



Australian Government  
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# Australia Africa Community Engagement Scheme

Leading the change - gender equality and AACES

Annual Report 2013–14

Cover Photo:

Margaret Kamitondo working at a construction site in Mongu, Zambia. AACES is increasing women's empowerment and equity by training them in construction, giving them sustainable income-generating opportunities. Photo by Misozi Tembe, Oxfam Zambia.

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### Website

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# Acronyms

AACES	Australia Africa Community Engagement Scheme
ACAMO	Association of the Blind and Partially Sighted of Mozambique
ACFID	Australian Council for International Development
AFAP	Australian Foundation for the Peoples of Asia and the Pacific Ltd
AOA	Anglican Overseas Aid
A\$	Australian Dollar
BER	Basic Efficiency Resource
CADECOM	Catholic Development Commission in Malawi
CiD	Culture in Development
CHV	Community Health Volunteer
CHW	Community Health Worker
DFAT	Department of Foreign Affairs and Trade
FAMOD	Network of Associations of Persons with Disability
FP	Family Planning
GBV	Gender-Based Violence
MCH	Maternal and Child Health
MNCH	Maternal, Newborn and Child Health
MSI	Marie Stopes International
MSK	Marie Stopes Kenya
MTR	Mid-Term Review
NCVA	Ndigeria Citizens Voice and Action
NGO	Non-Government Organisation
PSC	Program Steering Committee
PSG	Parent Support Groups
RWODEL	Rural Women Development Link
SBA	Strength-Based Approach
SRH	Sexual and Reproductive Health
VfM	Value for Money
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation and Hygiene
WAKC	Women's Association of Kitui County

# Australia Africa Community Engagement Scheme (AACES) at a glance

This is the third annual report for the Australia Africa Community Engagement Scheme (AACES) - a A\$90 million partnership program between the Department of Foreign Affairs and Trade (DFAT), ten Australian Non-Government Organisations (NGOs) and their in-country partners across 11 African countries. Over five years (2011-16), the partnership program will deliver community-based projects across the sectors of agricultural productivity, water and sanitation, and maternal and child health. Projects focus on reaching the most marginalised groups with particular attention to women, children, people with disability and people vulnerable to disaster.

## AACES objectives

1. To give marginalised people sustainable access to the services they require.
2. Development programs, including AACES, are strengthened, particularly in their ability to target and serve the needs of marginalised people through learning, collaboration and exchange among AACES NGOs and between AACES NGOs and DFAT (recently adapted to reflect AACES Mid-Term Review<sup>1</sup> (MTR) recommendation).
3. To better inform the Australian public about development issues in Africa (retired from July 2014).

## AACES NGOs



ActionAid Australia's project is implemented in three districts (Mwingi, Isiolo and Mbeere) in Kenya, and five districts in Uganda (Amuru, Nwoya, Kumi, Bukeada and Katakwi). The project is working to improve sustainable access to food and agriculture-related services for around 4,500 farmers, of whom 70 percent are women. ActionAid Australia works in partnership with ActionAid Kenya and ActionAid Uganda.



The Australian Foundation for the Peoples of Asia and Pacific Ltd (AFAP) is implementing an integrated project in agricultural productivity, water, sanitation and hygiene, maternal and child health and governance. The project is aimed at alleviating poverty by strengthening existing capacities, supporting decentralisation processes and increasing the opportunities for marginalised people to advocate for services they require. The project works in Southern Malawi (Thyolo District), Mozambique (Niassa and Maputo Province) and Eastern Zimbabwe (Mashonaland East). AFAP works in partnership with Concern Universal Malawi (CUMA), Concern Universal Mozambique (CUMoz) and Community Technology Development Organisation (CTDO) in Zimbabwe.



Anglican Overseas Aid (AOA) works to improve maternal, neo-natal and child health in the Afar Region of Ethiopia, and in Laikipia and Samburu counties in Kenya. AOA works in partnership with the Nossal Institute for Global Health, the Afar Pastoralist Development Association (APDA) in Ethiopia and the Mothers' Union of the Anglican Church in Kenya (MUACK).

<sup>1</sup> The AACES Mid-Term Review was conducted between June 2013–June 2014. The review report is published on the DFAT website: [www.dfat.gov.au](http://www.dfat.gov.au)



Improving household food security and resilience by empowering women, particularly through increased agricultural productivity, is the project focus for CARE Australia. The project works with households in Dowa and Lilongwe districts in Malawi, in the Lindi and Mtwara districts in Tanzania, and the woredas of Shebedino, Dale and Loka Abaya in Ethiopia. In Malawi, CARE has partnered with Mponela Aids Information and Counseling Center (MAICC), in Ethiopia CARE works with CARE Ethiopia and SoS Sahel, and in Tanzania with CARE Tanzania.



The cornerstone of Caritas Australia's integrated project is to improve the provision of clean reliable water, promote hygiene and sanitation, and increase agricultural production for marginalised communities. The project is implemented in nine rural communities in the Dioceses of Mzuzu, Blantyre and Lilongwe in Malawi, and the Dioceses of Mbulu, Ifakara and Mahenge in Tanzania. Caritas Australia works in partnership with Caritas Tanzania and Catholic Development Commission in Malawi (CADECOM).



Marie Stopes International Australia's (MSIA) project has the overall goal of increasing access to and uptake of equity sensitive sexual and reproductive health (SRH) services by marginalised populations in Kenya and Tanzania. The project delivers services through outreach and also works to strengthen private sector healthcare providers with the aim of providing sustainable, cost-effective quality sexual and reproductive health services. MSIA works in partnership with Marie Stopes Kenya in Coastal regions of Kilifi, Kwale, Taita, Tana River and Taveta, while Marie Stopes Tanzania works in Karatu in Arusha region and in Kilombero in Morogoro region.



With the aim of improving the health and quality of life for vulnerable people in targeted areas of Zambia and South Africa, Oxfam Australia's project focuses on water, sanitation and hygiene and public health. In South Africa, Oxfam works in partnership with Maputaland Development and Information Centre in South Africa, Save the Children KZN, Fancy Stitch, Tholulwazi Uzivikile, Woza Moya, Resources Aimed at the Prevention of Child Abuse, Community Based Rehabilitation Education and Training for Empowerment in South Africa and Comprehensive Health Care Trust. In Zambia, Oxfam works in partnership with Peoples Participation Services, Keepers Zambia Foundation, Mongu Trades Training Institute, Mongu Municipal Council, Kaoma District Council and with Ministries of Education and Health.





Implemented in Kenya, Uganda and Zimbabwe, Plan International Australia's project aims to enable marginalised people - particularly marginalised women and girls, young people and people with disability - to claim rights and access services. This includes prevention, as well as responding to violence against women and girls, women's rights to land and property inheritance, health and education rights, and legal rights and services. Plan International works in partnership with Plan International Kenya, Plan International Uganda and Plan International Zimbabwe. In Zimbabwe, Musasa and St Peter's Community Care Program were implementing organisations with Plan throughout 2013–2014.



WaterAid Australia's project aims to improve access to water, sanitation and hygiene in under-served communities and schools in rural and urban areas of Tanzania, Malawi and Ghana. WaterAid Australia works in partnership with WaterAid Ghana in Eastern region in Akuapim North Greater and in the Accra region in Dangme West and Accra Metro; WaterAid Tanzania in Dodoma region in Bahi and Chamwino, Singida region in Singida Urban and Iramba, and in Tabora region in Ngeza; WaterAid Malawi in Central region in Ntchisi.



The goal of World Vision Australia's project is to improve maternal, newborn and child health in selected communities in Kenya (Kilifi District), Rwanda (Gicumbi District), Tanzania (Kilindi District) and Uganda (Kitgum District). This is being achieved by increased access to services through strengthened health systems, education at community and facility level, and engagement with governments. World Vision Australia works in partnership with World Vision Kenya, World Vision Uganda, World Vision Rwanda and World Vision Tanzania.

# Facts and figures AACES 2013-14

**731,709**

people benefitted from AACES programs

**449,229**

were women and girls.



**408,710**

people were provided with water, sanitation and hygiene services.



**100,883**

people accessed maternal and child health services



**222,116**

people experienced improved agricultural productivity



**139,311**

women accessed safe and sustainable water

**47,459**

women now have appropriate sanitation

**43,898**

women learned about safe hygiene practices

**28,286**

children received life-saving vaccines

**58,443**

people accessed a modern family planning method

**7,301**

babies were delivered by skilled birth attendants

**3,905**

women have better awareness about their reproductive and health rights

**26,521**

women-led households received farm inputs such as tools, seeds and livestock

**28,493**

women-led households adopted new and improved agricultural technologies

**35,637**

women farmers accessed new and improved agricultural services

**36,092**

women learned about their rights to land, food and access to government services

# Investing in women and girls

## GHANA

Women have gained greater recognition and are influencing policy changes and practices in WASH services.

## UGANDA

Women are empowered to identify and demand for their rights to education, to own property and to access legal and health services.

## ETHIOPIA

212,896 women and girls increased their awareness of reproductive and health rights, enabling them to demand health services.

## KENYA

More than 2,000 women are members of farmer associations, which provide technical support and market access, and which influence policy on agricultural laws.

## TANZANIA

Access to agriculture extension services and improved varieties of seeds have enabled women farmers to double their crop yields, thereby improving their productivity and income.

## MALAWI

21,373 women increased their income and access to financial services through village savings and loans associations.

## MOZAMBIQUE

Distance travelled by women and girls to access water has reduced from 5-8 km to 0.5 km, enabling them more time for income activities and education.

## ZAMBIA

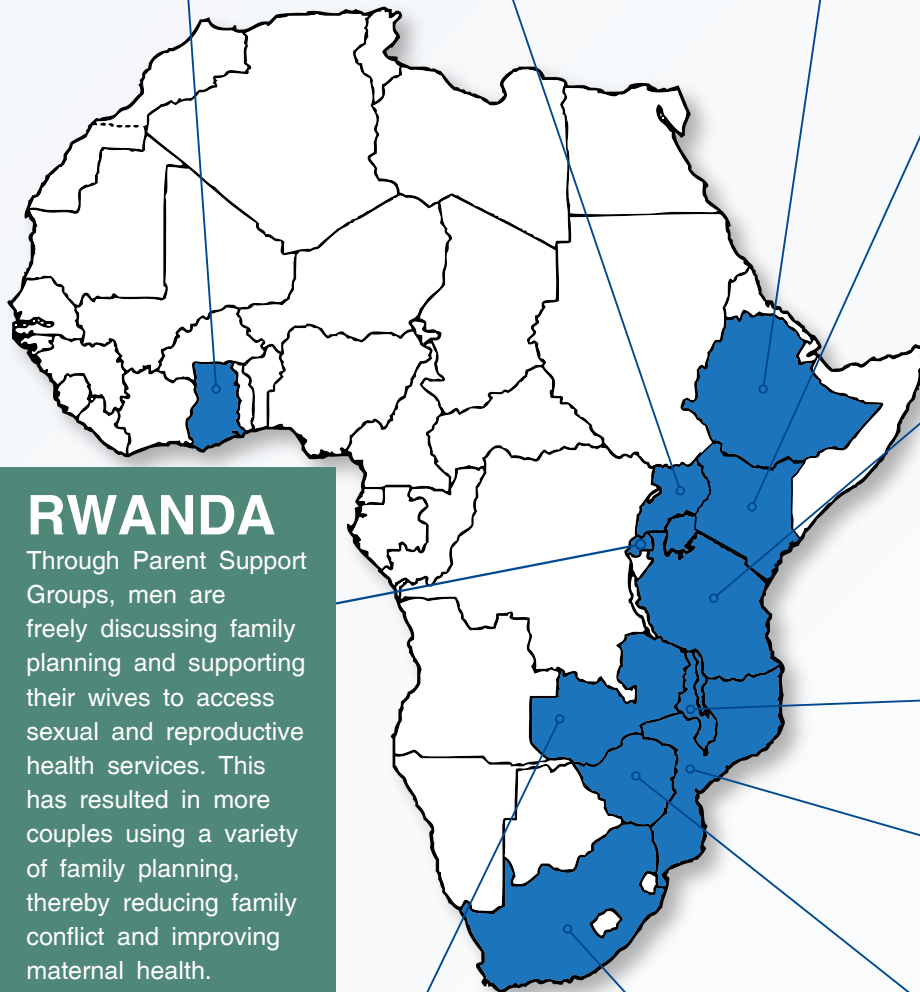
Women comprise 44 percent of the membership of water and sanitation management committees, giving them greater voice to demand their rights and influence policy changes.

## SOUTH AFRICA

More than 4,729 women and girls benefitted from improved access to WASH services, resulting in improved health outcomes in rural communities.

## ZIMBABWE

Gender-based violence has significantly decreased as a result of women being empowered to identify and demand their rights through rights-based training and support groups, as well as access to legal rights.



# Message from the Program Steering Committee Chair

AACES remains a highly regarded example of cooperation between civil society partners in Africa, the Australian Government and Australian NGOs. The recent Mid-Term Review showed some excellent program outcomes to date, including the empowerment of women and girls and championing of disability inclusion, and showed positive examples of value for money in the activities.

The program continues to improve the lives of thousands of poor and marginalised people, in particular improving their access to services in the areas of food security, maternal and child health and WASH. Significantly, the program has shown a very strong focus on women's empowerment, ensuring this is core to program activities.

It has continued to be a pleasure to be a part of a program so committed to poverty alleviation and development for the people in the countries of Africa. The partnership approach adopted at the beginning of the program has, I believe, increased collaboration between all involved and improved program outcomes. I look forward to reading about further success as program partners adopt the lessons from the Mid-Term Review and continue to learn from each other.

Achieving gender equality remains a key challenge in all countries where AACES is programming. In patriarchal societies, it is difficult to change gender relations, with entrenched cultural norms and values making the transformation of gender relations a complex set of challenges. Through AACES, partners have had the opportunity to learn and share approaches to improve their gender work from the experiences of peers in other locations and countries. Partners have adapted and are integrating many of these lessons into their own programming. Significantly, partners have been able to engage the meaningful participation from both men and women in their interventions to promote gender equality.

To highlight some of this very important work, the theme for the AACES annual report 2013-14 is: Leading the change - gender equality and AACES. In breaking away from the previous format, this year's annual report will feature ten case studies focused on gender equality and empowering women and girls, one from each of the AACES NGOs.

Each case study focuses on a particular component of the NGO's larger program. While describing the impact of the intervention, particular attention is given to how the activities are sustainable and, furthermore, how the approach demonstrates value for money.

It is important that the program further builds on the encouraging experiences highlighted in these case studies to maximise the positive impact on the lives of women and girls in the final two years of the current program.

**Andrew Hartwich**  
**Program Steering Committee Chair**  
**AACES**



# Message from the Department of Foreign Affairs and Trade (DFAT)

The Australia Africa Community Engagement Scheme (AACES) is a unique and innovative partnership program that has achieved strong and lasting results in its third year. It is reaching people most in need, with particular attention to women, children, people with disability, and those vulnerable to disaster. In 11 African countries, AACES NGOs have worked with communities to build on their existing strengths, giving community members the space to drive the change they want to see.

Gender equality and women's empowerment is a particular priority for Australia. Our new development policy and performance framework commits us to ensuring that 80 percent of investments, regardless of their objectives, will effectively address gender issues. Australia is working with partner countries to support women and girls to participate in economic, social and political life to reduce poverty, increase economic growth and enhance democratic governance.

This is why this year's report highlights the important work AACES NGOs are doing to improve the political, social and economic status of women and girls.

With Australia's support, the efforts of AACES partners have helped women and girls access services and participate in decision-making, which has improved their living standards and status. AACES is also increasing community awareness of the benefits of involving women and girls and meeting their needs. The anecdotal evidence in the report demonstrates the personal impact of these programs and wider behavioural change of community members, which is intended to endure beyond the life of the program.

In order to capture the unique development approaches AACES partners are delivering in 11 African countries, we have collated their best examples of gender based work in one of their partner countries. This report by no means tells the whole program story but we hope that it gives an insight into the design, delivery and impact of AACES interventions, particularly on women and girls. We encourage you to learn from, and spread widely, the lessons of this program.

The strong partnership approach that underpins AACES has encouraged learning and sharing of experiences and resources in a broad range of areas, including gender equality. This culture of collaboration, now entrenched in AACES, is a key element of an effective program delivering real results. Recognising that partnership has been central to the success of the program, we have included a section on the AACES partnership model to share our experience for broader learning.

**Adam McCarthy**  
**Assistant Secretary, Africa Branch**  
**Department of Foreign Affairs and Trade**

# The success of the AACES partnership model

In line with the Australian Government's commitment to a more cooperative relationship with civil society, AACES uses a partnership approach to improve the lives of women, men and children across Africa. From the outset, AACES partners identified shared objectives that would maximise outcomes for African people in a way that can be sustained beyond the life of the program.

The AACES partnership includes relationships among participating Australian NGOs, between Australian NGOs and their African partner NGOs, and between all participating NGOs and the Australian Government. Beyond these direct partnerships are other important relationships between the African NGOs and the communities in which they work, including the private sector, between African NGOs and their government counterparts, and between communities and their governments. The strength of the AACES partnership is that it brings together people from different agencies, countries and sectors, recognising that each group brings particular agendas, skills, resources, connections, understandings and cultures.

The AACES Partnership Agreement commits all partners to adhere to a set of agreed principles and demonstrates DFAT's commitment to a cooperative relationship with AACES partners<sup>2</sup>. This model has been central to the success of AACES, enabling the program to achieve greater development efficiencies and impact. This has been achieved by capitalising on individual organisational strengths and expertise, open and regular sharing of information and active collaboration.

## Factors for success

Partnership survey<sup>3</sup> results indicate AACES partners feel the partnership principles are important and well-practiced. Highlighted were the promotion of cooperation not competition, developing relationships and trust, and a sense among partners that DFAT is committed to making the partnership approach work.

In implementing the partnership approach, the following components have been critical to its success:

- **Good governance:** the Program Steering Committee (PSC) strengthens the partnership through joint DFAT-NGO management and oversight. Each organisation is represented on the PSC and leadership rotates annually. Through the PSC, policies and procedures - including communication and dispute resolution protocols - have been jointly developed to guide the management of the partnership.
- **Effective communication:** The many relationships within AACES require open and regular communication, which is managed by agreed protocols. For example, regular face-to-face interaction at the biannual steering committee meetings and reflection workshops, tele/video conferencing and online interactions through the shared online communications platform, (Yammer) support communication between all players.
- **Mutual respect:** The diverse nature of the partnership means there are differences in power, access to resources, knowledge and understanding of issues. To ensure mutual respect, it is critical to negotiate relationships and be clear about what is possible for each partner - something that is acknowledged in the AACES partnership agreement.

<sup>2</sup> The AACES partnership agreement covers the relationship between DFAT and NGOs, as well as among NGOs themselves. The partnership principles include trust, flexibility, accountability, mutual respect, collaboration, transparency and learning.

<sup>3</sup> Partnership surveys are conducted to gather views from AACES partners on different aspects of the partnership to establish what it looks like in practice and capture lessons that could help improve the way partners work together to ultimately improve the impact and effectiveness of the AACES program.

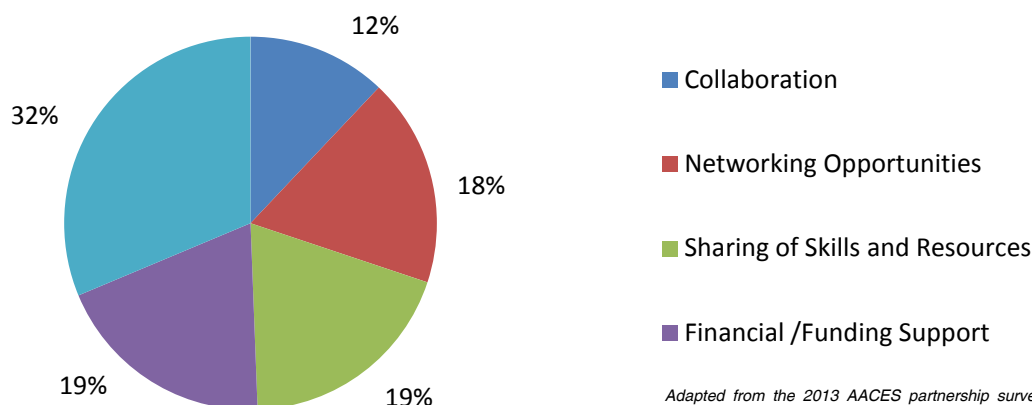
- **Flexibility:** AACES partners appreciate that unforeseen events may impact AACES program delivery and adjustments may be required to accommodate such events. Through its flexible and adaptive design, AACES is well-positioned to maintain its relevance. Each year in developing annual plans, NGOs have the opportunity to learn from previous lessons and adapt their annual activities and outcomes for best results.
- **Regular review of the partnership:** Partners review the behaviours and principles in the partnership annually to provide a structured way of generating reflection and improvement. The 2013 partnership survey results indicated that African NGOs wanted greater support for leadership and strategy development. Following this finding, staff from African NGOs are being encouraged and supported to take on leadership roles in the PSC and other forums.
- **Reporting:** All AACES partners are required to report on the performance of the partnership. The NGO reporting format includes a section on partnership, which feeds into this consolidated annual report. DFAT's internal annual performance and quality report on AACES also includes analysis of the partnership and actions for improvement, which holds all partners to account for making the partnership work.

## Partnerships bring benefits

The effectiveness and efficiency of the AACES program is rated highly by participating NGOs and governments<sup>4</sup>. AACES is currently on track to achieve intended outcomes and is operating within budget and the agreed timeline.

Successive partnership surveys, including one conducted as part of the Mid-Term Review, reflect that the partnership elements of AACES are highly valued by all partners and have been central to the success of the program.

### Main benefits of partnerships for AACES partners



## Collaboration and learning for increased effectiveness

The AACES Mid-Term Review noted there has been an unprecedented amount of learning, exchange and collaboration across the program. The lessons learned have been successfully applied to strengthen the program, leading to increased effectiveness. Some of the most successful collaborative approaches include:

- **Thematic workshops:** Program partners have participated in disability, gender, value for money, and monitoring and evaluation workshops that draw on external and internal expertise to share lessons and improve activity delivery.

<sup>4</sup> AACES Mid-Term Review report and DFAT's Aid Program Performance Report Sub-Saharan Africa Program 2013–2014

- **Coordination between NGOs working in the same sector and/or same country:** Partners are collaborating within sectors and countries by harmonising program approaches, sharing tools, providing technical input, and conducting joint training and research and advocacy.
- **Peer review:** This is a strong element within the program, particularly during design, monitoring (field visits) and evaluation. AACES uses joint forums to encourage peer-supported and non-confrontational ways of learning and improving practices, which in turn has contributed to improved effectiveness on the ground.
- **Online sharing resource:** The communication platform - Yammer - supports communication and resource dissemination among AACES partners, and is particularly valued by African partners.

## Leveraging additional resources for increased efficiency

One of the major benefits associated with the AACES partnership approach is its ability to access additional resources.

- Increased knowledge and recognition of partners' skills has contributed to NGOs coming together to access joint funding, specifically under the AACES Innovations Fund during 2012-13. Some NGOs have leveraged additional funding from government and other donors to build on the success of AACES.
- Joint resourcing - including sharing physical resources like transport and meeting venues, and leveraging partners' networks and distribution channels - have resulted in reduced costs and increased efficiencies. Likewise, expenses have been reduced by harnessing internal expertise for the planning and facilitation of program workshops, including the disability inclusion, gender, and value for money workshops.

## Strengthening other development programs

Through Objective 2 of the program<sup>5</sup>, activities such as shared research, policy dialogue, information exchange and program review were undertaken to draw on NGO expertise and experience in Africa. The interaction has been enriching and has resulted in good linkages between NGOs and sectors, enhancing synergies between the NGO activities and Australia's broader objectives in the region. For example, some AACES partners in East Africa have connected with research partners from the DFAT Agricultural Productivity program to facilitate the adoption of technologies among smallholder women farmers.

AACES has informed the development and implementation of other DFAT-funded programs, including the learning element of the Global Civil Society WASH Fund, adoption of strength-based and rights-based approaches in Australian NGO Cooperation Program (ANCP) projects in Africa, and the design of the community pillar under the Africa Extractives program. NGOs have also drawn on AACES experience to strengthen their other programs and organisations, mostly in regard to working in partnerships, gender programming, disability inclusion and monitoring and evaluation.

## The costs and challenges

The partnership approach requires adequate resourcing for management. This draws on additional time and effort from DFAT and the participating NGOs relative to a typical grant/donor arrangement.

<sup>5</sup> DFAT programs and policies are strengthened, particularly in their ability to target and serve the needs of marginalised people.



True partnerships are built over time, with trust, engagement, dialogue, collaboration and exchange. The participatory design period, which led to the AACES partnership, was lengthy compared to less complex program designs. However, this investment has paid off. Partners now know and understand one another, and this has enabled them to communicate better, eliminate competition and work together.

That being said, achieving mutual understanding of policies and procedures under AACES has come with its challenges. In particular, a common understanding of expectations under Objective 2 took longer than was intended, as noted in the AACES MTR. This factor has meant that AACES partners committed time to redefining Objective 2 to meet the needs of all partners in the changing context.

Sufficient overarching human and financial resources are required for DFAT and NGOs to manage the program effectively. In recognition of this, a Resource Facility (managed by the African Capacity Building Foundation) was contracted to provide administrative and technical support to the partnership. An independent review of the Resource Facility found value in having an external resource to free up management resources and support learning.

During the first year, the AACES partnership was resource intensive for DFAT and NGOs, with the establishment of structures and systems requiring consultation with ten different partners. The transfer of the PSC Chair from DFAT to NGO representatives from the second year helped share management responsibilities. It also gave NGOs greater visibility of DFAT's engagement with the Resource Facility and improved trust and dialogue between NGOs and the Resource Facility. The Resource Facility's independence as a contractor, reporting to the Program Steering Committee, has given NGOs more direct management oversight, helping to foster the partnership approach.

Time constraints have at times led to an increase in the cost of activities. For example, it was not always possible to utilise internal expertise within AACES to facilitate workshops. In some instances the Resource Facility had to engage external consultants. To combat this, working groups are now being established early enough to facilitate joint planning and sharing of tasks.

Despite these challenges, it is clear from evidence gathered during the MTR and partnership surveys that the benefits of the partnership model outweigh the costs, and that the relationships created and nurtured because of AACES have enabled the delivery of strong results.

## Working sustainably

There is evidence from the MTR that the AACES partnership model compares favourably to other grant/donor relationships, and associated benefits will endure beyond AACES. Partners have formed mutual trust, enabling them to effectively communicate and work together towards successful program implementation and sustainable outcomes.

The AACES partnership approach has additionally influenced the development of other programs across DFAT and participating NGOs, with positive ripple effects and changes in behaviour, practice and systems. In particular, AACES partners report that positive outcomes from the partnership approach, including engagement on policy and program issues, have informed other programs outside of AACES.

Partners have invested in building lasting relationships by deepening the engagement of individuals within organisations outside the AACES partnership. For example, DFAT staff at various Africa posts have been involved in partnership activities including annual reflection meetings, joint monitoring events and reviews. NGOs are also drawing on resources from their wider organisation to support the partnership. Although established because of AACES, these networks are not defined by it and can continue well beyond the life of the program.

All partners are proud of the AACES partnership approach and actively promote it within their respective agencies and broader networks. In time, this may contribute to a more collaborative working environment between DFAT and NGOs, as well as between development NGOs themselves.

## Balancing economy, efficiency and effectiveness

The approach taken with assessing value for money in AACES is guided by the core principles of balancing economy, efficiency and effectiveness in ways that are both equitable and ethical<sup>6</sup>. It is evident that the AACES partnership model is delivering value to the partners, including increasing opportunities for learning and sharing, networking and access to resources. The accrued benefits have enabled organisations to successfully work with other stakeholders to achieve better results in development activities.

While recognising the partnership is costly in time and human/financial resources, AACES partners emphasise that the benefits of working in partnership outweigh the costs. Feedback received from partners demonstrates that this approach is worthwhile and they want to see it replicated in other programs.

The future of the AACES partnership is bright. The development context in Africa is evolving, and working in partnership is more valuable than ever as governments, civil society and the private sector start to maximise impact through innovation and leveraging of resources.

AACES partners are excited about the opportunity to work together, the progress so far and the innovation that lies ahead.

<sup>6</sup> AACES value for money framework

# AACES

## Case Studies

Hostel supervisor and young student in Afar region in Ethiopia. Photo by: Kate Holt - Arete, Anglican Overseas Aid.



## Empowering women farmers to identify and demand their rights

By Peterson Mwangi, Sally Henderson, Fredrick Kawooya and Serah Mwingi, ActionAid

ActionAid operates in selected marginalised communities in Kenya and Uganda. In these districts women and men, referred to as smallholder farmers, cultivate small plots of land that are generally less than two acres. However, there has been severe under-investment in agriculture in these districts and scant regard for the value of smallholder farming. To make matters worse, changing weather patterns challenge these farmers' ability to farm effectively.

Women farmers in Uganda and Kenya make enormous contributions to agricultural productivity and have great capacity to transform their own poverty situation, that of their families and the communities around them. Yet the principal development focus has been on male farmer household heads. Women farmers have been completely invisible and disregarded by decision-makers who fail to understand that their needs are different to their male counterparts, and who do not recognise widespread gender discrimination<sup>7</sup>.

Members of the Rural Women Development Link (RWODEL) dance in front of their community seed store in Katakwi, Uganda.  
Photo by: Harriet Gimbo, ActionAid, Uganda.



<sup>7</sup> FAO, State of Food and Agriculture (SOFA): Women and Agriculture - Closing the gender gap for development (2011), p. 7, <http://www.fao.org/docrep/013/i2050e/i2050e.pdf>



## Why women farmers matter

The Food and Agricultural Organisation (FAO) found that if women farmers were given the same access to inputs as men, the number of under-nourished people in the world would reduce by 12–17 percent. ActionAid's approach is underpinned by the premise that an end to poverty and injustice can be achieved through purposeful individual and collective action to obtain such investments. This involves people living in poverty working together to promote credible development alternatives and campaigns that address the causes and consequences of poverty. Women are at the centre of ActionAid's work as they are disproportionately represented among the poor and have been historically excluded from access to decision-making and resources. Yet they can be powerful drivers of change.

ActionAid has been working with smallholder women farmers to design, test and document alternatives for their contexts, such as the use of drought-tolerant crop varieties. They also have been facilitating the transformation of women's groups toward collective action that calls for changes to policies and service delivery. It's anticipated that this will result in the elimination of poverty and hunger, with associated economic benefits for the communities in which we work. In the third year of the project, there has been a focus on facilitating the consolidation of groups into umbrella organisations so they are able to act collectively, and more powerfully, for change.

## Working at local level

Two examples of umbrella organisations are the Women's Association of Kitui County (WAKC) in Mwingi, Kenya and the Rural Women Development Link (RWODEL) in Katakwi, Uganda. WAKC has a membership of more than 2,000 women drawn from eight women's savings and credit associations in Kitui County. RWODEL, comprising 200 members with 140 women, has registered locally as a Community Based Organisation and are in the final stages of registration as a cooperative.

ActionAid has assisted WAKC and RWODEL to develop their constitutions and register as organisations. ActionAid has also developed these organisations' capacity through training in tracking budgets and in communication and report writing. In addition, they have been supported to translate guidelines and policy documents into local languages and discuss issues with government officials.

Both organisations have become acutely aware of the power of collective action and voice to bring change to service delivery and policies that have the potential to eliminate hunger. WAKC's motto is "Women united can do all things".

*"WAKC is out to ensure that rural women participate in governance and benefit from the provisions in our constitution which gives space for women by at least a one-third gender requirement,"* says Grace Mutsiya, Chair of WAKC.

Likewise, RWODEL's chairwoman, Polly Apoi, emphasises: *"The Government is very big, we need to be together."*

## Small organisations make big change

WAKC and RWODEL have utilised different strategies to make change. On 10 December 2013, WAKC - with ActionAid and other partners - brought together more than 1,000 rural women who proudly marched through Kitui town calling for their involvement in development. They also displayed placards bearing women's dreams and aspirations before settling in the stadium, where they outlined their demands to County Government representatives.

Grace Mutsiya began the presentation with a stir:

*"We are a representation of rural women from Kitui and we believe we have what it takes to improve livelihoods among the poor in our country, enable them to understand their rights as Kenyans and make our government accountable to them."*

Farmer Theresa Kalikanda elaborated that: *"During hard times most of our people survive on food aid from humanitarian agencies. And that is what we want to stop and we know that we can do that. We are able to produce enough for domestic use and generate income. Climate change has worsened a situation that was already bad and we believe that irrigation is the answer."*

*"I thought it very difficult to influence the County Government, I am very happy to see that the Governor can listen to women. The journey has just started. We will go far,"*  
says Jacinta.

The women called for the Government to invest more in irrigation. Another advocate, Jacinta Magatha, voiced: *"We cannot and will not end hunger through charity, alms and food aid. We can only do so by investing in food production at local level."*

As the project progressed, the women used their new skills to analyse the Kitui County budget to determine if their priorities and perspective had been included. They were successful in obtaining a grant from the County for a honey processing plant. In addition, the subsequent Governor's plan to spur growth in Kitui County borrowed heavily from the WAKC demands, including in the critical area of water availability and access through investing in irrigation.

RWODEL have also successfully catalysed change through impressive lobbying and advocacy. Most recently they produced a simple report with photographs of dams and used it to petition local officials to take action to improve the volume of water they can hold for agricultural production by de-silting them. The Government had neither prioritised nor provided resources for de-silting, yet had committed to improving agricultural production. As a result, these officials have now committed to identify and allocate resources for the progressive de-silting of the dams.

RWODEL also overcame inequities in the National Agriculture Advisory Service. In reading the translated guidelines and discussions, members found the service-classified farmers into tiers with those who are "market-oriented" receiving the most inputs. Women were effectively excluded from this tier as a normal selection criteria was to own more than five acres of land. However, the women in the group had the confidence and tactics to attend an allocation meeting and nominate themselves. As a result, for the first time in local Katakwi history, 12 of the 20 farmers in the "market-oriented" tier were women. These 12 women farmers have used the trees, seeds and livestock inputs they received to improve their production and household consumption.

Groups such as RWODEL and WAKC now recognise their collective capacity to negotiate their rights effectively and will continue to call on decision-makers to create enabling environments to improve their income and production. Women value the relationships they form, the freedom they've achieved to think and act, and the greater respect at home and in the community. This project is contributing to women's social and economic empowerment, and through the formation of women's umbrella organisations it is creating sustainable structures that will continue beyond the project to promote reforms needed to end poverty and gender discrimination.

## Nothing about us without us

By Francisco Tabua - AFAP, with contributions from Dr Robin Wyatt  
of Robin Wyatt Vision

People with disability represent the largest socially excluded group globally and most live without access to basic services, which can exacerbate impairments and poverty<sup>8</sup>. Each day they are prone to challenges in accessing education, employment, housing, mobility, information and social participation<sup>9</sup>.

In Mozambique, 75 percent of the population lives in poverty<sup>10</sup>. This leaves very few resources available to assist people with disability. Furthermore, a general lack of knowledge concerning the nature of disabilities, as well as the inherent barriers that people with disability face, result in widespread discrimination and abuse.

Gender, age and disability are among the complex issues in Niassa Province, Mozambique where, for example, women with disability have continued to face double discrimination due to their vulnerability and ensuing barriers to education and employment. Services, like education, are largely inaccessible and ill-equipped to accommodate the needs of women with disability. Additionally, as women with disability are often reliant caretakers, they live with increased risk of sexual abuse, which can result in sexually transmitted diseases and unwanted pregnancies.

Ricardina Zacarias utilising the tailoring skills she learnt. Photo by: Robyn Wyatt, Robin Wyatt Vision.



<sup>8</sup> WaterAid Report, 2011. What the Global Report on Disability means for the WASH sector.

<sup>9</sup> Handicap International Report: 2010. Mozambique.

<sup>10</sup> DIFID Mozambique Operational Plan, 2013.

## A voice for people with disability

The core focus of the Australian Foundation for the Peoples of Asia and the Pacific's (AFAP) project is to work directly with existing structures, such as community-based organisations, associations and local government, to increase opportunities for marginalised people, especially women, to advocate for the services they require. As a means of addressing the barriers that women with disability face, AFAP takes a three-pronged approach. It strengthens the functioning capacity of local associations of people with disabilities, provides leadership and economic empowerment skills for women, and works with local community leaders to recognise and address the structural barriers to the provision of services.

*"I started learning sign language in 2013 under teachers trained through this project. I am deaf and unable to speak ...this prevented me from communicating with others, as teachers in my school lacked the skills to communicate with pupils who had speaking and hearing challenges"*  
says Ricardina Zacarias.

This approach is informed by AFAP's experiences in Mozambique, where working through existing structures is an effective way to increase the meaningful engagement of women with disability in planning and budgeting. The approach actively involves the women in identifying problems and finding solutions, thus ensuring communities themselves drive project activities and the development agenda. AFAP believe working directly with associations allows us to reach more people with fewer resources and provide incentives for people with disability to work collectively.

## Making local disability associations strong

AFAP has worked with two local associations of people with disability, the Association of the Blind and Partially Sighted of Mozambique (ACAMO) and the Network of Associations of Persons with Disability (FAMOD). Through the project, the operational capacity of these two associations has increased, as has their ability to lobby duty-bearers for disability-inclusive services. The social accountability training provided to ACAMO and FAMOD has been critical in providing much-needed skills for the analysis and dissemination of information, and has enabled them to better advocate and negotiate for policies that address their needs.

Capacity building as a result of the partnership has included proposal writing and project management to improve future funding opportunities. Additionally, the skills gained from social accountability training have facilitated transparency and continued dialogue between the executive of the associations and their constituents. This has been instrumental in realising the project's objectives including improving sustainability, as these associations have been able to speak with a collective voice to lobby for services and policies that address their rights.

Following this collaborative partnership, ACAMO identified the need to focus on advocacy for disability inclusive education, which lobbies for national teacher-training curriculum at primary and secondary level to include Braille. For FAMOD, the partnership resulted in sign language training for 20 teachers and eight FAMOD staff members. This was provided in collaboration with the Ministry of Women and Social Action. This has been a useful platform from which to influence government policy, achieving significant changes with little difficulty.

The proposal writing skills provided to FAMOD have enabled the association to submit a successful application for an income generating activity in the form of a wheelchair production and appliance-manufacturing unit. The project manufactures wheelchairs locally while providing technical skills to ensure that interested participants continue to gain



employment and confidence. The wheelchairs are sold to the government and private individuals with proceeds reinvested and used to purchase spare parts and pay for the salaries of those working on their production.

*"I feel proud to be ACAMO's new provincial delegate. This is the first time in ACAMO's history that a woman has been elected to this position," says Anissa Binamur Bernado.*

## Leadership and economic change for women

Strengthening the capacity of the associations of people with disability, particularly in financial management and governance, has meant they are able to deliver and support their own members with sustainable projects. The associations were able to promote women's rights campaigns and targeted skills training in economic empowerment and leadership, and facilitate the integration of women with disability into mainstream society. The training modules have focused on small business management as well as gender equality and HIV prevention and treatment. The provision of Braille and sign language training addresses adult literacy challenges and communication difficulties faced by people, especially women, with visual, speaking and hearing challenges.

The empowerment of women with disability has been instrumental in ensuring that women are leading more independent lives. The principle of working with local associations is to empower their membership to promote and inform policy design and activities, and ensure there is accountability to members. For ACAMO this has led to an operational paradigm shift to include women with disability in leadership and decision-making positions.

## Influencing change where it matters

The project has recognised that for significant and lasting change to take effect, it is essential for people who have a particular obligation to understand and appreciate the barriers that people with disability face in accessing services. Training local community leaders in social accountability and governance, as well as producing and sharing pamphlets on the rights of women with disability, has provided duty-bearers with a greater understanding of the issues faced by people with disability. This has prompted duty-bearers to be more responsive and receptive to involving people with disability in planning and budgeting processes.

AFAP's approach has realised significant achievements in policy development, such as the Law of the rights of people with disability and the inclusion of Braille and sign language in the national teacher curriculum<sup>11</sup>. The project has created an enabling environment where women can actively and meaningfully participate in policy decisions, and has fostered a shift in the way governments engage with people with disability.

The local government has demonstrated their commitment to inclusive education through the piloting of inclusive classes in four local schools in Lichinga, and has supported ten children to attend a special school for children with disability. This has resulted in ACAMO being invited to the Provincial Directorate of Education to present their experience in adult education, and the involvement of 33 people with disability in government-run professional training courses in carpentry, sewing and construction. To date, the project has directly reached 485 people with disability, of which 60 percent are women.

<sup>11</sup> The project, in collaboration with ACAMO and FAMOD, successfully lobbied for government adoption of the Law of the rights of people with disability and will go before the council of approval early next year. Additionally, AFAP and ACAMO successfully lobbied for inclusive education, which has resulted in Braille and sign language being introduced as part of the national teacher training curriculum.

## Cultural shifts: Growing the pot of power

By Loretta Pilla - AOA

The Maasai ranch of Tiamamut in North Laikipia, Kenya, is accessible only by an undistinguishable dirt road. Here, in this highly patriarchal society, men's voices have traditionally drowned out those of women. Land and livestock is owned by men, which are of paramount importance to the Maasai, while women are afforded ownership of only a few products and resources, such as kitchenware, food, milk, chickens and hides. The only possessions a woman can inherit are her mother's ritual beads. Customarily, the viewpoint of many traditional elders has been that women have no rights and thus no role in decision-making within the traditional nomadic pastoralist social structures.

### Nurturing change

For the last three years, Anglican Overseas Aid (AOA) has been nurturing a new generation of young women who are influencing change in their communities. The project has provided numerous training programs in leadership and management, adult literacy and numeracy, financial management, maternal and neonatal health, nutrition and sanitation. Through their involvement with these activities, young women in Tiamamut are achieving their vision of empowering others into positions of leadership. As a result of working intimately with communities, the project has established the trust of elders, while creating new opportunities for women through such roles as 'link persons', community health workers (CHWs) and community volunteers. This process has translated into unprecedented appointments of young women to senior positions within the community.

Mary, 27, youngest woman elected to the Tiamamut Group Ranch Committee in North Laikipia in Kenya.

Photo by: Loretta Pilla, Anglican Overseas Aid.





## The story of one woman

Mary is only 27. For the past two and half years, she has been the Tiamamut link person, providing support to the Laikipia County Project Officer and the Tiamamut Community Development Committee, while advocating for women's and children's health rights to her peers. Prior to commencing work with AOA, Mary had enrolled in a secretarial course in Nanyuki, which she never completed due to lack of funds.

*"I don't like being idle," explains Mary. "I didn't want to sit at home, so I applied for the position as link person."*

Idle is definitely not a label that community members would ascribe to Mary. Juggling motherhood and her responsibilities as a link person and CHW, Mary was supported by AOA to earn a Certificate in Community Development through the Kenya Institute of Professional Counselling. Her energy and commitment to her community has not been overlooked. In April 2014, Mary was elected as one of the ten Group Ranch Committee members whose role is to manage the ranch's natural resources, and establish by-laws by which community members must abide.

*"It is a very important role," explain Tiamamut community members Peter Mischani and Margaret Kukuni. "They establish the rights in the community. It is important work. If they weren't around there would be no one giving us direction, no organised way of doing things that benefits everyone in the community."*

Committee members are responsible for the allocation of land for economic activities, such as pastoralism, natural resource harvesting and sand mining, and including outside private sector interests. The Committee also determines space for expansion of living areas or approval for people seeking to move into the area. By-laws include water usage and limits on the exploitation of other finite resources. The demographic of the Group Ranch Committee member is typically male and over 40 years of age. So how did a 27-year-old woman become the youngest of only three women to be elected?

*"It is because she is educated," explains Margaret - a rarity considering more than 70 percent of Maasai and Samburu women across AOA project sites have received no formal schooling.*

*"If you are educated, you cannot be easily tricked to sign things you don't understand. Especially around community land ownership. [Mary] can read and write so she is in a better position to understand things," adds Peter.*

Subsequently, the power of educated women residing in these communities is slowly molding and reforming traditional practices of governance, and creating a new future for women. While literacy skills are very important, Mary's confidence and leadership skills have also contributed to her improved status.

*"This position comes with more power and responsibilities ... [the project] has provided a platform for me to be elected to this position," says Mary.*

Mary explains that as recently as two years ago, only men were allowed to stand and speak during community meetings - women were allowed only to sit and listen. Even now, women may stand and speak, but only once the men have finished talking. Still, the women of Tiamamut have found ways to maximise the power of their collective voice.

*"This is not a bad thing," Mary adds.*

Mary's objective is to increase women's power to achieve an equal status with men. It is not common practice for Group Ranch Committee members to inform the community of the agenda of the meeting prior to holding one. Mary, however, targets the most outspoken women in her community and tells them personally what the agenda of the meeting will be.

*"This gives the women more time to prepare their argument ... Sometimes we have to start the meeting all over again because the women in the community bring up points and issues that were not discussed by the men,"* says Mary.

*"Men think it's disempowering to have women speak last, but they don't realise it gives us more power having the last say."*  
says Mary.

With women's voices now being heard and preparation happening before meetings, the voices of women in this community have been strengthened and decision-making power is far more equally distributed.

## Leading the way forward

With the aim of spotlighting maternal and child health (MCH) on the Group Ranch Committee agenda, Mary's peers are convinced she is better placed to influence the release of committee funds for MCH-focused activities. Such leverage will enable the project to reach its goals and objectives sooner than anticipated. The impact will also be further-reaching as the benefits and status for all women increases, and there is an advocate for their interests within governance bodies. There is real potential to go beyond the practical needs inherent in an MCH project and begin to move strategically towards equality between women and men. In this regard, the return on investment is substantially enhanced.

Mary's influence on her peers is a demonstration of the shifting gender dynamics within the community. It displays the power that small tangible steps have towards achieving gender and health equality in Tiamamut, and in reducing incidences of disease.

*"We have changed our ways because we follow what Mary does. We now have pit latrines, we keep our compounds clean, we have rubbish pits,"* says Peter.

## A level field: Unlocking the potential of women farmers in Africa

By Josie Huxtable, Care Australia

Although women represent nearly half of Africa's farmers, they are often unable to achieve their full potential. Many face multiple disadvantages, such as unequal access to land, credit, markets, extension services and agricultural training, tools and technologies. Compounding these resource constraints are ingrained social and cultural norms and institutional barriers that limit women's participation and inclusion in the agricultural sector. These challenges mean that, on average, Africa's female farmers produce less per hectare compared with men. It's a gender gap which adversely affects not only the women but also their families and entire communities.

In Tanzania, Ethiopia and Malawi, CARE focuses on improving household agricultural productivity and resilience through empowering chronically food-insecure women. The project supports women farmers to gain control over productive assets and resources, helps formal and informal institutions be more responsive to women farmers' priorities, and ensures cultural and social norms better support the individual and collective aspirations of women farmers. The project places a strong emphasis on monitoring and learning for continuous program improvement and impact. A central focus is a better understanding of the changes in women's empowerment that occur as a direct or indirect result of activities being implemented under the project. To achieve this, the project is piloting an annual cohort monitoring system using a Women's Empowerment in Agriculture Index (Index)<sup>12</sup>.

Cecilia, from Chiwere, Malawi asserts that a great change has taken place in her community as a result of the gender conversations. Photo by: CARE, Malawi.



<sup>12</sup> CARE's Women's Empowerment in Agriculture Index (WEAI) is based on the USAID/IFPRI developed WEAI with some modifications to better reflect the AACES program's Theory of Change.

## Measuring empowerment

The Index is innovative and aims to increase understanding of the connections between women's empowerment, agricultural productivity and growth. It also measures women's empowerment relative to men within their households. By combining quantitative and qualitative methods that allow for disaggregation across different domains of empowerment, the Index is enabling CARE to explain some of the factors responsible for the low productivity of women farmers in Africa and the socio-cultural changes that need to happen in order for women farmers to achieve their full potential as individuals and as producers.

The Index measures five domains of women's engagement in agriculture:

- Production:** Sole or joint decision-making over agricultural production and autonomy in those decisions.
- Resources:** Ownership, access to, and decision-making power over productive resources such as land, livestock, agricultural equipment, consumer durables and credit.
- Income:** Sole or joint control over the use of income and expenditures.
- Leadership:** Membership of economic or social groups and comfort speaking publically.
- Time:** Allocation of time for productive and domestic tasks, and satisfaction with the available time for leisure activities.

## What we've discovered

Two rounds of cohort monitoring have already generated case studies and a more robust understanding of which strategies create more effective results and sustain long-term program goals. For example, initial learning from Malawi shows the Village Savings and Loan Association (VSLA) model is having a positive impact on women's income levels. The model is establishing a culture of savings and access to credit with many women taking small loans to start their own small businesses. This is in turn raising women's agricultural production as savings are reinvested into leasing land and the purchase of fertiliser, seeds and livestock. Many women have increased sole or joint decision-making power over income or assets they have directly earned or purchased themselves.

However the cohort monitoring also shows the project has further to go in engaging men to ensure women are able to exercise any gains they experience in agency beyond the household and in community life. The program is now also working towards increasing resilience - such as sharing drought-resistant seed varieties, utilising seasonal forecast information and micro catchment techniques - in response to findings that many women are establishing small businesses based on natural systems, like the production and sale of vegetables. This makes their income stream vulnerable to climatic changes and shocks. The Malawi cohort also highlights where future programming could focus after the partnership has ended, with more than half of participating women raising land rights and ownership as consistent barriers to their social and economic empowerment.

## Profile: The story of Cecilia Thengoliweta

Cecilia lives with her husband, Nathani, the Village Head in Chiwere, Malawi. Of their five children, two live with them and three are grown and married. Cecilia borrowed capital from her VSLA group to fund a small business selling potatoes, tomatoes and green beans. Each time she pays back a loan, she takes another to boost her business. Cecilia has been saving through her VSLA since the project began and states that her money multiplies quickly, and at 'share-out' (when generated interest is divided among group members) she receives a lump sum that enables her to purchase fertiliser and bags of maize seeds. After the first share-out Cecilia and her husband decided to use the savings to buy a goat. One goat soon became eight goats. *"The VSLA has transformed our family and we have seen many fruits,"* says Nathani.

Despite these economic gains, recently Cecilia has been struggling to pay back her current loan due to poor rains and vegetable sales. To cope she has started collecting and selling firewood to meet her repayments.

Although both Cecilia and her husband view Nathani as the household head, they share progressive views about responsibility and power and make the majority of decisions together. When Nathani is away, Cecilia makes decisions alone although she waits to consult him on decisions involving household assets. For all types of income earned by household members, Cecilia provides significant input on how it will be spent.

According to the Index, at baseline, Cecilia's empowerment score was .40, well below the .80 threshold of CARE's Women's Empowerment Index (see diagram). At mid-term, Cecilia has a score of .87 and she is considered to be empowered. She has also achieved gender parity with her husband. Since baseline, Cecilia has crossed the threshold of achievement for all indicators within the production and income domains and now expresses attitudes, which support gender equitable roles in family life.

Cecilia wishes she could speak about family issues (with an emphasis on marriage behaviour) in meetings that are open to the whole community but she feels unable to do so. She believes men will perceive her as troublesome if she does.

*"Only men feel free speaking out in public since they surely know that women will not judge them," she says.*

Resources are the only domains in which Cecilia is not empowered. The household has agricultural and non-agricultural land, small and large livestock, tools and durable goods, and even a motorcycle, but with exception of the small livestock, Nathani owns all the assets and makes all the decisions. Community and leadership are two areas where Cecilia feels fairly empowered. As wife of the Village Head, she is considered to also be a chief and she voted for candidates of her own choosing in the last election. Through the VSLA she has become more confident expressing her views and speaking in the company of women.

Cecilia asserts that a great change has taken place in her community over the last two years as a result of the gender conversations held in her VSLA.

*"The community believed that house chores were for women, while men's role was to source income and provide everything for the family. Now a woman can go out to earn an income while a man does the house chores," says Cecilia.*



Cecilia's empowerment score



## In Namkumba village, challenges have become opportunities for radical transformation

By Martin Mazinga, Caritas Malawi

Namkumba village, located 85 km north of the Malawi capital Lilongwe in Dowa District, is one of 96 communities participating in Caritas' project in Malawi. The 132 households that make up the community were typical of most of the country in that most relied on rain-fed maize crop for sustenance. Even in the best years, families experience hunger gaps for up to five months, during which time they survive on traditional food sources, undertake casual labour in nearby tobacco estates or burn trees for sale as charcoal.

### The cycle of subsistence

Dorothy Chimbalanga, a mother of three children, led a fairly typical life of subsistence farming in Namkumba prior to the AACES program. During hard times, Dorothy and her friends cut down trees to sell as firewood or charcoal. This activity was banned when the Chief noticed the extensive damage being done to the surrounding environment. This affected Dorothy badly as she was left with no means to provide basic household needs.

Dorothy Chimbalanga and her maize produce in Dowa District, Malawi. Photo by: Caritas, Malawi.





*"I did not have any livestock. Nor did I have a kitchen, a bathroom, not even a latrine. We could only bathe at night when everybody was asleep. In terms of a latrine, we could answer nature's call anywhere far from the house. I needed money to feed and clothe my family, build a house, educate my children and money for everything. I didn't know where to turn," says Dorothy.*

Typical of the status of women in most African societies, and despite undertaking most of the agricultural work and other responsibilities, Dorothy and her peers were unheard in influencing community affairs. Men dominated proceedings and decision-making. With this in mind, Caritas and its partners identified and proposed solutions to issues that kept women shackled in poverty, with particular focus on the unfair division of labour and a lack of access to income and training.

*"I was trained in using local resources [SBA], irrigation farming, village savings and loan, conservation farming, livestock rearing, sanitation and hygiene, disaster-risk reduction and, also, climate change and environmental management. What I learnt the most from the training was that our village was not poor," says Dorothy.*

## Building on strengths

In recognising the barriers, Caritas and its partners deemed it most appropriate to use the Strength-Based Approach (SBA). The approach was chosen because it facilitates the communities to formulate their own visions of where they would like to be in the future and helps them identify and utilise their existing assets, skills and associations. SBA also helps to unlock the potential of communities like Namkumba and put them in the driver's seat.

The most important thing that SBA does is change peoples' mindsets to one of 'we can do it ourselves', in addition to making people aware of their rights. SBA instils a solid sense of ownership in communities, which is a critical contributor to the project's sustainability. In Namkumba, various project activity committees were established to oversee the management of community assets and efforts. For example, the irrigation committee is a gender-balanced community level body that ensures representation of the most marginalised so they have a valid voice in decision-making. This enables the community to draw resources, experiences, knowledge and skills from within to manage its own affairs.

The communities carry out most project work and any useful materials that are present locally - like land, water, stones, sand and tools - are used. When specialised work, trainings or materials are required, Caritas's partner, the Catholic Development Commission in Malawi (CADECOM) provides support to fill these gaps. In this way SBA is a very pragmatic and realistic approach that provides great value for money by utilising existing but unrealised community assets.

Communities use their voices to leverage support from service providers, such as the district government who, in the case of Namkumba, have provided technical expertise to maximise agricultural productivity to three growing seasons each year in contrast to the solitary one previously. Such links between government and communities will endure beyond the life of this AACES project. This has revolutionised agricultural growth in Namkumba, which has attained agricultural productivity for the past three consecutive years at times when most of Malawi was lining up for relief rations. As an endorsement of AACES, Namkumba was chosen to host the Dowa District Agriculture Show in 2014 owing to the diverse and integrated agricultural productivity interventions in the village.

*“Life has completely changed and the people are transformed. Working with CADECOM we are witnessing a cultural revolution, which is spinning community development. Nowhere have we witnessed community self-driven development than in this village,”* says George Yamikani, the Dowa District Agriculture Development Officer.

## A transformed community

As part of the training in sustainable agriculture, farmers have diversified their crops, growing high-value vegetables and legumes, which have generated incomes where previously none were earned. Ten percent more of the project population now have livestock as a cushion to any livelihood shock, and this will grow year-by-year as participants hand on the first female offspring to other community members. Households are now reaching a point of wellbeing where some are purchasing additional livestock on their own. In addition, 24 households in Namkumba have constructed brick and iron-roofed houses, rather than mud and grass thatched structures.

Dorothy and 20 other group members were trained in Village Savings and Loans, consistent with the SBA of mobilising internal assets. After two years, the group had saved 560,000MKw (A\$1,800). Dorothy and her husband took a small loan to buy livestock and have since built a decent house, kitchen, bathroom and, critically, a latrine with the profits. They are now able to pay school fees for their two daughters and son who are in secondary school. As a way of addressing Dorothy’s over-reliance on cutting down trees for charcoal and firewood, CADECOM trained her to build an energy-saving stove from local available materials. The stove uses less firewood and cooks two pots more efficiently than traditional methods.

The energy and enthusiasm of the women is apparent, as they are major participants and their voices are heard and respected in shaping the future of their community. They are involved in a number of income-generating enterprises, which have changed their social and economic face in society. SBA and AACES have provided an equitable forum where the voices of all are heard and the most marginalised are prioritised. The confidence and status of women has been elevated such that women now comprise 60 percent of all committee leadership positions, making and influencing decisions that contribute to the communities’ development activities.

There is no doubt that the wellbeing and status of women, including Dorothy and other marginalised groups, has been elevated through the work of Caritas, CADECOM, the community and the SBA. As a result, change in Namkumba and the other 96 communities across Malawi where this project works is irreversible.

*“We didn’t get recognition as women in this community but now we have been empowered. I am now a Lead Farmer, a community leader, a village model, and I have also been trained in bricklaying, taking up positions and tasks which were previously reserved for men,”* says Dorothy.

### Access to reproductive health for women and girls: A cost-effective strategy

By Kubai Edward, Marie Stopes Kenya

This case study focuses on Marie Stopes International's (MSI) social franchising model in Kenya and shows how engaging with private sector healthcare providers can lead to sustainable, cost-effective quality sexual and reproductive health (SRH) services. Through AACES, 20 private healthcare providers in Kenya's Coastal Region were trained in family planning (FP) and have come under the accredited network, or social franchise AMUA to deliver services. AMUA is a Swahili name meaning decide.

Social franchising offers tremendous opportunities to strengthen the private sector, lower costs to the consumer and drive improvements in service quality. This in turn benefits women and men's access to sexual and reproductive health (SRH) services and family planning (FP) services. Women offered the choice and opportunity to use FP can more easily pursue their education and contribute productively to their communities. MSI empowers women to make informed decisions on the type of FP method they want, and access affordable and quality SRH information and services.

AMUA franchise clinic in Malindi, Kenya. Photo by: Marie Stopes, Kenya.



## Supporting women through social franchising

Social franchise is based on the model of franchising commonly used in the commercial sector. It typically involves the granting of a license by a social enterprise (the franchisor, often an NGO) to another person or company (the franchisee) to allow them to create demand using the branding of the social enterprise. The franchisee receives training by the franchisor, including business skills, agrees to quality controls and is supported through commodity supplies. In Kenya, approximately 36 percent of women using FP access the service from private providers<sup>13</sup>. Private providers offer long-term FP methods, not typically available in the public sector. This is why supporting private providers through social franchising is critical in bringing sexual and reproductive healthcare to marginalised women.

*In the last 12 months, AACES AMUA franchisees delivered more than 14,000 integrated SRH services to 12,223 women and 1,928 men.*

Marie Stopes Kenya (MSK) trains the AMUA network service providers in integrated SRH provision including FP, counselling for youth-friendly services, sexually transmitted disease prevention, cervical cancer screening and the integrated management of childhood illnesses. They are also supported with branding, subsidised equipment and FP commodities. In return, they agree to comply with reporting requirements and undergo regular supervision and monitoring to ensure adherence to quality standards by MSK. To date, the AMUA network includes 406 accredited providers in Kenya.

## Capturing youth

AMUA franchisees are attracting young clients, who are typically hard to reach. In 2013, 36 percent of AMUA clients were under the age of 25. Youth-friendly services were a new focus introduced through AACES, and MSK has strengthened this approach over the past year, reaching 170,000 youths with SRH information.

Capturing young people is important because it helps to delay first pregnancies and allows girls to continue their education. It also increases knowledge about FP among young men who typically become household decision-makers in their future families.

Community Health Workers and Youth Peer Educators play a key role in creating demand for SRH and FP services, and in referring clients to social franchisees. They share information about FP to youth and women, in particular, people with disability and the community at large. They also act as referral agents for all of MSK's service delivery channels.

## Embedding long-term change

By building the clinical capacity of private service providers selected from existing clinics to better serve the FP needs in the community, social franchising as a model is sustainable because the improved service provision translates into increased client volume. This leads to more clinic revenue for the franchisees and the potential to expand the business of the clinic.

Not only does social franchising make use of existing private service providers' clinical capacity and infrastructure already established in target communities, but the skills gained through the accreditation process will remain with them beyond the AACES program. Increasing the range of services franchisees provide to include quality SRH and FP, gives the franchisees a reputation for quality service provision. As their client volume increases, so does their revenue and they may eventually expand their business.

<sup>13</sup> Kenya Demographic Health Survey, 2008–2009

Since becoming an AMUA franchisee, Patrick Chume, owner of Mtondia Medical Clinic has been able to improve his delivery of FP services, and there has been an increase in client volume at his clinic. Patrick has been able to expand his clinic by building two more rooms - an additional consultation room and a maternity room.

*“Your work is good. You have trained me and I can now offer IUCD<sup>14</sup> and all other family planning methods to the youth, women and people with disability. As a result of the training by Marie Stopes Kenya, my clientele for long acting methods has increased. Through the word of mouth, I am getting more clients from across the region which I attribute to the skills gained and quality of my services,” says Patrick.*

## Expanding the reach of healthcare

MSK is working in partnership with Africa Health Market for Equity to include additional franchised services, for instance in malaria treatment, which further increases the ability of franchisees to expand their business. Through this partnership, the franchisees also receive training on business skills and can apply for loans, enabling them to access funds beyond the program perimeters.

Integrating FP within a broader range of services offers young people a service entry point that is less stigmatised than FP alone. This contributes to an increased acceptance of FP and will have a positive and sustainable effect on the demand for these services in years to come. By linking private healthcare providers together in quality assurance networks, like AMUA, MSK is assisting the Government of Kenya to leverage the infrastructure and human resource potential that exists in the private sector for a more sustainable outcome.

## Value for money

To evaluate the impact of FP services, MSI has developed the Impact 2 model<sup>15</sup>. Using this tool, MSI estimates that the FP services provided in the past year through AACES in Kenya and Tanzania have had the following impacts:

Maternal deaths averted	145
Child deaths averted (due to improved birth spacing)	1,392
Total Disability Adjusted Life Years (DALYs) averted	126,696
Unsafe abortions averted	8,343
Direct healthcare costs saved	A\$ 5,431,272
AACES program costs	A\$ 1,560,106
Return on investment	A\$ 3,871,166
Unintended pregnancies averted	61,158

<sup>14</sup> Intra-uterine contraceptive device

<sup>15</sup> Impact 2 is an innovative tool that converts FP services into high-level health and demographic impacts. For more information on the tool, visit <http://www.mariestopes.org/impact-2>



## The big picture

Access to FP services has direct links to poverty reduction because it brings about greater economic empowerment for women, and reductions in maternal and infant mortality. Research shows that for every US dollar spent on providing modern contraceptives to meet unmet FP needs, approximately A\$1.79 is saved in medical care due to fewer unintended pregnancies<sup>16</sup>. Providing integrated services and working with existing private healthcare providers is also cost-effective as it reduces duplication, delivers more services per client contact and leverages from existing clinical capacity and infrastructure.

The investment in SRH and FP training and support for franchisees, results in higher revenue for the clinics, multiplying the return on initial investment. Offering previously unavailable long-acting FP methods is important for marginalised communities, as these services mean fewer repeat visits, reduced transport costs and less disruption to work. The social franchising network works closely with MSK's static clinics and outreach teams to ensure clients seeking services for permanent FP methods, like tubal ligations and vasectomies, get quality services through a well-organised referral network.

MSI's AACES project is increasing access to, and uptake of, equity sensitive sexual and reproductive health services by marginalised populations in Kenya and Tanzania. Three years into the program, more than 60,000 SRH services have been provided to women and men, including family planning (FP), voluntary counselling and testing for HIV as well as cervical cancer screening.

<sup>16</sup> Singh, Set al, 2009, Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, Guttmacher and UNFPA.



## Women in construction: Building Zambia brick by brick

By Michelle Besley, Oxfam

AACES is supporting NGO partners to define Value for Money (VfM) within their own programming contexts. Oxfam defines VfM as 'the best use of resources to contribute to positive significant change in the most vulnerable people's lives'. Achieving VfM is commonly seen as balancing the Four E's: economy, efficiency, effectiveness and equity<sup>17</sup>. Oxfam believes VfM is a concept that must be embedded across its program management, and monitoring, evaluation and learning processes.

### Measuring Value for Money

The AACES Mid-Term Review provided an opportunity for Oxfam to test agency thinking around VfM and develop a new VfM assessment tool. The tool adapted the Basic Efficiency Resource (BER)<sup>18</sup>, which compares inputs with outputs to measure efficiency. The BER was extended beyond efficiency to assess outcomes, thus providing a rating of effectiveness. The tool provides a framework to assess each of the four E's and make an overall statement of the VfM of the program by examining the links between costs and inputs, outputs and outcomes (including equity). Assessment is made in relation to the relevant contextual factors, which influence the way the program can be delivered.

Yvonne Nasilele (left) and Nela Solishebo (centre) during construction work in Mongu, Zambia.

Photo by: Alexia Webster, Oxfam.



<sup>17</sup> ACFID 'Value for Money' Discussion Paper, September 2012, Page 8 <http://www.acfid.asn.au/resources-publications/files/acfid-and-value-for-money>

<sup>18</sup> Basic Efficiency Resource: A framework for measuring the relative performance of multi-unit programs, Dr. Brian Cugelman and Eva Otero, September 2010 [http://www.bond.org.uk/data/files/cugelman\\_otero\\_2010\\_VfM\\_analysis\\_OGB\\_campaign.pdf](http://www.bond.org.uk/data/files/cugelman_otero_2010_VfM_analysis_OGB_campaign.pdf)

The tool provides a practical way of assessing VfM and recognises that development programs are implemented in complex and unique contexts and can produce outcomes that are difficult to quantify.

The tool was developed by an independent consultant who used it to undertake an external mid-term VfM assessment of two components of Oxfam's AACES program, one of which was Women in Construction in Zambia. Oxfam gender research revealed that while its previous Water, Sanitation and Hygiene (WASH) program was strong in delivering WASH infrastructure and ensuring the representation of women in committees, it did not contribute to the empowerment of women and the realignment of power relations between men and women. This was because men were primarily involved in paid WASH-related work (e.g. construction) and women were engaged in roles performed on a voluntary basis (e.g. health promotion). Enhancing gender equality is an objective of AACES and is central to Oxfam's development approach<sup>19</sup>.

## Rethinking jobs for women

Oxfam decided to try to increase women's empowerment and equity in the program by training women in construction, giving them skills to build and maintain WASH infrastructure and skills they could apply beyond WASH construction, increasing their access to income-generating opportunities. The initiative aimed to leverage WASH for greater community development and gender equality by enhancing women's technical skills and participation in what are usually considered men's domains, and challenging these long-standing structural inequalities.

Certain contextual factors posed risks, challenges and cost implications, influencing the way the program could be designed. For example, the program was implemented in remote and under-served areas - only one formal vocational training institute existed in the district and it did not offer a course in general construction. Women's education levels meant that training had to be adapted to their needs, and women had not previously engaged in construction. This was the first time Oxfam has tried to address gender equality in this context in such a bold and targeted way, piloting and testing a new approach.

The training program was developed and implemented collaboratively by Oxfam, Mongu Trades Training Institute, and the Mongu Municipal Council and People's Participation Services. During the first half of the program, staff promoted the initiative on radio and through open community meetings, explaining the process and addressing concerns, and established a community selection process. It then trained 20 women in a tailored six-month certified training course in carpentry, plumbing, bricklaying and entrepreneurship. As part of the training, women boarded at an institute and gained experience learning and applying a range of skills (20 percent theory, 80 percent technical application). Upon completion of the training, women were given a set of tools to undertake independent work and were supported to register companies so they can compete for construction contracts.

The program has brought about positive initial outcomes with women taking up paid roles in construction after the training. Significant gains towards challenging gender stereotypes within communities have also been made. Several men and the builders reported that initially there was general scepticism about the women's ability to do the work. However, once they had demonstrated their competence to build, perceptions changed and there was a very positive response. Women participants are also starting to see the impact more broadly. For example, at 24-years-old, Nela Silishebo was recently elected by her community as the chairperson of a World Bank-funded project on climate change adaptation.

<sup>19</sup> [https://www.oxfam.org.au/wp-content/uploads/2014/03/2014\\_strategic\\_plan\\_fa\\_web5.pdf](https://www.oxfam.org.au/wp-content/uploads/2014/03/2014_strategic_plan_fa_web5.pdf). One of the AACES program objectives is: Reduced WASH related inequalities in gender and vulnerable groups.

Since completing the training, some women have experienced challenges in generating a steady income. Barriers have included limited opportunities to take up work, due payment being withheld, not receiving equal pay to men, being blamed for construction mistakes without cause, and rejection of business loans. Oxfam is currently working to help women to overcome these challenges by supporting them to secure loans and contracts, and navigate workplace issues. In the second phase of this project, Oxfam will support women to apply their skills by providing opportunities for continued practical application and mentoring, involving women in WASH work, building women's capacity in financial management and preparation of contracts and bids, and by linking women to other organisations to gain employment.

*"I was just a single mother with no voice and no future before I participated in the construction course but look where I am now," says Nela.*

## Applying Value for Money

The VfM assessment found that Oxfam's application of its program management processes supported it to invest appropriately to bring about desired changes, achieving value for money. The initiative was seen to be well designed in relation to the contextual factors by the external reviewer. The program considered various options to train women in construction, such as using local district government facilitators to provide training for five days or supporting women to attend one of three courses offered at the formal training institute in the district (carpentry, plumbing or bricklaying).

While the selected option of creating a tailored course for women in all three trades was not the cheapest (A\$36,910 for training, accommodation, education and childcare), it was deemed the most appropriate for its potential to produce far-reaching results. Women would be more likely to learn and succeed with a focus on practical application, they would receive Trade Test Certificates recognised by the national regulator, and they would be trained in all three areas instead of one trade. The program created efficiencies in a range of areas by reducing costs while maintaining the quality inputs necessary to bring about the desired changes.

The VfM assessment concluded the program's decision to invest more in activities and implement them on a smaller scale, providing close monitoring and management support to deliver long-term results, was appropriate given the bold and innovative approach to addressing gender inequality. The initial gains made in inclusion for women validated the program approach and scale of investment. Although the program has been designed with sustainability in mind, at this early stage it is difficult to assess the program's sustainability. Emerging challenges experienced by women in the workplace highlight the need for the program to continue to invest in supporting women to gain and maintain employment. Some initial successes have been seen in this area, with the government committing to award 30 percent of government construction contracts to women.

### Strong women, strong communities: The case of Maronga village

By Charles Mubururu, Simba Nyamarezi and Avega Bishop, Plan International

Plan International's program is working in Kenya, Uganda and Zimbabwe. In Zimbabwe, the program focuses on addressing gender-based violence (GBV), promoting social inclusion and access to services for marginalised people, particularly women, young people and people with disability. Although Zimbabwe has sound national laws and policies against GBV, studies show there are high rates of GBV across the country<sup>20</sup>. GBV both reflects and reinforces gender inequality.

This case study shares Plan's experience of working with Maronga village, which has a population of around 1,300 people. Maronga was selected for this case study, as there was widespread acceptance of domestic violence and very limited participation of women in household or community decision-making at the beginning of the program<sup>21</sup>.

Women gathered during an awareness session on community rights in Maronga village, Zimbabwe.

Photo by: Tafadwa Mhou and Cumba Butholezwe, Plan International, Zimbabwe.



<sup>20</sup> The Zimbabwe Demographic and Health Survey (2011) found that one in four women had experienced sexual violence and one in three girls and women aged 15 to 49 had experienced physical violence.

<sup>21</sup> Focusing a case study on one village enables examination of the local characteristics, community dynamics and processes of change that are particular to that community context. While a focus on outcomes is important, understanding the strategies that Plan International used to facilitate and the processes by which changes took place in the community is important for learning and application elsewhere.



## Working at village level

Plan and local partner, St Peters Community Care Program, started engaging with the Maronga community at the beginning of the project using Participatory Learning and Action activities. These activities facilitated discussions about community assets and resources as well as about gender and power relations. At the start of the project, domestic violence was tolerated and rarely reported, with only around three cases taken to the Maronga village court each year. Whether considered in the extended family or the village court, decisions always favoured men. Traditional leaders and community members did not know about the national laws and policies that are designed to protect women and children.

*"My husband realised gender-based violence is bad and it's against the law. I am grateful this program has come to sort out my life. He used to refuse that I go to church but now he permits me without asking any questions. I am now the chairlady of my church. He has become flexible and understanding,"*

says Puweni Ngwani who had lived with domestic violence for decades.

*"We would witness high rates of violence in this community, especially ...when the farm produce was sold and money was available. When we first had irrigation plots in 2000 all the work in the field was done by women. Men were only involved when the produce was ready for sale...[they would] sell the beans or tomatoes and return home empty handed, having spent all the money recklessly and without consulting other family members. Naturally the women would challenge this economic and emotional abuse by their men and this would trigger fights in the home,"* says Sitembile Sibanda of Maronga village.

Plan facilitated awareness sessions on community rights, which focused on the rights of women and girls in national laws, and later included the rights of people with disability. In the second year, the sessions looked at rights through a cultural lens. By the third year, community dialogues encouraged different voices in the community to be heard and community plans were developed to promote social inclusion.

There has been a strong focus on training and mentoring community volunteers (three women, one man) and peer educators (three women, including one with a disability) to provide community-based services. To increase the engagement of men, the village head and a community member were also trained as male gender advocates. These key people have taken on important roles in rights awareness, legal advice and counselling, dispute resolution and referrals to services outside Maronga.

## The role of culture in tackling GBV

Reflecting Plan's project design, staff utilised strength-based, rights-based and Culture in Development (CiD) approaches in their engagement with the community. The CiD approach starts by appreciating local cultural norms, values and systems already in existence. It then builds on positive aspects of culture as a resource in community development, harmonising local (indigenous) and modern development approaches.

The Maronga community decided to use the '*bandhla*' cultural practice, which traditionally involved men meeting together to discuss issues affecting families and the community. In Maronga, *bandhla* was extended in two ways - by including women and young people in the meetings and by discussing the promotion of women's rights and social inclusion. From March 2013 onwards, the male gender advocates facilitated monthly meetings, which actively engaged men.



By June 2014, there were substantial reductions in GBV in Maronga. Assistance to women experiencing domestic violence is now available from community volunteers and the village court. Disputes in the family and among community members are able to be resolved through mediation by community volunteers, instead of escalating into violence. There is less acceptance of GBV due to knowledge of the law, sanctions by the village head and referrals to police and other services outside the community.

As one woman, Evalyn Mwaenedza, says: *"This program has really ushered in a new era where we (women) are now owners of land and property."*

## Women can make decisions

Community members appreciate the benefits of increased respect towards women and girls, which leads to peace in the home. Less rigid gender relations have enabled women to participate in domains that were previously considered for men only, including household decision-making, economic activities and control over income and assets.

Women are now taking up leadership positions and their contributions are being valued. George Maronga, the village head, appointed the first woman to join the village committee in early 2013.

*"What used to happen was the women would not take a seat while there are men but this is no longer the situation now. Women are now taking these (leadership) positions and we are realising benefits because we now hear what they want. We can now incorporate their requirements in our plans or agendas,"* says George.

The project has ensured these changes are sustainable by building the capacity and fostering collaboration among traditional leaders, community volunteers and service providers, including duty-bearers (government service providers and officials) outside the community. Community members drive program activities and community plans.

## Stronger women mean stronger communities

The experience in Maronga highlights the bigger impacts that can arise when GBV is addressed, including improved health and wellbeing for women and children, and more household energies for economic and community development efforts. Addressing women and girls' rights, as well as the attitudes and practices of men and boys, enables long-term change towards increased gender equality in households and community structures. These changes, in turn, enable women to become more economically active and to have greater decision-making power in their homes and community.

Plan's experience in Maronga also illustrates an important dimension of value for money where understanding and adapting to the specific community context enables resources to be used wisely. The approach successfully leverages contributions in time and skill from the community volunteers, the village head and other community members, and gives rise to a sense of value surrounding change by community members.

The experiences in Maronga have been taken on by Plan and other development partners and will be applied to the promotion of gender equality in other communities and programs.

## Breaking the silence on menstruation to keep girls in school

By Christina Chacha, WaterAid Tanzania

Inside and outside schools, access to water, sanitation and hygiene is integral to a girl's ability to pursue an education. Reasons for absenteeism are many but international research suggests that inadequate water supply, sanitation and hygiene play a critical role. This is particularly true for menstruating girls, who may feel uncomfortable managing menstruation in schools without facilities<sup>22</sup>.

To manage menstruation hygienically, it is essential that women and girls have access to water and sanitation. They need somewhere private to change sanitary cloths or pads, clean water for washing their hands and used cloths, and facilities for safely disposing of used materials or a place to dry them if reusable. There is also a need for both men and women to have a greater awareness of menstrual hygiene. Currently, cultural practices and taboos around menstruation impact negatively on the lives of women and girls, and reinforce gender inequities and exclusion. While many would consider availability of clean and private toilets with access to water, soap and menstrual hygiene facilities a necessity, for most schoolgirls in rural Tanzania they are a luxury they may never have.

Provision of menstrual hygiene management infrastructure in schools has made a significant difference, especially on the girls' attendance and confidence. Photo by: Olivia Greenwell, WaterAid Tanzania.



<sup>22</sup> Marni Sommer (2010) 'Where education and women's bodies collide: The social and health impact of girls' experiences of menstruation and schooling in Tanzania' in the *Journal of Adolescence* 33 (2010) 521–529.

## WASH inadequacies in schools

Prior to WaterAid's AACES schools project in Tanzania, a study which mapped the water, sanitation and hygiene (WASH) facilities in 2,697 schools across 16 districts revealed the appalling situation for school pupils in Tanzania, particularly for girls. The study found that:

- Some schools had as many as 400–600 pupils per toilet
- More than 50 percent of girls' latrines had no doors
- 38 percent of schools had no water
- 1 percent of schools had soap
- 63 percent did not have a place to dispose sanitary pads

This situation potentially has serious implications for schoolgirls and female teachers in managing their menstruation.

*"This means that adolescent girls lose two to five days every month because they lack the basic things to study comfortably when they are on their periods,"* says Mrs. Musa, Education Officer and Health Coordinator for Bahi district. This can have a devastating effect for girls' education.

*"Because of the cultural taboos and secrecy that surrounds menstruation, when faced with an embarrassing situation at school, these girls opt to quit school altogether,"* she says. The dropout rate for students in Tanzania is high at about 33 percent, with reported significantly higher rates of dropout for girls.

According to the United Nations Children's Fund, study after study show that educating girls is the single most effective policy to raise overall economic productivity, lower infant and maternal mortality, educate the next generation, improve nutrition and promote health. Uneducated<sup>23</sup> girls are more at risk than boys in becoming marginalised and exploited and, as unschooled adults, girls will be less likely to have a say socially and politically or be able to support themselves.

## Tackling the WASH issue

WaterAid's AACES project is addressing the dire school WASH situation in Tanzania and contributing to a reduction in the high levels of school absenteeism. This is being achieved by undertaking policy, advocacy and research work on school WASH, as well as through providing schools with improved WASH facilities and services.

National school WASH guidelines and toolkits have been developed through community consultation and in collaboration between NGOs and the Government of Tanzania. The project is testing and refining the models for school WASH facilities. This includes infrastructure, hygiene behaviour change, and maintenance arrangements to ensure facilities are sustainable. It is expected this work will inform national guidelines so that all children in Tanzania benefit from improvements to their school WASH facilities and services.

WaterAid has worked to ensure menstrual hygiene management needs are met by infrastructure as well as in education. Research was undertaken on menstrual hygiene and has informed improvements to designs, with toilet blocks including a menstrual hygiene management room with a toilet, clean water, a clothesline and discrete disposal of waste through either rubbish bins or incinerators. Capacity building of teachers through training and provision of learning materials appropriate to the local context is supporting the education on menstruation and menstrual hygiene for adolescent girls.

23 UNICEF, <http://www.unicef.org/mdg/gender.html>

Efforts have focused on menstrual hygiene research, adapting models and constructing school WASH facilities in rural and urban areas of Tanzania. This year, more than 8,000 pupils, 4,400 of whom are girls, have been provided with new toilets in 21 schools, which are private, clean and have menstrual hygiene facilities, a new reliable water supply, hand-washing facilities and hygiene education.

Some of the impacts of the menstrual hygiene work undertaken are beginning to emerge. At Ugembe Primary School, teacher Fatma Kipanta has noticed the menstrual hygiene management room has made a significant difference, especially on the girls' attendance and confidence at school.

*"Previously most of the girls preferred to stay at home rather than come to school during their periods and as a female I understood because I know the school lacked the facilities for them to comfortably be here," says Fatma.*

Initially they had trouble with getting the girls to use the room but after the education sessions the girls now even prefer to use the toilet in the menstrual hygiene management room rather than the other toilets.

The room is now viewed as 'cool' and even the younger girls now want to use the 'big girls' room. The menstrual hygiene awareness sessions have helped to break the silence and secrecy around menstruation.

For 15-year-old Khadija Ibrahim, this approach has made a difference to her school experience. *"I preferred to stay at home rather than going to school during those days of menstruation because there was no privacy to change and I made sure that no one should ever know that I am on my period,"* she says.

Now, she is regularly in school and is excelling in her studies. Like Khadija, menstruation no longer stops other girls at her school from pursuing an education. The girls all share similar stories adding that they are no longer ashamed of the fact that they have their period.

*"It is a normal process and we come to school everyday of the month knowing that we can take care of ourselves or ask the teacher for help,"* they echo.

Mrs. Mazengo, Head Teacher at Mpalanga Primary School, believes school-based education on menstrual hygiene management is vital to ensure factual information on menstruation is passed on to young girls.

*"In most Tanzanian communities, girls get their information on menstruation from their mothers or older maternal relatives, this advice is often shrouded by secrecy and taboos that do not help promote menstrual hygiene,"* she says.

WaterAid will continue to work with the government in Tanzania to support the national rollout and implementation of the school WASH guidelines and remove the barriers girls face to education in Tanzania.



# WORLD VISION

UGANDA

## Inspiring change through male involvement in maternal and child health

By Anita Komukama, Richard Muhumuza, Margy Dowling and Andrew Tumuhameho,  
World Vision

Men are critical players in decision-making when it comes to reproductive and maternal newborn child health (MNCH) practices, such as contraceptive use, maternal nutrition and institutional deliveries. However, despite this fact, there has been limited attention given to engaging men around these issues. The result has been poor access and utilisation of these services by men and women alike, leading to unplanned pregnancies, maternal and child mortality, and other issues. World Vision has recognised this problem and is working with the communities of Kitgum District in northern Uganda to involve men in better health outcomes for women and children.

A Parent Support Group has helped Owiny Jovine Ghandi to be involved in maternal and child health care in Kitgum District, Northern Uganda. Photo by: Anita Komukama, World vision Uganda.





Mother-care groups<sup>24</sup> were already operating in the area, but they only targeted women and people living with HIV and AIDS, leaving men largely uninformed. To address the root causes of damaging gender-based behaviour between couples, World Vision decided to form 50 Parent Support Groups (PSGs) - with a focus on couples rather than just women - to gain knowledge and discuss issues for increased positive behaviour around MNCH. A PSG generally comprises 13 couples from the same area, and are from households where women are pregnant or have children under two. A Community Health Volunteer (CHV) who takes 30 minutes every month to meet with the groups and discuss a health topic, such as the importance of breastfeeding, leads them. The CHV shares important information on the topic and then invites both men and women to discuss and ask questions. Where necessary, referrals are made for issues that cannot be addressed in the group.

*"Ever since my husband and I joined Omuk-Luru Group, the way we handle our home matters has changed. My husband is more involved in raising our three children and he lets me make some decisions like what we shall eat and how much money can be used for the children's wellbeing. He was very supportive when I was pregnant with our last son and he even takes him to the health centre when he is sick and I am not able. I am happy with all the knowledge we have got from the group,"*  
says Akello Nighty from Omuk-Luru PSG.

## The impact of including men

World Vision has seen a change in some daily practices of families, with men being more active and involved. Men are now providing transport to health facilities, accompanying women to appointments and even reminding them to attend their appointments. This is attributed to education through PSGs.

PSGs have led to the establishment of role-model homes that other community members look up to. After being part of Oguda village PSG for more than two years, David Odongkara says: *"Our group has continued to meet, sharing about what is good for us as a group. This includes proper hygiene sanitation, encouraging men to help their woman with household chores, as well as accompanying women to the health facility whenever they are visiting."*

Men and women in the PSGs report there is greater bonding, respect, love and open communication between couples, creating a happier home environment. This has resulted in increased sharing of decision-making processes. In one group, a husband took his wife to the delivery room and was present throughout the birth, which is very rare in this area. The perception of men is changing as they recognise the importance of caring for women during pregnancy and lactation.

## Shifting perceptions

PSGs demonstrate that men's perceptions can change if they are given the right information, and if they are able to discuss real-life scenarios and the barriers to accessing health services, as a means of working towards solutions. In this project, men were encouraged to discuss these issues with other men and efforts were made to keep interactions positive by reinforcing the responsibilities of men and being re-affirming rather than blaming them for problems within the family.

As men began to act, some changes became apparent, such as sharing workloads and encouraging pregnant wives to rest. Men were able to see how these behaviours directly impacted women and children in a positive way, and this has been encouraging for them to continue. Within the PSGs, men that demonstrated positive change were identified as change agents for other men who were still less inclined to change.

<sup>24</sup> Mother-care groups are support groups of approximately 10–15 women, who meet regularly to discuss issues pertaining to better health and care for their family. They receive training and supervision from World Vision's staff.

This has resulted in other men being influenced by the positive shifts in the change agents, and more men are participating in maternal and child healthcare for their families.

Change is slowly taking place, especially among the younger men, where sharing workload is becoming increasingly normal, and family contentment is improving. District officials have seen more men attend health facilities with their wives. We met one man, Odong Sebastian, while he was happily washing utensils. He told us the PSG has helped him and his wife build their home by working together and depending on one another.

*"I used to think pregnancy was a normal occurrence in women and it was okay for them to garden, fetch water and do all the household chores. Now I know how important it is for my wife to get enough rest and eat a variety of foods that I am happy to provide,"*  
says Anywar Alfred from Orima PSG.

## Step by step

Like any behaviour change process, male involvement in the care of women and children is a delicate task that requires time. There are long-held gender roles, which are reinforced by traditional norms and customs that will take time to change. However, the results so far are encouraging and have the potential to contribute to long-term sustainable development in the region.

From the program implementation perspective, four key lessons have been drawn. Firstly, for men to actively participate within the groups there is need to continuously raise men's awareness about their roles towards the health of women and children. Secondly, the use of change agents helps break negative traditional practices on gender roles for men, especially when publically appreciated. Thirdly, there has been a significant shift in gender relations. Women are now more engaged in decision-making and resource control, and men consult women on issues pertaining to health and nutrition in their households. Men now assist their wives carry out household chores (especially during pregnancy and lactation periods) reducing women's workload during this vulnerable period. Lastly, the PSG approach has proven to be value for money with fundamental behaviour change occurring with minimal investment.

Supporting PSGs has demonstrated it is possible to change long-held behaviour and to improve relationships within families. Couples have utilised information and skills, and they are now able to share decision-making, resulting in positive outcomes for their family. Through PSGs, men are now freely discussing family planning with their wives, and more couples are using a variety of planning methods available in the community. In addition, family planning and sexual and reproductive health services are becoming more acceptable for women and men, and we find men are increasingly supporting their partners to access services, which reduces family conflict and improves maternal nutrition.

AACES places a high importance on community health workers - people trained in basic health skills and who live within their communities - to provide essential and affordable health care to mothers and children.

# The AACES Innovations Fund

The AACES Innovations Fund supports NGO collaboration in the trialing of new models and approaches that can have catalytic effects and provide benefits to other programs beyond AACES.

Pauline (right) together with Marie Stopes Kenya staff in Kilifi, Kenya.

AACES is promoting disability-inclusive development, removing physical barriers and providing services to people with disability, particularly women. Photo by Marie Stopes, Kenya.



The case studies featured overleaf highlight - NGO collaboration on engaging youth as agents and channels of change and on integrated health and livelihood approach to improve the well-being of young mothers.



### Empowering youth, changing the world

By Anusha Witt, Stella Musyoka, Lenry Katana and Sally Henderson - ActionAid,  
Irene Mbugua and Margy Dowling - World Vision

ActionAid and World Vision are working in partnership to deliver an Innovations Fund project empowering youth in Kenya. World Vision leads on the project in the coastal community of Kilifi while ActionAid works in the inland sites of Isiolo, Mwingi and Mbeere. The two organisations have intensified their focus on youth, combining their unique ways of working. World Vision brings expertise in reproductive and maternal health, while ActionAid is focused on economic empowerment. These approaches are being used to bring youth together and equip them to identify their needs and affect solutions.

The joint project recognises that young people and women in Kenya face similar challenges around agricultural productivity and reproductive health. Lack of access to productive resources (such as land) and family planning services, combined with high levels of unemployment, result in poor socio-economic outcomes for young people and women across Kenya. Yet young people have the capacity to transform this situation. The project aims to channel the energy of 1,650 marginalised youth to define and create change.

The Ndigiria Citizens Voice and Action group in Kilifi, Kenya has been effective in using strategic evidence to mobilise communities to claim their rights and influence those in power. Photo by, World Vision, Kenya.



## Young people seek solutions

In many disadvantaged communities where we are working, parents start having children from a very young age and in rapid succession. Often there will be six or more children in families, and high maternal mortality rates as a consequence. Many parents do not have the means to meet nutritional needs, and their children can be malnourished with stunted growth. This can affect them in all aspects of their lives, delay their cognitive development and impact their education. Family planning methods and contraceptives are available but stigma and myths associated with using these products mean uptake is low. Women also have limited access to services to safely give birth.

As part of this project, participating youth learnt about family planning, HIV and AIDS, sexually transmitted diseases and child, newborn and maternal health through training from the Ministry of Health. They were then supported to use this information to develop strategies for collective action and to share learnings and influence each other.

Inspired by their peers, youth in Mbeere and Kilifi have successfully challenged and influenced decision-makers so that women, in particular, can exercise their health and reproductive rights as stipulated in the Kenyan Constitution. The youth have assisted in addressing some of the issues women face in relation to under-nutrition and poor health.

## Demanding change in Kilifi

The Ndigiria Citizens Voice and Action (NCVA) group in Kilifi has been effective in using strategic evidence to mobilise communities to claim their rights and influence those in power. In 2013, the joint project supported the establishment and capacity development of the 50 members NCVA Group (35 men and 15 women). After training in social audit and advocacy, the group set as its main goal to fast-track the completion of stalled development projects in their community, starting with the Jilla Dispensary, which commenced construction in 2005 but not completed. The group, through interactions with key officials, found that financial misappropriation and political rivalry were key factors that had led to the ten-year delay. The NCVA mobilised the community to rectify the situation through discussions, and raised awareness around their right to healthcare.

As local woman Naomi Sidi observed: *"In July 2014 a woman from Ndigira died on the way to Bamba Hospital due to loss of blood after complications in her delivery. If Jilla Dispensary had been operating she may have lived. The project has empowered us as women to demand our right to health."*

The group used leading daily newspapers and held peaceful demonstrations to publicise the issue. Their actions culminated with the issuance of a 14-day ultimatum to the managers of the local fund and the County Government Health Committee in which they pressed for completion of the dispensary. Their efforts paid off when, in July 2014, the County Government allocated 7.5 million Kenyan shillings (A\$94,000) to complete the dispensary. Shortly after this announcement, the contractor convened a community forum to plan the next phase of the construction including equipment, furniture and staff deployment.

## Influencing reproductive rights in Mbeere

In Mbeere, a youth group has creatively influenced cultural norms in communities surrounding the issue of reproductive rights. The project facilitated youth from diverse ethnic and educational backgrounds to come together to increase their collective influence.

The Mbeere youth formed a family planning committee to liaise with the relevant stakeholders including project staff, the Ministry of Health, community health workers from the local dispensary, the national government and the community. The committee mobilised the community around the theme 'sisivijana' (we the youth): *Let's talk about family planning* and used a football match and a talent show to draw communities in and raise awareness.



They used text and twitter messages to publicise the day.

On the day of the event, four football clubs were invited to play at a primary school where the talent show was also held, attracting more than 500 people. Services were on offer for visitors, including voluntary HIV and AIDS counselling and testing, information about family planning methods, distribution of condoms and contraceptive pills, and injections/implants for long-term family planning. One young woman, Veronica Mueni, used her training to appeal to her peers on the importance of family planning and child healthcare. She urged young people to talk about family planning openly and take it seriously.

*"Before the project we were isolated. We didn't know what teamwork was, but now we know how to work together unified with one voice," says one participating youth.*

Long-term methods of family planning were encouraged. This has historically been a challenge in rural areas due to limited availability and a lack of trained health staff, along with community misconceptions on FP and embedded, retrogressive cultural practices.

In just one day:

- 66 people tested for HIV and AIDS
- 50 women registered for family planning
- 1,200 condoms distributed
- 6 women received implants
- 6 women registered for the contraceptive pill

The local dispensary management was thrilled with the results of the day and commended the youth for organising the event. The Mbeere youth group reported that community members are now more aware of the availability and cost of antiretroviral medication and the range of family planning methods. This includes knowing that the clinic is open early morning before working hours and late in the evening, and that they can access these services outside of peak periods, avoiding embarrassment and stigma.

## Youth-led change works

The energy of the youth in both Kifili and Mbeere is encouraging. They have proven to themselves that they can take collective action with success and be part of improving the long-term health of their communities. Their efforts are contributing to reducing maternal mortality, pregnancy complications, and HIV and AIDS-related illnesses in the community. Buoyed by their potential and influence, they are now turning their attention to address broader socio-economic barriers to education and agriculture.

Youth groups are also learning to generate thematic maps of their community, which they plan to use for lobbying and engagement to further improve service delivery for all women and men in their community. Ultimately, empowering youth to advocate for their needs and demand their rights, leads to long-term value for money in development programming where there is strengthened accountability and delivery of public services. The impact of this work will also remain long after the completion of the project.

# PLAN INTERNATIONAL AND MARIE STOPES

KENYA

## Improving the socio-economic wellbeing of young mothers through innovative partnership

By Avega Bishop, Plan International and Leonie Burkett-Muller, Marie Stopes International

The AACES Innovation Fund is supporting a partnership project between Plan International and Marie Stopes International (MSI) in Kenya. The project aims to build the independence of young mothers (under 24) through an integrated health and livelihood approach that draws on the strengths of both Plan and MSI to deliver a more integrated and holistic development approach. The project is working in two districts in Kenya: Ndiwa district in Homabay County in western Kenya and Kilifi district in Kilifi County on Kenya's coast. The cultural differences between the two project areas were selected to maximise learnings as an important element for scalability.

In Kenya, the average age at first pregnancy is 16.8 years and about 70,000 adolescent girls are expelled from school every year after becoming pregnant. Early pregnancies are more common in young women with limited primary education. These young mothers face a range of challenges in accessing sexual and reproductive health (SRH), family planning (FP) and maternal and child health (MCH) services. Young mothers are often socio-economically marginalised, especially if unmarried, affecting their ability to provide for their children and contribute productively to their communities.

A youth peer educator training young mothers in sexual and reproductive health in Homa Bay, Kenya.

Photo by: Plan International, Kenya.



This pilot project aims to build the capacity of local partners to take an integrated approach to working with young mothers. The objectives are to improve the access of young mothers to MCH, SRH and FP services, to improve the socio-economic wellbeing of young mothers through Village Saving and Loan Associations (VSLA) and to increase demand for MCH, SRH and FP services. While a VSLA approach is often promoted in communities, older women typically take it up. This project is innovative in that it is trialling the involvement of young women in VSLAs while simultaneously promoting access to SRH and FP services.

## Innovation through partnership

MSI and Plan International bring complementary approaches and programmatic experience to the project. MSI is a SRH service-focused organisation, delivering services in Kenya through mobile outreach teams that service remote areas, existing private providers (social franchises) and static clinics. Plan typically works with communities using a rights-based approach to promote community development, address poverty and protect children and their families. In Kenya this includes promoting the right to health, as well as the right to inclusion and protection, quality education, just and democratic governance and sustainable and dignified livelihoods.

## Working with young mothers

The project is working with young mothers and supporting them to become Youth Peer Educators who can reach other young mothers with information on SRH and FP. To date, more than 160 young mothers have been trained in SRH and FP, including how FP works, side effects, misunderstandings and misconceptions about FP and MCH.

Judith, who became pregnant while in Year 8, described her training as a peer educator in Homabay:

*"We were trained on the Stepping Stones approach<sup>25</sup>, maternal and child health and sexual and reproductive health. Within this short time, I have witnessed a change of behaviour between my husband and I on how to live. I have shared the information I received during the training with my husband who has begun seeing things in a different way. My peers have also started seeking sexual and reproductive health information from me - some of them having questions that they want clarifications on or guidance on how best they can seek services."*

Complimentary service delivery, livelihood and rights-based approaches are contributing to the wellbeing of young mothers, such as Emmy, a 22-year-old mother of two from Homabay.

*"I have seen a big difference in my life since I joined the young mothers VSLA group. I have started a serious tailoring business after I raised money to be trained through the VSLA group. I am now able to buy my basic needs without asking my husband for money. After the trainings on sexual and reproductive health, I took my time to convince my husband to support me in my endeavour to access one of the family planning methods. With the correct information, he accepted and even accompanied me to the health facility to seek services himself. That was a big breakthrough in my life, since previously he wouldn't support me in this."*

<sup>25</sup> A training package which uses participatory exercises and peer group discussions to develop self-awareness, communication skills, and reflect on gender relations, including decisions on sexual and reproductive health.



The project has so far recruited more than 160 mothers in VSLAs, which means they are saving regularly and are able to access loans for small business activities. Of these, 99 women have been trained as peer educators and have accessed family planning services. More than 290 young mothers have accessed SRH services as a result of the project. Interestingly, 13 women were also accompanied to the clinics by their spouses, indicating positive male involvement in family planning decision-making and increased negotiating power of the young mothers. By the end of the project, it is expected there will be more than 30 VSLA groups involving a total of 640 young mothers in the project locations.

*"I joined the VSLA group and I have now managed to open a small shop where I can sell goods that have helped me economically. I used to borrow even soap to wash my child, but now am independent. I am also glad that, through these meetings, I have learned about family planning and I have taken up a three-year implant. I am happy that my husband accepted this and we will be able to bring up this child with no problems for the next couple of years,"* says Hadijah, a 20-year-old mother with a one-year-old child.

The project is also working with service providers on the importance of youth-friendly services and treating the young mothers with respect and sensitivity. To date, the project has trained more than 30 providers from local clinics.

## Sustainability and value for money

By developing the capacity of young mothers to advocate for improved MCH, SRH and FP services and improve their economic situation, the project is creating a strong network of young mothers who can influence their male partners and cascade their knowledge to other women in their communities to increase the number of young mothers accessing services.

Training volunteer peer educators and VSLA groups are relatively low-cost activities, which can be sustained beyond this project. The activities enable young mothers to make highly valued changes in their lives, while at the same time contributing to their communities. VSLAs are about sustainability at the local level through the management and use of local resources. This increases the capacity of VSLA members to provide for themselves and their children, breaking the continuation of disadvantage across generations.

The project is developing links between young mothers and community health workers and clinics in their areas, thus building synergies with existing services. Working with public health providers to build their capacity on youth-friendly services has an ongoing effect. It will help generate demand and create an enabling environment for young mothers to access SRH services in the future. It is also expected the young mothers will be better equipped to involve their partners in FP decisions, promoting male involvement and increasing gender equality in relationships.

The project's innovative partnership addresses economic and health issues facing young mothers and empowers women for the long-term while impacting the community at large. Plan and MSI are learning from each other's approaches, from a policy and programming perspective, and these learnings will be further explored in the remaining project period. Rather than working independently to achieve similar outcomes, both organisations are capitalising on each other's networks, experience, knowledge and skills to work towards the project goals.

# Financials

Members of the Women's Association of Kitui County in Kenya marching through Kitui town calling for their involvement in development activities in the County Government. Photo by Harriet Gimbo, ActionAid, Kenya.





Total AACES expenditure in 2013-14 was A\$17,790,836.

Figure 1: AACES expenditure by sector

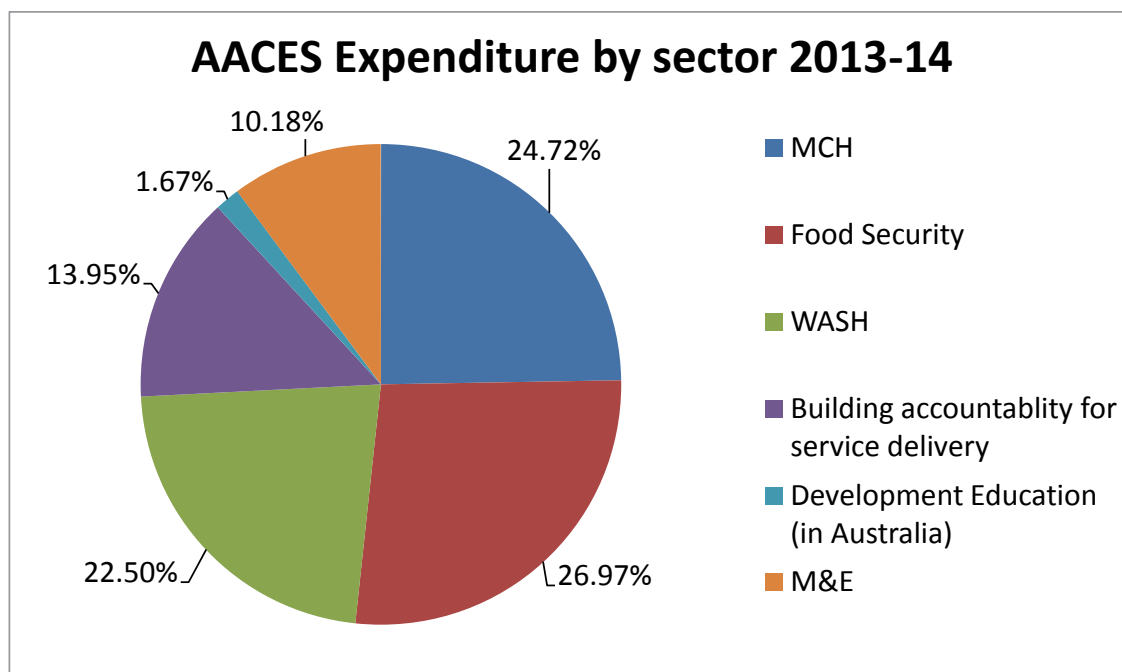
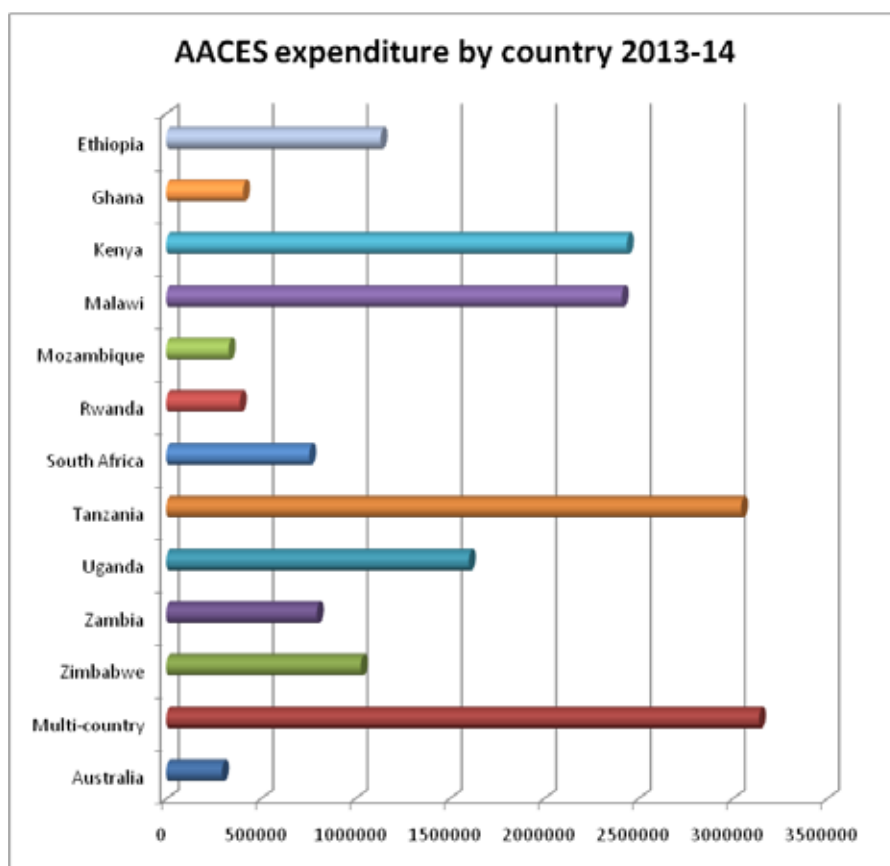


Table 1: Year 3 actual expenditure by sector in Australian Dollars.

Food security	4,798,689
Maternal and child health	4,398,712
Water, sanitation and hygiene	4,003,401
Building accountability for service delivery	2,482,523
Monitoring and evaluation	1,811,739
Development education (in Australia)	295,772
<b>TOTAL EXPENDITURE 2013-14</b>	<b>17,790,836</b>

Figure 2: AACES expenditure by country in Australian Dollars.



Tanzania, Kenya and Malawi accounted for the greatest portion of individual country expenditure in 2013-14. All of the NGO projects are being delivered in two or more countries and so where budget items are not specific to one country, these have been represented as multi-country expenditure.

Table 2: Year 3 actual expenditure by country in Australian Dollars.

Multi-country	3,140,580
Tanzania	3,046,365
Kenya	2,440,503
Malawi	2,413,656
Uganda	1,603,268
Ethiopia	1,136,170
Zimbabwe	1,031,061
Zambia	797,736
South Africa	758,054
Ghana	407,320
Rwanda	389,800
Mozambique	330,678
Australia	295,645
<b>TOTAL EXPENDITURE 2013-14</b>	<b>17,790,836</b>

# Looking forward

Through the AACES program, women are increasingly represented in socio-economic activities in the Afar region in Ethiopia.

Photo by: Kate Holt - Arete, Anglican Overseas Aid.



Three years into the AACES partnership program, there is good evidence of increased agricultural productivity, including areas previously dependent on food aid, there is increased resilience through diversified sources of income, and there is improved access to maternal and child health, and water and sanitation and hygiene services.

A key success has been the focus on women and girls. Results show not only that activities have targeted women and girls but also that women and girls are benefiting from direct intervention. These benefits include an improved social and economic quality of life through access to financial services, and an ability to generate and diversify their incomes. Across AACES, projects are making headway in influencing power relations within communities. This work has resulted in reduced gender-based violence, space for more equal decision-making on use of assets and uptake of family planning, increased respect from men and more female leadership positions in community structures.

AACES partners are engaging with governments and the private sector by collaborating in implementing activities, sharing learning, as well as influencing policy. Collaboration is leading to sustainable and cost-effective quality service delivery by reducing the duplication of services and transforming more lives. By leveraging existing capacity, resources and infrastructure through engagement with existing public and private service providers, the program's sustainability is strengthened beyond its timeframe, and the cost of implementation is significantly reduced.

The AACES program will draw on the lessons learned so far, as well as the recommendations from the Mid-Term Review to consolidate progress in key areas by:

- Capitalising on the strong partnerships and networks established to achieve greater impact through shared lessons and ideas.
- Working towards program impact and sustainability beyond the life of AACES by strengthening working relationships with governments and private service providers to improve service delivery and strengthen policy, as well as empowering community members to demand transparency and accountability.
- Documenting and disseminating the successes and lessons involved in trialling new and unique approaches strategically with the aim of informing other development programs in Africa and elsewhere in the remaining years.
- Examining and adapting the AACES program and NGO activities to ensure they remain relevant within the changing contexts and realities of power and politics so they may continue to broker sustainable solutions.



A group of women with their children waiting to access health services outside a clinic in Gicumbi, Rwanda.

Through partnership with the local government, AACES partners are helping deliver basic health services to people in rural and remote areas. Photo by World Vision.





