with the youth, state/government or public service providers and the community through volunteerism. This makes it possible for partnerships to develop between the state and the community. ArtGlo’s programs target different groups of people.

Students with dreams (SWD) is a program in which ArtGlo works with university students who, in turn, work with their peers in breaking barriers by using art as a tool. There are a range of different SWD programs, ranging from sexual reproductive health, to education, to creative arts and more. The SWD process involves a selection of successful proposals also known as ‘dreams’ that are submitted by students. ArtGlo in turn funds the ‘dream projects’ that are student-led. In this regard, SWD is a form of outreach which involves students working as volunteers and coming up with their own ideas for social change and then ArtGlo supports them to turn their ideas into reality. One of the main SWD programs led by student volunteers is called ZAMUMTIMA SIZA WEKHA (You don’t have to carry your burden alone) which focuses specifically on mental health.

The Umunthu program focuses on discrimination against marginalized people, especially key populations in health care sectors. The program is built on earlier volunteer work in 2013 through the SWD program – specifically, the production of the Umunthu short film documentary¹. After the film’s success, a training program was built around the film’s content. ArtGlo’s director said: “We are training health care providers to be champions for change and working with the key populations to be reaching out to their peers.” For example, with the Umunthu program, ArtGlo engages the state through frontline health workers from the District Health Office using

¹ In 2013, Mwizalero Nyirenda, a Student with Dreams participant, released a short film on an African response to homosexuality. The film is a documentary filming controversial conversation with the general public across Malawi.
participatory arts to address health disparities being faced by minority groups: “We are trying to advance the issues of incorporation and inclusion in health service provision” ED, ArtGlo.

Umunthu is an exceptional program as it links minority groups closely with the state. Minority groups face huge challenges in Malawi and key populations are generally discriminated against. The involvement of the state through the district health office, district executive committee, government health workers and Ministry of Health as initiated by ArtGlo as part of an externally-funded program, tackles discrimination faced by these groups in accessing healthcare.

“With the Umunthu program, they (community members, volunteers, CBOs, CSOs) do a lot after we have engaged them. We do the initial workshop and then a follow up workshop and then a convergence workshop where the concerned people/minorities come face to face with the health service providers and come up with a plan. The health service providers commit to provide services and reach out to promote health strengthening behaviors of the communities that they serve. They come up with the plan and we just help them refine their plan. They implement their plans and they just report the outcomes and what they are planning to do” (Program Manager, ArtGlo).

Make Art for Sustainable Action (MASA). In this program, ArtGlo tackles issues around HIV and AIDS. A recently completed program with youth in Zomba district aimed to empower the youth to see the real issues and challenges on the ground around sexual and reproductive health rights and come up with possible interventions. The program links with the government through its engagement with government secondary school teachers by training them to deliver sexual and reproductive health information in a more sensitive, engaging and effective way. In addition, performances were showcased in secondary schools at MASA Festivals. These performances led to discussions and HIV testing and counselling was provided. This happened in partnership with Dignitas International and the Ministry of Health. A MASA Youth was a recipient of the 2019 SDG Action Award in the creativity category, a UN award that recognizes the most innovative, impactful and transformative initiatives, building a global movement of action towards achieving sustainable development goals.
Make Art for Women Activism (MAWA): In this program, ArtGlo works with other civil society organizations to tackle issues of violence against women and girls. MAWA is working with local civil society organizations (CSOs) in five districts to incorporate the use of arts in advancing the sexual and reproductive health rights of communities. ArtGlo builds the capacity of CSOs in using human centered designs as well as in participatory arts, to support the CSO’s work to improve sexual and reproductive health rights (SRHR), with the aim of ending violence against women and girls. The CSOs trained under MASA form relationships with government’s district and national influencers in order to advocate for systemic change.

“There has been a decrease in cases reported of abuses perpetrated toward young girls… Young girls are not afraid to get tested for cervical cancer. Young girls now know about family planning SRH services” (youth from Tiwasunge Drama group, one-on-one interview).

Relationships between ArtGlo, volunteers, community members and state authorities
/programs
ArtGlo works in close relationships with government departments such as the District Health Office (DHO) among others. Specifically, ArtGlo links up with the DHO in Zomba by engaging it through meetings and workshops, in all of its health-related, youth-focused, anti-discrimination, and community development programs from inception, implementation to program completion. For health service provisions, ArtGlo works with the state through the District Health Management Team who mobilizes district health staff to join ArtGlo’s workshops. Apart from providing program updates to the DHO, ArtGlo also provides recommendations on health, youth and gender. It does this either by feeding into the district implementation plan, having a seat on the Zomba district review committee, or through the DHO’s office which takes ArtGlo’s findings and recommendations to the national level. At community level, ArtGlo works together with community structures, such as victim support units, health centers, local schools, area development committees, village development committees and community leaders, to provide feedback to the state (i.e. government) through designated forums on issues pertaining to what is working or not working within their local areas. In this regard, in terms of governance, ArtGlo acts as mediators between these community structures and government structures (e.g. district health office):
“They [ArtGlo] are able to link up with our office and our office represents the government. Whatever work they are doing, they are able to tell us before going and update us even during the implementation as well when the project comes to an end, we will be updated. They sometimes give recommendations which our office takes up to the national level” (Zomba district health officer).

In practice, ArtGlo is breaking the barriers between the minorities in the community and the state. For example, by engaging the district health office, it demonstrates that ArtGlo is not working in isolation from the state. ArtGlo, through its programs, provides members of the local communities with relevant health-related information and links up community members with health workers from the district health office. This makes it possible for local communities to raise their concerns to government personnel. They in turn can understand what is actually going on in the communities. This helps to open a dialogue between the communities and the state.

Many government-initiated programs at district level run the risk of failure of implementation because of lack of resources; therefore, the volunteer-state relationship that ArtGlo is helping to build fills an important gap. It ensures that the government reaches out to the community while the community is provided with necessary information and support, in line with government programs. Zomba’s District Youth Officer stated that “they [ArtGlo] have improved as well as implemented our efforts as a government”.

Community generated ideas: community influence:

Theoretically, with ArtGlo’s approach, the community influences the state and its policies. There are protocols that ArtGlo follows to facilitate this process. At first, ArtGlo engages the communities to understand what issues they face. After this, ArtGlo engages the state through meetings with the District Executive Committee (DEC) and the national Technical Working Groups (TWG) where social, health and other issues that are faced in the communities are presented. Therefore, normally what ArtGlo does in collaboration with the government is in response to community needs. Voices of the community are heard and taken on board; they are assessed at DEC and TWG meetings; their voices are empowered because community generated ideas are
implemented and managed through ArtGlo’s programs to bring about change in rural communities.

“Because the CSO members [who are volunteers] are the citizens who impact knowledge, they know much more about who [within the community] to approach with their program interventions” (ArtGlo Programs Manager).

The designation of the program comes through the needs that we identify through a survey. Where, for example, we wanted to access the social climate of key populations in institutions of higher learning, we unearthed that there is discrimination, marginalization, social exclusion of the minority groups. Then we engaged other stakeholders like the ministry of health, legal practitioners as well as the key populations themselves, to come up with an approach that could answer all the concerns of health access disparities. We just facilitated the learning through participatory activities, we just advance the knowledge of the communities through learning from each other, fill in the gaps as well as correct wrong information. We believe that if the action plan has been developed by the community themselves, they own it” (ArtGlo Programs Manager).

ArtGlo’s role is largely to allow locals identify problems in their communities through facilitating participatory arts and suggest possible ways to approach and address those problems. This is done through workshops with both volunteers and state authorities as participants. As the ArtGlo programs manager put it, “The [community members] do the research and identify the problems.” This involves the community networking with other stakeholders on the ground and incorporating what they have learnt into programs. ArtGlo then shares these findings with policy makers and stakeholders. ArtGlo does not fully engage in policy advocacy. Instead, the community structures (i.e. victim support units, local schools, area development committees, community chiefs, health workers with health centers and community based organizations) provide feedback to the state through designated forums. Key stakeholders engaged include the Ministry of Health, legal practitioners, minority groups and other key populations. The team leader for Vision for Development, a community- based organization in Chikwawa, shared their
appreciation for ArtGlo’s work: “At first we had our own meetings and target groups had their own meetings but with the coming of ArtGlo it has brought us together”.

This improved collaboration empowers community members as co-producers of approaches that address community health concerns, particularly health access disparities. It also empowers community members through improving their position within the community as well as relations with government authorities. In other words, community members take on specific volunteering roles as part of this process; ArtGlo simply facilitates the learning process through participatory activities. This process enhances the sense of ownership: “We believe that if the action plan has been developed by the community themselves, they own it!” (ArtGlo Programs Manager). Therefore, ArtGlo’s role is to link the communities and the state, advance the knowledge of the communities through learning processes and fill in the gaps. It also supports the state in correcting wrong information in the communities.

Strengths and weaknesses of the volunteer-state relationship or model

Strengths

The strength is that within this volunteer-state relationship, ArtGlo maintains transparency and accountability. This is made possible and supported by the existence of a memorandum of understanding with the Government Ministries, departments and district health offices. This in turn guides and enhances the volunteer-state relationship. Volunteers live within the community and interact daily with the program beneficiaries. They are therefore better placed and more familiar with the local context and how to approach their fellow community members. For this reason, the strength of this volunteer-state relationship is that it facilitates the elimination of all externally imposed agendas. Referring to the Making Art for Women’s Action program, a team leader from a civil society organization, stated:

“One thing that ArtGlo has also done with Vision for Development and other CSOs is closing the gap in coordination. We are coordinating with stakeholders like government [and state] ministries. For example, in this program [MAWA], we are working with the Ministry of Gender’s Department of Social Welfare, Department
of Home Affairs – that’s the police. This coordinated engagement helps a lot to work together, not in isolation."

This leads to better outcomes because all stakeholders understand the situation and are able to identify existing problems and how each player can be involved effectively.

The community easily adopts volunteer-state concepts because community-based volunteers are the ones who advance the agenda and are in contact with state representatives. For example, when the COVID 19 pandemic started, most community members were misinformed and did not believe the pandemic was real. What ArtGlo in collaboration with Ministry of Health did in response to this was to train volunteers within the communities to reach out to their fellow community members; the results of this outreach were astounding in that the false facts were cleared up and people understood more about COVID 19, as well as what to do to prevent themselves from contracting it. This demonstrates the flexibility of a relatively young NGO to quickly step in to support new needs, especially when they have built good working relationships with the community. Within the volunteer-state relationship model, programs are sustainable because the community members have been imparted with the knowledge and skills which will always remain with them. They also can take advantage of the benefits of working together with government structures and other stakeholders. In addition to this, an open link has been created between community and volunteers with the state, such that the communities know how to voice their concerns and get these concerns addressed.

Weaknesses:
The main weakness of this model is high volunteer turnover. Sometimes volunteers expect monetary imbursements but the communities that ArtGlo works in are low-income and poor, so there are no monetary incentives. This can be demotivating for some community members. In turn, although they may experience the non-monetary benefits of the program, some volunteers eventually move away as they begin looking for ways to earn money. This is one of the reasons why ArtGlo often trains new cohorts of volunteers to replace the old volunteers. Losing volunteers that have already been invested in through trainings is a challenge, especially because community members become familiar with those volunteers and build rapport with them.
Frequently changing volunteers is also problematic because aside from having to start again with the community, it also represents a cost for ArtGlo. In addition to this, it has a negative impact on the volunteer-state relationship: they have to start all over to get to know each other and there is a disruption of jointly planned activities. As such, progress of activities and interventions is delayed and this may lead to frustration on both sides.

Another weakness is that government staff often expect incentives for their participation. In the absence of monetary incentives, sometimes government staff do not fulfill their role within the structure. For example, where instances of grievous gender-based violence have been reported to the victim support unit, staff have been known to refuse to provide support without incentives. Some community-based organizations have also adopted this attitude. Yet they still want to get the credit for work which they have refused to do without incentives. This ‘incentives culture’ is quite closely tied to corruption and is a major problem. It also undermines the volunteer-state relationship. However, ArtGlo is working on getting the state to cooperate without monetary incentives. Doing so involves consistently managing volunteer and state expectations.

What has changed (including due to COVID 19 pandemic)

The overall positive change has been that ArtGlo now has more links with the government structures than ever before. For the most part, the key government links that ArtGlo has maintained over time remain the same. These include the Ministry of Health, the department of social welfare and the police under the Ministry of Home Affairs. It is important to note that these relationships have been nurtured over time, thus developing trust as a basis for further partnerships.

ArtGlo’s programs involve physical meetings within mostly rural communities that typically have no access to certain facilities such modern technologies, especially the internet. A significant result of the Covid19 pandemic has been that ArtGlo had to reduce or suspend physical meetings in the local community for program implementation. “This suspension had a great impact on the community as well as the people ArtGlo works with.” (ArtGlo Programs Manager). One of the negative impacts during this Covid19 period has been that many communities have reported an
increase in the number of gender-based violence such as child marriages and violence against women and girls. In addition, there has been a decrease in the provision of services.

**Issues related to gender equality, gender relations, inclusion in terms of disability, age, ethnicity**

Women groups, specifically women-led community organizations under the Make Art for Women’s Action program or all-girls student projects under the Students With Dreams program, in some cases do not have as much access to resources as men’s groups in the community. For instance, regarding sexual reproductive health, men have more exposure to and control over SRH resources than within women-led community based organizations and within the community in general. Even within women-led CBOs, men may still have more say and power. For this reason, ArtGlo encourages the active participation of women in its programs.

However, the participation of women is still a challenge in rural Malawi. Men are more active than women because men generally feel more confident, due to being more valued by the social structure. For example, in Chiradzulu where the Make Art for Sustainable Action and Make Art for Women’s Action programs are implemented, men are more in control of resources than women. So ArtGlo works with the women to encourage and empower them through the programs in order to break gender inequality barriers. They do so through their participatory methods which take into account their cultural settings when engaging females. Deliberate efforts are made to engage as many women as possible - both volunteers and beneficiaries - in the programs.

Despite all these efforts, social structural factors remain a challenge. For example, the gender imbalance is reflected in uneven representation, access and expectations between men and women, thus leaving men keener to participate than women. Local leaders are also involved in mobilizing community members to take active roles in different community activities and there are signs of change. Tiwasunge, director of a community-based organization, stated: “Chiefs are now encouraging community members to identify their problems and address them. Some members are able to report cases of gender-based violence”. More effort is needed to get more women to actively participate, otherwise women related issues may not be presented and handled effectively. This requires a stronger relationship with the state and other key
It is worth noting that the women who are actively involved are encouraged when their issues are given attention. This entices more women to join and actively participate. Furthermore, it is not only the women who benefit, as this male member of the youth club stated in the focus group discussion: “The community has benefited because women are now aware of where to take their grievances to once they have been offended or whenever they have been subjected to Gender based violence”.

ArtGlo’s programs are also offered to different organizations to promote the inclusion of young people, people with disabilities and other minority groups, in order to be as accommodating as possible. ArtGlo is underpinned by the belief that every person is an integral part of existence. Therefore, minority groups such as representatives of key populations, are prioritized in ArtGlo’s programs. These minority groups participate in the forums where they share their experiences as well as meet with state representatives on issues to do with them. The state is better able to understand the challenges that different minority groups face so that they can develop programs that are inclusive of these groups. In addition to this, ArtGlo is intentional about having equal gender representation when involving the state. For example, government health care workers participate in equal numbers of males and females.

**Vision for the future**

The vision for the future, according to a member of Zomba’s district health management team is that “[government] health workers and target community groups should work together to build strong [volunteer-state] relationships.” The team leader of a civil society organization in Chiradzulu said “ArtGlo has done a lot … because they strengthen the capacity of CSO’s in development in Chiradzulu district”. Through ArtGlo’s programs CSOs are encouraged to work hand in hand with the community and/or community- based organizations and the state as co-owners of all the programs. This has built a relationship of trust among community members and the state.

In the future, there is a need for more capacity building on management, which involves conducting more trainings for CSOs and CBOs. Tiwasunge CSO team leader commented that, “most CSOs and CBOs lack the day-to-day linkages; they lack day-to-day resources to run
effectively [therefore] if only they could be supported.” Supporting these organizations and better use of local CSOs as implementation partners, would lead to more successful implementation of the various programs.

Conclusion

In conclusion, ArtGlo’s programs and activities are making it possible for communities to be heard and are helping to build a close relationship between the state and community members/volunteers. The benefits have been demonstrated to be more effective. ArtGlo now needs to ensure that participation of community members starts from the household level to higher institutional level and moving outwards to other communities, community groups, stakeholder groups and policy sectors. This will help all involved to engage in sustained advocacy and to establish partnerships between government structures, other community organizations, community members and volunteers. It will enable collaboration with state departments in the planning and implementation of programs that are highly valued by the communities. Over time, this can create a positive ‘can do’ attitude and ownership of interventions that will help develop poor communities.
Background of interviewees

Focus Group Discussion participants

- Female youth club members / volunteers, Vision for development
- Female youth club members / volunteers, Vision for development
- Male youth club members / volunteers, Tiwasunge Community based organization
- Female youth club members / volunteers, Tiwasunge Community based organization

Key Informant Interviews with Case study organization:

- ArtGlo staff – Director
- ArtGlo staff – Program manager
- ArtGlo staff – Program manager

Key Informant Interviews with State:

- State – District Health Office
- State – District Youth Officer
- State – Prevention of mother to child transmission at Zomba’s District Health Office

Key Informant Interviews with Volunteers – Community Based Organizations

- Vision for development – CBO leader
- Vision for development – youth member
- Tiwasunge CBO – Director
- Tiwasunge CBO – Youth member

CBOs – Vision for Development

- Team leader – vision for development

Community leaders/ members

- Religious leader
- Community volunteer
- Community member