AFAP – AACES
SHARED FUTURES
PROJECT DESIGN

Australia Africa Community Engagement Scheme (AACES)

Shared Futures – AFAP‘s Design Concept

Executive Summary

AFAP is an independent Australian-based organization with an operating modality that is to work in partnership with local communities and organizations to build their capacity with the ultimate goal of poverty reduction in Africa, Asia and the Pacific. The key partners in the Shared Futures Project are AFAP's longstanding NGO partners, Concern Universal (CU) in Malawi and Mozambique and Community Technology Development Trust (CTDT) in Zimbabwe. These organizations have similar values to AFAP, take a rights-based approach and work in partnership with local communities to help them meet their own development objectives. All are leading organizations in their respective areas of operation and bring their own valuable networks to the Project.

Shared Futures will take an integrated community development approach that is based on the premise that development issues are not isolated to any one individual sector. The primary objective of the Project, in line with objective one of the overall AACES Program, is to achieve measurable improvements to the sustainable livelihoods and well-being of approximately 13,000 marginalised households in 39 communities in Southern Malawi (Thyolo District), in 45 communities in Mozambique (Niassa and Maputo Province) and in 45 communities in Eastern Zimbabwe (Mashona land East) by promoting appropriate and proven technologies in the food security and nutrition, WASH, and health sectors. The Project is underpinned by strategies aimed at building sustainability and capacity locally. These capacity building efforts will be two-pronged, focusing both on strengthening local initiatives and Community Based Organizations (CBOs), and encouraging the women and men living in local communities to advocate on their own behalf. The advocacy component of the Project will work toward strengthening the level of accountability and capacity of existing service providers such as various district and provincial extension department staff so they are better able to engage with and meet the needs of the communities they are serving.

Involvement in the AACES program will enable AFAP to build on and scale-up our existing engagement with the Australian community. We will also be developing a school campaign to raise awareness and understanding of the issues which face Africa. Shared Futures will also provide an opportunity for Australian engagement through the placement of Australian volunteers and University interns throughout the life of the Project.

The key risks to the success of the Project are political and economic stability, weak governance, severe weather (drought and flood), and the capacity of Project partners to manage a program characterised by significant diversity. Risks will be managed by effective monitoring of the Project using both proven and innovative M&E System/s. All Project partner organizations in Africa have previous proven experience in managing diverse, multi-sectoral programs and guiding such programs through political and economic upheaval. Weather risks will be managed by Project activities that build community resilience to severe droughts and floods, as well as an improved capacity to work with others to develop disaster management strategies.

Gender issues are a major focus of the Shared Futures Project and it is intended that gender will be mainstreamed during Project implementation. Risks around gender issues will be managed through drawing on the proven experience of AFAP and our AACES project partners in the area of gender and gender mainstreaming, and by ensuring that gender issues are monitored effectively in our M&E systems.

Outline of the design process

Shared Futures has been developed based upon lessons learned from past experience. The way AFAP works in partnership with others brings about substantial collective experience and opportunities for learning. In particular, this Project draws upon AFAP's experience of the AusAID funded AFAP-APAC Program, which was an integrated development program – with initiatives in the food security, WASH, and health sectors – implemented in five countries. While Shared Futures builds on AFAP-APAC it differs in important aspects based on a number of lessons learnt and recommendations from various reviews, which have been incorporated into the design of AFAP-AACES. The design of Shared Futures began with a meeting of AFAP's potential Project partners held in May 2010 in Harare. The meeting looked at lessons learnt from AFAP-APAC and discussed the potential for continuation and scaling up AFAP-APAC initiatives. A concept developed and submitted to AusAID, along with feedback from that submission, has been incorporated into the current design. The original concept included four countries. However, subsequent budget decisions by AusAID and a review of the geographic focus of the Project led to our decision to concentrate on three countries in southern Africa. AFAP and our AACES in-country partners felt that the funds available and the proven capacity of the African Shared Futures partner organizations would allow for the retention of the multi-sectoral approach.

During the design phase, AFAP staff have attended a number of meetings in Australia aimed at informing the design process and sharing information with other NGOs. These include meetings with other AACES agencies in Australia and with AusAID. For example, AFAP and Caritas have met in Sydney to discuss initial thinking around objective three. AFAP has also met with PLAN to discuss potential collaboration in Zimbabwe around AACES objective two. Similarly, AACES partners in Malawi and Zimbabwe have met to discuss potential synergies and planning implications. As AFAP is the only agency working in Mozambique under the AACES Program, coordination at an AACES level is not possible in the same way. However, CU Mozambique has held a Community and Stakeholders Workshop where key stakeholders (CSOs, local government, and communities) came together to share experience and gain a clear understanding of the general objectives of the AACES Program and a shared understanding on M&E methodologies. These meetings have helped to identify possible collaboration and activities around AACES objective two.

In December 2010, AFAP partners from Africa and Australia held an initial management planning meeting, which firmed up and endorsed such aspects as the geographic spread of the Project, the multi-sectoral approach, who the Project would target[1], and what shared approaches and methodologies should be used in the collection of data for the Situational Analysis. The subsequent participation of our team in the AusAID AACES Design workshop presented an opportunity for further sharing around the proposed activities and learning from the feedback from the other AACES NGOs. It also encouraged a greater focus on using a Strengths Based Approach which has been fed back into the Project design. Collaboration has been ongoing through weekly management meetings via teleconference.

Assessments of existing macro-level data, such as UNDP poverty indicators, national level statistics and policies relevant to the specific sectors, have been undertaken. This analysis has been teamed with reviews of secondary data, such as district planning information and relevant district development plans, to inform the overall direction and location of the interventions. The Project partners held consultative meetings with all major stakeholders, which included local key informants, NGOs in the target areas, and District-level heads of departments of various government ministries. In all cases, relevant District or Provincial Government staff were consulted during the design phase and have participated in the development of proposed activities.

All the Project partner agencies are well informed of national policy related to the sectors in which they work and participate in a number of relevant regional and national forums. In all cases, national policies have informed the selection of intervention strategies, and we are promoting interventions

[1] The exact make-up of the target groups for each activity are yet to be determined through baseline studies in year one.

that are supported by the respective Governments. For example, our Project design is built around supporting decentralisation. Decentralisation is part of national policy in all Shared Futures country areas and as such the project will work with District level planners. Supporting District level Development Plans is another key aspect of the design. The Project will give assistance which will work towards addressing issues that are seen as critical in the various Districts where we are working. This means that different issues will be given prominence in different areas but all initiatives will be linked strongly to local ownership and sustainability (see Annexure 12).

More specifically, the national government of Malawi has implemented and operates within a decentralisation policy reform. The reforms advocate for the devolution of the provision of services from the centre to the Districts. The main objective of the reforms is to ultimately transform Districts into focal points for planning and delivery services with the view to improving efficiency, effectiveness and responsiveness of service provision. District Assemblies (DA) are central to the process of planning and prioritising District development activities. Thyolo District Council (the Project target area, TA Muphuka, sits within Thyolo district) will provide useful guidance to Concern Universal Malawi (CUMA) on the implementation of the Project. The Project will be integrated into the District planning process.

In Malawi, the Thyolo District Development Plan (DDP) and the Malawi Growth and Development Strategy will be the major reference documents during Project implementation. The DDP identifies lack of access to safe water, food insecurity, high number of orphans due to HIV and AIDS, low income levels, low access to health care, and environmental degradation as some of the root causes of poverty in the District.

CUMA will also liaise with the Government of Malawi Ministry of Agriculture Irrigation and Food Security, Ministry of Health, Ministry of Irrigation and Water Development, and Ministry of Gender and Children Affairs. These ministries will be key implementing partners at both District and field level. Front-line staff from government will provide valuable human resources to ensure smooth Project implementation. The strong partnership existing between CUMA and the ministries at the District Agricultural Development Office (DADO) level will be extended to the extension planning area (EPA) level once the Project starts.

In Mozambique, the government's National Poverty Reduction Strategy places particular emphasis on issues of governance, agriculture production, MCH and WASH, and encourages CSOs to work in those sectors. The issues addressed by Shared Futures in Mozambique are in line with the Strategy. Our Project interventions will fit within the context of the Government of Mozambique policies, strategies and programs in water and sanitation, maternal and child health, and food security as stipulated in its Action Plan to Reduce Absolute Poverty (PARPA II), as well as in the 5-year Country Development Program (2010 - 2014). We will facilitate involvement of marginalised women and men in support of the District Economic and Social Plans and Budgets through active participation in Consultative Councils, and by supporting the inclusion of appropriate water and sanitation, maternal and child health, and food security initiatives into District Plans. Our alignment with national development strategies and procedures will ensure that we are contributing to major national policy objectives, including meeting MDG targets.

The Zimbabwe government has signed up to the MDGs and national policies often use MDG targets. The Shared Futures Project is relevant to a number of the MDGs. At the national level, Shared Futures is consistent with government policies regarding decentralisation, community development, and poverty reduction. A Government of Zimbabwe priority is to enhance food security, particularly for those farmers who lack adequate training and ready access to farm inputs. In addition, Shared Futures is in line with the Zimbabwe National HIV/AIDS Strategic Plan (ZNASP) 2006-2010.

In Zimbabwe, the Shared Futures Project will work closely with the targeted districts and provincial authorities, particularly the Rural District Councils and their annual planning processes. CTDT and partners will work with the relevant government ministries and departments which include, Ministry of Health and Child Welfare (MoHCW), the Department of Water, the Environment Management Authority (EMA), District Development Fund (DDF), and the Ministry of Gender and Employment Creation. CTDT will also work closely with the Rural Districts' Social Services Sections and their technical units for quality checking of infrastructure, with regards to construction of water points and latrines. These various agencies are part of the implementing structure of Shared Futures in

Zimbabwe so we will work with them at the District level. Partner participation in regional and national forums will provide a platform on which issues identified under objective two can be raised.

Once geographical areas for implementation of the Project were determined, African Project partners gathered information at the community level using a variety of accepted participatory techniques and survey instruments such as household surveys, key informant interviews, focus group discussions, community ranking and social mapping, and non-participant observation in order to gain a thorough understanding of the situation on the ground. The information gathered has been disaggregated by gender and by vulnerable groups to enable the analysis to form part of Project monitoring. Specific efforts were made to ensure that particularly vulnerable community members, such as those with disabilities and those infected and affected by HIV and AIDS, were included in the data collection as respondents.

Strategies have been used by all partners to incorporate a strength based approach, with a view to identifying the strengths that exist in the community and in households, so that the Project can build on them. Asset and institutional mapping has taken place to define existing community structures (including social and physical infrastructure) and access to land, as well as mapping the existing connections between various stakeholders. Existing strengths include established CBOs, governance structures such as ADCs, and community change agents and other community volunteers, who can be strengthened by the Project through further training and technical support.

A number of assessments and surveys have already been undertaken. In Malawi, six specific assessments were undertaken. These include (i) Irrigation feasibility, (ii) Environmental situation assessment, (iii) Stakeholder mapping of Reproductive health and Family planning service providers, (iv) gender analysis, (v) Water and Sanitation, hygiene assessment, and (vi) Food Security and Nutrition survey. In Zimbabwe, workshops were held at three levels to scope the issues related to MCH, Food Security, and WASH. These were village-based community consultations, a District-level consultative workshop with key stakeholders, and one national scoping workshop with development partners, detailing assessments for Project bench marks and identifying baseline requirements to be conducted in the first quarter of year one. In Mozambique, stakeholder mapping of the three sectors, a survey on decentralization of WASH sector funding, and mapping of Civil Society Organizations participation in local governance monitoring processes has been undertaken. All assessments can be provided on request.

Specific crosscutting issues in gender[2], the environment, disability, and HIV and AIDS have been assessed and are incorporated into the design. Gender analysis has been undertaken which examined the relationships between men and women in the communities with a particular focus on access to services at both household and community level[3]. Focus group discussions, led by women, were conducted. These aimed at eliciting data on gender roles, access to and control over resources, priority needs, saving patterns and gender specific recommendations. The study findings suggest that gender and a vulnerability responsive approach should be the base for all Project interventions.

Situation Analysis

A situational analysis has been completed by the Project partner organizations in the remote and rural communities of Ngauma, Majune and Matutuine Districts, Mozambique; in Thyolo District, Traditional Authority Mphuka, Malawi; and in Mtoko district, Mashonaland East, Zimbabwe.

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[2] *Gender Mainstreaming has been a focus of the design based on our Gender Mainstreaming Strategy that was designed during AFAP-APAC (see annexure 13).*

[3] *A preliminary stakeholder analysis in Zimbabwe has been completed which included some analysis of gender issues. A full analysis will be completed during baselines studies at the beginning of the Project. In Mozambique a brief analysis has been conducted (see annexure 14) and a broader study will be conducted at Project start. The Malawi analysis is complete and is attached as annexure 15.*

The women and men selected to participate in the Project share many development issues. The remoteness of the areas concerned[4] and the subsequent lack of infrastructure mean that access to services is restricted for the poorest and most marginalized. Local authorities and District administrators[5] suggest that poor infrastructure is due to lack of resources at the local level. This is despite national policies of Decentralisation in all the countries targeted by the Project. (Findings from all stakeholder meetings)

While it is clear that target communities face a complex mix of challenges that continue to deepen the overall vulnerability of the population, we limited our problem analysis to three of the major challenges facing the women, men, children, PWD and PLWHA in rural Africa: inadequate access to nutritious food (especially among marginalised groups), limited access to appropriate safe water and sanitation services, and insufficient and weak health care delivery for mothers and infants. The latter is mainly due to the distance women must travel to health facilities and the lack of trained health professionals.

Food Security is a significant challenge in all the communities participating in this Project. The primary causes of food insecurity in marginalised households are low agricultural productivity; use of marginalised land; poor crop diversification; low availability and adoption of water management techniques; and widespread soil erosion, all which combine to create extended periods where the supply of food is restricted for many households.

Other contributing factors are low levels of household income due to lack of surplus crop for sale, limited off-farm employment opportunities, a reliance on rain-fed agriculture and subsistence farming, and poor access to markets. Government services in the target areas are generally poor and agricultural extension coverage is low, which restricts communities from accessing technical expertise in agriculture. The prevalence and incidence of HIV and AIDS are at relatively high levels throughout the Project target areas, which have lead to reduced labour availability and productivity[6]. This was highlighted at focus group discussions during the Food Security and Nutrition Survey in Malawi.

In Malawi, our Food Security and Nutrition Survey of Mphuka TA showed that 83% of households had run out of their main staple (maize) at the time of the survey (Jan 2011) and 63% regularly do not grow enough food to feed the family for a year.

Findings from the stakeholder meetings held in Mtoko District in Zimbabwe suggest that although inputs of seed and fertilizer have been regularly distributed to marginalised households, food shortages remained an issue for these households. Lack of training in agricultural techniques and a shortage of agricultural extension staff to advise local farmers were cited as the main reasons for lack of useful production from inputs. Another contributing factor to low production is the poor local soil,

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[4] TA Mphuka, Malawi, is located in a mountainous area and is serviced by one main road. Access to most of the villages is by foot path only. Niassa Province in Northern Mozambique is sparsely populated and is served by one main road leading to the provincial capital Lichinga. Niassa is situated along the border between Mozambique and Malawi and is a sought after destination of tourists due to its unspoilt nature. Most villages can only be reached by four wheel drive and the dirt roads become impassable during rain. In Zimbabwe, villages in Mtoko District are far from main urban centres. Village access is mainly by dirt roads that become difficult to use during rainy seasons.

[5] Information source – stakeholder meetings in Mtoko, Zimbabwe; Mphuka, Malawi and Lichinga, Mozambique.

[6] Communities in the target areas did not directly link HIV and unavailability of labour but rather indicated chronic diseases in general as an issue in maintaining production during the community consultation (January/February 2011). In Mozambique, the Ministry of Agriculture's strategy indicates a linkage between HIV and reduced labour availability and productivity. Also, the FAO notes that by 2020 Mozambique will have lost over 20 per cent of its agricultural labour force to HIV/AIDS.

which are sandy with poor water and nutrient retention properties. Stakeholders also related that Mtoko District is a major producer of horticultural products, such as tomatoes. Horticultural produce is marketed at the main vegetable market in Harare. However, spoilage rates are high due to distance from the markets and transport issues.

In Mozambique, stakeholder meetings highlighted that people in the targeted areas are heavily reliant on rain-fed family farming, which is not generating a surplus as productivity levels are low. Data analysis during preliminary baseline surveys carried out by CUMoz suggest that the percentage of children surveyed who suffer from stunting due to malnutrition are – Majune District, 16.6%; Matutuine District, 6.9%; and Nguama District, 6.8%.[7]

In terms of health, our Shared Futures target areas have lower than average development indicators for Mozambique, especially under-five mortality rates and immunization coverage. For example, Niassa Province is one of the most affected in the country with more than 50% incidence of child malnutrition.[8]

Generally, access to health services is restricted due to the inaccessibility of the areas concerned. For example, in Malawi only 54% of the rural population has access to a health facility within 5km (MoH, 2004). In Mozambique, the World Health Organization estimates that only 45% of the population has regular access to public health services (WHO 2007). This issue was one of the biggest concerns expressed by communities during the community consultation in Lichinga, Mozambique – January/February 2011. Surveys[9] showed that access to reproductive health services is limited due to the lack of trained health care professionals who are available to give advice and training. The extent of community knowledge on maternal health care and sexual and reproductive health is low, particularly for adolescents. Consequently, women in the targeted communities experience low access to ante- and post-natal services and suffer higher levels of Mother to Child Transmission of HIV.

Few women give birth in a recognized medical facility. Around 80–90% give birth at home supported by Traditional Birth Attendants (TBAs). In Malawi, a recent government policy prohibits TBAs from assisting expectant mothers during delivery, further compounding women's access to maternal and child care services. In the other two countries in the Project, TBAs in the target areas lack up-to-date training and are poorly resourced. Discussions with other AACES NGOs indicates that there may be a potential opportunity for a joint advocacy initiative around some of these issues under the wider AACES Program. We will investigate this possibility, during implementation.

In Mtoko District, Zimbabwe, there is one major hospital and several health clinics, all of which are poorly resourced. Pregnant mothers report that it is difficult to give birth at recognised health facilities as these are far from their homes. Also, there are limited facilities at the clinics to enable women to stay for the last few months of the pregnancy, as recommended by government MCH policy. Therefore, many women give birth at home.

In the Water and Sanitation sector, our analysis found that coverage is low. Typically, even where infrastructure exists, it is in poor condition, largely due to lack of local capacity to maintain, rehabilitate and sustain it. Water and Sanitation mapping exercises identified that, on average, in the target areas in Malawi and Zimbabwe approximately 60-70% of the water infrastructure is not functional; either due to broken pumps, an inability to purchase spare parts or pipes and shortage of purification chemicals. In Mozambique, the target areas experience very low level of coverage in the supply of safe water – 30 per cent of the population in Majune District; 40% in Matutuine District; and 30% in Nguama District.

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[7] *Target area Nutrition Survey (Jan-Feb 2011)*

[8] *Target area Nutrition Survey (Jan-Feb 2011)*

[9] *All countries participating in the Project conducted mapping of Sexual and Reproductive Health services.*

In all the areas targeted by the Project, women and men highlighted lack of access to safe water as a significant issue. Community investigations revealed that when safe water is not available, people resort to collecting water from polluted sources. Poor families tend not to boil water, and the scarcity of water makes it harder to convince people to change their behaviour around personal hygiene and sanitation. Water collection from water points far from home is a significant burden for women, especially in households with people suffering from chronic illness or disabilities where water requirements are higher than normal. The lack of a permanent water supply close to households is also a major constraint on maintaining small kitchen gardens. Our AFAP-APAC experience shows that the nutritional intake of vulnerable households increases significantly once water is made available for people to grow small quantities of vegetables and fruit.

Sanitation services are inadequate not only at a household level but also in community public institutions, such as local health clinics, community market centres, cattle-dip locations, schools and churches. AFAP-APAC experience showed that provision of good sanitation services at the community level enhances access to such services by the poor and marginalized. In Mozambique, people in our Project areas have limited access to appropriate sanitation facilities. For example, in Matutuine District only 12% of the population have adequate sanitation services. In TA Mphuka, 65% of households do not have their own latrines, and 31% of primary schools rely on unimproved pit latrines, which are in poor condition. Few primary schools have hand washing facilities.

A Livelihoods Assessment exercise carried out by CTDT in Mtoko District identified that improved access to safe drinking water and sanitation is a major need. Some of the key informants that were interviewed included District Administrators, District Agricultural Extension Officers, Rural District Council Chief Executive Officers, District Environment Management Authority Officers, District Nursing Officers, District Environmental Health Officers, and the District Development Funds personnel. These key informants identified a number of key areas of concern i.e. water-reticulation systems are old and suffer periodic breakdowns which have led to periodic loss of piped water. Also, as many Councils cannot afford the chemicals needed for making water safe some have resorted to distributing semi-clean water. Some of the dams that serve these centres are silted thereby reducing their storage capacity. Public toilets in some of the areas are in a state of disrepair, while others do not have running water.

There are a number of cross cutting issues which also impact on the above. Environmental degradation is extensive in the target areas. Deforestation due to cultivation in marginal lands, firewood collection and/or charcoal making, and climate change has caused soil erosion and loss of biodiversity. There is a need to build on existing community efforts to address reforestation e.g. local social groups and external organizations which have attempted to resolve this issue. The Project will incorporate attention to the potential effects of climate change and build on the success of such technologies as fuel saving stoves and Conservation Agricultural Techniques.

Gender Analysis confirmed that women are often excluded from planning and decision-making processes as well as from implementation of development efforts; therefore, their work is usually focused on maintenance rather than development. Sexual and reproductive rights for women and girls are seldom recognized with men generally in control. Maternal mortality rates are high and the high numbers of teenage pregnancies contribute to this[10]. Traditional cultural practices often promote early marriage, sometimes as early as at 9-10 years of age, leading to high drop-out rates, which, in turn, exacerbate high illiteracy among women in some of the target areas. Our investigations found that gender-related violence is widespread and though illegal, is under reported. For example, in TA Mphuka in Malawi, many people (including women) work as casual labourers in large tea estates. But women reported they are often abused or sexually harassed as they seek employment in the tea estates.

In all the communities concerned there are local government plans and activities, and existing infrastructure which require further resources to be sustainable. Local CBOs such as community

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[10] In Mozambique 7,700 of maternal deaths are registered each year ("Opportunities for new born in Africa" – 2007 Report supported by UNICEF).

social groups and various committees also already exist. The Project can assist to build capacity of such organizations through training and organizational development and the promotion of dialogue.

Objectives

AACES Objective 1

The primary goal of the Shared Futures Project is poverty alleviation and therefore the primary objective of the Project will be to achieve measurable improvements to the sustainable livelihoods and well-being of vulnerable households in some of the poorest districts in Southern Africa. An overarching theme of the Project will be to build on existing capacities and to support decentralisation processes by increasing the opportunities for linkages between marginalised communities by supporting existing national, provincial and district level structures. A key part of this process will be to strengthen the advocacy skills of local women and men, and other marginalised groups to lobby for their own development services.

Our overall Project objective has been developed in consultation with the communities with whom we will work and will be met through the integrated implementation of strategic interventions in the sectors of agriculture, maternal and child health, and water, sanitation and hygiene (WASH). The food security initiatives will focus on increasing the availability, access to and utilization of food at the household level. The water and sanitation component will increase access to, and to sustainable and inclusive community management of, safe water and sanitation facilities. Based on past experiences, the expected benefits from both these sectors will have a positive impact on the health of marginalised women, and children under the age of five. These two groups will be specifically targeted during implementation. A few targeted MCH interventions will be undertaken in each location to further maximise MCH benefits with a particular focus on raising awareness of MCH issues and supporting extension services. However, MCH will not be a large focus of the Malawi and Zimbabwe programs.

AACES Objective 2

In relation to policy initiatives, an overarching objective of the Project will be to strengthen the capacity and advocacy skills of local groups to undertake and lobby for their own development services. The work in Africa is intrinsically linked to the first AACES objective. However, in Australia, the Project will interact at the policy level by contributing to, and promoting and documenting effective practice, particularly around how the poor and marginalised can participate and contribute to the development process for their own benefit. The documentation and reports generated will support AusAID's work and enable participation in Australian based development forums.

AACES Objective 3

In terms of Australian engagement, the objective of the AACES Program is to scale-up and build on our existing activities. In terms of scaling up existing activities we will conduct a development education workshop each year for our existing "Community Partner" members in order to foster greater understanding of current AACES development issues. We will also scale up our existing relationships with University interns to include opportunities for students to undertake AACES related research, possibly in Africa. In terms of undertaking new initiatives, we are investigating the feasibility of developing avenues for individual community members to tell their side of the development story (via short videos). The AACES program will provide us with an opportunity to develop a school engagement program based upon the work, which one of our African partners, Concern Universal, is already doing in the UK.

Project Strategy

AACES Objective 1

AFAP's development philosophy is to alleviate poverty through innovative and appropriate community-based development. AFAP's operating modality for every project we support in any

country is to work in partnership with local organizations. In Africa, AFAP works with in-country partners who work closely with Community Based Organizations to build their capacity to design, resource and implement sustainable integrated community development projects. In the experience of AFAP and our partners this is the most efficient and cost effective way of reaching communities, and of building capacity in the long term.

The framework for Shared Futures is working in partnership with others within the wider poverty alleviation focus of AFAP and our partners. The Project fits well with our geographic and sectoral focus in the region. This regional and sectoral focus also aligns with AusAID's wider Africa Program. The AACES Program focus on partnership aligns well with AFAP's operating modality and objective one of the AACES program fits with AFAP's focus on poverty alleviation.

AFAP's rationale for working in Mozambique, Malawi and Zimbabwe is two-fold. Firstly, we have high capacity partner organizations in all three countries. AFAP has worked with our African partners in Malawi, Mozambique and Zimbabwe for over ten years and has built an excellent and constructive working relationship during this time. We have a proven commitment to shared values and a demonstrated capacity for implementing high quality, large-scale, multi-sector development programs in rural areas. AFAP's partners in Africa have a long track record of undertaking innovative and successful community based development initiatives in their own right. Secondly, and in line with our agencies mission and vision statements, all targeted countries experience high levels of poverty, wwith rural populations being over represented in virtually all poverty indicators (see situational analysis for more detail). Thus the Project will target rural communities as they are generally poorer and more marginalised than those living in the cities.

Building capacity, on a number of levels is a key strategy of AFAP both in country and in Australia with our Community Partnership Program.

The experience of AFAP and its Project partners has been that in order to affect sustainable change for poverty alleviation it is not sufficient to implement activities in areas such as Food Security, WASH or health alone. Therefore, Shared Futures will implement a holistic integrated community development program in the three countries in recognition that poverty in these communities is multi-faceted and will not be alleviated by attention to one sector only. However, not all three sectors will be equally weighted in each country. For example, interventions in Mozambique will concentrate largely on MCH and other health related activities; whereas Malawi and Zimbabwe will have a main focus on Food Security. All three countries will be working on WASH and advocacy interventions in selected communities where the context and baselines dictate (for more specific information see country work plans, annexure 5, 6, 7 & 8).

In terms of food security, the strategy initially will be to increase household production for household consumption, looking at aspects such as food utilization and storage of excess crops. Our food security strategy will also incorporate market based approaches and training in small business skills. This two-pronged approach has proved effective[11] to increase household resilience by lengthening the period where rural households have access to nutritious foods as it increases household production; and improves the ability of rural households to have accessible and sufficient income from any surplus crops.

In terms of WASH, our strategy will be to work with communities to create demand for services, to provide safe water and sanitation coverage and to build the communities capacity to maintain these services in the long term. AFAP and our African partners take a rights based approach to development. This strategy is effective because it promotes an approach which identifies those bodies who are the duty bearers in the delivery of WASH services and equips communities to demand action from such duty bearers whilst also assisting communities to help themselves where possible to provide and maintain sources of safe water. This work will be underpinned by a hygiene education campaign in order to raise the general level of understanding about the cause transmission of water borne illness and create demand for action.

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[11] *During the APAC Program and in the experience of the Project partners in other donor funded programs*

Similarly, in keeping with this rights-based approach our strategy to increase health outcomes for mothers and children will be to work with existing service providers to increase their capacity to deliver service to the communities in which we are working, thus assisting the duty bearers to provide health services. The food security and WASH initiatives will also bring about improvements in health and wellbeing for this target group (for more detail see activities section).

Our strategy is to build on the lessons learned from our AFAP-APAC Program. Independent evaluations of AFAP-APAC found that the integrated approach that mainstreamed issues like gender and the environment were a significant design strength, which led to increased impacts for women and men in the targeted communities. The integrated approach enables us to work more effectively with the community by enabling them to have more scope in identifying issues that they consider to be priorities. The holistic and integrated nature of the AFAP-APAC Program in the countries where it was implemented was well received and allowed community members with varying needs to adequately participate and benefit. Based on past experience we expect this approach to lead to significant participation and ownership of the initiatives promoted by Shared Futures.

Using established targeting criteria, within communities targeted by the Project we will work with community leaders and specific households to identify those people who are best placed to benefit from the Project's activities (female- and child-headed households, households affected by chronic sickness, persons with disabilities, and so on). However it is not enough to work only with the most marginalised who may be unable to effect change on their own due to severe illness or disability. It is the experience of AFAP and our African partners that in order to achieve sustainable outcomes development projects must involve people who are active and motivated, and therefore able to act as effective community change agents. The Project will work with marginalised households to increase their access to services and create an enabling environment in which they can participate in socio and economic activities of the community and be integrated into local decision-making groups.

The Project will work with households rather than individuals, as supporting the household means that people are better able to support the most vulnerable members of the community. It has been the experience of AFAP and African partners that by creating more resilient households and communities overall, and through targeted sensitisation campaigns, the very vulnerable such as those living with a severe disability are more likely to be taken care of by the community. We have seen that when households within rural communities have improved capacity in areas such as food security and health they are more able to extend help to less able family members and neighbours. To give help to family and friends in this way is a traditional coping strategy in African communities such as those targeted by the Project.

In line with taking a strengths based approach the Project will work with existing capacities. Part of AFAP's strategy is to work with existing Community Based Organizations to build their capacity to implement sustainable poverty alleviation programs and effectively link with the decentralized structures. Experiences in APAC and other donor programs have shown that community ownership of the development process and therefore sustainability of development projects is improved when CBO capacity is strong. At the community level we will support existing networks and CBOs. Numerous CBOs exist within the targeted Project areas although, in almost all cases, their capacity is quite weak and their scope usually limited. Where CBOs do not exist we will work with communities to create increased understandings in the anticipation that groups will self-organise, and build on existing structures and networks, and then link these groups into existing district and national level structures.

All the countries in which we are working have decentralization processes underway. In reality, the functionality of these decentralized structures is variable, both between countries and within them. However a key strategy of this Project is to work with the existing framework to help build capacity both from the side of the duty bearers to deliver services and from the side of community to be informed of their rights and of what services they can reasonably expect. The Project activities in the area of policy influence and advocacy at the local and national level will promote decentralization. This will be achieved by linking community consultative bodies to local government, providing increased levels of transparency for local communities, and promoting accountability and transparency around the decentralization of funding meant for service provision at the community

level. Based on past experiences this approach leads to a more sustainable outcome as women and men are able to lobby and demand for services on their own behalf.

Objective 2

Objective 1 of the AACES program is strongly linked to objective 2 in our Project. The rights based approach that we promote works with the community to equip them to better demand services on their own behalf while also working with the duty bearers to be more accountable.

It is important to acknowledge that direct implementation of development activities at grass roots level is not sufficient to promote sustained access to services and infrastructure in its own right. So the Project will work to provide opportunities for women and men, and PLWHA and PWD to voice their own messages in relevant forums in order to demand more effective government services. The Project will assist the marginalised people with whom we are working to put pressure on Governments to enact their responsibilities as duty bearers in the area of service delivery. Throughout the implementation of this Project the research and lessons learned will be shared, locally, nationally and regionally. We will plan for the Project to produce pertinent and hard evidence to AusAID and other stakeholders to support their policy and advocacy engagement work. In addition, our strategy is to work with other AusAID-funded programs where such partnerships will enhance mutual program outcomes. We have already begun making enquiries about placing an AVI volunteer in Malawi. A TOR for an M&E position in CUMA has already been developed (see annexure 9) and we have approached CSIRO and ACIAR to investigate possible linkages with their AusAID funded Africa Food Security Initiatives. At the very least, we hope to arrange some learning exchange visits with these initiatives. The ACIAR activity, in particular, is working on similar agriculture initiatives to those proposed in our design. The Shared Futures Project will build on and continue to work with the PRP in Zimbabwe and on the previous work in Mozambique with the AusAID Small Activities Scheme. The Project will also explore linkages with SAS in Malawi and Zimbabwe.

Objective 3

AFAP, which is located in Sydney, is a secular independent Australian membership-based organization with an active donor base of approximately 3,500 people. In 2009, as part of our strategic planning process, we identified increasing our engagement with our local community as a key priority and this is outlined in our current strategic plan. Consequently, the opportunity to build in a community engagement component within our AACES Program is in line with our own strategy in this regard. It has also has the added advantage of enabling us to strengthen an existing linkage with our UK based partner and share resources and learning with them.

It is anticipated that Shared Futures will leverage change beyond the Australian program by fostering enhanced relationships; building the capacity of the local implementing partners who will be able to use the Australian funded program as a platform on which to build using funds sourced from other donors. This strategy was used to good effect during the AFAP-APAC Program. In addition, the experiences and outcomes related to the Project will contribute to our collective capacity to work with and influence other stakeholders, including the Australian public. The Project will advocate for increased engagement by the Australian public in African issues. This will be achieved by a program that provides information regarding the everyday issues faced by average people in Malawi, Mozambique and Zimbabwe. In Australia, AFAP's commitment to working in partnership with the Australian community is evidenced by our Community Partnership Program, which is recognised as contributing to educating Australian community groups about development issues and providing opportunities for their practical involvement in the process.

Overall, the Project activities and approach are expected to lead to intended outcomes for the AACES Program as they will address issues such as increased service delivery, and community needs in the area of food security and nutrition, as well as access to safe water and improved personal hygiene, especially for the most marginalized. The Project activities in the area of advocacy and policy dialogue will allow women and other marginalised groups to actively participate in the development process. Building the capacity of local CBOs will contribute to AFAP's overall strategy of the Project as this will leave in place mechanisms by which communities can sustain poverty alleviation programs.

Major activities

Many of the activities below are based on initiatives that are already being implemented by the Project partners in Africa. The Project will scale-up such activities in the proposed Project areas. It is important to note that not all activities will be carried out with all target groups in all areas. The Program in Malawi and Zimbabwe will have their focus mainly on food security initiatives which are supported by a modest WASH component with women and children as the primary targets of such initiatives. The Mozambique program will have a much stronger focus on Maternal and Child Health activities, supported by far smaller scale food security and water initiative[12].

Objective 1 Marginalised people have sustainable access to the services they require.

Promoting Food Security

The Project will promote farm crop diversification, e.g. encouraging farmers[13] to grow crops other than maize as a risk management strategy in order to maintain farm income streams and to increase resilience to drought. Farmers will also be encouraged to adopt improved and appropriate technologies. Using such methodologies as Conservation Agriculture i.e. use of animal manures, mulching, companion planting, green manures, low tillage and crop rotation techniques, as well as improved storage techniques e.g. raised and ventilated household grain stores, it is anticipated that marginalised rural households will have increased yields, better storage of surplus crops and be more likely to see a reduction in hunger periods. Such activities will be implemented mainly in TA Mphuka, Malawi, and Mtoko district, Zimbabwe.

The Project will increase farmers' access to improved seed and livestock varieties by providing inputs of improved seed and small livestock pass-on schemes. Alongside the above activities Farmers' cooperatives will be encouraged, market linkages will be explored and business skills training provided for farmers, in order to enable farmers (more especially women) to gain income from any surplus food stuffs produced[14] Creating effective market linkages for rural farmers will, along with increased income from surplus crops, enable farmers to maintain supplies of improved seed[15] and sustain increased agricultural production after the lifetime of the project.

Linking into outcomes for MCH the Project Food Security activities in Malawi will include training to selected mothers with malnourished children on food processing, preservation and storage, and

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[12] *At this stage it is not possible to clarify exact beneficiary numbers for specific activities and exactly how the numbers of beneficiaries will increase or phase out as baseline assessments and exit plans are not yet complete. It is possible to be clear at this stage on the numbers of households targeted for the overall project however it is difficult to be specific regarding the numbers of beneficiaries that will take part in various individual activities until the Project has thoroughly assessed the actual situation on the ground and assessed the numbers of people who wish to join in a specific activity. Similarly specific numbers of beneficiaries who will phase out of specific activities during the life of the program cannot be provided at this stage. However it has been made clear in this section that not all activities will take place with all beneficiaries and not all activities will take place in all three countries. Also an attempt has been made to be more specific, in a broad way, as to what activities will take place in what country. Specific beneficiaries who will take part in specific activities in specific countries will be identified after baselines have been completed during the first few month of the project.*

[13] *At the beginning, the Project will work with the community in order to identify target farmers. As trust is built and sensitisation programs progress, it is anticipated that Project initiatives will be concentrated on women farmers from female-headed households, PLWHA and PWD.*

[14] *Farmers' coop initiatives will be implemented in Zimbabwe and Malawi only.*

[15] *Unless such seed becomes unavailable due to shortages of market supply (see risk matrix)*

feeding practices. This will be achieved through training and demonstrations on how to carry out such practices, thereby increasing the ability of mothers to provide nutritious food for their young children. In all three target countries the Project will encourage the establishment of kitchens gardens; more especially in households with PLHIV and persons with disabilities, in order to promote consumption of food with high nutritional value so that better health and tolerance of medication will be achieved for such groups.

In Mozambique, food security activities will focus on the promotion of income generating activities for people with disabilities, PLHIV and women's groups, in tandem with training on basic business management will assist such groups to increase their ability to earn enough in order to provide for themselves and/or their families. Larger scale modern farming initiatives such as conservation agriculture will not be undertaken in Mozambique.

The development of farmers and extension staff skills; enhancing the adoption of soil and water conservation practices; and assistance with access to irrigation will be other activities undertaken by the Project mainly in Malawi and Zimbabwe. Disaster mitigation and contingency planning in line with specific country national and district management plans will be promoted in order to manage events such as drought and flood, as well as Climate Change will be an initiative carried out over the lifetime of the Project in all target areas.

Maternal and Child Health

The Project will work constructively with government health ministries and departments in order to build the capacity of existing service providers. Public Health Campaigns will be carried out promoting sexual and reproductive health, immunization, PMTCT awareness and malaria education in all Project areas**.** The Project will facilitate the provision of maternal and child health services through support of district mobile health clinics working in partnership with government health services in Malawi and Mozambique; integrating PMTCT related services and childhood immunisation; advocating for increased government provision of maternal and infant health services to underserved populations in Mozambique. The Project will provide training in infant and child health and rights, training for TBAs and facilitate support networks for TBAs by linking them to public health service providers. Other activities will include support for small infrastructure projects such as Mothers Waiting Shelters and WASH facilities at district health clinics.

Water and Sanitation

Shared Futures will work closely with District-level staff to ensure that new WASH infrastructure meets government standards and to assist such staff to be better able to provide such infrastructure by mapping and surveys of existing infrastructure. The Project will also facilitate the provision of safe water to target communities through the construction and rehabilitation of capped springs and boreholes. Training of village health and water committees will take place in order to promote local ownership of water infrastructure and ensure sustainability of water supply. In the area of sanitation the Project will facilitate the rehabilitation of existing; and the construction of new, improved sanitation facilities, at the village and community level. Shared Futures will also provide training and educational programs about improving hygiene and sanitation practices. The number and scope of WASH activities are various in each target area for more specific data please see country work plans.

Community Capacity Building

The capacity of target communities to maintain local long-term sustainable development programs will be built by training local structures such as CBOs and other civil society partners in improved governance, financial management, and in program management. Women and men in the target communities in all three countries will be assisted to work with local government to implement national decentralisation policies. The Project will also assist community members (including women, PLWHA and PWD) to build skills in advocacy by training in advocacy techniques and supporting community advocacy initiatives - thereby assisting communities (including the very marginalised) to have a voice in the development process at both a local and national level.

The Project will facilitate training for people in target communities on their rights and on government's responsibilities**.** Project partners will advocate on disability inclusiveness and promoting effective development. The Project will assist in the promotion of development effectiveness by supporting local partner CBOs and NGOs to participate in district, national and international level dialogue; to document and share good practices; and participate in sector networks and forum

Objective 2 Policy and Advocacy

The policy and advocacy issues promoted by the Project are largely focused in Africa. However, they are linked to activities in Australia.

Linked Advocacy Issues

During the first year there will be scoping and feasibility studies carried out in order to assess the viability of advocacy initiatives The Project may initiate field research in year one, and facilitate such activities as training and dialogue circles etc. starting in year two.

With a focus on cross-cutting **food security** issues the Project will examine the feasibility of advocacy around improving women's access to land and farm inputs. Activities will include promoting increased women's participation in relevant networks, such as women's farmers unions, in Mozambique; participating in national gender forums i.e. Development Assistance on Gender Group, in Malawi; participating in a tripartite forum of donors, government and civil society where policy issues are tabled; and commissioning research on gender based issues to feed into debates. Partners in all countries will participate in forums which relate to gender issues in all sectors not just food security.

Project partners in all three countries will advocate for improved planning for **WASH** at the local and national level, also for the decentralisation of WASH funding so that local governments can provide better and more sustainable WASH services to the communities targeted by the Project. Strengthening community based monitoring systems and improving community representation in national level forums will be key activities.

Training for communities on their rights and the role of duty bearers around the area of **Decentralisation** will be a major Project initiative in all three countries. Project partners in all three countries will promote funding for existing infrastructure and support services through advocacy and policy dialogue around the decentralisation processes. The Project will explore the possibility of a dialogue with Action Aid around their plans to track budget expenditure as we believe that we could contribute to their work on this issue, and this could link in to wider research that AACES or the sector could be involved in.

MCH is an important theme of the Project, which is strongly linked to the cross cutting issue of gender. As the Project develops we will explore such issues as the promotion of Rural Outreach Services; Women and Children's Rights especially around property inheritance; sensitisation and reduction on Gender Based Violence; and Sexual and Reproductive Health. Advocacy in this area might be achieved through activities such as Gender Awareness Campaigns; advocacy campaigns for adequate inclusion of sexual and reproductive health (SRH) in healthcare programs; and for improved provision of ARVs and PMTCT at community level; dialogue circles may be implemented to advocate that government improve their dissemination of newly introduced gender laws and policies and provide support for improved policing of domestic violence issues. However, it should be noted that it is *not* the proposal of the Shared Futures Project that all such activities will be implemented in all areas with all target groups. The number, extent and target groups of these initiatives are yet to be determined by feasibility and baseline studies carried out in the first year of the Project and shall be decided upon according to the particular context and perceived need.

Objective 3

In Australia - Promoting Development Effectiveness

The Project will share information regarding the AACES Program in the Australian context by producing material on practice that can be disseminated within the sector, and to key decision makers.

The Project will represent various AACES Program issues in Australia, by linking into global campaigns, for example, promoting International Women's Day. The Project will also work with Australian University Interns to undertake research on topics such as Land Rights and Access, Gender, Climate Change amongst others.

In the area of Food Security and Land Access the Project will represent AACES Program issues in Australia (especially with farmers in rural Australia) and will try and develop stronger links with Australian research bodies such as the CSIRO and ACIAR.

Other activities will include participation in sector working groups; producing Project documentation as evidence that can be used by AusAID for their various purposes to promote the reasoning behind, and the value of, their work with NGOs and civil society; providing opportunities for interaction directly between communities and the Australian government; sharing issues with the Africa Working Group to assist in the preparation of briefing material on behalf of the sector.

Project activities around **Engagement with Australian Communities** include the promotion of the AACES Program within our existing constituency by scaling up on existing engagement with AFAP members and our local community, and developing new and more effective initiatives for such engagement. This will involve having a bigger focus on producing material for a wider audience than we have in the past – currently our initiatives tend to focus on reporting to Donors. Likely topics in line with above would be Gender, food security and responding to climate change, amongst others.

In line with our intentions above the Project will include learning and development around the "Shared Futures Project" issues and themes in our Australian Community Partner workshops. These workshops are held annually for members of our Community Partner Program. Such forums are an opportunity for people who directly support small development programs to foster greater understanding of their current development thinking.

During year one, we will look at developing a school engagement program that will be rolled out in years three to five. AFAP has existing relationships with a number of schools in our local area. The Project will build on these relationships and develop a school engagement program based upon the AACES Program themes. The development of this Program will draw on expertise from Concern Universal which is already undertaking similar work in the UK. AFAP also plans to continue to explore opportunities for working with other AACES ANGOs in this area as well.

The Project proposes to conduct feasibility studies on two new initiatives. In the first it is proposed that Project participants in the three target countries might make short documentaries about their experiences of the Shared Futures Project. The Project may also consider the implementation of "community journalist" style of documentation where Project participants might record their experiences of the Project as part of our monitoring and evaluation strategy. Secondly the Project will initiate dialogue with other AACES ANGOs on the possible participation in a documentary series about the AACES Program made for TV.

The attached annex (see annexure 17): "Majority World: Africa", outlines the concept, vision and delivery of this collective initiative.

Monitoring and evaluation

The primary objective of the Project is to achieve measurable improvements to the sustainable livelihoods and wellbeing of marginalised households. Communities and households directly engaged in this project will have a central role in determining whether the interventions are working and ultimately if they have met their expectations. We will assess outcomes and impact in three ways.

Firstly, the systems and processes for collecting information in the field will be designed so that that the women and men who are directly involved are the people who are responsible for collecting and

communicating Project experiences. This will be done by using simple data collection tools to track interventions. But will also involve regular meetings that will take various forms (committee meetings, dialogue circles and so on), which are designed to enable community voices to be heard. As a key goal of this Project is to build capacity for communities to meet their own needs, encouraging communities to actively monitor and reflect on the initiatives of this Project, feeds into this process. The communities themselves will become more and more responsible for collecting data related to the activities they are involved in on a day-to-day basis during the life of the Project. They will also progressively become more involved in the analysis and use of that information as CBOs and committees involved will use it for developing future work plans with Project staff. This monitoring process also helps to create ownership by facilitating increased community led development initiatives and solutions to be identified and planned for that are based on evidence and experience. As it is our experience that community confidence is built up over a period of time and that monitoring systems are most effective when the beneficiary communities are involved in both data collection and analysis of material. Individual community voices will also be heard through the documentation of Human Interest Stories[16], so that the voices of women and other vulnerable groups are heard. The collection of this type of information will assist us to understand what has changed and what aspects were considered important.

Secondly, internal assessments will be undertaken by Project staff and other relevant stakeholders on a regular basis. The assessments and various reports generated will be used in a variety of ways. At this level the role is to document, coordinate and draw together raw data that is used for planning purposes within the Project target areas as well outside of the direct implementation area. Once again, facilitation of this process is important and meetings with various stakeholders are key to disseminate information effectively. However these spaces also allow for reflection with beneficiaries, partner staff, and District government staff to review actions, impact, challenges faced and lessons learnt. The Project partners will play an important role in facilitating linkages and sharing of information beyond the target community level particularly where issues are being raised at a National level.

Finally, our M&E strategy will make use of independent voices, by undertaking externally led evaluations at key intervals throughout the life of the Project in order to verify and validate what we are doing outside of our own experience. The integrated nature of this Project means evaluations will draw on monitoring information drawn from a number of M&E approaches, employing a combination of qualitative and quantitative techniques which have applied successfully in the past – such as 24hr food consumption recall surveys, committee records, Focus Group discussions[17], KAP surveys, crop production records community archives, CFit- a version of MSC and District level asset inventories.

During the Design Phase Program staff have consulted widely and we are in the process of developing agreed core indicators that relate to the various components of the Project. These indicators will become central in the monitoring process. Baseline data will be collected during the first quarter of implementation that will enable us to determine the final scope and target groups of specific activities and to make assessments of success further down the track. We will also develop a high-level Project log frame in order to keep this large and complex Project focused and to assist us with planning our activities on the ground as we move along. A draft version of a Monitoring Framework has been developed (see annexure 4) which is based on these agreed indicators. This describes how particular aspects will be monitored, how data will be collected and analysed, how the results will be collated and disseminated, and who will be tasked with undertaking those activities.

At the Project-wide level we will use a comprehensive Management and Monitoring (M&M) Tool that was developed by AFAP to capture and collate qualitative and quantitative data during the AFAP-APAC Program. This tool has been field-tested and revised over the last few years. It is able to

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[16] This is a Most Significant Change type technique but is rather based on journal or journalist principles where people document changes to their everyday lives

[17] Focus groups will be made up of men, women, youth, PLWHA and PWD.

harmonise Sub-Project level information into a format which consolidates quantitative information particularly well and is able to track overall Project trends. The information collected by the M&M tool will be used to feed into various reporting requirements as well as being able to inform management of overall performance. The most recent versions of the M&M tool have incorporated revisions to better capture qualitative information particularly around cross cutting issues such as gender[18] and advocacy issues. During the AACES Program we will be able to further modify and improve the M&M tool.

The Project will also adopt a number of initiatives which are aimed at accountability to the communities we are working with. Field staff are in close contact with community members, sharing information and giving feedback. However, we also promote a number of specific initiatives which have the dignity of the community and social accountability as a central goal. The Mozambique Project for example encourages the community to develop "Community Archives"[19] in order to enable them to be in control of the information that is gathered on their behalf. The aim of the archive is to link community evidence with national level policy engagement and assists the community to better understand and control some of the processes. CU Mozambique is working with the Centre for Social Accountability, which is based in South Africa and will share learning and training materials with the Malawi and Zimbabwean partners.

AFAP will be responsible for the overall management and monitoring of the Project. We have in place a well-resourced Management Team that is led by an Australia-based Program Director who is responsible for AFAP's entire Africa Program. The Program Director will be responsible for chairing a Project Steering Committee, made up by representatives from each partner involved. An AACES Project Coordinator will provide day-to-day management and oversight of the Project and will work directly with other AFAP staff who also have a role in the implementation of Objectives one and two of the Shared Futures Project. At the individual country level, Project activities will be led by an appropriately qualified Manager who is supported by, and involved in, the wider program work of our in-country partners. They will be responsible for coordinating monitoring activities in each country.

Risks

There have been identified several major risks which could impact on successful outcomes for the Project. Of these a critical risk will be the potential for Political instability particularly in Zimbabwe. Elections are due to be held in Zimbabwe in 2012, which have the potential to seriously destabilise the country. During previous elections the country experienced food shortages and the financial meltdown had a significant effect on every level. Shortages of goods and problems with escalating inflation during the 2012 elections could have a significant impact on project outcomes. However, our previous experience has been that the major programs implemented by Project partners in Zimbabwe were able to continue during the previous election crisis without major impacts on project outcomes, albeit using a more low key mode of operation. There were some aspects, like regional meetings, which were postponed but given we were working in rural tribal areas field activities were maintained. AFAP will continue to monitor the situation in all countries closely and revise plans accordingly in line with our risk management policies.

Environmental disasters such as drought or floods are a perennial issue affecting countries in Sub Saharan Africa. Such events may undermine staple crop production and lead to increased food insecurity of vulnerable households. However it is intended that the Project will increase household resilience to such shocks and linking communities into disaster risk reduction strategies is promoted.

The diverse nature of the Project[20] and the capacity of Project staff to coordinate such a diverse program may prevent the effectiveness and efficiency of project implementation and outcomes.

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[18] *Based on our Gender Mainstreaming Strategy (see Annexure 13).*

[19] *A document outlining this initiative has been posted on the AACES Communication Point.*

[20] *i.e. the multi-sector approach and the differing country context*

However, all AACES Project partners have previous experience in managing such diverse, integrated development programs which have a multi sector focus. Evaluations have shown that implementation and outcomes for previous multi sector programs have been realized. AFAP and our Shared Futures Project partners have confidence that we will be able to produce the expected outcomes for this Project despite its complex nature. Such confidence is based on measured and proven success in past projects such as AFAP-APAC where external evaluations have shown that expected outcomes where realized for the Program[21].

Governance issues are a significant risk to this Project. Weak political will on the part of some members of the government to collaborate with CSOs in decision making mechanisms[22]; and poor governance and lack of decentralization of funding and decision making processes may affect Project outcomes in the area of policy dialogue and advocacy – preventing the community voice from being heard. Similarly, a significant risk may be that the target communities lack the capacity to participate, implement and monitor project activities; or that there will be weak community participation in Project activities. This may have the result that delivery and sustainability of project activities and outcomes will be compromised. A major strategy of the Project will be capacity building of community structures.

Effective mainstreaming of cross-cutting issues such as Gender, Disability and HIV and AIDS may undermine inclusiveness of the Project affecting participation of such groups in project activities. The Project will build on lessons learnt from AFAP-APAC and build more effective strategies for mainstreaming of cross cutting issues throughout the Project. More effective M&E will be used in order to measure success in this area.

Specific risks in the area of gender include resistance to women's participation in decision making and in the development process, in equality of access and control of resources, in the Project capacity to design and implement activities on gender issues, and in the capacity of the target communities for change in this area. These risks will be mitigated by drawing on the experience of the AFAP-APAC Program and other Shared Futures Project partner program experience; by integrating the AFAP Gender Mainstreaming Policy into Project design and activities; by careful monitoring of gender issues in Project M&E, and also by various specific activities such as awareness raising and sensitisation programs, rights based training programs and activities specifically targeted at women and men aimed at achieving equality of participation in decision making processes and at the access and control of resources. For more details see risks matrixes attached (annexes 1&16).

Sustainability and Transition/Exit strategy

Local ownership is seen to be a key to sustainability and working in partnership has been given a high priority in the design of the Project. Local ownership has been strongly communicated during the Design Phase and we have taken a SBA, building on existing capacities wherever possible. We have been clear about what the Project and the community will need to contribute for activities to begin and are exploring the use of MOUs with some communities at their request. Every effort is concentrated on enabling a community-based structure to carry on with the initiatives promoted by the Project once Project support has been withdrawn.

There are several components to this work such as institutional capacity strengthening, whereby creating transparency, promoting linkages to other service providers and decentralisation processes are encouraged. Past experience has demonstrated that by working in partnership with local structures means we are well placed to assist them to make institutional changes and become more functional and accountable over the long term. The Project will also raise considerable awareness

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[21] AFAP-APAC mid-term and final evaluations are available on request.

[22] Local government is sometimes not supportive of CSO's who question performance regarding the decentralization of services etc. This will be addressed through regular coordination meetings with government and involvement of government in M&E activities.

and build advocacy skills around what the Government should be providing in order to create informed demand in the long term for improved services.

On-farm training and the development of locally based extension networks which are linked to existing farmers unions etc will remain in place to continue the food security related work. Similarly the creation of water and health committees that are formed around the establishment of safe water provision will, based on prior experience, allow for the ongoing maintenance and repair of WASH initiatives in the community once project support is withdrawn. The involvement of women in these committees has shown to be a key feature of sustainability in the past and this will be promoted accordingly in the Project.

The Project has been phased so that direct support will diminish over the life of the Project, particularly from year three onwards. Coming into the final year we will prepare a schedule of activities designed to inform stakeholders about the procedures to be used to bring the work of the project to an end. One of the core activities will be a "Sustainability" Workshop conducted in each country with their key stakeholders. The workshops will include a discussion and agreement on the complete hand-over of Project activities and assets.

AusAID Policy Requirements

AFAP has a **Child Protection** Policy and Code of Conduct which is signed by all AFAP Board, staff, volunteers and other representatives. The policy governs how interactions with children should take place, how dignity and privacy should be protected and how consent should be given when using images of children. Police checks are required to be undertaken by all senior AFAP staff, or any staff member who has any direct contact with children. AFAP undertakes that all reasonable precautions are taken to protect paper and electronic information. Our Policy outlines that all communications involving children use pictures and text that are decent and respectful.

AFAP's African partners have signed on to AFAP's Child Protection policy as part of their MOUs that outline how they work with AFAP. Orientation and training of AFAP child protection policies is given before documents are signed. However, all have their own Child Protection Policies and Code of Conduct in place, which are country/context specific. A risk analysis will be undertaken in the Shared Futures Project countries to develop awareness on child protection issues and to inform Child Protection training with the Project and partner staff.

The focus of this initiative is to work largely with rural small landholders. Their wellbeing is linked to sustainably managing the **environment** and to some extent the high levels of poverty experienced are heavily impacted by environmental issues such as deforestation, poor management and overuse of resources due to decreasing land availability, as well as the ongoing dependence on inappropriate crops. It is expected that climate change will only exacerbate these problems. Consequently, many of the interventions we proposed are directly aimed at either improving community environmental management capacity or directly ameliorating the effects of existing negative practices. For example, conservation farming practices will be promoted which increase soil productivity. Land stabilization and erosion control methodologies will be employed by encouraging communities to plant trees and get involved in reforestation programs and use contour farming practices. Shared Futures will also promote the use of fuel-efficient stoves. These stoves serve as both an income generating activity and will reduce the community's reliance on, and use of charcoal and firewood. The promotion of these stoves has been used successfully in our other programs and has added health benefits related to the reduction of smoke inhalation. A number of the environmental and food security initiatives also sit within our Disaster Risk Reduction work, which aims at building community resilience to natural disasters. The promotion of drought tolerant traditional crop varieties and the promotion of savings and income generating activities serve to cushion households against natural disasters when they do occur.

AFAP has operated within the requirements of the Environment Protection and Biodiversity Conservation Act and similar legislation for many years. The activities we are promoting are in line with both **AusAID and AFAP environment guidelines** and also adhere to the relevant National level policies in the three countries in which we are working. To ensure environmental issues are properly identified and assessed, and in line with our own policy, Environmental Impact Assessments, have or will be, undertaken at the onset and Environmental Management Plans put in place as necessary.

As part of the Shared Futures Project Design process assessments will be carried out and baseline data collected in order to assess what assistance and mitigation measures can be taken to include persons with **disability and People Living with HIV and AIDS (PLWHA),** and to promote the integration of disability and HIV and AIDS to ensure full and active participation of people with disability and PLWHA.

Shared Futures seeks to ensure that activities take account of, include in an active way, listen to and benefit people with disability and PLWHA .Therefore a data base of project beneficiaries will be produced, disaggregated by age and gender and disability (including HIV and AIDS). Mainstreaming activities will be supported through proper targeting and design of appropriate interventions. Also training in mainstreaming strategies will be conducted on Disability and HIV and AIDS for staff and partners.

Disability-specific activities will be initiated in parallel with inclusive development mainstreaming strategies to ensure that integration or mainstreaming works.

The Project will promote income-generation activities and small livestock schemes for people living with disability and PLHIV in order to enhance Food Security. In the area of WASH the Project will facilitate the construction of improved family latrines especially for the most vulnerable (PLHA, people living with disability, women and children). The Project will also undertake HIV and AIDS (emphasis on HIV related stigma) and sexual & reproductive health training.

Annexure 1: Risk Matrix[23]

The following template is provided as guidance only. ANGOs are welcome to modify the template, or to use a different template.

Risk	Potential Impact on the project	Likelihood (1-5 where 1= very low 5 = very high)	Impact (1-5 where 1= very low 5 = very high)	Risk (=Likelihood X Impact)	Management Strategy (for Risks rated 5 and above.)	Responsibility	Is the risk assessed through the M&E system? (Y/N)
Contextual Risks							
Political instability in Zimbabwe	May affect ability to continue project interventions and undermine project achievements.	2	3	6	There is potential for instability during the election process due in 2012. This risk is minimized by CTDT past experience of political and economic instability. CTDT projects continued during this time with minimal disruption due to supportive and networking relationships with the targeted district and provincial authorities, such as the Rural District Councils.	Project Manager	
Environmental disasters such as drought or floods.	May undermine staple crop production and lead to increased food insecurity of vulnerable households	3	5	15	This is a significant risk. Mitigation strategies include Conservation Agricultural techniques, improved surplus of food stuffs, and improved storage capacity of food stuffs, drought tolerant varieties, environmental management plans and disaster planning.	Project Manager, Field staff	Yes
Fluctuating exchange rates and	May increase	5	3	15	Maintain a dollar account (for Zimbabwe -	Project Manager,	

[23] See Annexure 16 for additional risk matrix from CTDT in Malawi covering specific gender issue in TA Mphuka (Share Futures Project target area). The Gender Officer from CTDT has worked with CUMoz and will be available to work with CUMal in future in order to produce such risk matrixes for all SFP target areas.

economic instability.	cost of project inputs				outside the country), agreeing on fixed exchange rates at start of financial year.	Finance staff, Procurement staff	
Supply chain for physical inputs breaks down.	May affect project outcomes in area of food surplus	3	4	12	Risk is minimized by ensuring supply chains	Project Manager, Procurement staff	
Poor accessibility and state of infrastructure	Limited access of staff to beneficiaries and difficult delivery of inputs	5	3	15	Empowerment of community groups. Lobby government to address infrastructural issues through lobbying and advocacy	Project Manager, Field staff, Policy and Advocacy staff	Yes
Design risks and assumptions							
Weak community participation	Delivery and sustainability of project activities and outcomes will be compromised.	1	5	5	Community participation is essential both for delivery and sustainability. Insistence of community based practices utilizing positive relationships at all levels (community, Partners, government) should ensure full participation	Project Manager, Field staff	Yes
Community has the capacity to participate, implement and monitor project activities.	May affect local ownership of development and sustainability of project outcomes	2	5	10	Capacity building of local community structures to own and maintain development initiatives.	Project Manager, Field staff	Yes
Diverse nature of the Project.	May prevent effectiveness and efficiency of project implementation and outcomes.	1	5	5	This risk is mitigated by previous experience in the successful implementation of multi sector and multi partner development programs.	Project Manager, M&E staff	Yes
Differences in development	May lead to	2	2	4	Involvement of other stakeholders in developing	Project Manager	Yes

approaches used by other NGOs in the area.	discontent by stakeholders and community members				this project. Being transparent with what the project can provide		
Implementation risks							
Capacity of project staff to coordinate a large multi-sectoral program.	May lead to inefficient and ineffective project implementation and outcomes.	1	5	5	This risk event is minimised by capacity building for staff and in addition the partners are already implementing other programs, so they have experience in managing similar programs.	Project Manager	
Weak political will on the part of some members of the government to collaborate with CSOs in decision making mechanisms.	May affect project outcomes in the area of policy dialogue and advocacy.	2	4	8	Regular coordination meeting with government, involvement of government in M&E activities	Project Manager, Field staff	Yes
Effective mainstreaming of cross-cutting issues such as Gender, Disability and HIV & AIDS	May undermine inclusiveness of the project affecting participation of such groups in project activities.	1	5	5	Lessons have been learnt during the delivery of other development projects (including APAC) regarding stigma reduction on disability on HIV and AIDs where the participation of women and men has been measured. We anticipate positive gender impact notwithstanding that change at this level is a long process. This risk can be further mitigated be training in mainstreaming strategies.	Project Manager, Trainers	Yes
High rate of staff turnover on project and reluctance of staff to stay in remote areas	May affect project outcomes.	3	2	6	Good HR practices in place in partner organizations. Provide staff with adequate accommodation. Recruitment of candidates that are experienced in working in difficult environments	Project Managers, HR staff	Yes

District staff and local government institutions do not continue to support and collaborate in project implementation.	May impact on sustainability of project outcomes.	2	4	8	The risk will be minimized by capacity building of local government and village level.	Project Manager, Field staff	Yes
Gender inclusion challenges - women register limited participation in decision making and access and control of resources	May undermine the inclusiveness of the project affecting participation of women	1	5	5	We have successfully delivered many development projects where the role of women and men has been addressed in an open, positive way. We anticipate positive gender impact notwithstanding that change at this level is a long process. Project design and formulation included full participation of both, men and women; M&E indicators will be gender disaggregated	Project Manager, Field staff	Yes

NB Annexures 2 & 3 – Budgets - are submitted as separate documents.

Annexure 4: M&E Matrix AFAP and Partners – Shared Futures

AACES Objective 1: Marginalised people have sustainable access to the services they require					
AFAP-AACES – Shared Futures Overall Project Objective: To achieve measurable improvements to the sustainable livelihoods and well-being of vulnerable households.					
Shared Futures Food Security Objective: To increase the availability, equitable access and utilization of nutritious food for targeted vulnerable households.					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
Food security outcome: Targeted households have improved access to nutritious food in sufficient quantities on an equitable basis over the long term.	Increase in the number of months that food reserves will last as perceived by the HH. (Household storage estimates).	HH surveys to compare baseline data and subsequent change.	Six-monthly or seasonally	Community field workers. Project staff. Evaluation teams. Verified by local community & CBOs.	After 6 months, we will check that our baseline data is adequate for the purposes
	Decrease in number of men, women and children who report that they do not have enough food to eat during at least one month in the past 12 months.	HH surveys to compare baseline data and subsequent change. Data disaggregated by gender and age.	Annual	Community field workers. Project staff. Evaluation teams. Verified by local community and CBOs.	We will use a tool we call a "citizen report card" as part of our commitment to being accountable to community stakeholders, VDCs, and District sector and planning structures.
	Narrative reports from HHs explaining the way in which their coping strategies for being food secure throughout the year have changed.	Interviews with households.	Annual	Community field workers. Project staff. Verified by local community and CBOs.	As the project progresses, this indicator will provide a qualitative measure of the way HHs perceive their food security situation.
Link to AACES outcome area and to AFAP-AACES theory of change	AACES outcome area: "Amplified voice and engagement of the most vulnerable in order to influence decision makers." During the first six months of implementation, we will document a methodology that will help us capture the precise influence of CBO partners in improving food security for the most vulnerable. As the Project progresses, we will seek to document which CBO strategies for linking the vulnerable to decision makers in the food sector were successful and which were not, and to determine the reasons driving the results.				

Shared Futures Project – Food Security Component – Output level					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
Food security output: Increased production of food at the household level.	Increase in amount of food grown in a season (in kg) and number of livestock units raised divided by the size of the household, to estimate amount per person. (Household production estimates)	Household surveys to compare baseline data and subsequent change. Pass-on-livestock scheme records.	Six-monthly or seasonally .	Key informants. Community field workers. Project staff; Data verified by local community and CBOs	By the end of the second quarter of Year 1, we will have completed our collection and analysis of the baseline data, so that we can determine an appropriate target level for the indicator measuring the increase in food production. A major assumption for most of our food security interventions is that all members of a household support the initiatives being promoted. Similarly, that government policies provide appropriate enabling environments for increased farm production, and that the government will be willing to support new technologies. Where appropriate, we will align our indicators to information relevant to government agencies and useful for them. For example, agricultural production targets in District Development Plans.
Food security output: Increased capacity of vulnerable households to purchase food and other basic necessities.	Increase number of HHs reporting they have the means to purchase food during critical months (December to March).	Agriculture extension staff. CBO, farmer network and Project records.	Six-monthly or seasonally	Key informants. Community field workers. Project staff; Data verified by local community and CBOs	
Food security output: Increased variety of nutritious food available and consumed by targeted HHs.	Narrative qualitative reports from men, women, and children about any changes in their consumption of nutritious food, compared with the previous reporting period.	Individual testimonies.	Annually	Key informants. Community field workers. Project staff; Data verified by local community and CBOs	
Food security output: Increased utilization of available food by HHs.	Increase in enhanced post-harvest storage of garden produce and availability of nutritional products during the off-harvest seasons.	Household testimonies. Reports of the relevant service providers at local and District level	Annually	Key informants. Community field workers. Project staff; Data verified by local community and CBOs	

Shared Futures WASH Objective: To increase access to safe water and sanitation facilities, and to the sustainable and inclusive community management of them.					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
WASH outcome: Increased community access to safe water supplies, appropriate sanitation facilities, and hygiene education.	Reduction in incidences of water-borne disease in the target populations and groups such as mothers and children.	Community and District Health records: Ongoing data collected by community health workers.	Reviewed and assessed six-monthly	Project staff. Verified by local community and CBOs.	This is a high level indicator. Based on previous experience we should be able to make some assessment based on existing data.
	Various changes to the social dynamics within households, reported as positive by family members.	Household surveys to compare baseline data and subsequent change. Data will be disaggregated by gender and age.	Annual	Community field workers; Project staff; Evaluation teams. Verified by local community and CBOs.	As the Project progresses, this indicator will provide a qualitative measure of the way HHs perceive the impact of improved access to safe water and improved sanitation infrastructure.
	Positive changes to personal hygiene behaviour within the household and within institutions, such as schools.	Individual testimonies collected quarterly by Project staff.	Baseline measures and mid-term and final evaluations	Community field workers; Project staff; Verified by local community and CBOs.	
Link to AACES outcome area and to AFAP-AACES theory of change	AACES outcome area: "Strengthened equitable access to services for vulnerable groups." The Project's WASH component will lead to strengthened equitable access to water and sanitation services for the Project's targeted vulnerable groups, including women- and child-headed households and the disabled. During the second year of the project, in collaboration with WaterAid, we will commence research in previous WASH project areas, to determine what are the essential criteria needed to ensure that a community water management committee will continue after project support has finished, so that we can apply the lessons to Shared Futures.				

Shared Futures Project – WASH Component – Output level					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
WASH output: Increased access to safe water.	Number of new water points established and existing water sources refurbished across all Project sites.	Household surveys to compare baseline data and subsequent change.	Six-monthly	Key informants. Community field workers. Project staff; Data verified by local community and CBOs	When we measure and report on changes, we will disaggregate the data so that we can understand which Project interventions caused a change resulting from a specific Project input (such as drilling a borehole with Project funds), and which interventions caused a change as a result of duty bearers responding to community advocacy. We will measure whether the construction of gender appropriate VIP latrines (separate for girls and boys) leads to a decrease in absenteeism by girls. Where appropriate, we will align our indicators to information relevant to government agencies and useful for them. For example, national targets and standards for water, sanitation and health delivery services. A critical aspect of our WASH interventions will be the mobilisation and training of community water management and maintenance committees.
WASH output: Improved sanitation infrastructure within the targeted communities.	Increase in number of latrines built at household, community, and institutional level (market places, health clinics schools, and so on.)	Household surveys to compare baseline data and subsequent change.	Six-monthly	Key informants. Community field workers. Project staff;	
WASH output: Improved sanitation and hygiene practices adopted by more homes and community institutions.	Increase in the use of improved practices. For example: hand washing facilities; use of soap or ash; 2 -cup system of drawing water; and use of drying racks for cookware and eating utensils.	Qualitative measures such as individual testimonies. (Data disaggregated by gender and disability)	Annually	Key informants. Community field workers. Project staff; Data verified by local community and CBOs	
WASH output: Improved health, well-being and access to services for the elderly, female headed households and children.	Evidence of community support for increased sanitation. For example, the community helping the elderly or disabled to build latrines.	Household testimonies. Reports of the relevant service providers at local and District level	Annually	Key informants. Community field workers. Project staff; Data verified by local community and CBOs	

Shared Futures MCH Objective: To raise awareness of MCH issues and to improve access to services.					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
MCH outcome: Improved health, well-being and access to health services for mothers and children	Increased community access to MCH outreach services, focusing on PMCT and immunization.	Household surveys to compare baseline data and subsequent change. Data disaggregated by gender and age.	Six-monthly.	Community field workers. Project staff. Evaluation teams. Verified by local community and CBOs.	
	Reduction in incidences of water-borne disease amongst mothers and children.	Community and District Health records. Ongoing data (disaggregated by gender and age) collected by community health workers.	Annual	Community field workers. Project staff. Evaluation teams. Verified by local community and CBOs.	We will use a related indicator to measure outcomes in our WASH component. Of particular research interest will be an analysis of the clinical data to determine whether there are differences in results between men and women, given that women will be receiving health-related information under two Project components.
	Narrative qualitative reports from men, women, and children describing perceived changes in their well-being compared with the previous reporting period.	Interviews with households.	Annual	Community field workers. Project staff. Verified by local community and CBOs.	As the Project progresses, this indicator will provide a qualitative measure of the way women perceive the impact of improved access to better health services.
Link to AACES outcome area and to AFAP-AACES theory of change	AACES outcome area: "Strengthened equitable access to services for vulnerable groups." The Project's MCH component will lead to increased civil society engagement in advocacy for better access to improved maternal health services. During the second year of the Project, we will commence research to gain an understanding about which advocacy initiatives are most successful and why.				

Shared Futures Project – MCH Component – Output level					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
MCH output: By the end of the Project, 50% of pregnant women from our targeted vulnerable households gain access to antenatal health services.	The % of mothers whose births were attended by skilled personnel and who were provided with appropriate advice about the Prevention of Mother-to-Child Transmission of HIV.	Community and District Health records. Ongoing data collected by community health workers to compare baseline data and subsequent change.	Annually .	Key informants. Community field workers. Project staff. Data verified by local community and CBOs	Our links to the Project's food security component include the screening of malnourished children, and training mothers on food processing, preservation and storage, and best feeding practices. We will be promoting the practice of exclusive breastfeeding during the first 6 months of child life, and monitoring the adherence to this practice and its effectiveness in helping to prevent mother-to-child transmission of HIV. The Project will work with local communities to advocate for adequate inclusion of sexual and reproductive health issues in health care programs, and for improved provision of ARVs at community level. As part of this work, we will be monitoring the extent of changes by health sector duty bearers to determine which advocacy strategies were most effective.
MCH output: By the end of the Project, 50% of mothers in vulnerable households gain access to appropriate postnatal health services.	The % of mothers who gain access to appropriate postnatal health services.	Project staff drawing from District health records.	Mid-term and final evaluations.	Key informants. Community field workers. Project staff. Data verified by local community and CBOs	
MCH output: By the end of the Project, 80% of children aged 12-24 months in the Project area will have completed their basic immunizations.	The % of children aged 12-23 months in the project area who have completed their basic immunizations.	Project staff drawing from District health records.	Annually	Key informants. Community field workers. Project staff. Data verified by local community and CBOs	
MCH output: Communities have a raised awareness and understanding of their rights in relation to health services.	Increase in the number of local CBOs in target districts that participate actively in the local government monitoring processes.	Individual testimonies.	Annually	Key informants. Community field workers. Project staff. Data verified by local community and CBOs	

Shared Futures Advocacy Objective: To strengthen the capacity and advocacy skills of local groups to undertake and lobby for their own development services.					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
Outcome Policy influence at national level in Africa increased.	Our result indicators will be developed during year 1, as they will need to reflect our agreed priorities. Examples of indicators are: Shared Futures Advocacy issues identified and agreed by end year 1. Participation in relevant sector working groups. Number of advocacy projects initiated by end of Project. The extent of stakeholder involvement specific advocacy initiatives.	To be developed in year 1.	To be developed in year 1	Project staff in collaboration with key stakeholders.	We will identify and prioritise advocacy issues and develop an advocacy plan for each issue. We will establish an advocacy committee in each country and train committee members on advocacy and lobbying skills and on key development approaches i.e. gender, environmental management, HIV and AIDS.
Output: Strengthened organizational and community capacity to manage and sustain equitable development	Evidence of participative monitoring of all development projects in target communities Strengthened capacity of CBOs to effectively advocate and lobby on behalf of their constituents AFAP has added value to AACES Project partners	To be developed in year 1.	To be developed in year 1.	Project staff in collaboration with key stakeholders.	Shared Futures will facilitate linkages between rural communities and District and National level policy making structures in order to strengthen their capacity to effectively lobby on their own behalf in the future.

AACES Objective 2: AusAID policy and programs in Africa are strengthened particularly in their ability to target and serve the needs of marginalized people.					
Shared Futures Advocacy Objective: To strengthen the capacity and advocacy skills of local groups to undertake and lobby for their own development services.					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
Outcome The Shared Futures Program will contribute to material which can be used to strengthen AusAID's understanding of how poor and marginalised rural communities can be engaged in the development Process with a particular focus on decentralisation.	Documenting increased services or budget expenditure occurring in the targeted communities. Participation in relevant Australian based forums.	Project reports Community Archives and journals	Annually	Project staff Relevant CBO's	This aspect of the program will be developed during year one of implementation. Outcomes and indicators will be developed in conjunction with AusAID.

AACES Objective 3. Increased opportunity for the Australian public to be informed about development issues in Africa					
AFAP-AACES: Shared Futures Project linked Objective – All three sectors - to build upon and scale up our existing activities.					
Intended result	**Result indicators**	**Data source**	**Frequency of observation**	**Monitoring responsibility**	**Comments**
The Australian public has increased opportunities to engage with development issues in Africa.	School program implementation program developed by end of Yr 1. 10 Schools engaged in AACES Program issues/themes by EOP. Linkages with Australian research bodies and universities developed. Annual community partnership workshop highlighting an AACES theme undertaken	To be developed in year one.		AFAP	Scoping and development of Schools Engagement Program Conduct feasibility study on "Community Journalist" documentation.
Effective partnerships in place.	M&E on partnerships developed and incorporated into M&M tool. Partners express satisfaction with effectiveness of partnership. Partnership and MOUs signed	Project reports M&M tool	Annually	AFAP and partners	
Large television audience in Australia is exposed to development issues in Africa.	"Majority World Africa" proposed TV program is produced through collaboration by all AACES ANGOs and partners.				This would only go ahead if AusAID were willing to pick up this idea
Link to AACES outcome area and to AFAP-AACES theory of change	By the end of the Project, AFAP's community partners in Australia will have an improved understanding of development issues, particularly for the context of eastern and southern Africa.				

Annexure 5

Year One Work Plan - AACES – Shared Futures Project – AFAP

July 2011 to June 2012

Ref #	Activity	Target	Location	Start	Finish	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Responsible
1.0 Project start up activities										
1.1	Staff recruitment and induction	2 staff members (Australia)	Australia	July 2011	August 2011					Senior Program Director, Africa Program Manager
1.3	Procurement of capital items	Laptops Office equipment	Australia							
1.4	Sign funding order - AusAID	Funding Order signed	Australia	June 2011						AFAP Board, Senior Program Director, Finance Manager, Program Manager
1.5	First Tranche of funds received and sent to partners	Create tax invoices Requisitions Funds received and sent	Australia	June 2011	July 2011					AFAP Board, Senior Program Director, Finance Manager, Program Manager, Shared Futures Project partners
1.6	Planning meetings with local partners organizations	Set up of Shared Futures Project Steering Committee	Australia (via electronic media)	Sept 20111	Nov 2011					Program Managers – AFAP, CUMoz, CUMal & CTDT
1.7	Sign Contracts with Shared Futures Project Partners	Contracts in place with all partners	Australia	June 2011	July 2011					AFAP Board, Senior Program Manager, Program Manager, AFAP Shared Futures Partner Senior staff
1.7	Staff planning meetings	Initial planning meetings M&E finalized Year 2 steering and planning meeting	Malawi, Mozambique, Zimbabwe	July 2011	August 2011					Program Managers – AFAP, CUMoz, CUMal & CTDT

1.8	M&E research and development	Development of revised M&M tool	Malawi, Mozambique, Zimbabwe							M&E Consultant, Program Managers – AFAP, CUMoz, CUMal, CTDT M&E Officers
1.9	Monitoring visits	Base Line information reviewed Final versions of Designs completed and submitted to AFAP Progress monitored Financials monitored AACES Program planned meetings (various committees etc.) Meetings with AusAID Nairobi	Malawi Mozambique Zimbabwe	July 2011	June 2012					Program Managers – AFAP, CUMoz, CUMal & CTDT Finance managers - AFAP, CUMoz, CUMal & CTDT Other program staff where required
1.10	Participation in AACES wide meeting/workshops/secretariats	Meetings in Nairobi and Canberra	Australia Kenya	TBA	TBA					TBA
1.11	Planning and dialogue with other AusAID programs in Africa	Meetings with AMC's etc. to investigate linkages	TBA	TBA	TBA					AFAP Senior Program Manager Other staff - TBA
2.0 Policy Dialogue and Australian Engagement										
2.1	Scoping and feasibility of Australian Engagement activities	Internal planning meetings Meetings with other AACES ANGOs	Australia	July 2011	October 2011					
2.2	Research and Development	Development of various Australian Engagement programs Development of Development Education Materials	Australia	November 2011	Ongoing					

Annexure 6

Year One Work Plan – AACES Shared Futures Project – Mozambique
June 2011 – July 2012

Ref #	Activity	Target	Location	Start	Finish	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Responsible
1.0 Project start up activities										
1.1	Staff recruitment and induction	Support for 16 CBO/Local NGO staff	Mozambique	July 2011	September 2011					Country Director, Programme Manager, Finance and Admin Manager
1.3	Procurement of capital items	1 second hand vehicle, 2 motorcycles and other office equipment	Mozambique							Country Director Programme Manager Administration Officer
1.4	Staff planning meetings	All staff members	Mozambique	July 2011						Country Director, F&A Manager, Programme Manager
1.5	Planning meetings with local partners organizations	Regular meetings, joint and separate (admin staff + program staff)	Mozambique	July 2011						Programme Manager M&E Officer, F&A Manager, Coordinators of Partners Organizations
1.6	Sign sub-contracts with Local Partners: CCM, ACAMO, UCA, KUTSEMBA and KWIMUKA	5 sub-contracts signed	Mozambique	July 2011	September 2011					Country Director Programme Manager Project Manager Coordinators of Partners Organizations, F&A Manager
1.7	Conduct Partner and project training for CBOs, 0ther partners and staff in their responsibilities and obligations on the project and key development approaches i.e. gender, environmental management, HIV and AIDS	5 CBOs and other partners CUMoz and local partners staff	Mozambique	July 2011	December 2011					CUMoz and local partners project and admin staff
2.0 To strengthen food and nutrition security status of vulnerable households on equitable and sustainable basis.										
2.1	Identification and registration of vulnerable household and develop a data base of project	All target communities	Mozambique	August 2011	End of Project					Programme Manager CBOs

	beneficiaries disaggregated by gender									Community activists
2.2	Promotion of nutritional gardens and increasing nutritional awareness especially for the most vulnerable (PLHIV, persons with disabilities, children etc)	All target communities	Mozambique	September 2011	February 2012					Economical activities department district services, UCA (Farmers Union), Program Manager and Partner Officers Communities
2.3	Promotion of income-generation activities for persons with disability, PLHIV and women's groups and their training on basic business management and linkage with decentralized district services	All target communities	Mozambique	November 2011	To end of project					Program Manager, Project officers (CUMoz + partner)
2.4	Promotion of locally manufactured fuel-efficient stoves	7 pilot communities	Mozambique	January 2012	June 2012					Program Manager, Project officers (CUMoz + partner)
3.0 To reduce incidences of waterborne diseases in the target community										
3.3	Conduct hygiene and sanitation education	All target communities	Mozambique	July 2011	June 2012					Water committees, Partner officers, district staff of planning and infrastructure services, district health services
3.4	Construction of latrines in schools, local communities and households	All target communities where necessary	Mozambique	November 2011	June 2012					Partner officers, district staff of planning and infrastructure services
3.5	Collaboration with district planning and infrastructure services in WASH mapping	All target communities	Mozambique	July 2011	June 2012					Program Manager District Planning Officer
4.0 Improved health, well-being and access to services for mothers and children										
4.1	Facilitation of provision of maternal and child health services through support of district mobile health clinics; PMTCT related services; childhood immunisation; and training for	3 districts	Mozambique	October 2011	June 2012					Provincial and district health services, Project officers (CUMOZ + partner), Program Manager
4.2	Advocate for increased government provision of maternal and infant health services to underserved populations	3 districts	Mozambique	October 2011	June 2012					Project Officers & Program Manager (CUMOZ + partner)
4.3	Training in women's rights, infant and child rights, PMCT, importance of ARVs and support from families and communities for maternal and child health actions	All target communities	Mozambique	November 2011	June 2012					Human Right League activist, district and provincial government, Project officers (CUMOZ + partner)
4.4	Promotion of the exclusive breastfeeding	All target communities	Mozambique	November	June 2012					District health staff, Project

	during the first 6 months of child life			2011						officers (CUMOZ + partner)
4.5	Promotion of linkages between TBAs and local health sector	All target communities	Mozambique	July 2011	June 2012					District health staff, Project officers (CUMOZ + partner)
4.6	Advocacy for adequate inclusion of sexual and reproductive health (SRH) in healthcare program and for improved provision of ARV at community level	All target communities	Mozambique	July 2011	June 2012					Partner organizations
4.7	Conduct HIV and AIDS KAPB survey	1 survey	Mozambique	July 2011	August 2011					Project officers (CUMOZ + partner)
5.0	**To strengthen capacity of communities to lobby for improved access to services and contribute to formulation of policies and active involvement in the design and implementation of local development plans.**									
5.3	Identify and draft ToR for one research area	One research area that will inform policy and dialogue within the AACES Programme	Mozambique	December 2011	June 2012					CUMoz Country Director and Senior Programme Manager
5.5	Dialogue citizens/service providers/local government & Social accountability training	3 districts	Mozambique	January 2012	April 2012					District /Provincial government, Project officers (CUMoz partner)
5.6	Support to, and participation in national and regional networks	For local partners organizations	Mozambique	July 2011	June 2012					District and provincial government, Project officers (CUMOZ + partner)
6.0	**Policy Dialogue and Australian Engagement**									
6.1	Partner Workshops, AusAID AACES workshops, AACES Management Group Meetings etc	AusAID, AACES ANGOs, Shared Futures Project partners	Australia and Nairobi	July 2011	June 2012					AusAID, ANGOs & AACES partners
6.2	Workshop for AFAP Community Partners	AFAP Community Partners	Australia	TBA						CP Program Manager
6.3	Participation in Sector and ACFID Working groups	Working groups	Australia	July 2011	June 2012					Program Managers, Program Director
6.4	Scoping and development of Schools Engagement Program	Local Schools	Australia	July 2011	June 2012					Program Managers, Program Director, CUUK, Local Schools
6.5	Conduct feasibility study on “Community Journalist” documentation	Communities in Malawi, Mozambique and Zimbabwe	Australia	July 2011	June 2012					Program Managers, HUMA
6.6	Initiate dialogue with other AACES ANGOs on ‘Majority World Africa’ (proposed TV program)	Other AACES ANGOs	Australia	July 2011	June 2012					Program Director, HUMA, ANGO CEOs and Community Engagement Sections

Annexure 7

Year One Work Plan –AACES - Shared Futures Project - Malawi

June 2011 to May 2012

Ref #	Activity	Target	Start	Finish	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Responsible
1.1	Staff recruitment and induction	10 staff members (Malawi)	June 2011	August 2011					Country Director, Programme Manager, Human Resources Officer Finance and Admin Manager
1.2	Procurement of capital items	1 motor vehicle, 3 motorcycles and other office equipment (CUMal)	July 2011	November 2011					Country Director Programme Manager Administration Officer
1.3	Conduct planning meetings with local partners organizations (ADC, CBOs)	Regular meetings	July 2011						Programme Manager Project team, Coordinators of Partners Organizations
1.4	Sign memorandum of agreements with ADC, CBOs/ partnership agreement and	ADC and 5 CBOs	July 2011	September 2011					District Commissioner Country Director Programme Manager Project Manager Coordinators of Partners Organizations, F&A Manager
1.5	Conduct Partner and project training for CBOs, 0ther partners and staff in their responsibilities and obligations on the project and key development approaches i.e. gender, environmental management, HIV and AIDS	5 CBOs and other partners	July 2011	December 2011					Project Manager Crosscutting issues coordinator, project and admin staff
2.1	Identification and registration of vulnerable household and develop a data base of project beneficiaries	3000 households	August 2011	End of Project					Project Manager Sector Coordinators

	disaggregated by gender								CBOs Community Change Agents and volunteers
2.2	Training of beneficiaries in various aspects-based on their needs-to develop sustainable mechanisms for various interventions and key development approaches i.e. gender, environmental management, HIV and AIDS.	3000 households	October 2011	April 2012					Sector Coordinators CBOs Government Extension staff
2.3	Procure and distribute start-up inputs based on vulnerability and needs assessments	750 households	September 2011	December 2011					Project Manager Sector Coordinators
2.4	Promotion of nutritional gardens and increasing nutritional awareness especially for the most vulnerable (PLHIV, persons with disabilities, children	All target communities	September 2011	February 2012					Health and Nutrition Coordinator, CCA, volunteers Government extension staff
2.5	Screening of Malnourished children and conduct training to mothers on food processing, preservation and storage and feeding practices	All target communities	March 2012	June 2012					Health and Nutrition Coordinator, HSAs M&E Officer, Program Manager, Partner officers
2.6	Start irrigation development on 2 sites	2 sites	April 2012	May 2012					Project Manager DIO
2.7	Identify Climate Change Adaptation initiatives and develop risk reduction plan and provide training for communities in climate change risk reduction.	Partner Organizations and local communities	April 2012	June 2012					CU National Environmental Coordinator District Council partners
3.1	Community mobilisation and water committee formation and training in Gender, environmental management and HIV & AIDS	All target communities with broken down water points	July 2011	June 2012					Water and sanitation facilitators Health Surveillance Assistants
3.2	Assessment, repair and rehabilitation of broken down water points and wash basins, and construction of new water points.	All broken down water points; new water points as per WASH mapping exercises.	August 2011	June 2012					Water technician, committees, Monitoring Assistant Communities, Min of water,
3.3	Conduct hygiene and sanitation education	All target communities	July 2011	June 2012					Water committees, WSF, HSA,
3.4	Promote construction of latrines in local communities and households and provide chlorine for Cholera prevention	All target communities where necessary	November 2011						WSF and water, Water Monitoring Assistant Partner officers, Village Health Workers

3.5	Collaboration with district planning and infrastructure services in WASH mapping	All target communities	July 2011	June 2012					Livelihoods Manager District Planning Officer
4.1	Conduct HIV and AIDS KAPB survey	1 survey	July 2011	August 2011					National HIV&AIDS Coordinator-PDU
4.2	Facilitate gender and HIV training and awareness raising with community policing structures	Key community members (i.e. GBV focal persons) & Key opinion leaders	August 2011	End of project					CU National Gender Coordinator
5.1	Set up an advocacy committee & train committee on advocacy and lobbying skills and key development approaches i.e. gender, environmental management, HIV and AIDS	Committee comprised of community representatives from all groups-not ADC members using the 50-50 gender participation framework	March 2012						Crosscutting Coordinator
5.2	Identify and prioritize advocacy issues and develop an advocacy plan/strategy for each issue	Based on number of issues including gender advocacy issues	July 2011	June 2012					Crosscutting Coordinator, Committee members,
5.3	Identify and draft ToR for one research area	One research area that will inform policy and dialogue within the AACES programme	December 2011	June 2012					CU-PDU Manager, Program Manager, Project staff and community members .
5.4	Train CBOs in advocacy and lobbying	5 CBOs using the 50-50 gender participation framework	May 2012	May 2012					Crosscutting Coordinator

Annexure 8

Year One Work Plan –AACES - Shared Futures Project - Zimbabwe

June 2011 to May 2012

Ref #	Activity	Target	Start	Finish	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Responsible
1.1	Staff recruitment and induction	6 staff members engaged	June 2011	July 2011					Director, Programme Manager, Finance and Admin Manager
1.2	Procurement of capital items	1 motor vehicle, 4 Bikes, 3 Desktops, 3 Laptops, 1 Camera, 3 printers	June 2011	August 2011					Director, Programme Manager, Finance and Admin Manager
1.3	Conduct planning meetings with local partners organizations (RDC, CBOs)	Project Inception meetings	June 2011	August 2011					Programme Manager Project team, Coordinators of Partners Organizations
1.4	Sign memorandum of agreements with RDC, CBOs/ partnership agreement and	Mutoko Rural District Council and 5 community Wards	July 2011	September 2011					District Administrator, Chief Executive Officer, CTDT Director Programme Manager
1.5	Rolling out the programme's thematic areas and identifying focal persons among stakeholders	Ministry of Health-Mutoko, RDC, Department of Water, Ministry of Health, Department of crops and livestock, Jairos Jiri Association for the disabled	July 2011	December 2011					Project Manager , Project staff
2.1	Identification and registration of vulnerable household and develop a data base of project beneficiaries disaggregated by gender	3000 households	August 2011	December 2011					Project Manager Field officers

2.2	Training of beneficiaries in various aspects-based on their needs-to develop sustainable mechanisms for various interventions and key development approaches i.e. gender, environmental management, HIV and AIDS.	3000 households	October 2011	April 2012					CTDT staff Government Extension staff
2.3	Procure and distribute start-up inputs based on vulnerability and needs assessments	500 households	September 2011	December 2011					Project Manager Field officers
2.4	Promotion of nutritional gardens and increasing nutritional awareness especially for the most vulnerable (PLHIV, persons with disabilities, children	All target communities	September 2011	February 2012					CTDT staff, Government extension staff
2.5	Rolling out the disaster risk reduction training in target communities	All target communities	October 2011	February 2012					Program manager M&E Officer, Partner officers, Civil Protection Unit
2.6	Mapping of non functional boreholes using GIS and repairing	5 Ward sites (20 holes rehabilitated in first year)	August 2011	May 2012					Project Manager, DDF, RDC
2.7	Training of pump minders and water point committees	Committees around rehabilitated assets trained (20 committees in year 1)	August 2011	May 2012					Project Manager, DDF, RDC
3.1	Community mobilisation and water committee formation and training in Gender, environmental management and HIV & AIDS	All target communities with broken down water points	August 2011	May 2012					Project Manager, DDF, RDC
3.2	Assessment, repair and rehabilitation of broken down water points and wash basins, and construction of new water points.	All broken down water points; new water points as per WASH mapping exercises.	August 2011	May 2012					District Water Development Fund, CTDT, RDC
3.3	Conduct hygiene and sanitation education	All target communities	July 2011	May 2012					District Water Development Fund, CTDT,RDC
3.4	Promote construction of latrines in local communities and households and provide chlorine for Cholera prevention	All target communities where necessary	November 2011						Min of Health, Village Health Workers, DDF, RDC
3.5	Collaboration with district planning and infrastructure services in WASH mapping	All target communities	July 2011	May 2012					Project Manager District Planning Team
4.1	Input all water points into the national WASH database using the Geographical Pointing System	20 rehabilitated water points in year one	July 2011	May 2012					District Water Development Fund, CTDT. RDC
4.2	Construction of latrines on public institutions	5 schools and 5 market centres targeted	August 2011	May 2012					District Water Development Fund,

									CTDT. RDC
4.3	Training of traditional birth attendances	2 attendants trained per village in year 1	October 2011	May 2012					CTDT, Ministry of Health. RDC
4.4	Rehabilitate and construct Pre-natal waiting shelters	1 shelter constructed in year 1	November 2011	June 2012					CTDT, RDC, Ministry of Heath
4.5	Promotion of exclusive breast feeding during the first 6 months of child life	All targeted community Wards	November 2011	June 2012					CTDT, RDC, Ministry of Heath
4.6	Promotion of linkages between TBAs and the local health sector	3000 households in Mutoko district	July 2011	June 2012					CTDT, RDC, Ministry of Heath, TBA representatives
5.1	Identify and prioritize advocacy issues and develop an advocacy plan/strategy for each issue	Based on number of issues including gender advocacy issues, disability inclusiveness	July 2011	June 2012					CTDT Policy Division, RDC, Community committees
5.2	Identify and draft ToR for one research area	One research area that will inform policy and dialogue within the AACES programme	December 2011	June 2012					CTDT Policy Division, RDC, Community committees

Annexure 9

TOR for M&E position – Concern Universal Malawi

CONCERN UNIVERSAL

Monitoring, Evaluation, Reporting and Learning Volunteer.

TERMS OF REFERENCE

1. Background

Concern Universal (CU) is a British based Non-Governmental Organisation (NGO) established in 1976. It implements relief, rehabilitation and development projects in Africa, South America and Asia. Among the programmes being implemented by the organisation in Malawi are sustainable livelihoods, water, sanitation and hygiene, local organisations capacity building and emergency and rehabilitation. CU has been operating in Malawi since 1989.

To achieve one of its strategic goals of enhancing the organisation's competencies in self-reflection and learning CU is requesting the support of AFAP in sourcing, funding and placing an enthusiastic, experienced and qualified monitoring, evaluation, reporting and learning volunteer specialist into its country programme office.

2. OBJECTIVE / SCOPE OF THE POSITION

To strengthen CU's work and strategic direction in monitoring, evaluation, reporting and learning to ensure that they are effectively embedding in the organisation and contribute to the organisation's impact.

To achieve the overall objective the volunteer will be expected to:

- Take a proactive role in providing strategic direction and support on the development of an organisational level monitoring and evaluation system,
- Support and advise on the development of project and programme level M&E systems,

- Put in place a process for capturing, storing, analysing and disseminating project, programme and organisational learning which will inform and support management decision making,
- Build the capacity of selected CU staff in all aspects of monitoring, evaluation and learning,
- Where necessary take part in proposal and report writing,
- Coach and mentor CU staff on proposal and report writing skills and techniques,
- Engage with CU stakeholders to ensure ME & learning efforts are inclusive, participatory and evidence based,
- Guide the senior management team on all aspects of ME & learning in line with CU's livelihoods and organisational strategy,
- Work closely with the programme development unit (PDU) to ensure its development approaches (HIV & AIDS, Gender, Environmental Management, Capacity Building and Advocacy) are appropriately and adequately incorporated into all M&E systems,
- Where appropriate support, gather and present field based evidence to support CU's project design and advocacy initiatives.

3. SUPPORT AND GUIDANCE

CU will form a research reference group to work with and support the Volunteer in their work. This group will also be the foundation of a longer term more sustainable approach to monitoring, evaluation, reporting and learning.

The Volunteer will be a member of PDU and report to the PDU manager but will have strong and effective linkages with the sustainable livelihoods coordinator, WASH programme manager and other programme/project managers.

4. THE VOLUNTEER

S/he must have at the minimum of 3 years in a similar position and ideally hold a Masters degree in monitoring & evaluation, organisational learning, rural development or a similar field of study relevant to this position. S/he must have knowledge on participatory assessment skills and staff development.

Experience in Africa or other developing countries is highly desirable.

It is critical that the Volunteer approaches this assignment with the expectation of making their position obsolete by the end of their contract by building the individual and collective capacity of CU's staff to continue with the systems and procedures that will have been established and put in place.

5. TIME FRAME

The position will be for an initial 3 year period but the exact duration will be negotiable between CU, AFAP and the Volunteer. The contract will start as soon as a suitable person is in place.

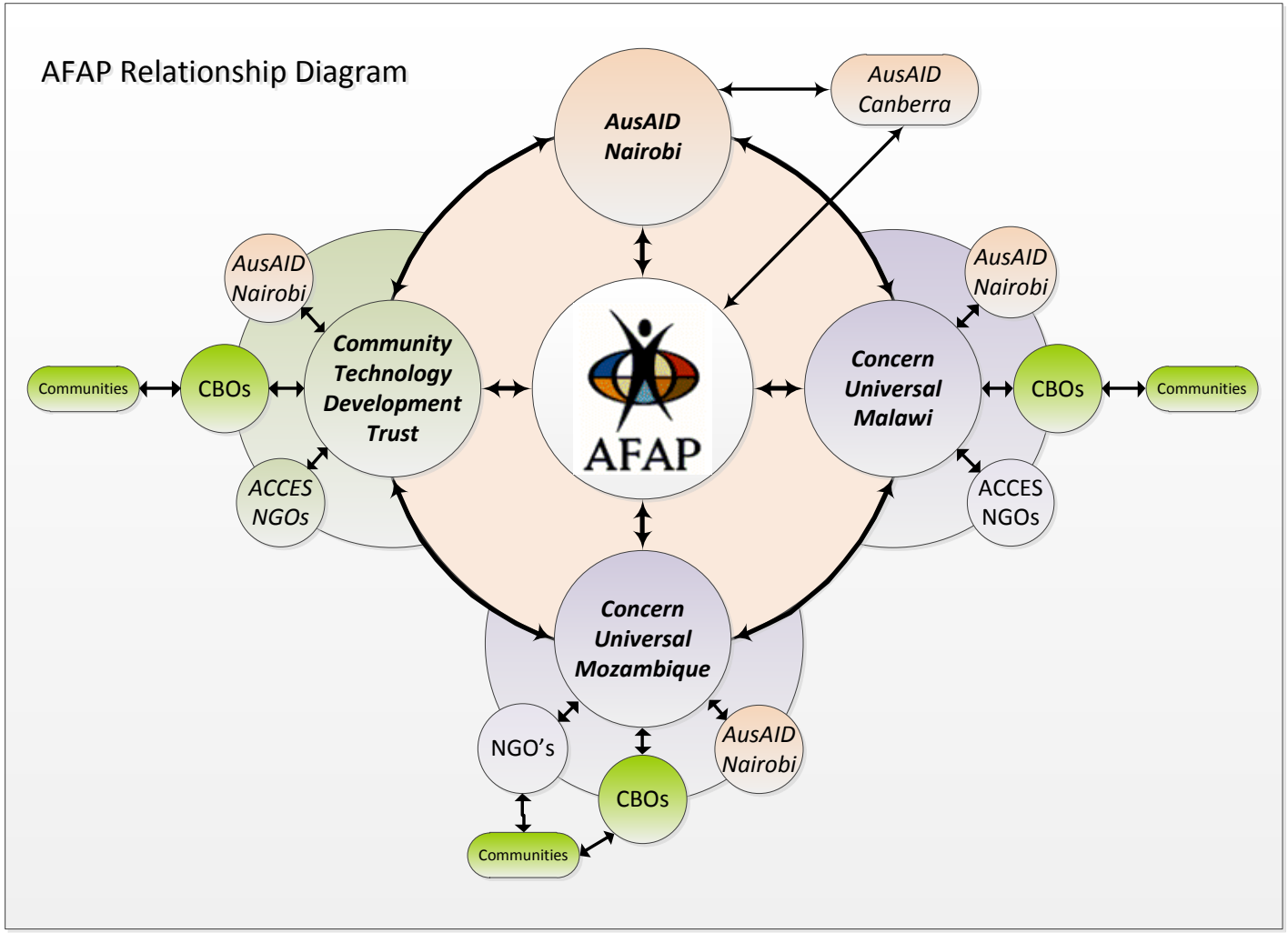
6. LANGUAGE SKILLS

The Volunteer must have fluent English written and verbal skills. Highly developed proof reading and editing skills would be an advantage.

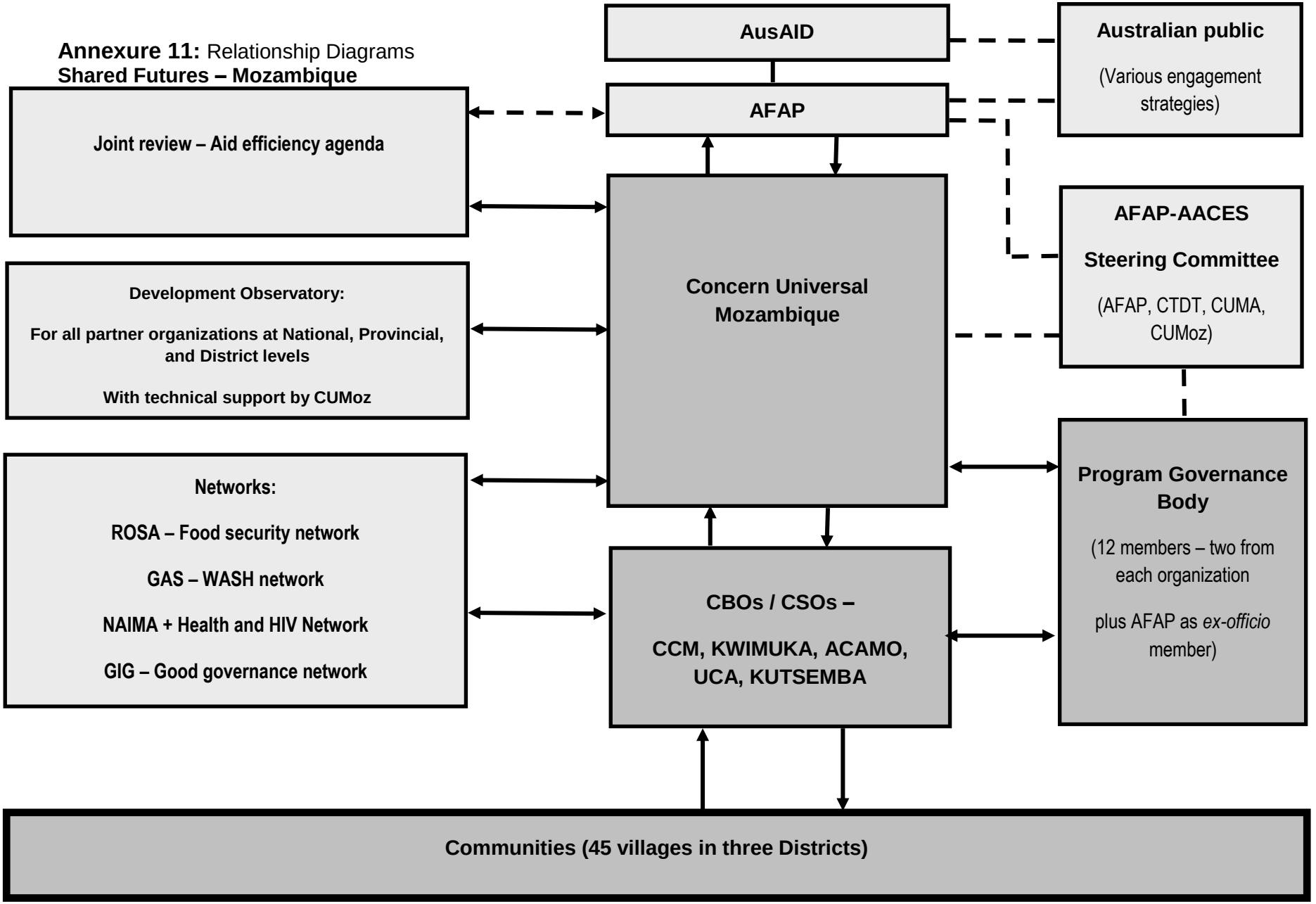
7. LOCATION

The Volunteer will be based in Blantyre with frequent travel to project sites.

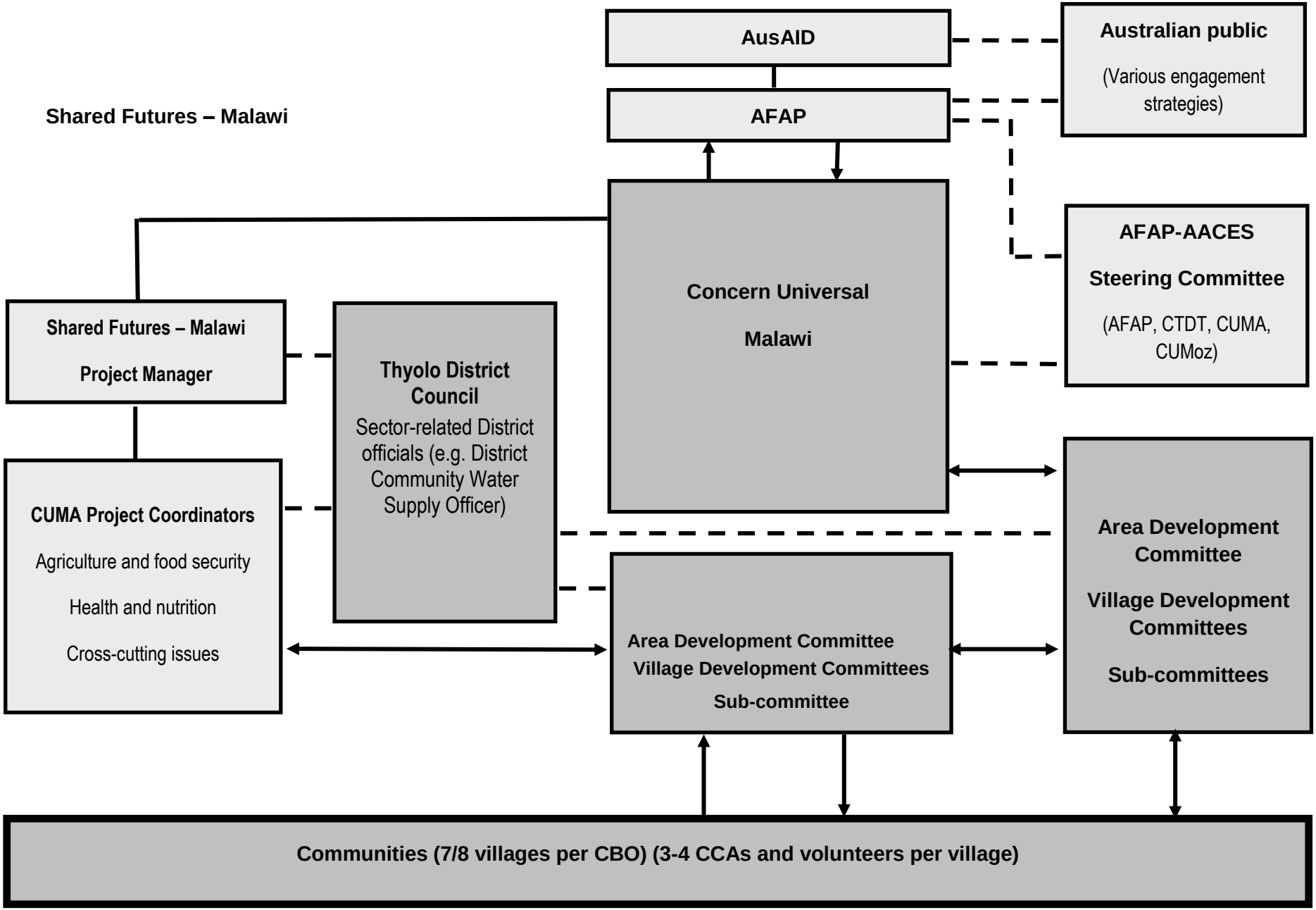
Annexure 10: Relationship Diagram



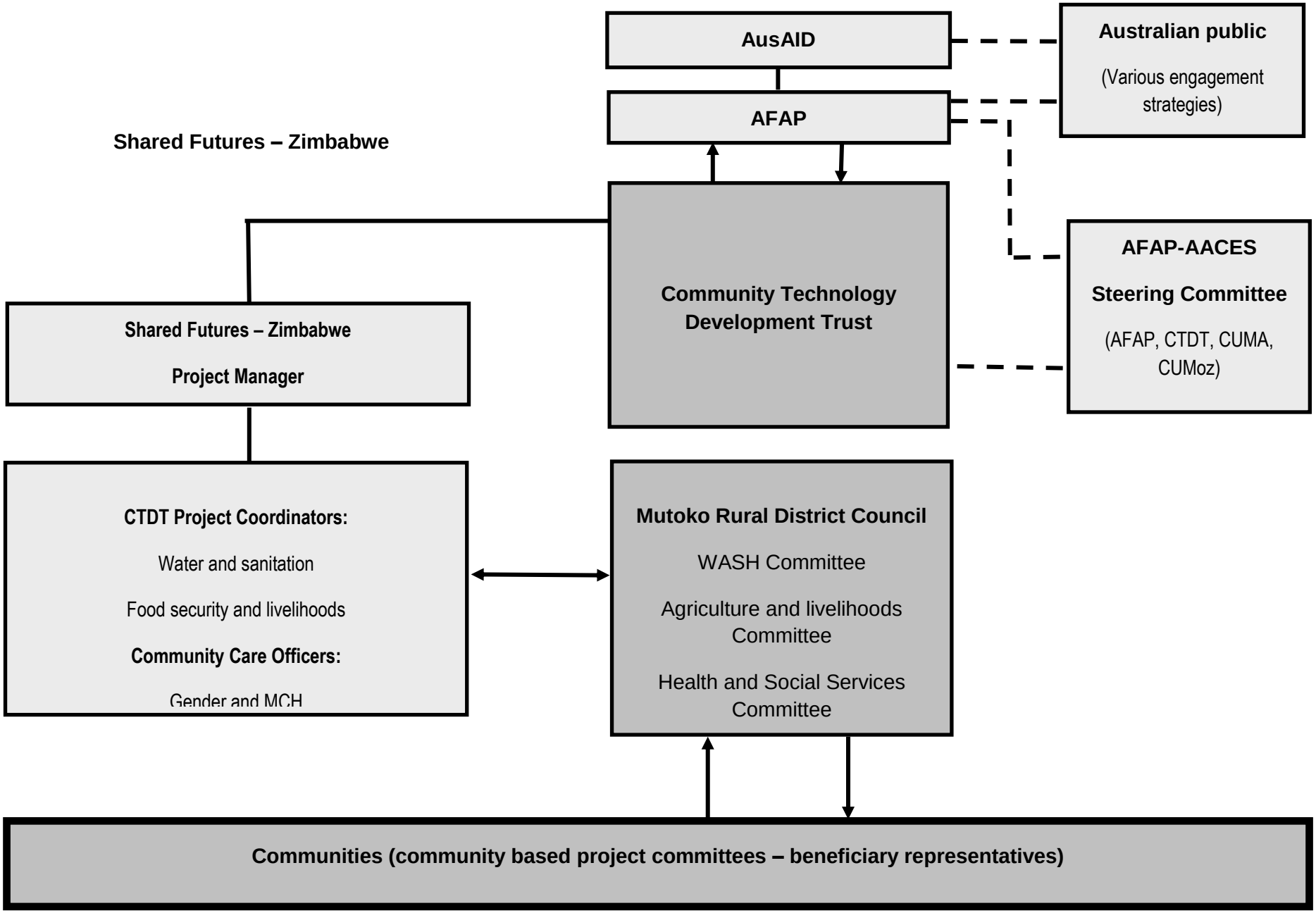
Annexure 11: Relationship Diagrams
Shared Futures – Mozambique



Shared Futures – Malawi



Shared Futures – Zimbabwe



Annexure 12:

Decentralisation summary table

	Malawi	Mozambique	Zimbabwe
Central Government	Decentralisation policy – 1996	Decentralisation decree – 2000	Objective at independence
Provincial / Regional	Administrators of three regions.	Provincial Administration	Provincial Council. Provisional Development Commission
District	District Assembly. District Executive Committee	District Consultative Council	Rural District Council. Rural Dis Development Committee
"Area" or "Ward"	Traditional Authorities. Wards. Area Development Committee	Admin Post. Consultative Council.	Ward Council. Ward Development Committee
Village	Village Development Committee	Village Consultative Council	Village Council. VDC
Community structures	Various sector-based sub-committees.	Community Development Committee Water Committees	School Development Committee Water Point Committee

Annexure 13

AFAP Gender Mainstreaming Strategy

GENDER MAINSTREAMING STRATEGY

Introduction and Context

Women are over represented in the ranks of the poor. Due to cultural attitudes, norms and perceptions, lack of information, and high illiteracy levels, leadership structures are male dominated. The burden of care (reproductive, productive and communal activities) coupled with Sexual and Gender Based Violence (SGVB) reinforce women's subordinate position. Therefore, women are an important part of the target group and are active participants in all stages of the Program. AFAP recognises that interventions aimed at addressing power inequalities, division of labour, gender relations, and negative gender issues are not only issues for women. Raising critical awareness of gender issues among both men and women is essential if any meaningful change is to take place. Addressing both the practical and strategic gender needs within Program implementation is key to ensuring that meaningful change is also gender transformative.

Our Programs aim at achieving a high degree of empowerment and ownership among the participating communities through their (equal and inclusive) participation in all stages of the development process. AFAP and its partners realise, however, that this cannot be achieved unless barriers to active participation and ownership by the participating communities, especially groups such women and the youth, are addressed. We also recognise that gender inequalities exacerbate the spread of HIV and AIDS and have a negative bearing on inter- and intra- household distribution of development resources and benefits.

We recognise the need to ensure that our targeting mechanisms take into account the factors that limit the ability of vulnerable and disadvantaged households and groups to benefit from the Program. This particularly applies to households which are affected by HIV and AIDS and female- and children-headed households. As these households experience increased demand for their labour because of the increased burden of care for PLWHAs, it is common for the division of labour to be skewed towards specific members of the household. Added to this burden is the stigma from the society and additional financial imposts resulting from the demands of coping with PLWHAs. It follows that the Program needs to give special attention to those categories of people and households experiencing specific constraints and barriers to accessing Program resources and benefits.

Summary of implementation approaches

How has the recognition of gender inequalities in our original stakeholder analysis and Program design been converted to action? The dot points below provide a summary of the underlying approach to gender issues during Program implementation:

- **Participation:** As women are an important part of the target group, they were consulted separately (using female interviewers) during the design phase. They have continued to be consulted during the implementation of the Program to ensure that specific activities are beneficial to them. Care has been taken in developing specific work-plans to ensure that Program activities complement or replace women's existing responsibilities rather than creating additional ones. To enhance participation of women specifically, the Program is targeting both their practical needs (bringing basic services such as health and water closer to the home) and strategic needs (nutrition information, numeracy and literacy, leadership skills, and confidence building.)

- **Promotion of gender issues to men and women:** The Program is working with men and women, because one of the overarching aims is to bring to all the community a better understanding about the equal rights of men and women for the benefit and development of all.

- **Representation of women in decision making roles:** The Program is striving to promote gender equity in decision-making roles in both Program management and on the committees formed around Program activities. In some cases there is government support for the increased representation of women and awareness is being created around such support. For example, in Malawi, according to GoM standards, a village water point committee membership should comprise of 60% women and 40% men. Leadership training relating to community based management on a variety of issues has been targeting women. The Program has also encouraged the institutionalisation of affirmative action in leadership positions to ensure each of the community led activities have specific numbers of women.

- **Dissemination of information to make women more aware of their rights:** The socially constructed power relations which discriminate against women are in some cases legally enshrined. The promotion and protection of women rights has been actively promoted as often women do not know that they have rights. Our advocacy agenda includes a focus on lobbying to increase awareness of women's rights in the context of the protection of women. This aspect has been especially relevant to the issues surrounding sexual rights, HIV and AIDS, and inheritance.

- **The provision of information generally:** At the start of the Program women's access to information was shown to be limited. Literacy levels were low and poverty excluded them from participating in activities outside of their immediate environment. Training material has been designed appropriately. By working with women across all the sectors involved in the Program, women's knowledge has increased – an empowerment in its own right.

- **The provision of training opportunities to staff:** All staff involved in the Program have received training opportunities to build their gender expertise.

- **Appropriate data collection and analysis:** The Program collects sex- and age-disaggregated information and uses the analysis of the data to enhance targeting and

further programmatic replication within the context of poverty reduction and HIV and AIDS. While some gender sensitive indicators are used for monitoring at the field level. We recognise that more need to be developed, including some which are relevant Program-wide in order for us to better understand and clearly articulate what impact these strategies are having.

Revisiting our approach and documenting a gender mainstreaming strategy

To further support our commitment to addressing gender-based inequalities we prepared a Gender mainstreaming strategy.

Goal and Objectives of the Strategy

Goal

To strengthen gender equality principles in program delivery through effective mainstreaming of gender and advocating for gender equity in access and control of resources and benefits accrued.

Objectives and Illustrative Activities

To broaden the knowledge and understanding of gender issues and mainstreaming among Program staff, partners, and targeted community groups, leaders and members by:

- Conducting awareness raising meetings/sessions within other Program activities
- Developing gender guidance tools for Program activities
- Showing respect for and addressing the rights, needs and interests of women and men in all situations
- Integrating gender content in all participatory educational activities and messages, including drama, music and videos
- Conducting open days and exchange visits with an emphasis on gender
- Sourcing, developing and disseminating appropriate gender sensitive IEC materials
- Conducting refresher courses for drama and music groups
- Sensitising our CBO partners and participating institutions, such as schools, on gender issues
- Conducting capacity building activities amongst Program beneficiaries to enhance their understanding of gender aspects.

To build the capacity and skills of Program staff, partners and community groups to effectively integrate or mainstream gender considerations in Program activities (and other development work) by:

- Conducting specialised training in gender and development, and methods of gender mainstreaming to implementing staff, especially front-line staff and Program management personnel
- Collecting and analysing sex- and age-disaggregated data wherever possible
- Incorporating gender content in all Program activities and meetings

- Networking and collaborating with other development partners, the national gender machinery and gender networks who practice gender sensitivity and mainstreaming effectively
- Developing guidelines for mainstreaming gender in the Program
- Developing relevant gender sensitive indicators around inclusive participation and empowerment.

To apply and use the acquired skills and knowledge in implementation of Program activities by:

- Completing a Gender Analysis Matrix every quarter during Year 6
- Supporting community groups and local government structures to achieve gender balance in their composition and decision making
- Planning Program activities based on sex- and age-disaggregated data and informed by consultations with all groups
- Monitoring Program impacts based on sex- and age-disaggregated data and with input from all groups
- Supporting women and men to take an active role in non-traditional activities

To improve or establish appropriate support systems on gender related to Program activities by:

- Encouraging appointment of a gender-balanced workforce at all levels in our stakeholder organisations
- Providing capacity building support to women's and other groups that emerge from communities to address development issues
- Linking community groups and local government structures with other levels of government and service providers to broaden their support and information sharing networks.

Target groups

The following are the target groups for implementation of this strategy:

- Program staff, particularly facilitators at field level and Program managers
- Partners in local government structures, Sub-Program Management Team, community based structures including women and youth groups, opinion leaders, NGOs, gender network units and other stakeholders in local-level development
- Target communities with due attention to vulnerable groups such as women and youth as well as households headed by females, children, and old people, and those affected by HIV and AIDS and related chronic illnesses.

Gender Analysis Matrix

Source: Parker, A. R. (1993) Another Point of View: A manual on gender analysis training for grassroots workers: Training Manual. UNIFEM, USA.

The Gender Analysis Matrix is an analytical tool that uses participatory methodology to facilitate the definition and analysis of gender issues by the communities that are affected by them. Using the Gender Analysis Matrix will provide a unique articulation of issues as well as develop gender analysis capacity from the grassroots level up.

The Gender Analysis Matrix is based on the following principles:

- All requisite knowledge for gender analysis exists among the people whose lives are the subject of the analysis
- Gender analysis does not require the technical expertise of those outside the community being analysed, except as facilitators
- Gender analysis cannot be transformative unless the analysis is done by the people being analysed.

PROJECT OBJECTIVES: Stated gender objectives:					
	Categories of analysis				
	Category #1	Category #2	Category #3	Category #4	Category #5
LEVELS OF ANALYSIS					
Stakeholder group # 1					
Stakeholder group # 2					
Stakeholder group # 3					
Stakeholder group # 4					

Examples of categories:

Labour

This refers to changes in tasks, level of skill required (skilled versus unskilled, formal education, training) and labour capacity (how many people and how much they can do; do people need to be hired or can members of the household do it?)

Time

This refers to changes in the amount of time (3 hours, 4 days, and so on) it takes to carry out the task associated with the project or activity.

Resources

This refers to the changes in access to capital (income, land, credit) as a consequence of the project, and the extent of control over changes in resources (more or less) for each level of analysis.

Culture

Cultural factors refer to changes in social aspects of the participants' lives (changes in gender roles or status) as a result of the project.

Gender Analysis Matrix (GAM)

Extracts from: "Gender and rural community development III: tools and frameworks for gender analysis"; Christine King, PO Box 621, Toowoomba, Qld, 4350. AustralAsia Pacific Extension Network.

The Gender Analysis Framework (GAM) was developed by Rani Parker (1993) to fulfill a need for a framework appropriate to grass roots work. Parker (1993) describes GAM using What, Why, Who, When and How:

What: The GAM is a tool for gender analysis of development projects at the community level. That is, it helps determine the different impact development interventions have on women and men, by providing a community-based technique for identifying and analysing gender differences.

Why: The GAM is used to determine the different impacts of development interventions on women and men. It separates out the different impacts (and other vulnerable groups) so development practitioners may accommodate the different needs and interests of these groups.

Who: A representative group in the community does the analysis. Where possible, the group should include women and men in equal numbers. If the culture does not permit women and men to work together, then each gender should meet separately, and the analysis should be shared with the other gender.

When: The GAM can be used at the planning stage, to determine whether potential gender effects are desirable and consistent with program goals. The GAM also can be used in the design stage, where gender considerations may change the design of the project. For monitoring, the GAM can be used to periodically verify expected impacts and identify unexpected results so that they can be addressed. During evaluation, GAM can help to determine gender impacts.

How: to use the GAM (Parker, 1993)

- Describe the project in a few sentences
- Identify the groups that the project is intended to benefit. Try to be specific.
- Restructure the matrix ***(see below)*** to ensure that these groups are represented. Keep the Matrix as simple as possible. The key is to ensure the Matrix facilitates a process of analysis, rather than serving as a comprehensive database
- Fill out the matrix by asking what the project's potential impact is on women's time, labour, physical resources and social and cultural contexts. Next ask the same question for the men, the household and the community.
- The categories provided in the Matrix may be further sub-divided as needed. For example, labour could be household labour domestic), productive labour (own business), wage labour (paid for work) and unpaid labour (done out of social necessity). The question for this category would be: "What effect would the project have on women's household labour, productive labour, wage labour and non-wage labour?"
- As needed, the levels of analysis can also include (depending on the project goals and the community in question) age group, class, ethnic groups, or other relevant categories determined by the analysing group.
- If there is disagreement about the impact among the group, note all the views (this can then be resolved on the basis of actual outcomes in the future). After all the blocks have been filled out, determine whether the effect listed in each box is desirable or not with respect to your program's goals, and mark with a + or – or ?.
- Use the signs as a visual picture of the areas where expected impacts will be consistent with program goals, and areas where impacts may be contrary to program goals. **Do not add up** the signs to determine the net effect.
- Consider the effects on those who do not participate in the project. Will they also benefit, or will they lose? What adjustments can be made to prevent a negative result to those who cannot or do not which to participate?

- In the monitoring and evaluation phase, review the analysis and verify the expected impact at least once a month for the first few months of a project and at least once every three months thereafter. Identify unexpected results so that they may be addressed.

	Labour	Time	Resources	Culture
Adolescent Girls				
Other women				
Men				
Household				
Community				

This tool is very much influenced by the reality and ideology of participatory planning (Parker, 1993). It is based on the premise that (i) all requisite knowledge for gender analysis exists among the people whose lives are the subject of the analysis, and (ii) gender analysis does not require the technical expertise of those outside the community, except as facilitators. In this sense it is a transformatory learning tool that is used to initiate a process of analysis by the community themselves, encouraging critical thinking about gender roles and the different values society places on women's and men's labour.

Parker, A.R. (1993) Another Point of View: A manual on gender analysis training for grassroots workers: Training Manual. UNIFEM, USA.

Annexure 14

AACES Project Partner Gender Analyses

Mozambique:

Concern Universal Mozambique - Gender

In Mozambique, in target districts (Majune, Matutuine and Ngauma), exercise of power and authority is vertical, often patriarchal, and the division of labour and resources follows the power structure. Women are often excluded from planning and decision-making processes as well as from implementation of development efforts and their work is focused on maintenance rather than development). Gender-related violence is widespread and sexual and reproductive rights for women and girls are seldom recognized. Maternal mortality rates are high, largely due to the high number of teenage pregnancies. The HIV epidemic is affecting women to an increasing extent: 75 per cent of newly infected individual in the age group 15-24 are women (Ministry of Health - MOH, 2007). HIV and AIDS are closely linked to poverty and worsen the living situation for the poor as well as for those living in more stable situation. Being a women in Mozambique does not necessary imply being poor, but many women suffer from poverty just because they are women, as it is more difficult for women to liberate herself from the poverty than for a man. The initiation ceremonies practice in Niassa Province prepares the women to look upon the man as having the right to decide everything in the marriage. Girls in Niassa Province undergo through initiations as early as from 9-10 years of age and after that are considered ready for sexual life and often drop off school. CUMoz has experience in working with initiation rites facilitators- "nakangas" sensitizing them in order to change that negative practice.
The Land Law in Mozambique recognizes that women and men have equal rights to customary and sate-allocated land, and accepts women's right to inherit land. Despite this, it often happens that women's right to land is not respected. In Matutuine district, Maputo Province and in general in southern Mozambique, women are traditionally even in weaker position under customary law than in the North. They typically move to the husband's home and their parent's property would pass not to the women but to their husbands and their families (under the *lobolo* or dowry system). Widows and divorcees typically move back to their own families' property to take up a subordinate status akin to a maid – although widows sometimes stay with the husband's family (to be with the children) if they are on good terms. In many communities of Matutuine district due to the migration of men to South Africa, divorce, widowhood or abandonment of homes by men, women play the role of head of household. And they engage in informal trade in fishery and harvesting molluscs and crustaceans to feed their families. Domestic violence against women is a serious problem in Mozambican society, although it is consider crime, there are still many challenges in reporting. The project will promote gender equity, access to and control of income at different levels. The project will carry out a rapid gender assessment that will be repeated in the middle and the end of the project. The data will be segregated by gender and age and disability. Specific attention will be placed on girls from age group from 11-17 years, some of who are already mothers

In February CU Malawi National Gender Coordinator, Mrs. Gertrude Kabwazi visited CU Mozambique Programme and assisted us with our gender matrix and tested it jointly with CUMoz team at community level. Throughout the implementation of AACES programme the following questions (per sector) will be taken into consideration and regularly updated.

FOOD SECURITY

- What is the proportion of polygamous households and their composition? (There is a common situation that a man has two or more wives ,lot of children, and is unable to sustain them, the children and women are malnourished)
- What is the nutritional status of women of reproductive age?
- Do women have access to affordable micronutrients for themselves and their families?
- What support do pregnant women need to have healthiest possible babies (e.g. access to safe water, nutritious meals)
- What cultural, practical and security related obstacles prevent women, girls, boys or men from accessing food security and nutritional services? What ideas do women, girls, boys and men have for overcoming these obstacles?
- Are vulnerable women, girls, boys and men who are disabled or chronically ill able to access food? Does the available food meet their specific needs? Are they able to properly prepare, cook the food? Are there any food handling techniques required?
- Are equal numbers of girls and boys attending school and benefitting from school meals?
- What decisions do women, girls, boys and men make that affect family nutrition? (e.g. food choices; decisions related to vaccination/Vitamin A/micronutrients; food handling, preparation, storage; food sharing –who eats first and most)
- Are there any socio-cultural practices, food taboos, cultural beliefs or caring practices that affect women's, girls', boys' and men's nutrition status differently?
- Is there any difference in breastfeeding practices for girl or boy babies? Is there a negative impact?
- What capacities, skills and time do women, girls, boys and men have for nutrition learning sessions, gardening etc.?

WASH

- What are the demographics of our target group? (# of women, girls, boys and men, # household heads disaggregated by sex and age, and # M/F unaccompanied children, elderly, disabled, people living with HIV)
- What different uses do women, girls, boys and men have for water (e.g. cooking, sanitation, gardens, livestock)?
- What roles do women, girls, boys and men have in collecting, handling, storing and treating water?
- How is water shared among family members?
- What are the local practices and needs of women and girls in their menstrual cycle?
- What roles and practices do women, girls, boys and men have in managing and maintaining water and sanitation facilities?
- What roles and practices do women, girls, boys and men have in sanitation including the disposal of household waste, excreta
- What knowledge do women, girls, boys and men have about the links between health and water, sanitation and hygiene?
- What protection risks face women, girls, boys and men related to water and sanitation?
- What is needed to ensure the access and use of the water points, toilets and bathing facilities is safe, especially for girls and women?
- Are water points, toilets and bathing facilities located and designed to ensure privacy and security?
- What groups require specific support if they are to have adequate dignified access to water, sanitation and hygiene?(e.g. women, elderly, people with disabilities or living with HIV/AIDS)
- Are the physical designs for water points and toilets appropriate to the number and needs of people living with disabilities, women, girls, boys and men who will use them?

MCH

- Do women and men have access to good-quality family planning services and methods of their choice
- Are there community outreach (health education initiatives) to inform pregnant women, newlyweds, and family members (including husbands and mothers-in-law) about the risks of pregnancy, and the signs and symptoms of emergency obstetrical complications/
- Do Traditional Birth Attendants (TBAs) have and use "clean birth kits" to reduce risk of infection, do they recognize and refer for complications?
- Are men, women, boys and girls aware of the risks of pregnancy and how to respond to emergencies?
- Does the community have community-designated transportation and a fund to pay for it for emergencies?
- What level of care can TBAs deliver?
- Is there discrimination against women in the home and family based on their HIV status, disability, ethnicity etc that prevents women from seeking and receiving health information and care?
- Is there discrimination in access to health services on the basis of gender, class or residence puts care out of reach for many women due to geographic and/or economic reasons?
- What is the role of mother in low in women access to PMTCT services?
- Are women, men, boys and girls in the communities aware of their reproductive health rights?
- Who makes a decision on family planning i.e. number of children to have? Method to use?
- Are the health facilities providing family planning methods for men, boys, women and girls?
- Are men, women, boys and girls in the area aware of PMTCT? Are they participating? How?
- Are the men, women, boys and girls aware of PEP/ Is it available in the health facilities?
- At what stage women and girls start to have children?

GENDER-BASED VIOLENCE

- Are there cases of gender-based violence in the communities? What are the common types i.e. domestic violence?
- Who among women, boys, girls and men experience GBV and why?
- Are there socio-cultural practices, values and beliefs that promote GBV?
- Are there community, district, provincial level structures that are responding to GBV?
- Are there any laws on GBV?
- Is there any case of GBV registered in the department for attendance of GBV victims (sometimes women are exposed to violence in the place where they should get help) – topic for advocacy.
- Are there traditional structures helping to deal with GBV?
- Are there rehabilitation structures for perpetrators?

Annexure 15

Malawi:

Gender Analysis of Sustainable Livelihood Project

FINAL DRAFT REPORT

TA Mphuka in Thyolo District

Livelihood Project Impact Area for Concern Universal

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0999 873 578/0888 073 578/ 0999 382 542

January, 2011

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Table of Acronyms

ADMARC	Agriculture Marketing Cooperation
CBO	Community Based Organization
CU	Concern Universal
FGD	Focus Group Discussions
GDI	Gender Development Index
GVH	Group Village Headman
HIS	Integrated Household Survey
ICPD	International Convention on Population and Development
IMR	Infant Mortality Rate
MGDS	Malawi Growth Development Strategy
MMR	Maternal Mortality Rate
NACAL	National Census of Agriculture and Livestock
RVS	Rift Valley Scarp
SRH	Sexual Reproductive Health
TA	Traditional Authority
VDC	Village Development Committee
VH	Village Headman
VHC	Village Health Committee

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Last but not least, the authors would like to thank the team of enumerators namely Gertrude Chipungu, Mercy Nyoni and Jonathan Ziwa for their cooperation.

The authors would like finally to thank the management of Concern Universal for recognizing their expertise in gender and vulnerability analysis hence awarding them this assignment.

Executive Summary

Concern Universal (CU) Malawi, commissioned a gender analysis for sustainable livelihoods project in TA Mphuka in Thyolo district. The aims of the analysis were (1) to establish different conditions and situations including access to and control over resources, decision-making and power relations by women, men, boys and girls; (2) to assess the vulnerabilities and coping strategies of different social groups in TA Mphuka in the context of the Food Security, Maternal and Child Health, Water and Sanitation. This is one of the critical and strategic processes CU is undertaking to enable the development process of the project to be more efficient, equitable, sustainable, Right and Strength Based.

According to the findings, there are various capacities in TA Mphuka on which the development project can build on for improving community livelihood. Subsistence farming, livestock production, small scale businesses, piece work, communal gardening, human skills such as weaving mats, carpentry, beer brewing and tailoring are some of the livelihood security opportunities. The community social groups and various committees also form capacity institutions which provide support in time of need.

The findings further show that just like other rural communities in Malawi, TA Mphuka is exposed to many shocks which affect men, women, boy and girls differently due to geophysical characteristics and location of the area. One of the key characteristics of TA Mphuka making it difficult to access is that the area is hilly with steep slopes, which contributes to limited access to social amenities. This study has also found that the area is food insecure due to scarcity of farming land, lack of access to farm inputs, limited access and knowledge of new farming technologies and equipment. Though the community in TA Mphuka has been targeted in the government subsidy programme, most people have problems in procuring the subsidized farm inputs.

The analysis also revealed issues in Maternal and Child health which include long distance to access health care facilities, limited knowledge on maternal health care issues, poor health seeking behaviour, limited male involvement in Maternal and child health issues, teenage pregnancies and early marriages, mainly due to lack of provisions for adolescent Sexual Reproductive Health (SRH) programmes.

Access to safe water and the proper sanitation makes TA Mphuka to be cholera prone. In almost all the villages, gender based violence is common and there is weak community support in addressing it. Generally women, men, boys and girls in TA Mphuka struggle to construct viable livelihoods.

The analysis identified that access and control over resources by women, men, boys and girls varies depending on the type of resources. Access to and control over economic related resources like livestock, agriculture production and other income generating implements is dominated by men. On the other hand, women have slightly more access to and control over household/domestic assets which normally are used in the homestead for nurturing of all household members.

As survival and coping mechanism strategy, men, women, boys and girls respond to various vulnerabilities in different ways. The impact of vulnerabilities is different on these social groups due to various reasons, for example, sex, marital status, age and economic/resource status.

Based on the findings a gender and vulnerability responsive approach should be the hub in all project interventions. This among others, shall include strengthening awareness and capacity building of both the community and extension system in the area, promoting community resource based interventions and linking the community to other service providers. Furthermore, there is need for community advocacy initiatives aiming at breaking the cultural/traditional factors which create and perpetuate gender disparities.

.0 INTRODUCTION

1.1 Study Background

Concern Universal (CU) Malawi, a development and relief organization, has secured funding from the Australian government through CU Australian NGO-AFAP to implement a sustainable livelihoods project in TA Mphuka in Thyolo district. As part of its commitment to promote gender equality, CU adopted gender mainstreaming as one of its development approaches, in tandem with mainstreaming environmental management, HIV and AIDS, Rights Based programming and capacity building.

As part of initial processes in this livelihood project design, gender analysis was therefore instituted whose aim was two-fold: Firstly, to establish different conditions and situations including access to and control over resources, decision-making and power relations by women, men, boys and girls. Secondly, to assess the vulnerability and coping strategies of different social groups in TA Mphuka in the context of the food security, maternal and child health, water and sanitation.

1.2 Specific objectives

1. Assess access to and control of productive resources among women, men, boys and girls in the context of food security, maternal and child health, water and sanitation in T.A Mphuka.
2. Assess participation of women, men, boys and girls in decision making in the project area and how this is affecting sustainable livelihoods in the context of food security, maternal and child health, water and sanitation.
3. Determine different vulnerabilities, reasons for such vulnerabilities and available coping strategies in the context of the food security, maternal and child health, water and sanitation for women, men, boys and girls.
4. Assess gender specific issues on protection and violation of rights, especially of vulnerable groups, that impede on the achievement of sustainable livelihoods in the context of the project thematic areas.
5. Determine the extent and impact of gender based violence on women, men, girls and boys and its impact on livelihoods in the context of the project thematic areas.

1.3 Geographical location

Traditional Authority Mphuka is one of the 10 Traditional Authorities in Thyolo District, situated to the North West of the district. TA Mphuka borders with TA Thomas (North), TA Nchilamwera (East) and TA Khwethemule (South). District Socio Economic Profile (DSEP) of Thyolo District categorises the natural regions of Thyolo District into three namely the Rift Valley Scarp (RVS), the Hill Zone (HZ) and the Plains (P). TA Mphuka falls in the RVS zone, hence steeply sloping land.

TA Mphuka can be categorized into two parts: upper and lower part. Both parts lie in the physiographical region of Shire highlands, but the lower part is hot and humid. The area is hilly and wet and its climate is heavily influenced by adjacent Thyolo Mountains. It is highly dissected with lots of river valleys where "Dimba" cultivation takes place.

2.0 METHODOLOGY

2.1 Techniques and tools

A combination of research techniques were used to capture a deeper insight, reliable and accurate information on gender and vulnerability issues. Qualitative method was the main method used because of its richness and fullness thereby according an opportunity to explore gender and vulnerability dimensions in depth (Gosling and Edwards, 2003). Focus Group Discussions (FGD) and in-depth interviews with different social groups were the main data

collection methods. Community user friendly tool called "Busometer [24]" which enables scoring by the community was also applied for quantitative data collection. Harvard Analytical framework, capacity and vulnerability tools were blended. Tools used included Harvard Gender Analytical Framework: Activity Profile Tool, Access and Control Tool and Influencing Factors Tool, Capacity and Vulnerability Assessment Tool, Semi-structured questionnaire, Case studies and Secondary data.

2.2 Sampling

Non-probability sampling method that involves personal judgments in the selection of sample was applied. A number of factors were also considered in sampling villages and these as outlined below.

- Location of the village within TA Mphuka. (*Criteria: Located North, South, East, West and Central).*
- Distance to service facilities such as hospital or health centre, schools, market and trading centre. *(Criteria: One village at close distance while another at far distance)*
- Sample villages from irrigation feasibility and malaria baseline studies
- Distance to the main rural road - accessibility. *(Criteria: One village along the road while another far off the road).*
- Availability of irrigation scheme. *(Criteria: with an irrigation scheme)*

Five villages were sampled namely Chikunkhu, Chimeta (from upper part of T/A Mphuka) Msewa, Mkhwata and Witili (from the lower part). From each village, a list of vulnerable households was developed through dialogue with key informants. Vulnerable households to be interviewed were then sampled through snow-sampling. A total of 21 Focus Group Discussions and 53 in-depth interviews with key informants and selected vulnerable households were conducted. The table in appendix 7.5 shows how data collection techniques namely FGD and in-depth interviews using semi-structured questionnaire were used to each unit of analysis.

The unit of analysis included sampled villages, various social groups namely Adult males, Adult females, Boys, Girls, Child Headed Households, the Elderly, People with disabilities, Orphans, the Poor of the poorest and Survivors of Gender Based Violence. Key informants (village heads, extension workers and CBO leaders) were also part of the analysis sample. Various gender analysis frameworks (Harvard analytical framework) and tools (FGD, Busometer and semi-structured questionnaire) were used in data collection.

[24] *Scoring on the journey of success where stage 1 means lowest level of participation and 10 highest participation or successes.*

2.3 Data entry and analysis

Data analysis was done to obtain meaning from the collected data and the process involved categorizing, re-organizing, unitizing, coding, recognizing relationships and frequency counting of particular responses. Data entry into Microsoft Excels computer package was then done. Microsoft Excels computer package was used due to its simplicity and ability to develop visuals such graphs and pie-charts. From the analysed data, detailed and insightful discussions including analysing the implication were undertaken.

2.4 Study Limitation

- Time allocated to the assignment was not adequate hence affected time for in-depth and wider coverage data collections. The analysis had to be done in the context of three CU livelihood project focus areas (Food security, Maternal and Child Health, Water and Sanitation) and this called for ample time with various social groups to identify capacities and vulnerabilities.
- The study was carried out during rainy season and this affected mobility in TA Mphuka where infrastructure is very poor. The rains also interrupted the opportunity of having in-depth discussions with the social groups.

4.0 FINDINGS

4.1 SOCIO-CULTURAL ISSUES

Understanding social-cultural practices is vital in gender analysis because determines power relations, distribution of benefits, access to and control over resources (UNESCO, 2006). TA Mphuka is a strongly traditional guided community with many and various norms and practices due to presence of mixed tribes. The main tribes in TA Mphuka are: Mang'anja, Lomwe, Khokhola and Mwihavani.

Mphuka TA is a matrilineal society. Women are looked upon as the root of the lineage (tsinde). The basic unit of organization within the matrilineal system is sorority of the nuclear family units that are based on matrilineal decent (Liwewe 2008). Matrilineal rules give women rights of ownership to land, and residence is commonly uxorilocal (ibid). This means that a woman has primary rights to land and other natal property through her lineage. In the area under study, while female children can inherit land, male children in principle have the user rights. Interestingly, the user rights for men is sometimes in both their natal home as well as their matrimonial home. This depends more on the size of land they find in their matrimonial village: If their size of land is small, the men would decide to negotiate for another piece of land in their natal home, giving them an added advantage on user rights.

There are various norms, beliefs and practices in TA Mphuka related to marriage, initiation, and religion. The table below gives socio-cultural practices and beliefs and how they impact on different social groups:

Table 1: Traditional Practices and their Impact

Traditional practice/norm	**Impact/effect to the programme**	**Mitigating factors**
Stop applying salt in a dish by a woman during menstruation up until she has sex after menstruation	Predisposes the young girls to early sexual debut and sexual practices	Adolescent SRH programme target boys and girls sexuality issues Awareness raising to the community on the negative effects of the belief and on the Sexual and Reproductive Health Rights (SRHR)
"Kuchotsa Fumbi"- allowing young girls who have under gone initiation ceremony to sleep with a man	Predisposes the young girls to early sexual debut and sexual practices Increases the vulnerability of Young girls to HIV and early pregnancies	Adolescent SRH programme targeting boys and girls sexuality issues Stop early marriage campaign SRHR education Engage initiators /counsellors on what message they should give the girls
Prohibit consumption of some food, e.g. eggs, pig by traditional doctors or religious leaders	Malnutrition especially in women and Children	Sensitisation and Education on nutrition
Prohibition of taking medicine including treating water with chlorine due to religious beliefs and values	Chronic illnesses and deaths on illnesses that are curable	Education on health seeking behaviours
Avoid having sex as a married couple for a period of 6-8 months after delivery	Promotes promiscuity among men which predisposes the family to HIV	Sexuality Education Campaign and awareness on effective safe motherhood and parenthood
Matrilineal system of marriage	Compromises household investment and growth Food insecurity as the men are not committed in their matrimonial home	Sensitise the community especially men on the need for a livelihood investment

The impact of these cultural beliefs and norms to various social groups varies. Similarly, the level at which each norm constraint different social groups varies with some social groups being constrained more than the other. An analysis of how various norms and beliefs impact men, women, boys and girls is presented in appendix 7.2 - influencing factors. A culturally sensitive approach to programming in this area is recommended. How do we address negative socio-cultural practices, values and beliefs that promote/enhance gender disparities?

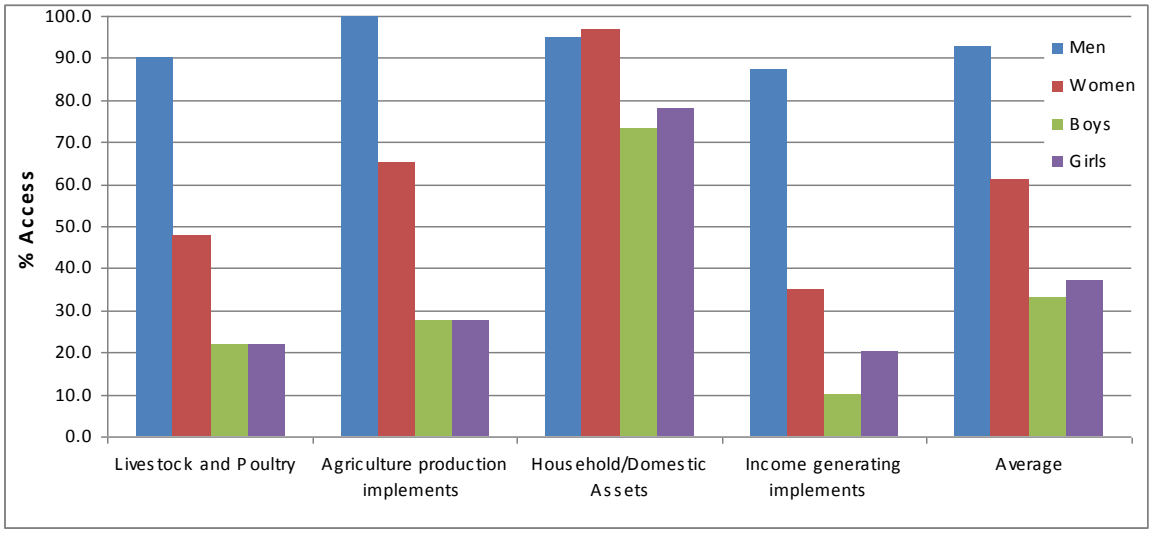
4.2 Community and Households Capacities

Ellis (2000) defines capabilities as the ability of individuals to realise their potential as human beings in the sense both of being (to be adequately nourished, free of illness) and doing (to exercise choice, develop skills and experience and participate socially). There are several livelihood strategies which people of TA Mphuka posses to pursue alternative activities that do generate some form of income as well food for survival.These are discussed in the subsequent section.

4.2.1 Access to resources

At both household and community levels, people in TA Mphuka posses various resources. These resources range from land, livestock, household items and implements for income generating activities. Much as all social groups were report to have access to these resources, level of access differs amongst men, women, boys and girls. The graph below shows that men dominate in access to resources in all categories except household/domestic assets. Worth noting is also that girls have higher access than boys.

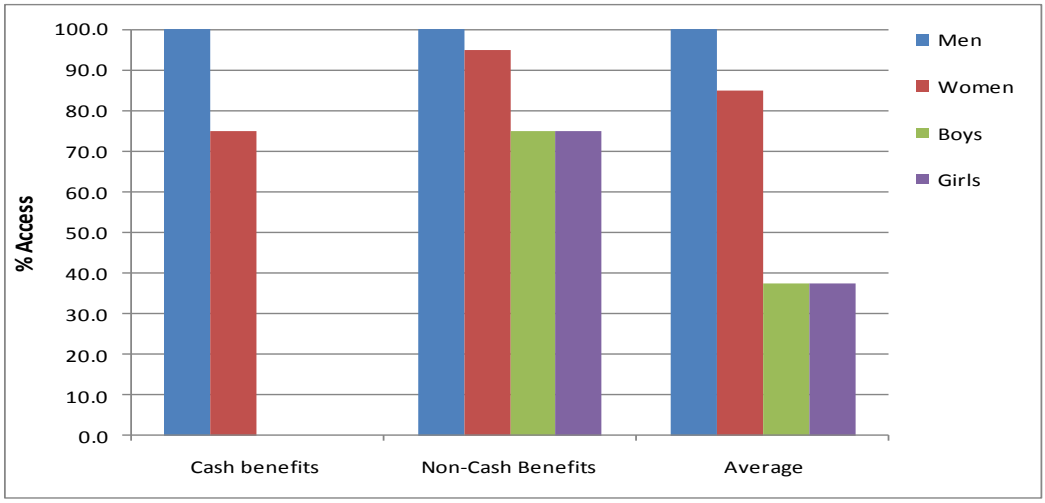
Graph 1 : Access to Resources



4.2.2 Access to benefits

Besides that farming is dominated by subsistence agriculture, various benefits are realized by the community in TA Mphuka from agricultural activities. In addition, skills available are used in various ways and activities from which benefits categorized as cash and non-cash are realized. The graph below (graph 3) indicates that men have total access to both cash and non-cash benefits while women have more access to non-cash benefits than to cash benefits.

Graph 2: Access to benefits

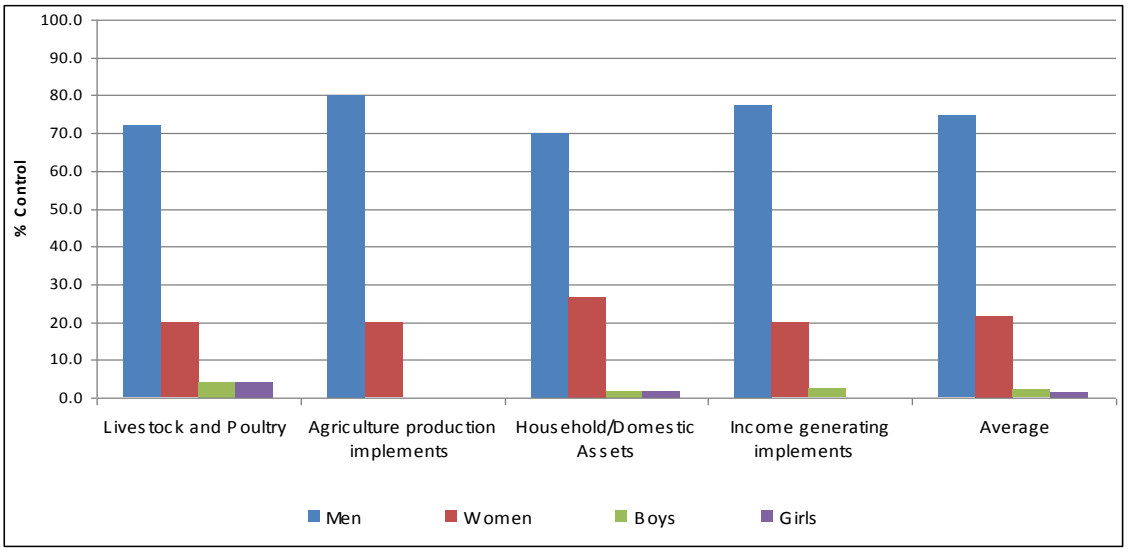


4.2.3 Special Skills

In addition to resources, the analysis identified that the community in TA Mphuka have special skills and these are: weaving mats, tailoring, brick-laying, carpentry, tin-smith, and shoe making. These skills are mostly owned by men (95%). Skills identified to be owned mostly by women were beer brewing, bakery and moulding pots. In weaving mats, women were identified to be responsible in making the ropes.

4.2.4 Control to resources

A clear indication in power relations is visible in the analysis on control over resources by men and women. Graph 3 below indicates that men have significant higher control over all categories of resources than women, boys and girls. In emphasizing on control of resources by men, one respondent in Chikunkhu Village said *"a woman does not own a hoe and a man as a family head have control over everything".* This implies that though women may own some assets, control over such assets is vested in a man and this is a challenge to be addressed in women empowerment in TA Mphuka.

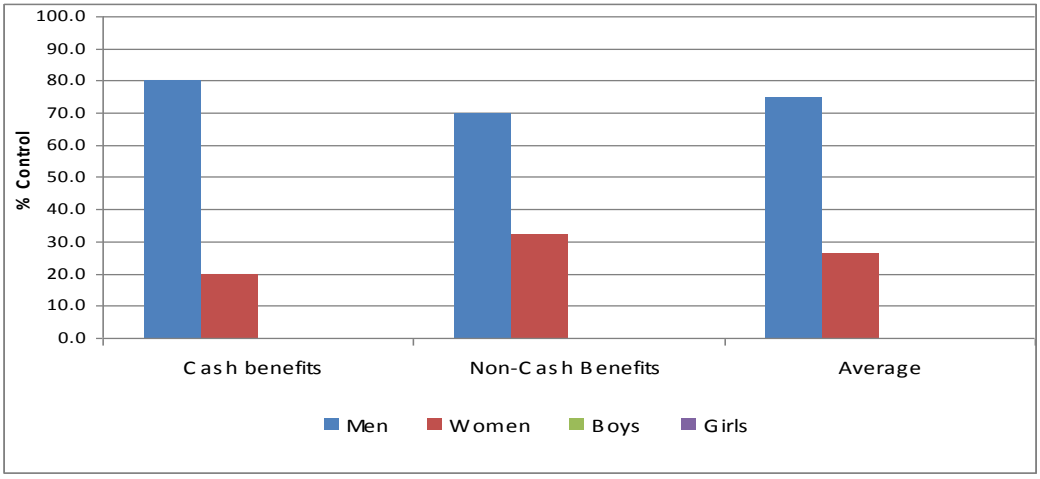


Graph 3: Control to Resources

4.2.5 Control over benefits

Graph 6 below shows that there is significant higher level of control over benefits by men than women. However, it is noted that control over non cash benefits by women is higher than their control over cash benefits. Non cash benefits mostly include food items, human nurturing and child development benefits which though controlled by a woman but are enjoyed by all household members.

Graph 4: Control to Benefits



4.2.6 Decisions over household Assets

UNDP (2010) states that the realities of women's participation in decision making can be analysed at three institutional levels: the household, the community and the public/broader level. The analysis therefore considered participation of women in decision making at household level in over income and other resources as one the critical factors. Table 2 below shows that access to household assets such as radio, a house, bicycle and others between men and women is almost equal. However, gender disparities emerge in control of these assets where men significantly have more control than women. Interesting to note is that the control

of grass thatched house is shared between a men and women while that of iron sheet roofed house is 100% under control of a man. Men in Msewa village had this to say: "*It is easy for us to roof a house with iron sheets if it is build on acquired land and not at the wife's homeland*". This implies that men's dominance over control of assets is more on high value assets and would seem to give space to women on control only over less value assets.

Table 2: **Resources (Household) – *Access and Control***

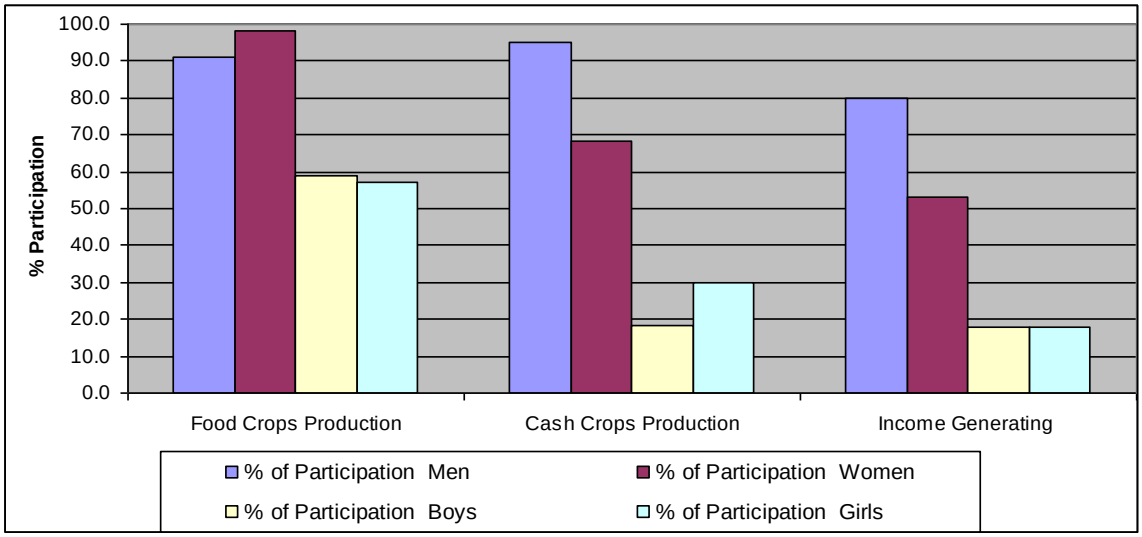
Resources (Household)	ACCESS				CONTROL			
	Men	Women	Boys	Girls	Men	Women	Boys	Girls
Radio	100	100	60	60	80	20	0	0
Grass thatched house	100	100	100	100	60	40	0	0
Iron sheets roofed house	100	100	100	100	100	0	0	0
Bicycle	100	80	10	10	90	0	10	0
Cooking utensils	70	100	70	100	10	80	0	10
Farm implements	100	100	100	100	80	20	0	0
Total % participation	570	580	440	470	420	160	10	10
Average % participation	**95.0**	**96.7**	**73.3**	**78.3**	**70.0**	**26.7**	**1.7**	**1.7**

4.2.7 Division of labour

Subsistence farming is the main livelihood security activity in TA Mphuka and maize is the main food crop supplemented by cassava, Irish potatoes, sweet potatoes and beans. Cash crops produced are pigeon peas, tomatoes, cabbage and bananas. Division labour in agriculture activities varies between men and women from food crops to cash crops as shown in the graph below. For example, in food crop production activities, participation of women is slightly higher than that of men while in cash crop production, men's participation is quite higher than women.

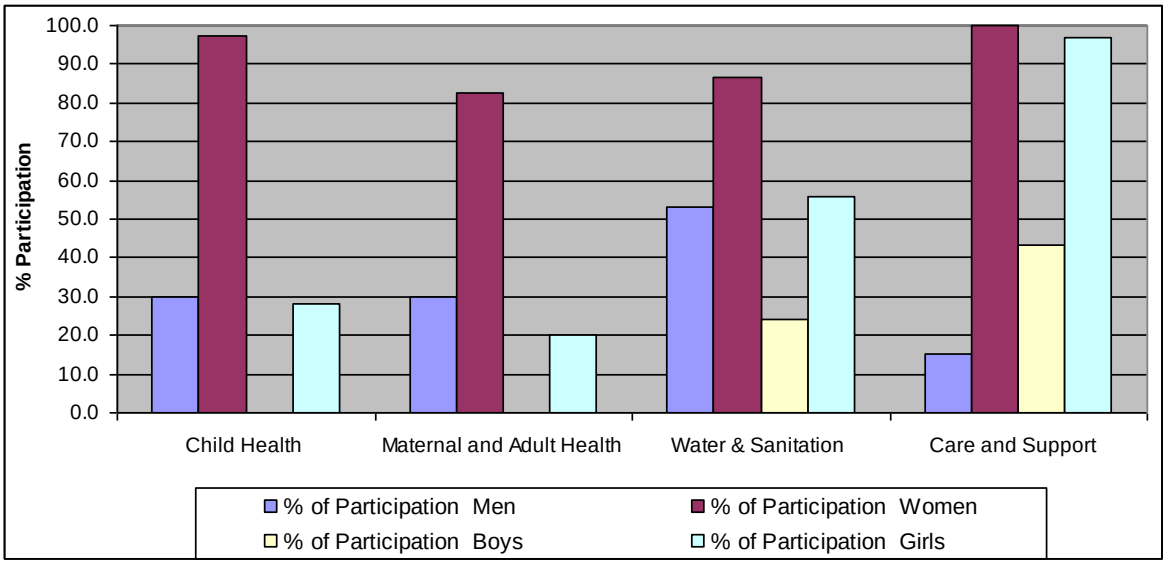
This implies that men are more involved in cash crop production and women are more involved in food crop production. During FGD at Chikunkhu Village, men confirmed that tomato, which is mainly grown for sale, is a man's crop. One man said *"if you see your wife start taking an active role in tomato production, you immediately realize that she wants power over cash and you stop her forthwith".* This limits women economic empowerment opportunities and needs consideration in the programme. This is confirmed also by low level of participation by women in agro-based income generating (refer graph 5 below).

Graph 5: Participation in Farm and Income Generating Activities



According to the findings of the gender and vulnerability analysis, there is a strong belief in TA Mphuka that a woman's place is the kitchen. Both men and women from Msewa, Witili, Chikunkhu and Mkhwata villages stated participation of a man in domestic chores is a clear evidence of having been fed love concoction. Graph 6 below shows significant difference in the level of participation of men and women in human nurturing activities. However, worth noting the level of participation of men in maternal health which is due to their role in carrying the pregnant woman on a stretcher to the health facility when delivery is due. In water and sanitation, participation of men is high because of their involvement in digging shallow wells, which is a common source of water in TA Mphuka. It should be noted that the participation of men in digging the wells is a stereotypical role in the community.

Graph 6: Participation in Care Economy



The analysis indicates that women undertaken more roles in all key care and support activities than men (83.3% for women against 54.7% for men). This analysis agrees with the IHS (2005) which reported that women spent 7.7 hours every day on human nurturing chores compared to 1.2 hours for men. The extra female burden also extends to girls from 10 years of age. Girls spend 16 hours a week on household chores compared to 10 hours for their male peers (Malawi Government/World Bank, 2006). It can therefore be inferred that women simply do not have the time to engage in many paid or other out-of-homestead economic activities. Irrigation Feasibility Study (December 2010) reported that women have less ability to cope with labour intensity activities hence participation in irrigation activities is lower than that of men because are required to take care of domestic duties. This is therefore a critical issue to consider in the livelihood project planning in order to develop mechanisms that will enhance women participation.

4.3 Vulnerabilities of Community and Households

4.3.1 Gender Based Violence

Culture of inferiority of women to men legitimise male violence to women. For example, women in Witiri village still believe that it is normal for women to be beaten or slapped by husbands. Women in Witili Village were quoted: *"timamenyedwa kumene koma mawa lake amabweretsa ka Zambia (chitenje). Akabweretsa ka chitenje mabala mazizira. Kachitenje ndipepani."* Meaning it is fine for the men to beat women as long as at the end of it all he buys a piece of cloth symbolising remorse.

A survivor of GBV from Msewa village was identified with whom an in-depth discussion was conducted. Below are highlights from the discussion:

"He carried me from the mat I was resting and threw me on the burning charcoal on the local stove. My head especially this right side fell directly on the burning charcoal. Besides my loud cry with burning pains, he squeezed my head to the burning charcoal" Alefa Muyakha narrated while showing the scars. "Battering was a common practice by my husband. One night he battered me up until I went unconscious" Alefa explained with tears. (Refer the whole case study in appendix 7.1)

It would be therefore worthy to invest on awareness raising on Human rights and women's rights to men, women, boys and girls so that people's awareness on the need to respect and uphold human rights of every citizen. The awareness raising intervention will challenge subordination of women through patriarchal practice. As Ramazanoglu (1987) argues, changes in power relations within the family will depend on challenges to systems of production but also the socialist systems which are organised into male dominated hierarchy.

These changes for sure will also impact on the organisation of domestic labour including child care which in this community is regarded as a woman's domain. When a woman is battered, communication and relationships within the household are disturbed and this has a

bearing on labour productivity. Investing in awareness programme on Women's rights and Gender based violence issues, including strengthen the community policing by providing training on basic handling of GBV cases and referrals on the same would be strategic.

4.3.2 Sexual abuse in tea estates and domestic violence

Allegations of sexual abuse of women labourers in tea estates was also mentioned by men mostly as deterring factors for married women to work in the tea estates. Men in Chimeta Village explained that unmarried women are ones mostly working in the estates and are also allowed to fetch firewood from the Estates. . Although it was difficult to substantiate this allegation, it is still a fact that most married women do not venture into this ganyu business.

4.3.3 Limited or no access to services (including markets, extension services, farm inputs and other services)

The area does not have reliable markets hence they rely on vendors who buy their produce (pigeon peas, cassava, bananas,) at very low prices. *"Through fixed scales by vendors which under-report weight, we have been robbed off our commodities year in and year out. We produce a lot of pigeon peas in this area but unfair prices is causing us remain poor"*, lamented men in Chikunkhu village. The lower part of TA Mphuka is the most affected area by lack of reliable and fair markets.

A consideration therefore shall be given for supporting farmers in accessing viable markets. For instance, farmers need to be organized into associations and cooperatives as well as teaching them in business management skills. This was augmented by the A Director of Mlenga CBO, who feels that Maonga GVH has potential to economic growth due to the banana business. He lamented that economic development of the areas is stagnant due to among others, lack of skills in business management by women and men.

4.3.4 Public Health Problem

Productivity in TA Mphuka is affected by illnesses and public health issues which are common in the area. Cholera was mentioned as a big problem during rainy season. The village heads from Msewa, Mkhwata, Chikunkhu and Chimeta confirmed that every year, cases of cholera are experienced. Other problems that featured highly were HIV and AIDS, Malaria and other diseases.

4.3.5 Social capital

Social capital is the community and wider social claims on which individuals and households can depend on by virtue of their belonging to the social groups. Within the TA Mphuka Community, the spirit of relying on social networks came out strongly although it varied from scenario to scenario: For instance within this TA, there are several Community committees dealing with different social issues in the villages which men, women, boys and girls relay on and these include Community Based Organization (CBOs) focusing on HIV

and AIDS and youth activities in the villages. It is interesting to note that in all the 5 villages visited there is at least a CBO undertaking a couple of initiatives like Orphan Care, PLWA Support Groups and in some cases managing bursary schemes and awareness on child rights, for example, a case of Msewa village.

The villages also have the following committees which are well known to almost all the community members: Village Health Committees, Taskforce on Safe motherhood, Village Development Committees, Bible studies groups, orphan care, Home based Care, drama groups and political parties. Few other villages have Village Banks, for example, Msewa, Witili and Chikunkhu villages. It was also identified that during time of need or disaster, the various committees assist the community, for example, CBOs in Witili and Chimeta villages assist the people to find fertilizer when there is scarcity of fertilizer.

There are also community policing committees in all the villages which assist in security in the community and also act as a link between the community and the police. Out of the 5 Community Policing units, only the one in Mkhwata village was identified to be strong and among others, monitors gender based violence, although the community in Mkhwata village testified that there are no GBV cases in the village. It was evident that the community heavily relies on this committee in addressing acts of gender based violence and theft among others.

However, other Community policing committees were identified to be not well functioning due to lack of training on roles and lack of equipment to ably discharge duties. For instance in Chikunkhu, the chair of the Community Policing had this to share: '*ife chilowereni nchito imeneyi, tinangolowa opanda maphunziro ena aliwonse.....moti tikagwira wakuba timam'manga ndi luzi, ndipo nthawi zina tisanafike kupolisi wakuba uja amathawa*' (meaning they have limited capacity to perform their roles and responsibilities effectively) The other key social group identified was the funeral community social support group. This committee is responsible for ensuring that during funeral, nobody goes to farming and instead should assist at the funeral in activities such as drawing water, cooking, digging the grave and collecting condolences *(chipepeso).*

Msewa, Chikunkhu and Witili villages rely on the village banks in times of difficulties and the loans have 30% interest. The bank is run and owned by the community members through membership contribution. The maximum contribution is K250 and membership is voluntary. Interestingly is that most of the members and also management committee members (62%) are women.

The committees are not able to function fully during times of disaster because committee members are busy addressing the disaster. For example, during hunger season committee members are busy looking for food hence there is no time to conduct meetings or to address community issues. Another social support weakness identified in all villages was that social support groups do not support vulnerable groups. Men in Chimeta, Chikunkhu and Msewa confirmed that during time of disaster, for example, if a house of village members falling down, nobody in the village would support except relatives of the affected person. The elderly interviewed confirmed that they have never received support from village committees. The case study of Teleza Afiki underscores this finding *(refer a case study under section 4.4.3 below).*

4.4 Project Thematic Areas: Food security, Maternal and Child Health and Water and Sanitation.

4.4.1 Food Security

(a) Farming

People of TA Mphuka practice subsistence farming. Most of the people in all the villages that were sampled, specifically mentioned that for livelihood. They do cultivate crops such as maize, sweet potatoes, cassava, pigeon peas, bananas, sorghum and dimba vegetables (tomatoes, cabbage, leafy vegetables, and onion). The Maize fields are mainly for food while the other crops are both for food and sale. The level of participation of different social groups (men, women, boys and girls) in the agricultural activities varies depending on the type and purpose of the crop grown. Table 1 and 2 below therefore shows how men, women, boys and girls are key actors in subsistence farming in TA Mphuka. The findings confirms the fact that there are significant differences in crops cultivated by women and men and in decisions made about agricultural tasks.

On subsistence farming, table 3 below have revealed that women play a more active role than men in farming activities while men are more engaged in cash crops. Analysis reveals that women level of participation is higher than men in manure making and transportation to the farm, fumigating and packaging. Further, women play an active role in selling the surplus from food crops than men. However, analysis identified that mostly the surplus is not available from food crops and this implies that women have no crop for sale. Men in Chikunkhu Village explained that the responsibility to sale surplus food is given to women because are responsible for monitoring food availability in the house. This agrees with the fact that about 85 per cent of the Malawian population is composed of smallholder farmers, of which 70 per cent are females, providing 70 percent of the workforce in the sector, carrying out 70 percent of the agricultural work and producing 80 percent of food for home consumption (UNDP, 2009; FAO, 2007).

Level of participation between men and women, however, changes when it comes to production of cash crops and irrigation farming as shown in table 3 below:

Table 3: Productive Activities for Food Crops disaggregated by sex

Productive Activities for Food Crops	% of Participation			
	Men	**Women**	**Boys**	**Girls**
Land preparation	100	100	40	20
Planting and transplanting	100	100	70	70
Weeding and Banding	100	100	50	50
Manure making	80	100	50	50
Manure transportation to the farm	80	100	100	100
Fertilizer collection from buying point	100	100	0	0
Fertilizer or manure application	100	100	100	100
Harvesting and transportation from farm	100	100	100	100
Fumigation and packaging for storage	80	100	50	50
Selling surplus from food crops	70	80	30	30
Average % participation in activities	**91.0**	**98.0**	**59.0**	**57.0**

Table 4 below shows that in TA Mphuka, almost all activities related to cash crops are dominated by men. This was also evident during the irrigation study where most women indicated that they are required to return home to take care of domestic duties compared to men who spend most of the time on their irrigation sites (CU, 2010). This analysis further identified that cash crops which are mostly grown under irrigation are considered as men's crops. Interesting to note is that transportation of these cash crops which was identified to be by foot is mostly done by women.

Table 4: Productive Activities for Cash Crops and Irrigation farming

	% of Participation			
	Men	**Women**	**Boys**	**Girls**
Land preparation (Tomato, cabbage, Irish potato)	100	70	0	0
Planting and Weeding	100	80	10	10
Irrigation and canal preparation	100	70	20	40
Harvesting cash crop	*100*	*80*	*40*	*40*
Transportation of crops to the markets	70	100	30	80
Marketing of cash crops (tomato, pigeon peas, cabbage, Irish potato)	*100*	*10*	*10*	*10*
Total % participation	570	410	110	180
Average % participation in activities	**95.0**	**68.3**	**18.3**	**30.0**

Table 5 below reveals interesting gender issues as regards marketing of farm produce like banana and livestock. In this community, although owner of the land is a woman including banana field, marketing of the same outside the village (as far as Limbe, Zomba and Blantyre) is far dominated by males (100%) as compared to women (20%). Selling bananas outside the village is associated with higher prices and profits and this creates financial disparities between men and women. The analysis further identified that when ganyu is for food, women participate more than men while when it is for cash, and it is vice versa.

	% of Participation			
	Men	**Women**	**Boys**	**Girls**
Banana marketing within the village	70	100	0	0
Banana marketing to markets outside the village	100	20	0	0
Piece work for food	*70*	*100*	*40*	*40*
Piece work for cash	100	50	30	30
Ganyu (Piece work for cash)	*100*	*20*	*10*	*10*
Mat weaving	*100*	*20*	*0*	*0*
Grazing livestock (goats, pigs, cattle)	*100*	*100*	*70*	*70*
Marketing livestock (goats, pigs, cattle)	*100*	*10*	*0*	*0*
Marketing poutry (chickens)	*60*	*80*	*20*	*20*
Beer Brewing and selling	*20*	*100*	*0*	*60*
Total % participation	*820*	*500*	*170*	*170*
Average % participation in activities	***91.1***	***55.6***	***18.9***	***18.9***

Table 5: Productive Activities - Livestock and Bananas

Another gender disparity is also clear in level of participation in marketing of poultry, which is dominated by women while marketing of large livestock is dominated by men (refer table 5 above). This too implies that men have more economical power than women considering the value of poultry and livestock.

This association of men with cash crops has a strong gender implications on the decision making power over proceeds from the farm produce. If the project is to ensure women economic empowerment, investment should go into how to organise women farmers around growing and management of cash crops and how they will be empowered to manage their own resources for household food security.

(b) Ganyu[25] as a livelihood and food security strategy

Ganyu in the tea *estates* and Rice Scheme is also another common activity within Mphuka TA due to scarcity of farming land and also proximity of the estates. The people do ganyu in order to find food and money to sustain their households. An interesting gender issue that emerged from this study on *ganyu* as a source of income is that men rather than women (except for unmarried women) would often find work opportunities in the estate. Table 5 above, reveals that participation of men in ganyu for cash (100%) is higher than of women (20%) When asked why it is mostly men and unmarried women, the community felt that the ganyu work in tea estates is time demanding, making it difficult for a married woman with additional reproductive responsibilities at home to cope. This makes most of the married women to lose out on the wages earned from the tea Estates, which seem to be vital for villages with limited land for cultivation. Chimeta Village was identified to be one the villages that borders with the tea estate and land holding is very small, estimated at 0.1 hectares per household of six members. Ganyu therefore is a main source of income for food.

[25] Piece work

Fanny Namulaunda is one of the married women who are not working in the estate besides having many financial challenges. Fanny Namulaunda is aged 23 and has four children (3 girls and 1 boy) with the oldest child being 7 years and the youngest 2 months. Asked to explain the household livelihood, Fanny explained the little money her husband earns from estate (MK150/day) is used to cater for food and other necessities. On land holding, Fanny showed the analysis team ten ridges of about 15 meters long as her only farm. Evident of poverty was clear from the dwelling house.

This has serious implications for household gender relations due to the perception of the source of contribution which greatly depends on how visible the work is: that is, home-based or formal (skilled) work versus informal work (care economy). Therefore, any development initiative to be proposed should also consider the plight of women. Usually home-based work (dominated by women) is seen as less valuable than work that is physical, in this case *ganyu.* Such perception affects household bargaining power. It would be worthy to consider *access to inputs and other more productive agricultural techniques especially to female headed households and other vulnerable groups so that they maximise* productivity.

The analysis reveals that most women who work in the tea estates are female headed and mostly children are left to care for one another (girl-child?). Lucy Kawiya from Chimeta Village is one of the female household head working in tea estates. She is aged 25 and has 5 children (2 boys and 3 girls). The oldest child aged 12, takes care of her brothers and sisters while Lucy is at work. This was confirmed during the analysis when only children were available at the household. Asked to explain on land holding size, the oldest child said: *"I can say we have no land because that is our only piece of land."* Three ridges of 10 meters were identified as the household's piece of land. The house of Lucy is right in the boundaries with tea estate tree plantation and a month before the study, a tree from the plantation fell on her house. *"We are very squeezed here by the tea estate,"* the lady village head Chimeta lamented.

(c) Small Scale businesses

Most of the Community members in TA Mphuka do some small scale businesses. These small scale businesses include sale of banana, velvet beans (Kalongonda), mats made of reed, mangoes, pigeon peas and beer brewing. These items are sold either within the village or at the surrounding popular periodic markets of ***Nkhate and Mapherela i***n Chikwawa District, Bvumbwe and Thunga in Thyolo District. The study has revealed that these small scale businesses are done mostly by women and have very little returns to transform a life. For instance, a woman from Witili Village would only sale between MK50 and MK100 for a basket of mangoes at Nkhate market, at a distance that would take her 3 hours walking. Men in Chikunkhu lamented that *'the petty trade done by women almost mean nothing and cannot*

assist to transform households, for instance, a woman earn a maximum of MK300.00 per day when do petty trade on any items in the community". Investing in boosting petty traders especially women by organising them into viable village loans or any form of revolving fund would be strategic. To promote marketing, consideration shall be given to connecting the community to viable markets for their products and farm inputs.

(d) Communal gardening

Some communities in TA Mphuka also practice the communal gardening in dimbas. This innovative and community own initiative was found to be practiced Chikunkhu village. The community members said to have organised themselves into this group and they work together in one garden as a group purely to ensure that households involved have supply of vegetables. During the dry season, *Dimbas* are the main source of vegetables for many households. Therefore it cannot be overemphasised for the need to promote irrigation farming in the area to sustain or uplift the dimba cultivation which is vital for improved nutrition status, incomes and food security in all households.

(e) Livestock production

Livestock production is one of the activities practised by the people of TA Mphuka, although this is done on a small scale basis. Most people keep chicken, practice goat , piggery and dairy farming. For dairy farming, the survey only found one farmer in Chimeta Village out of the sampled villages. Most of the piggery and goat farming is being practiced as part of the World Vision project and CBO managed projects. For instance, men and Women in Witili and Msewa indicated that they are in piggery and goat clubs using a pass-on arrangement.

The analysis however revealed that most clubs have not succeeded due to being newly formed clubs and poor management skills of the pigs. The Director of one of the CBOs lamented that most of the livestock farming which are being supported in the community have failed because the species provided by a certain organisation in the areas cannot cope with the weather conditions in the area. Common experience is that the goats or pigs die before can be 'passed-on' to another household. Community training in livestock production and management shall therefore be considered if livestock production is to be promoted in the areas. Further, an assessment of weather versus appropriate species shall be undertaken.

(f) Land

- ***Availability***

  In Mphuka land is treated as an asset that should be safe guarded seriously. Land in this area is becoming more crucial due to the scarcity of the same in this community. The land holding size is on average 0.4 hectare per farming family (Concern Universal, 2010) compare it to the acceptable land holding size (Ministry of Agriculture and Food Security, a smallholder should have at least 1.5 ha). Almost all the community members interviewed mentioned that land is a serious issue for survival. According to the National Census of Agriculture and Livestock (NACAL, 2007) the average holding size in Malawi is 0.964 ha, but female headed households and female operators have less land (0.803 ha) than male headed households and male operators, who on average own 1.031 ha each

In this area, land is mostly owned by women due to the system of marriage and the culture (matrilineal society) where a man moves in to join the wife at her natal land. The organisation of land in this area has guaranteed women's user rights over land in the area, this acts as a levelling mechanism in gender relations, as it awards women direct access and user rights and ensures their autonomy' (Liwewe 2008).. In all the FGDs conducted in the area, both men and women confirmed that land belongs to the women. Most men interviewed confirmed that do not own land and when asked the reason, they said: *"This is Mphuka, men do not own land. It is our culture. The land belongs to our wives. When we marry, we are given land to cultivate by our in-laws in our matrimonial land. During divorce, we leave the place and leave the land including a house we build in matrimonial village".* However, the situation changes when it comes to control rights where men dominates. A detailed discussion on gender dynamics regarding decision making power over land is ably discusses in subsequent section below..

- ***Decision making power over land***

However it is interesting to note that control over land is more in men than women (refer table 6 below). Women control only when the decision is about to sell the land. Men control the land in terms of how to best to use the land this includes what type of crop to grow on a specific land. When asked how men have control rights yet they do not own the land, almost all the FGDs mentioned that *"manuma ndi mutu wa banja"* (a man is a head of the household). Another gender disparity was identified in control of land for cash crop versus food crops. The control of land for cash crop, for example, tomato through irrigation is more by men than women

Table 6: Ressources (Agriculture production assets)

	ACCESS				CONTROL			
	Men	Women	Boys	Girls	Men	Women	Boys	Girls
Land for food crop	100	100	100	100	70	30	0	0
Land for tomato production	100	50	0	0	90	10	0	0
Land for cassava production	100	80	0	0	60	40	0	0
Fish pond	100	30	10	10	100	0	0	0
Total % participation	400	260	110	110	320	80	0	0
Average % participation	100.0	65.0	27.5	27.5	80.0	20.0	0.0	0.0

The analysis learnt that women enjoy the handover of power to men in order to safe guard marriage. On issue of control to land, women testified that, "When we do not treat our husbands properly including handing over decision making powers; they divorce us and go and re-marry somewhere else". Any interventions on farming should strongly consider the interest and needs of women as subsistence farmers and on how they should be involved in decision making process of what crops to grow and use of produce.

Interesting however was the finding that some women do have the power to decide on renting out as well as selling of the land. This situation somehow gives women an

opportunity to rise within the household and overcome ideologies of subordination due to their status of owning land as compared to their male counterparts. Sebstad and Grown (1989: 946) argue that earning money allows women to see themselves differently and to tackle those aspects of their family and income relations that are oppressive.

(g) Kinship

Family relations and ties is one of the social capital in TA Mphuka such that community members rely on their relatives for support in times of need and problems (during hunger periods) or when they cannot manage to produce food for different reasons.. However, when the problems are serious, decay in the kinship is experienced as community fallback position. This was evident during the interaction with vulnerable households like the elderly in the area who were identified to be living in extreme poverty. Out of the 13 elderly households interviewed, 2 stay on their own without any other person to support while the other were staying with their ground children, helping them in drawing water and fetching firewood. The decaying of social fabric was evident in the case of Gogo Teleza Afiki in Chimeta village who stays on her own and sleeps on cooked bananas on a daily basis with no one to assist, despite the fact that she has relatives within the same community.

(h) Decision over sale of farm produce

Although TA Mphuka is matrilineal society, where women own land, decisions about selling of some cash crops such as pigeon peas, groundnuts, tomato, cassava and rice, the women is dominated by men. Furthermore, decision over use of proceeds especially cash rests in the hands of a man (refer table 7 below). The man has the power to decide on what to buy, how to make good use of the money including decision on what to eat. The community strongly believes that even though women own land in the area but the "*mwamuna* ndi *mutu wa banja" notion (a man is a head of a household) still prevails.* Men at Chikunkhu village had this to say: *"ngakhale azimayiwa amadziwa kuti mamuna ndi mamuna basi"* (even the women know that a man is a man no matter what). The TA Mphuka himself had this to say: *'a woman has no power to decide and manage resources in her own right. She still needs to talk to the man otherwise she is stealing. Unless when she does her ganyu and decides to keep the money in secret'.*

Table 7: BENEFITS (Cash) – Access and Control

	ACCESS				**CONTROL**			
	Men	Women	Boys	Girls	Men	Women	Boys	Girls
Cash from sales of cash crop (pigeon peas, tomato, banana)	100	70	0	0	90	10	0	0
Cash from piece work	100	30	0	0	90	10	0	0
Cash from sales of surplus food crops	100	100	0	0	70	30	0	0
Cash from beer brewing	100	100	0	0	70	30	0	0
Total % participation	400	300	0	0	320	80	0	0
Average % participation	**100.0**	**75.0**	**0.0**	**0.0**	**80.0**	**20.0**	**0.0**	**0.0**

Regarding non cash benefits, the analysis shows that women have more control than men over food from piece work (ganyu). It is clear that this food benefit all family members. This point out that control of women is basically over human nurturing related assets. On the other hand, control of benefits by men dominates in all financial expenditure related matters (refer table 8 below).

Table 8: **BENEFITS (Non -Cash) –** ***Access and Control***

	ACCESS				CONTROL			
	Men	Women	Boys	Girls	Men	Women	Boys	Girls
Food from piece work	100	100	100	100	30	70	0	0
Buy clothes for HH members	100	80	0	0	80	20	0	0
Pay education costs	100	100	100	100	90	10	0	0
Pay for medication (traditional and pharmaceutical)	100	100	100	100	80	30	0	0
Total % participation	400	380	300	300	280	130	0	0
Average % participation	**100.0**	**95.0**	**75.0**	**75.0**	**70.0**	**32.5**	**0.0**	**0.0**

Any program therefore to empower the community especially the women, the intervention should consider how best to empower women to effectively contribute and manage the income they make from their sweat. This will be strategic approach for development because studies elsewhere (Banda et al, 2009, Kanji 1995) reveals that women will purchase goods like nutritious foods; use the money for child care and child education while men would prioritise on leisure and other social needs like alcohol. The FGD women in Witili village augmented this assertion and they had this to say: *most of the men use the money for beer drinking instead of buying clothes for the kids.*

(i) Control over Livestock

Table 9 shows that women have some control over small livestock and poultry while men dominate in all large livestock. Interesting to note is also that on poultry and hare, children have some control. To confirm this fact, women in Witili and Msewa village had this to say: *"Some chickens in our households belong to children (a boy or girl) after being given by a relative. We therefore respect their control on such chickens".* This is a good practice for training the youth in roles and responsibilities including managing assets. Men in Chikunkhu explained that in most cases, children are given a chicken when just borne.

Table 9: **Resources (Livestock) –** ***Access and Control***

	ACCESS				CONTROL			
	Men	Women	Boys	Girls	Men	Women	Boys	Girls
Chickens	100	100	50	50	40	40	10	10
Goats	100	30	10	10	90	10	0	0
Pigs	100	30	10	10	90	10	0	0
Hare	50	50	40	40	40	40	10	10
Cattle	100	30	0	0	100	0	0	0

Total % participation	450	240	110	110	360	100	20	20
Average % participation	**90.0**	**48.0**	**22.0**	**22.0**	**72.0**	**20.0**	**4.0**	**4.0**

(j) Control over other Household Assets

The analysis revealed that various assets categorized as income generating related exists in the household in TA Mphuka. In access to and control over these assets, the analysis identified that more access to control over these assets rests in men than in women except for pot making implements. This underscores that fact that there are economic gender disparities in TA Mphuka and this shall be considered critical and addressed in any economic empowerment intervention.

Table 10: **Resources (Income sourcing related assets) –** ***Access and Control***

	ACCESS				CONTROL			
	Men	Women	Boys	Girls	Men	Women	Boys	Girls
Sewing machine	100	0	20	0	100	0	0	0
Mat making implements	100	20	20	0	80	10	10	0
Pots making implements	50	100	0	80	30	70	0	0
Construction implements	100	20	0	0	100	0	0	0
Total % participation	350	140	40	80	310	80	10	0
Average % participation	**87.5**	**35.0**	**10.0**	**20.0**	**77.5**	**20.0**	**2.5**	**0.0**

(k) Farm Inputs Challenges

The community from Mphuka TA has problems in getting subsidised farm inputs due to inadequate supply and long distances to Agricultural Development and Marketing Cooperation *(*ADMARC) and other agribusiness market points. Community members travel long distances (taking 6 to 10 hours) to access farm inputs. Furthermore, in most of the times they do spend a week queuing at the selling point and to no avail. During the time of analysis (almost two months after planting maize), some farmers had still coupons due to failure to procure the inputs and it was likely that these farmers will not procure these subsidized inputs. *"Most of us are still keeping the fertilizer coupons from the last 2 years"* lamented women from TA Mphuka. The community in the lower part of TA Mphuka lamented that they walk as far as Bvumbwe ADMARC to procure FISP inputs and not to Chikwawa Boma ADMARC which is closer because the coupon is marked "Thyolo District".

In the process of procuring subsidized inputs, women said that they are also sexually abused, for example, when women are on the queue; men distract them by touching the women their private parts. As a result, some community members give up from procuring the subsidized fertilized besides having a coupon. Key informant TA Mphuka and his chief massager explained that ADMARC depot was established right at the TA headquarters in 2007. However, since 2007, the depot is rarely stocked with fertilizer.

Consideration therefore must be made for establishing an input revolving fund. The mechanism of the revolving fund should also ensure women are benefiting from the fund since they are the most affected in the current subsidy programme. A mechanism on how to reach vulnerable households like safety nets for the first years would be ideal as most of these are within the ultra poor category, who is struggling to get MK500.00 hence failure to access fertilizer at the current system.

4.4.1.1 Survival strategies/coping mechanisms

The respondents indicated the coping mechanisms they employ to cushion the community shocks. All the households indicated that due to the predicament in which they are in, they have tended to mix their income sources to 'spread risks and increase flexibility' (Sebstad and Grown, 1989). Households are diversifying their survival strategies to mitigate the shocks. During FGDs several strategies were mentioned and these include withdrawing children from school, engage in petty trade to supplement what they get from their small pieces of land. others relying on social networks (kinship, irrigation farming (*Dimba* cultivation), *ganyu*, brewing kachasu, sale of firewood and charcoal to buy food, Eating non-traditional foods like Banana and skipping meals. In this Community, almost all the households are still using *survival* as a goal.

(a) Withdrawing Children from School

Education of an individual is a major determinant of a sustainable livelihood. However, some households decide to withdraw children from school as a livelihood mechanism. Withdrawing children from school presents implications on the development of future human capital. In addition, this makes the withdrawn children indulge in risky behaviours which expose them to early pregnancies and increases vulnerability to HIV infection. This is a threat to human capital development as evident by case studies below:

The case of Mr Kasiwe household
The Kasiwe's household in Chikunkhu village decided to withdraw their boy who got selected to secondary school because the brother was in form three and parents did not have the fees for both in secondary school. The parents decided to stop the one just selected in order to pave way for the one in form 3 to finish his form 4.

The case of Mrs Jonasi

Mrs Jonasi dropped out of school in form 2 because then her parents did not have fees for her to continue with school. She was then left with only one option, that is, to get married at the age of 17. She is now one of the poor households, surviving on subsistence farming. She now has six children.

4.4.2 Maternal and Child Health

Malawi is one of the countries with high Maternal Mortality Rate (MMR) and Neonatal Mortality. In 2009, Malawi recorded 807 per 100,000 live births for MMR, 122 per 1,000 live births for Under-five Mortality Rate (U5MR) and 69 per 1,000 live births Infant Mortality Rate (IMR). Access to health services is very low in Malawi and is skewed in favour of non-

poor and urban populations. Only 54% of the rural population has access to a health facility within 5km (MoH, 2004). These figures are considered unacceptably high. Studies have shown that neglecting underlying factors that determine and influence the demand for health services has led to the abnormally high MMR and child health challenges in Malawi (UNDP, 2009).

(a) Child and Maternal Health related activities

Table 11 below indicates the activities done by the community around maternal and child health activities in Mphuka TA. The table indicates that women take 90% role of taking children to under five clinics while men 10% only. In explaining the reasons, women lamented that it is very rare to see a man taking children to under five clinics for it is considered a woman's job. It was also mentioned that mostly it is the girl child who assist especially when on holiday, although other households they still require this service from the girl child even during school days. An FGD with women of Witili had this to say on the role of the girl child: ' *if you had come yesterday you could have seen the under five clinic which takes place here from which the girls heard what is not supposed to go into their ears.'... and that the disadvantage of bringing young girls to assist.'*

When we probed further on why men do not assist, women from Witili had this to say: 'Azibambo amakana, amati nyimbo zaku sikelo zimawanyasa' (men are put off by the under Five Clinic educational songs)

Table 11: Child Health related activities disaggregated by sex

	% of Participation			
	Men	**Women**	**Boys**	**Girls**
Taking child to under-five clinic	10	90	0	40
Taking the sick child to hospital	50	100	0	20
Buying clothes for the children	60	100	0	0
Feeding a child	0	100	0	80
Total % participation	120	390	0	140
Average % participation in activities	**30.0**	**97.5**	**0.0**	**28.0**

Limited participation of men is affected by the stereotypes in this community and it needs major advocacy and awareness raising to promote male participation in child care. 80% of interviewed communities mentioned that you will only see the men assisting when the child is seriously sick and needs to be taken to a hospital. Otherwise in this community child care is a woman's business as confirmed by findings in the table above.

On maternal related activities in Mphuka community, there are interesting gender dimensions. Both men and women indicated that attending ante-natal clinic is 100% a woman's responsibility (refer table below. When they community were asked whether a man has a role in escorting a wife to antenatal clinic, they lamented that this is very uncommon *(sanachuluke otelewo mudzi muno).*The women FGD in Chikunkhu lamented that in the village there are two couples (Mr and Mrs Juwawo and Mr and Mrs Jonathan). These couples do everything together including escorting their wives to the clinic, going with the children to the under five clinic together including joint decision making. They went on to

say that the couples are a model in the village. Interestingly a discussion with the two men's groups in the area did not mention these cases and vehemently they said the responsibility of antenatal clinic is for a woman.

Table 12: **Maternal and an adult health activities**

	% of Participation			
	Men	**Women**	**Boys**	**Girls**
Participate in ante-natal clinic	10	100	0	0
Taking to the hospital pregnant mother due to deliver	10	100	0	0
Make decision on family planning	70	30	0	20
Participate in various family planning methods	0	100	0	20
Total % participation	90	330	0	40
Average % participation in activities	**22.5**	**82.5**	**0.0**	**10.0**

When probed further on who takes the family planning, the community thinks it is only the woman (100%) and men they do not practice family planning (0%) as shown in table 12 above. The figures clearly shows the lack of understanding of the community both men and women on the role of men in family planning and there is almost zero appreciation that a man can also practice family planning besides deciding on behalf of the wife alone.

On the young people, it was only the girls as well who do practice family planning with 20%. The figure is low because there is also lack of proper knowledge among the parents and the young people themselves on youth friendly sexual and reproductive issues and services available. On the number of young girls who take family planning, they do this in secrecy and preferred family planning method for the girls is injectables. When asked on this preference they said, "*You can manage to hide this from parents"* girls from Chimeta Village explained. All this confirms the need to promote male involvement in addressing maternal health issues as well as addressing adolescent SRH needs in the community. The girls and boys went on to say that although girls take injectables, they are perceived as prostitutes.

A lot needs to be done on male involvement of concern universal is to assist the community to address maternal health issues as well as addressing adolescent SRH needs in the community. The ICPD @15 reviews in October in Addis Ababa concluded that Countries are failing to meet the MGD5 targets due to limited involvement of men.

Overall the analysis shows that level of participation by men in care and support activities is somehow high though not higher than of women (refer table 13 below). This was identified to be due to the role men play in carrying the sick people to the hospital. Due to long distances to the hospital compounded by poor infrastructure and terrain, men take an active to ensure that the sick people get to the hospital and this was identified to be common from the lower part of TA Mphuka. However, caring for the sick both at home and at the hospital is done mostly by women.

Table 13: Caring for the sick Activities

	% of Participation			
Caring for the sick Activities	**Men**	**Women**	**Boys**	**Girls**
Taking a sick adult person to hospital	100	80	0	0
Caring for the sick at home or at hospital	10	100	0	60
Undertaking VCT	20	100	0	0
Total % participation	130	280	0	60
Average % participation in activities	**43.3**	**93.3**	**0.0**	**20.0**

(b) Public health Problems

Cholera was mentioned as a big problem during rainy season. Other problems that featured highly were HIV and AIDS, pneumonia, malaria and dysentery. The community in TA Mphuka explained that most of the health committees are formed and function effectively due to cholera outbreaks.

(c) Access to Health care services

Most of the respondents interviewed (90%) indicated that they access health care services from health facilities only when very sick or during delivery. During FGDs, the majority of the respondents confirmed that the majority of the people in their communities did not seek treatment for any ailment at health centre or clinics promptly. The analysis reveals that people mostly fail to seek medical attention from health facilities because of long distances through steep slope roads to the health centres or clinics, This is also compounded by poor infrastructure (poor roads, no bridges) making it impossible to have vehicles as a mode of transport. Men in Chikunkhu village narrated that: *'We walk 4 hours to reach Makapwa Mission, 7 hours to Thyolo Hospital, 7 hours to Chikwawa as well Nchalo hospital".* On average, all communities in TA Mphuka 4 hours to walk to the nearest health centres.

The analysis however learnt that there is a very good health structure close to the headquarters of TA Mphuka that was constructed in 2007. The community in Witili and Chikunkhu villages had this to say regarding this structure: "*We do have a clinic called Chadidi Health Centre which was built in 2007. It is a very magnificent structure, but it is not operational. No staff has been posted to the centre and we just admire the structure. If only this health centre was operational, then all our problems could have lessened because it is just 1 hour walk to get there".*

"During the 2009 election campaign, the clinic was opened two days before the president came to this area for the campaign meeting. Then 2 days after the campaign meeting, the clinic was closed. It was a campaign tool, we know" men explained with emotions.

Mostly the only mode to transport to a health care facility is by foot, while carrying the patient on a stretcher ('machila'). The carrying of patients on 'machila' is mostly done by men. "*Just two weeks, we had the experience we are narrating to you. The poles we used in constructing "machila" are still available"* men in Mkhwata village explained with eagerness to demonstrate to the team of analysis how carrying a sick person on machila involves, which indeed was done.

"This is one of the worst experiences from us. It takes hours before we get to the hospital, walking up steep slopes. We reach the hospital with swollen legs and feet" men from Mkhwata village lamented with clear expressions of pain and sorrow.

It is clear that in this community, distance to health facilities affects health seeking behaviour for MCH and any other cases. A case of how long distances affect health seeking behaviour is illustrated below:

Mrs Makonda *from Mkhwata Village* explains about the illness of her daughter: "*Alinafe Makonda is 12 years old. She started having problems with her legs at the age of 9. Due to long distance, I could not take her to hospital and instead, I was giving her pain killer tablets. After some months, she stopped walking. Since then up to now, Alinafe is disabled. Alinafe stopped going to school. I carry on my back every other time she has to go to the garden or wherever.*

It is strongly believed that the situation could have been controlled if medical attention from hospital was sought in good time.

Advocacy initiatives for provision of health personnel at health centres like Mphuka, Chididi and others should be considered. Furthermore, mobile clinics would also be ideal in places like Mkhwata. To facilitate change of the mindset as regards health seeking behaviour, there is need to adequately invest into awareness raising on the importance of seeking health care services from health facilities.

(d) Teen Age pregnancies and early marriages

Teen age pregnancies and early marriages is a prevailing problem in TA Mphuka. Most girls are failing vulnerable due to a number of factors. Firstly, lack of Youth Friendly Health Services in the area. As discussed above, long distances from health care services act as deterring factor for young people to access the health care services. The area has no any NGOs working specifically on Adolescent Sexual and Reproductive health, as a result, lack of information as well as access is a contributing factor for the health challenges in this community.

For instance, this year 4 girls were withdrawn on health grounds at Njale primary School in GVH Maonga due to pregnancy. Similarly, during a discussion with adolescent girls in Msewa village, the girls narrated that at least 3 girls this year have also dropped out of school around Nkhate area and teachers were mentioned as responsible for impregnating the 2 girls.

Women in Witili village also concurred with girls on the extent of early child bearing in the area. The women mentioned that mostly girls drop out of school and get married or they become pregnant due to poverty. "*The only option for survival or to escape from poverty is to allow a daughter gets married. This sometimes is supported by the parents in order to be relieved of the burden feeding many people within the household".*

(e) Knowledge Adolescent SRH issues

Girls in Chimeta Village expressed knowledge on family planning issues. However they were quick to explain that their parents do not allow the girls to practice family planning methods. Other girls lamented that when they take family planning methods they are regarded as wholes ("Mahule"). However the issue of teen age pregnancy is still prevalent due to stigmatisation of girls who use or want to practice family planning.

(f) Gender Relations and Decision Making Power on MCH

Women have limited opportunities to exercise choice and have no space of their own when it comes to sexuality especially on family planning and child spacing issues. For instance, men in Chikunkhu village narrated that it is the husband who makes the decision on the number of children a household should have and whether a wife should use family planning method. The analysis shows that mostly the men (70%) against women (30%) make decisions decision on family planning including number of children to have and what method to take (refer table ... above). "*As head of household, we do have the responsibility of deciding on the size of the family because we are the provider"* stated men from Chikunkhu Village.

Although women have limitations in decision making in the face of men, women in TA Mphuka, however, explained that they make some decisions on family planning without the knowledge of the husband. "*When the husband stops us from seeking family planning, we go to the clinic without his knowledge and get the family planning method our choice. Due to illiteracy by most men here, they do not discover it even if they check in the health passport,"* women in Chikunkhu, Msewa and Mkhwata Villages explained. The sexual reproductive initiative in TA Mphuka shall therefore not ignore this backdoor resistance. Among others, awareness to men on involvement and communication with wives on SRH shall be considered as a strategic mechanism for controlling possible GBV.

The Community also has several committees on health related issues. In all the sampled villages, they have Safe Motherhood taskforce; Home based care, Orphan care and

NAPHAM support groups. Interesting to note is that in these groups, majority of members are women which suggest the pro-activeness of women in community development and health care work. However, as explained above, women are rarely in the driving seat.

4.4.3 Water and Sanitation

(a) Access to water and sanitation services and facilities

Unsafe water and poor sanitation is one the key sectors accelerating vulnerability of households in TA Mphuka. In the lower part of TA Mphuka, 75% of the community collect drinking water from unprotected wells. One or two boreholes available in some few villages are not adequate to cater for the village population and not accessible by some village members allocated on the other side of the slope. For example, Witili Village has 2 boreholes serving 259 households while Chimeta Village has 165 households with one borehole. *"The water source in this village is terrible and we survive by grace of God"* women in Chikunkhu village narrated while taking the analysis team to the swallow well from where the community draw drinking water. In the assessment towards achieving Millennium Development Goals (MGDS), by 2009 Malawi recorded a status of 80% of the population with sustainable access to an improved water source. This status is far outside the situation in TA Mphuka where less that 30% of the population have access to improved water source. Some villages recorded that following the advice from the HAS, cover one side of the swallow well. However, during rainy season, all these swallow wells (covered and uncovered) are filled by running water. Every morning, women have to remove dirty water from the well before start drawing water.

Cholera and diarrhoea are common outbreaks in TA Mphuka especially during rainy season. Every year, a number of cholera cases are experienced some of which are fatal. This is in agreement with the fact that an estimated 3 million women and 1.2 million children are directly affected in Malawi by poor access to safe water (UNICEF Malawi, 2006). Despite collecting water from unprotected source, women indicated that almost 92% of the community do not treat water with chlorine nor boil water before drinking. Major reasons for low population treating water include unavailability of chlorine from health personnel (HSA), and religious beliefs especially by Zion religious group. Further probing also revealed that laziness by some women affect water treating. It is clear therefore that low participation by men in water treatment leaves women unmonitored.

Availability of sanitary facilities in TA Mphuka is very limited. Some communities especially from Chimeta village use spaces in banana plantations as a toilet. Lack of toilet by households was identified to be due to laziness to construct own toilet and weak labour force especially by the elderly people.

The elderly vulnerable household interviewed in Chimeta village willingly showed the analysis team her toilet which is 10 meters away from her household. *"My toilet fell down some years ago and I cannot afford to construct one" Teleza Afiki lamented.*

In 60% of the villages, Health Surveillance Assistants were reported to delivery health education talks especially during cholera outbreaks. Furthermore, the HSA provide chlorine for treatment of drinking water. The analysis from selected vulnerable households indicated that HSAs reach them with health information especially during outbreaks. Village health committees confirmed that it works in close collaboration with HSAs during outbreaks. The HSAs provide gloves and health talks and one HAS is located right at the headquarters of TA Mphuka while others commute from other areas.

(b) *Special Skills*

Borehole drilling manually was identified as one of the key skills available in TA Mphuka. In Mkhwata Village for example, a borehole constructed by World Vision was drilled by the community members themselves and currently a number of boreholes have been drilled which calls for support for construction. Furthermore, the community dig swallow wells themselves and this is done more than twice a year due to changes in weather and water tables. The digging of the wells and boreholes are mostly done by men (100%) and boys (40%). Women (100%) and girls (80%) are on the other hand responsible for making sure the well and the bore hole is clean, and maintaining its cleanliness. The working relationship on ensuring safe drinking water is available in the community should be supported. During Project Implementation, the provision of safe water in the community should ensure maintenance of the division of labour by men and women to ensure that the responsibility still rests in all.

c) Water management structures

The villages in TA Mphuka have the ability to organize themselves into various water committees. These committees are responsible for overseeing management of the water points, mobilizing the community for maintenance contributions and facilitating water treatment with chlorine in collaboration with health personnel. Main committees identified related to water and sanitation were Village Health Committee (VHC), Borehole committee, Village Development Committee (VDC) and a committee at a swallow well. The average size of these committees is 10 members with a composition of 4 women and 5 men. It was also identified that most of the key leadership positions (chairperson, secretary and treasurer) are occupied by men while women are mostly deputies and members. The analysis revealed that illiteracy level and lack of confidence by women are reasons for low women participation in key leadership positions. At Mkhwata Village, however, the key informant revealed that

suppression and jealousy by men affect quality participation by women. Investment in women empowerment especially on quality participation by women would assist. This would require ensuring women take up leadership positions for their needs to be well taken care of apart from being mere members.

The community members in TA Mphuka make various efforts regarding sanitation practices. Key practices identified were treating drinking water with chlorine or water guard, cleaning around the borehole or swallow well including planting flowers and removing water from a well every morning to ensure that clean water is available during the day. To ensure cleanliness of the water in the wells, community own initiatives are employed. For instance, the community are planting vertiva grass to prevent soil erosion.

Community organization and coordination during the time of need was also identified as one the social capacity in TA Mphuka. Cholera and dysentery were identified to be among common outbreaks in TA Mphuka especially during rainy season. The community therefore mobilize itself and carries the sick persons on a locally made stretcher to the hospital, a distance that takes them over three hours walking.

(d) Participation in communal water and sanitation activities

The community in TA Mphuka undertake various activities in water and sanitation which the analysis categorized them into two namely community and household water and sanitation activities. Level of participation by men and women in these various activities is quite diverse as shown in the tables below.

Table 14 below shows level of participation by various gender groups in community water and sanitation related activities:

Table 14: Community Related Water and Sanitation Activities

		Level of participation				
		Men	**Women**	**Boys**	**Girls**	**When**
1	Digging a swallow well or borehole	100	40	50	0	Semi-annually
2	Collecting stones for the well	10	100	30	50	Annually
3	Removing dirty water from the well	0	100	0	80	Daily
4	Cleaning around the borehole	0	100	0	90	Daily
5	Maintaining broken borehole	100	80	0	0	Quarterly
6	Contributing money through water committee	100	90	0	0	Monthly
7	Planting & managing flowers around the water point	50	100	0	100	Quarterly
	Total % participation	360	610	80	320	
	Average % participation in activities	**51.4**	**87.1**	**11.4**	**45.7**	

All social groups (men, women, boys and girls) in TA Mphuka pointed out that water and sanitation are mostly woman activities except those that need high man power. This was confirmed by the community rating as shown in the table above where level of participation is higher than of men. The table also shows that women participation is higher than of women in skilled labour and financial rewarding activities; for example, maintaining a borehole and this implies that women have limited skills thereby increasing dependency on men.

The table also indicates that almost all the activities in which women participation is higher than of men are done very frequently (daily). This implies that workload on women on community water and sanitation activities are higher than of men. The construction of boreholes will relieve the women of the burden of daily care to the wells. During the project implementation division of labour should also be considered highly, e.g. by ensuring women are in decision making positions in water committees, not only committee members.

(e) Participation in household water and sanitation activities

"If you have been given love concoction, yes, you can support a wife in fetching water otherwise no", men in Mkhwata and Chimeta villages responded after being asked if supports a wife in fetching water considering the long distance to the water source. In TA Mphuka, most of the water and sanitation activities at household level are strongly considered as female's activities. The analysis table below indicates that participation of men is higher only in construction related activities and these are mostly done once per year and this implies minimal workload as compared to women whose activities are on daily basis. This therefore underscores the need for consideration of the heavy workload on women in project design for TA Mphuka if women are indeed to actively participate and benefit from the project. The Irrigation feasibility study for TA Mphuka (December 2010) revealed that women participation and benefiting from the irrigation sites is minimal because of the care and domestic activities.

Table 15: Household Related Water and Sanitation Activities

		Level of participation				
		Men	**Women**	**Boys**	**Girls**	**When**
1	Digging pit latrine	100	30	70	30	Yearly
2	Making a grass covered bathroom	100	90	20	20	Yearly
3	Fetching water	0	100	0	100	Daily
4	Procure water guard from health personnel or the shop	20	100	0	0	Weekly
5	Treating water with water guard/chlorine	20	100	0	50	Daily
6	Cleaning in and around the toilet	0	100	30	80	Daily
Total % participation		320	520	120	280	
Average % participation in activities		**41.7**	**86.7**	**24.0**	**56.0**	

(f) Gender Relations and Decision Making Power in water and sanitation activities

Participation in decision making entails people's close involvement in the economic, social and cultural processes that affect their lives. Representation and voice are therefore important aspects of participation, alternatively referred as descriptive and substantive representation respectively. The analysis identified that representation of women in water related

committees (VDC, VHC and Borehole) is 40%. Further, women do not hold key leadership positions such as chairperson, secretary and treasurer and instead are in most cases deputies to men or as committee members. This therefore points out that the voice and influence of women in such committees is limited by virtue of the positions hence not substantive representation.

Women in TA Mphuka indicated that those in positions in the committees face enormous challenges both from within the committee and households members especially husbands in addition to the high demanding roles to the positions. Mobility constraints to mobilize the community during the meetings are one the key challenges women highlighted. Men concurred with women and stated that enormous challenges faced by women in positions discourage other omen from aspiring to join their ranks.

The analysis identified that decision on where to drill boreholes is made by the ones drilling the boreholes and these in all villages are men. This therefore indicates that others issues which women would have considered in allocating a water point such as safety and security, slope of the land are not considered. Men confirmed that the only factor considered in allocating where to drill a borehole is water table.

Decisions on where to draw water was identified to be made by women because are ones who take the role of fetching water. Women indicated that the source where to draw water is determined mainly by whether the water is for drinking or other purposes.

4.4.3.1 Survival strategies/coping mechanisms

Ta Mphuka has problems with supply of safe water to its community. There were projects which were assisting people in clean water project. However it is not all communities with safe water. In most of the communities, only one borehole would be serving 50 or more households and most of the households continue to use wells. During rainy season, the water in these wells are not safe causing cholera outbreaks yearly.

5.0 Conclusion and Recommendations

5.1 Conclusion

This study has revealed a lot of issues around livelihood strategies and gender relations. Evidence presented in this research points to the fact that livelihoods strategies and gender relations are not static. Women, men, boys and girls are engaged in a lot of activities in order to meet their food security needs, maternal and child health needs as well as ensuring that they have safe water and good sanitation. The study has revealed that both men and women are busy to find means of cushioning the many problems of scarcity of farming land, lack of income, lack of health care needs as well as how to ensure that they have water.
The study has revealed that households are struggling to earn a living in this area with poor road networks and distance to basic amenities. This has serious implications to their livelihoods and the study has revealed that women and men are affected differently. For household survival; various gendered coping mechanism have been presented as strategies ventured by Mphuka households depending on the nature of assets they possess, access and their capacity to manage them. Social networks have been very critical among the sampled

population, for example, relying on kinship. Evident was that the elderly headed households rely on their grand children and relatives for assistance of basic needs.The project should invest in enhancing asset base for women and men in the community which will act as a fallback position in times of any shock.

Most of the women (married or unmarried) are doing petty trade as a survival mechanism. On the other hand, those households who have reached point of desperation with no asset base resort to withdraw their children from school as a last coping mechanism option. Therefore, assets that individuals and households have or can access are critical for coping in this area. Concern Universal should seriously consider how best to enhance the activities which this community do to diversify their income sources and clearly address social relations by which gender equality is promoted.

Access to safe water , markets and health care services are a challenge in the area which require immediate attention for a better livelihood for the women, men, boys and girls in Mphuka Community.

5.2 Recommendations

The following are the strategic recommendations

5.2.1 Food security

Accessibility to Farm inputs

Due to scarcity of land, the only viable investment that will guarantee greater yield and food security is access to farm inputs like fertilizer. The project should invest in revolving fund for the community to enable them have capital. The good capital base will assist them to buy fertilizer and other farm inputs. This should also be coupled with training in manure production, soil conservation and other good farm management practices. Ensure equal involvement of men, women, boys and girls in the suggested interventions

Viable markets

Farmers need to be organized into clubs, associations or cooperatives. Training in organizational development, marketing and business management is required. The marketing and pricing of produce should also receive priority. Innovative marketing arrangements like contract farming, value additions and grading should be explored. Ensure equal involvement of men, women, boys and girls in the suggested interventions

Conservation agriculture

There is need to promote conservation agriculture so that the community shall minimize and then graduate from dependency on inorganic fertilizers. This among others will reduce the burden on travelling long distances to procure farm inputs and also will enable those who cannot afford to buy fertilizer, especially women to participate and contribute to effectively to production.

Promotion of irrigation

The community members are already doing some form of small scale irrigation in the dimbas; therefore, support in mechanisation of this initiative would boost the yields. Attention should also be paid to the needs of women and other vulnerable groups on how they would enhance their household assets out of the irrigation farming. Technology to be introduced should positively impact on both men and women farmers in Mphuka. Ensure equal involvement of men, women, boys and girls in the suggested interventions

Extension workers

The project should ensure that extension field staff in allocated in these areas to fill the gap of government extension service which is almost non existence. These extension workers plus the government extension workers should be trained in Rights Based and Strength Based Approaches. In addition, vulnerability responsive extension service delivery shall be the hub of the extension service delivery.

Scale up Livestock Production

Livestock production within households and clubs should be enhanced, for example, existing clubs should be boosted with necessary expertise on how to manage different types of livestock. Appropriate species should be sort for group livestock production to ensure quick multiplication of the same. Ensure equal involvement of men, women, boys and girls in the suggested interventions

Micro Loan Facilities

To assist the community in making meaningful business, investing in supporting or bringing micro loan facility with reasonable interest rates that would be accessible to both women and men will assist in improving the economic status of households. The Facility should be coupled with business management skills and economic empowerment where women should be able to manage their own businesses and resources realised from the business. Ensure equal involvement of men, women, boys and girls in the suggested interventions

Women empowerment

This among others shall include strengthening awareness and capacity building of both the community and extension system in the area, promoting community resource based interventions and linking the community to other service providers. Furthermore, there is need for community advocacy initiatives aiming at breaking the cultural/traditional factors which create and perpetuate gender disparities.

5.2.2 Maternal and child health

Youth Friendly Health Services

The Youth friendly health services, which will include gender sensitive awareness on Adolescent sexual and reproductive health education and services should be promoted in the area. The knowledge and the services will assist in addressing issues of early marriage and teen pregnancies. Concern Universal should also consider launching a campaign in the area on '*stop early marriage campaign*' as well as assist in establishment of recreation centres for the young people.

Access to health Care services

Due to distance and topography in the area, it is recommended to introduce mobile clinics in the area as a matter of urgency. This will address the maternal and child health problems that emanate due to lack of health facilities within reach.

Male Involvement activities in Maternal and child Health

Community programmes on male involvement in MNH is recommended as this will encourage and promote the role of men in the same.

Accessibility of Justice Delivery structures

To ensure women, men, boys and girls are able to protect, respect and enjoy their rights, strengthening of justice system is necessary. First step could be, support the provision of necessary capacity building to community policing and CBOs in Human rights and GBV case management. Formation of men and women's groups responsible for awareness raising is critical. Concern Universal should consider working with existing CBOs on this initiative.

Lobbying Government for Health care staff

The area health Centres like Chadidi, Mphuka if it were staffed, could serve the community and address health needs. There is need for Lobbying and community led advocacy, with CU support for provision of staff and medical supplies in these structures which are becoming some white elephants.

Safe-motherhood taskforces

Strengthening and sustaining safe motherhood task forces by increasing their capacities in maternal health related issues**.** Concern universal should also consider hiring Community based Distributing agents (CBDAs) to ensure that Reproductive health Commodity security in the area. This in a way will also assist in child spacing plus prolong the first pregnancy.

Women leadership

Promotion of women leadership in various community committees should be promoted as a process of empowering women. This among others shall include targeted capacity building initiatives to women and influential people.

5.2.3 Water and Sanitation

Sanitation

CU project should consider encouraging the community to construct pit latrines as it was observed that most people do not have proper or have no latrine at all. It would also be useful to build capacity in the community members on how to make pit latrines slabs.

Safe water

Investing in increasing water pumps or boreholes would assist in reducing water borne diseases such as cholera which is pandemic in the area. Community training in water treatment shall also be strengthened as an on-going practice. Time/effort saved in water collection has a huge potential for better child care and improved education (UNDP, 2010).

Institutional Strengthening

The community committees on water and sanitation shall be strengthened through training and linking them up to service providers especially health personnel. These committees among others shall be proactive in monitoring sanitation issues in the communities.

5.2.4 Other recommendation

Investment in Human Capital

The area has bad education indicators and this has implication also in food security, maternal and child health as well as sanitation behaviours. The community should be encouraged to send children to school. Establishment of school meals would boost enrolment and retention rate in schools. Furthermore, community awareness and provision of bursaries shall be considered.

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7.0 APPENDICES

Appendix 7.1: EVIDENCE OF GENDER BASED VIOLENCE IN TA MPHUKA

A Voice of Alefa Muyakha from Msewa Village

Highlights:

"He carried me from the mat I was resting and threw me on the burning charcoal on the local stove. My head especially this right side fell directly on the burning charcoal. Besides my loud cry with burning pains, he squeezed my head to the burning charcoal" Alefa Muyakha narrated while showing the scars. .

"Battering was a common practice by my husband. One night he battered me up until I went unconscious" Alefa explained with tears.

1.0 Background Information of Alefa Muyakha Household

Alefa Muyakha comes from Msewa Village in Group Village Headman Mpino, TA Mphuka in Thyolo District. Alefa and her former husband, Mr Muyakha, whom she has just divorced, got married around 1970's and have 6 children (2 females and 4 males). Alefa has never been to school and she recalled having married Mr Muyakha through matrilineal arrangement when she was a teenager. In 1990's, Alefa and her husband acquired a land within a village where they settled.

2.0 Gender Based Violence in Muyakha's Marriage

"Wife battering was a common practice of disciplining by Mr Muyakha and he has been a drunkard ever since. The *akhoswe (*marriage witnesses) withdrew their role from our marriage because Mr Muyakha could not change his wife battering behaviour besides several counselling sessions" Alefa explained. Alefa further explained that the Village Headman, Mr Msewa then volunteered to be their marriage witness and this brought hope that Mr Muyakha would change his behaviour.

"Things got even worse and one night Mr Muyakha battered me up until I went unconscious. After getting back to my consciousness, I crawled to the Village Headman's house same night. I was ill for two weeks due to the beating" Alefa narrated. It is after this incident that the village headman also withdrew his role as our marriage witnesses.

"In early November 2010, I left for farm work while my husband went to a beer place at his cousin's place. When I came back from farm, I fell tired and slept on a mat on a veranda. The charcoal stove which I and my children used for preparing lunch was still burning and was outside the kitchen". Alefa explained the ordeal.

Alefa further explained that around 3:00 PM, Mr Muyakha arrived home and asked for a Farm Subsidy Coupon which the household received. *"As I tried to reason with him not to get the coupon, he got very angry and carried me from where I was resting and threw me on the burning charcoal on the local stove. My head especially this right side fell directly on the burning charcoal. Besides my loud cry with burning pains, he squeezed my head to the burning charcoal"* Alefa Muyakha narrated while showing the scars. Alefa explained that it took the effort of three people to stop Mr Muyakha from squeezing her on the burning charcoal.

Alefa, while in pains and with support from relatives, reported the matter to the village headman who advised her to report the matter to police. At the police unit, Alefa was issued a letter and went to clinic for treatment. *"Mr Muyakha was then arrested and was in custody for 24 days while waiting for the trial. I felt sorry for him and I went to police and asked for his release on a basis that I have forgiven him"* Alefa explained. Mr Muyakha was therefore released and at village headman's court, Alefa asked for divorce.

"The village headman assisted us to share the household items and I got my share. However, Mr Muyakha owns the land which acquired together and I moved to my mother's land" Alefa narrated.

3.0 Polygamy practices by Mr Muyakha

Alefa explained that around 2002, Mr Muyakha told Alefa that he intends to marry a second wife. "I did not oppose realizing that he is the head of the family" Alefa said. Though patrilineal arrangement, Mr Muyakha married a second wife from Nsanje and brought her to the acquired land. However, a year later, the second wife went back to her homeland.

A year later, Mr Muyakha then married another second wife from within the village named Esnati Wisikesi. "She is this one in my company", Alefa explained while pointing at a woman sitting next to her.

Appendix 7.2: Influencing Factors

Influencing Factor (Infrastructure, Technology and Training)	Impact				Opportunity				Level of Constraint (%)			
	M	W	B	G	M	W	B	G	M	W	B	G
High Illiteracy levels	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	50	90	90	90
Poor accessibility due to poor infrastructure and terrain	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	80	100	100	100
Lack of extension services	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	100	100	0	0
Lack of health facilities at reasonable distance	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	100	100	100	100
Lack of education facilities	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	100	100	100	100
Unavailability of subsidized fertilizer at ADMARC	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	100	100	100	100
Long distance to ADMARC to procure subsidized fertilizer and other inputs	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	100	100	50	50
Extensive soil erosion	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	100	100	0	0
Lack of support and dialogue with the community by parliamentarians	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg.	100	100	100	100
Lack of reliable markets for farm produce	Neg	Neg	Neg	Neg	Neg /Pos	Neg	Neg	Neg	70	100	0	0

Appendix 7.3: Interview Guide for Focus Group Discussions

Name of Village:
Social Group Type (Men/Women/Girls/Boys/Other groups

1.0 Culture / tradition

1.1 What tribe is in this village?
1.2 How is the organisation of marriage? matrilineal vs patrilineal
1.3 What type of local rules governs the community here?
1.4 What do you expect of a woman/man/boy/girl in this area (gender roles/stereotypes) = ***Use cards on Activity Profile (i) Food Security (ii) Maternal and Child Health (iii) Water and Sanitation***
1.5 What is the Level and quality of participation by men, women, boys and girls in Food Security, Maternal and child Health; Water and Sanitation Activities? ***(Document case studies where possible)***

2.0 Assessment of Capacities of Community Member

2.1 What are the ways in which men/women/boys and girls in the community are physically or materially capable? How do you enhance these capabilities?
2.2 What productive resources do we have in the community?
2.3 What skills do we have within our community?. Who has which particular skills? Why?
2.4 What assets do most of the households have in the community?
2.5 Who owns what? Who has access to what type of resource? Who has control? (Mention each of the assets mentioned above)= ***Use card on Access and Control (RESOURCES)***

3.0 Assessment of Gender Relations and Decision making Power

3.1 How are women and men traditionally distinguished in the area?
3.2 What kind of Roles would be attributed to women/ men in the area?
3.3 Can women own productive resources in their own right or jointly with husband/brother etc why? Why not? How?
3.4 Can women decide on how to manage any other proceeds? = **Use card on Access and Control (BENEFITS)**
3.6 Can women have rights to sell or mortgage the land, to convey the land to others through intra-community reallocations or to heirs and able to reallocate the use and control rights?
3.7 Who generally makes decision on:
(i) What type of crops to grow?
(ii) What type of Food to eat and when to eat?
(III) When to access medical care and number of children to have?
(iv) Education of the children?
(iv) Where to drill bore whole?
(v) Where to access water?
3.8 Does ownership of productive resources affect household decision making (e.g. , on income strategies, provision of food, child education, family planning etc)

4.0 Assessment of Community Social capital

4.1 What are the relationships between people (men/women/boys and girls?

4.2 What are your organisational/social structures within this village?

4.3 What are the social structures within the community that community members rely on in times of disaster and need?

4.4 What is the impact of any hazard or disaster on this social organisation?

4.5 Are there any cultural impediments that often limit effective access and control of productive resources to women/men? What are they? **= Use Card on Influencing factors (I) Food security, (II) MCH (III) Water and Sanitation**

4.6 What is the level and quality of participation by men/women/boys and girls in these structures?

5.0 Assessment of Vulnerabilities of community members

5.1 What are the ways in which men/women/boys and girls in the community are physically or materially vulnerable? (What challenges or problems /hazards!)

*5.2 How do w omen/men/boys /girls and other social groups manage to deal with these problems **(articulate role of men/women/boys and girls including other social groups)***

6.0 Motivational and Attitudinal capacities

6.1 How do women/men/boys and girls in the community view themselves and their ability to deal effectively with your social/political environment?

6.2 How does the community view its ability to create change??

6.3 What are people's beliefs and motivations? Are the beliefs changing over time including gender roles and relations? Due to what?

6.4 Do people feel they have the ability to shape their lives? Do women and men feel they have the same abilities?

7.0 Future (Community Visioning)

7.1 What can be done better (strategies) to ensure women/ men have access and control over land and other productive resources?

- By the community itself?
- By the service providers (CU or other NGOS and government)?

8.0 Any other information

Appendix 7.4: Semi-structured Questionnaire -Vulnerable Households

1. Name of respondent ……..….. 2. Sex……
3. Type of Vulnerability ……..
3. Household type…….
4. Education level of HH head…… 5. Number of people in the ……..……

1.0 Assessment of Household Capacities

1.1 What are the ways in which you and your other household members are physically or materially capable?

……
……
……

How do you enhance your capabilities?

……

1.2 What productive resources do you have in this household?

……
……
……

1.3 What skills do you or your members of the household have? Who has which particular skills?(Name the member and particular skill)

No	***Type of Skill***	***HH member who have the skill***
1		
2		
3		

1.4 What assets do you own as a household? Who owns what? Who has access to what type of resource? Who has control of different resources?

No	**Assets**	**Who owns it**	**Who have access to it**	**Who has control**

1.5 Do you own productive resources in your own right or jointly with your household members or anybody else? Why? Why not?

……
……

1.6 Does ownership of productive resources affect household decision making? Explain.

……..

……..

2.0 Assessment of Vulnerabilities Household Members

2.1 What challenges or problems /hazards do you or your members of household face? How do you manage to deal with these problems?

No	Challenge/Problem	Management strategy	Role of each HH Member

3.0 Assessment of the role of community network on a vulnerable household

3.1 What are the organizational/social structures within this village?

……..
……

3.2 What are the relationships between you and members of the community?

……
……

3.3 What are the social structures within the community that you rely on in times of disaster and need?

……
……

3.4 Are there any cultural impediments that often limit effective access and control of productive resources to your household? What are they?

……
……
……

3.5 What can you say are your abilities to deal effectively with your social/political environment?

……
……

4.0 Assessment of Gender Relations and Decision Making Power

4.1 Are you generally considered in decision making bodies within the community? E.g. ADC/VDC and other development committees?

If yes, How?
…….
If no, Why?
…….
…….

4.2 Who generally makes decision on the following?

No	Description of area for decision making	Who makes decisions	Reasons
1	Type of crops to Grow		
2	Type of Food to eat		
3	When to access medical care		
4	Number of children to have		
5	Education of the child		
6	Where to drill borehole		
7	Where to access water		

4.3 Are you reached by any of the following extension services?

No	Type of Service	Y/N	How and why not?
1	Health services		
2	Agricultural services		
3	Water and sanitation services		

Appendix 7.5: Semi-Structured Questionnaire –Key Informants

Name of respondent……. Sex……

Sector……

1.0 Assessment of Capacities of Community Members

1.1. What are the ways in which men/women/boys and girls in the community are physically or materially capable?

……
……

How does your sector enhance these capabilities?

……
……

1.2 What productive resources do the community members have?

……
……
……

1.3 What skills does community have? Who has which particular skills? Why?

No	***Type of Skill***	***HH member who have the skill***	***Why***
1			
2			
3			

1.4 What assets do most of the households have in the community Who owns what? Who has access to what type of resource? Who has control of different resources?

No	**Assets**	**Who owns it**	**Who have access to it**	**Who has control**
1				
2				
3				

2.0 Assessment of Vulnerabilities of Community Members

2.1 What are the ways in which men/women/boys and girls in the community are physically or materially vulnerable? (What challenges or problems /hazards!? How do w omen/men/boys /girls and other social groups manage to deal with these problems?

No	**Challenge/Problem**	**Management strategy**
1		
2		

3		

3.0 Assessment of Community Social capital

3.1 What are the relationships between people (men/women/boys and girls)

……
……

3.2 What are your organizational/social structures within this village?

……
……
……

3.3 What are the social structures within the community that community members rely on in times of disaster and need?

……..
……
……..

3.4 What is the impact of any hazard or disaster on this social organization?

……..
……

3.5 Are there any cultural impediments that often limit effective access and control of productive resources to women/men? What are they?

……..
……

3.6 What is the level and quality of participation by men/women/boys and girls in these structures?

……
……..

4.0 Motivational and Attitudinal capacities and Vulnerabilities

4.1 How do women/men/boys and girls in the community view themselves and their ability to deal effectively with your social/political environment? How does the community view its ability to create change?.....

……
……

4.2 What are people's beliefs and motivations. Are the beliefs changing over time including gender roles and relations? Due to what?

……
……

4.3 How does the community view its ability to create change?

.....
……

5.0 Assessment of Gender Relations or Decision Making Power

5.1 What kind of Roles would be attributed to women/ men in the area?

……
……

5.2 What can you describe as the role of women on deciding and managing any resources including proceeds?

……..
……

5.3 Who generally makes decision on the following?

No	Description of area for decision making	Who makes decisions	Reasons
1	Type of crops to Grow		
2	Type of Food to eat		
3	When to access medical care		
4	Number of children to have		
5	Education of the child		
6	Where to drill borehole		
7	Where to access water		

5.4 Does your sector make effort to reach vulnerable groups with services?

If yes, How?

……..
……
……

If not, Why?

……..
……
……

Appendix 7.5: Study respondents and Data collection methods

Type of Social Group	Technique of data collection	Quantitative Tools	Qualitative data	Total respondents
Adult males	FGD	Busometer	Interview guide	115
Adult females	FGD	Busometer	Interview guide	214
Boys	FGD	Busometer	Interview guide	58
Girls	FGD	Busometer	Interview guide	74
Child Headed Households	In-depth interviews	-	Questionnaire	6
The Elderly	In-depth interviews	-	Questionnaire	13
People with disabilities	In-depth interviews	-	Questionnaire	3
Orphans	In-depth interviews	-	Questionnaire	20
The poor of the poorest	In-depth interviews	-	Questionnaire	4
Key Informants	In-depth interviews	-	Questionnaire	6
Survivor of GBV	In-depth interviews	-	Questionnaire	1
Total Respondents				514

Annexure 16

Gender Risk Matrix – TA Mphuka, Malawi Shared Futures project

Mphuka Gender related risks							
Risk	**Potential Impact on the project**	**Likelihood (1-5 where 1= very low 5 = very high)**	**Impact (1-5 where 1= very low 5 = very high)**	**Risk (=Likelihood X Impact)**	**Management Strategy (for Risks rated 5 and above.)**	**Responsibility**	**Is the risk assessed through the M&E system (Y/N)**
Resistance among staff and community members	May undermine efforts by the project to achieve gender equality	3	4	12	Gender equality programming, since it explicitly seeks to change cultural values and power relationships creates resistance. Awareness and sensitization on gender as a development issue will be conducted.	Project Manager, National Gender Coordinator, Project staff	
Gender regarded as a low priority	• Gender may not be given adequate resources and this may affect implementation of interventions. • Accountability	2	4	8	• Gender readily gets lost among competing priorities. Accountability mechanisms i.e. including gender in appraisal system will be instituted • Train staff and partners in gender budgeting	Project Manager, National Gender Coordinator, Human Resources Director	

	may be low. Considerable slippage						
Inconsistency reporting, monitoring and evaluation on gender	Gender programming gains may be even more difficult to determine	3	4			Project Manager, National Gender Coordinator, M&E Officer	
Low project staff and partners gender programming capacity	May affect the quality of gender mainstreaming in the project	5	5	25	The project will facilitate capacity building opportunities to enable staff and communities have adequate skills and knowledge to apply gender equality principles within the project context.	Project Manager, National Gender Coordinator	
Patriarchal tendencies	May create resistance among staff and community members which will affect project implementation	3	4	12	• Most communities have looked at gender as a movement aimed at wrestling power from men. Awareness and sensitization on gender as a development issue will be conducted. • Gender advocacy	Project Manager, National Gender Coordinator, Project Staff	
The feminization of gender	• May affect men's engagement in	3	3	9	Gender has been associated with women only. The project will create	Project Manager, National Gender	

	some of the project interventions where they are needed to address gender disparities i.e. in maternal and child health activities. • May also affect how gender activities will be implemented				awareness to enable communities see the connection between women and girls, with the situation of men and boys. The project includes interventions aimed at encouraging engagement of men	Coordinator	
A weak gender machinery	May affect gender programming as the external environment will not be supportive	2	3	6	The gender machinery which is responsible for spearheading the formulation, implementation, coordination, monitoring and evaluation of the national gender programming is weak due to low levels of funding, low skill and knowledge levels, and high staff turnover especially in the public sector. The project will	Project Manager, National Gender Coordinator,	

					support advocacy work which is aimed at addressing issues that are weakening the machinery		
Gender interventions limited to representation and participation	May undermine efforts aimed at achieving gender equality if the project does not facilitate the challenging of gender related patterns of behaviour, beliefs and practices at household and community levels	4	4	16	Gender programming beyond representation and participation will help the analysis of underlying causes of gender inequality and how these should be addressed The project will facilitate a systematic analysis of complex social and economic relations at multiple levels of society i.e. gender analysis	Project Manager, National Gender Coordinator,	
The failure to pass any gender related laws submitted to Parliament by the Law Commission	May entrench statute-sanctioned discrimination against women and undermine the project's efforts to address gender injustices	3	2	6	Gender programming work in the project requires a conducive and supportive external environment. The project will facilitate the communities engagement in advocacy aimed at ensuring these laws are passed	Project Manager, National Gender Coordinator, Communities	
Constitutional ambiguities on gender related issues	May undermine the project's efforts to address gender injustices i.e.	3	2	6	The project will facilitate the communities engagement in advocacy work aimed at addressing these	Project Manager, National Gender Coordinator,	

	Women's rights such as property rights are insecure.				ambiguities.	Communities	
Lack of implementation gender related laws	May undermine the project's efforts to address gender injustices	3	2	6	The project will support the dissemination of the Prevention of Domestic Violence Act 2006 Act to decentralization structures both english and translated versions	Project Manager, National Gender Coordinator,	
Failure to sustain gender commitments	Positive gains achieved in gender mainstreaming within the project will be threatened and in other instances lost	3	4	12	• The project will ensure that all gender commitments are fulfilled • The project will facilitate opportunities for gender programming lesson learning within the project's lesson learning framework	Project Manager, National Gender Coordinator, M&E Officer	

Annexure 17

AACES JOINT AGENCY INITIATIVE: OBJECTIVE 3

Increased opportunity for the Australian public to engage with development issues in Africa

MAJORITY WORLD: AFRICA

Majority World: Africa, is a XX part docu-drama series for Australian TV broadcast, multimedia website / social engagement space, and printed IEC materials, voicing the most polarizing, stigmatizing and urgent issues from the Majority World. This first season would focus on Africa, and serve as a pilot series. If successful, it could be used as a platform to do the same thing for Asia.

Each episode 44mins, (TV hour), is a self-contained story told from the perspective and in the cultural style of an individual/family/community involved in the particular issue.

Each episode will be co-produced, co-written and co-directed, by the individual/family/community in their cultural style. This gives the opportunity for the Australian public to see the individual/family/community's story, through their eyes, in a way never before seen on Australian television. For example, if one of the development issues is WASH, the local woman selected, would be given the chance to have her story told about living with no access to clean water and how her children are always sick etc. This would be told as she sees it in her own mind. The final result could be highly musical, animation/artwork based, dramatised, linear or non-linear, guaranteeing that each episode and each story would look and feel completely different. The woman would be 100% involved in the production of the episode, her imagination would be the director, her emotion and experiences would be the scriptwriter, her strength and drive would be the producer. Professional production crew would combine their technical skills to facilitate a truly original and unique story being told. Each episode would have a more standard opener and closer to help transition the Australian audience in and out of the viewing experience – setting the stage and then bringing it home, so to speak.

Each episode could be based geographically or development issue based. For example, one episode could tell the WASH story from 3 different people in 3 different countries. Or one episode could tell 3 development issue stories from 1 country.

The multimedia website and social engagement space would be a place where each episode is available after the TV airing date. Viewers could learn more about the development issues faced, and highlighted through the series, by those in Africa through in-depth analysis from development professionals, and "user-friendly" information and stories. Viewers could watch a behind the scenes episode of each broadcast episode, to see candid interviews with the African storytellers, the crew and development workers who worked in putting the series together. This behind the scenes episode would also be a source of development learning for the Australian public. Users of the website would have the space to

contribute and post their own thoughts and views on each episode and development issue. The site would be fully integrated with social media websites like Facebook, Twitter, and YouTube to drive more traffic and engage a wider audience. Users of the website would be able to learn more about how they could be involved and possibly contribute – although this would not be the focus of the site.

The website would also have a school aged section, where children of school age, can gather resources for school projects or assignments. This section of the website would also host a child-friendly version of each episode (edited versions with special narration, graphics and animation) with Q&A sections at the end that teachers or parents could use to engage the children to internalize the different stories and situations portrayed through the TV series. A separate schools WG could build on the existing work of various agencies and their knowledge of the relevant curricula in various states/territories, and develop this as a sub-component.

IEC printed materials would be designed and produced in a consistent theme to the design of the TV series, promoting the TV series and the website and the different development issues. These materials would be placed in schools, universities, libraries, churches, clubs and other venues that would likely attract the eyes of Australia's youth.

Advertising for the TV series and website, would be placed online in ad banners, through social media viral methods, through TV commercials with the relevant channel (likely SBS or ABC, although it would be a serious aim to get it on one of the more major public channels). A PR firm would be engaged to promote "Majority World: Africa" through traditional media channels.

Funding of the "Majority World: Africa", would come from a joint commitment from the Australian NGO's that are partnering with AusAID in the AACES program. At this stage, a commitment of $50,000 from each of the 10 AACES agencies/consortia would provide a basic version of the concept. Additional funding from AusAID, the broadcast channel or other sources would enable greater number and diversity of episodes.

We envisage that the IEC and school material could include material already or specifically produced by each agency, with additional material to be produced collectively.

Funding could also be requested from the broadcast channel and/or other multi-lateral donors.

A Steering Committee would be setup with selected representatives from the invested NGO's, AusAID, and "Majority World: Africa" producer/creator* to influence and direct development ethos for the entire project. This committee would be responsible for planning the different development sectors and issues to highlight, as well as approving scripts, stories, episodes and final delivery methods.

Majority World: Africa would be an opportunity for the Australian public to be impacted by the lives and realities shown throughout the entire project. It would provide a way to engage, inform and educate the Australian people on the needs of the people living in Africa. It would

stimulate discussion, debate and hopefully support for furthering the Australian governments' development efforts in Africa as well as individual support for development in Africa. It provides an innovative and groundbreaking avenue for Australian NGOs to partner together and exponentially increase the impact of the communications by working together, rather than all trying to create, produce and promote their own communication materials. Making a project like this score higher on both qualitative and quantitative scales, ultimately reaching more people and impacting those people more for the same budget as working individually.

Annexure 18

Glossary

AACES – Australia Africa Community Engagement Scheme

ACIAR – Australian Center for International Agricultural Research

ADCs – Area Development Committees

AFAP –Australian Foundation for the Peoples of Asia and The Pacific

AIDS – Acquired Immune Deficiency Syndrome

APAC – Australian Partnerships with African Communities

AFAP-APAC – AFAP & APAC Program

ANGO – Australian Non-Government Organisations

ARVs – Antiretroviral (drugs therapy for PLWHA)

AusAID – The Australian Government Overseas Aid Program

AVI – Australian Volunteers International

CUUK – Concern Universal United Kingdom

CUMal – Concern Universal Malawi

CUMoz – Concern Universal Mozambique

CTDT – Community Technology Development Trust

CBOs – Community Based Organisations

CSIRO - *Commonwealth Scientific and Industrial Research Organisation*

CSOs – Civil Society Organisations

HIV – Human Immunodeficiency Virus

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MDGs – Millennium Development Goals

M&M Tool – Monitoring and Management Tool

MOU – Memoranda of Understanding

NGOs – Non-Government Organisations

PARP – Poverty Action Plans (national)

PMTCT – Prevention of Mother to Child Transmission (of HIV)

PWD – People With Disabilities

PLWHA – People Living With HIV & AIDS

SAS – Small Activities Scheme

SBA – Strengths Based Approach

SFP – Shared Futures Project

SRH – Sexual and Reproductive Health

TA – Traditional Authority

ToR – Terms of Reference

The Project – Shared Futures Project

UNDP – United Nations Development Program

WASH – Water, Sanitation and Hygiene