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Australia Africa Community Engagement Scheme



The value of civil society
Annual Report 2014-2015

Cover Photo:

A Ministry of Education Official engaging the Chijiya Community in dialogue in Zimbabwe. Photo by Florence Ngirandi

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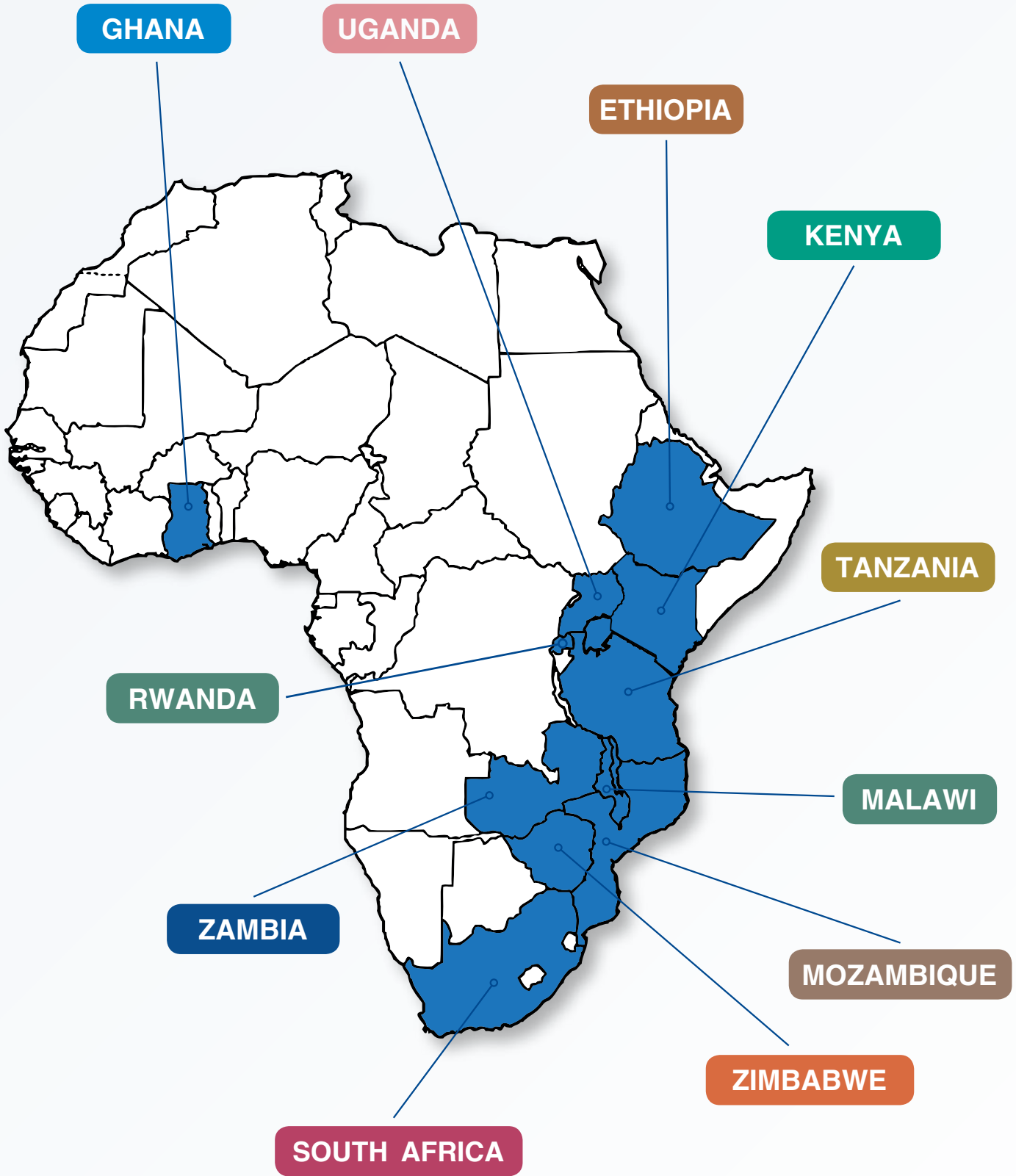
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Acronyms

AACES	Australia Africa Community Engagement Scheme
ACDEP	Akuapem Community Development Programme
AFAP	Australian Foundation for the Peoples of Asia and the Pacific Ltd
AOA	Anglican Overseas Aid
APDA	Afar Pastoralist Development Association
AUD	Australian Dollar
CADECOM	Catholic Development Commission in Malawi
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CBOs	Community Based Organisations
CDCs	Community Development Committees
CREATE	Community Based Rehabilitation Educational and Training for Empowerment
DFAT	Department of Foreign Affairs and Trade
ECCD	Early Childhood Care and Development
ED	Endogenous Development Approach
FFT _s	Farmer-to-Farmer Trainers
FFS	Farmer Field School
MNCH	Maternal, Newborn and Child Health
MSI	Marie Stopes International
MST	Marie Stopes Tanzania
MTR	Mid-Term Review
NGO	Non-Government Organisation
PRAAC	Promoting Rights and Accountabilities in African Communities
PSC	Program Steering Committee
SFP	Shared Futures Project
SHG	Self Help Group
SRH	Sexual and Reproductive Health
WASH	Water, Sanitation and Hygiene
WE-RISE	The Women Empowerment - Improving Resilience Income and food Security
WRATZ	White Ribbon Alliance Tanzania

Where we work



Australia Africa Community Engagement Scheme (AACES) at a glance

This is the fourth annual report for the Australia Africa Community Engagement Scheme (AACES) — an AUD 83 million partnership program between the Department of Foreign Affairs and Trade (DFAT), ten Australian Non-Governmental Organisations (NGOs) and their in-country partners across 11 African countries. Over five years (2011–2016), the partnership program delivers community-based projects across the sectors of agricultural productivity, water and sanitation, and maternal and child health. Projects focus on reaching the most marginalised groups with particular attention to women, children, people with disability and people vulnerable to disaster.

AACES objectives

1. Marginalised people have sustainable access to the services they require.
2. Development programs, including AACES, are strengthened, particularly in their ability to target and serve the needs of marginalised people through learning, collaboration and exchange among AACES NGOs and between AACES NGOs and DFAT.

AACES NGOs

actionaid ActionAid Australia's project is implemented in three districts (Mwingi, Isiolo and Mbeere) in Kenya, and five districts in Uganda (Amuru, Nwoya, Kumi, Bukeada and Katakwi).

The project is working to improve sustainable access to food and agriculture-related services for around 4,500 farmers, of whom 70 percent are women. ActionAid Australia works in partnership with ActionAid Kenya and ActionAid Uganda.



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



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



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



The cornerstone of Caritas Australia’s integrated project is to improve the provision of clean reliable water, promote hygiene and sanitation, and increase agricultural production for marginalised communities.

The project is implemented in nine rural communities in the Dioceses of Mzuzu, Blantyre and Lilongwe in Malawi, and the Dioceses of Mbulu, Ifakara and Mahenge in Tanzania. Caritas Australia works in partnership with Caritas Tanzania and Catholic Development Commission in Malawi.



Marie Stopes International Australia’s (MSIA) project aims to increase access to and uptake of equity sensitive sexual and reproductive health services by marginalised populations in Kenya and Tanzania. The project delivers services through outreach and also works to strengthen private sector healthcare providers with the

aim of providing sustainable, cost-effective quality sexual and reproductive health services. MSIA works in partnership with Marie Stopes Kenya in Coastal regions of Kilifi, Kwale, Taita, Tana River and Taveta, while Marie Stopes Tanzania works in Mtwara, Tanga, Coast and Dar es Salaam regions.



With the aim of improving the health and quality of life for vulnerable people in targeted areas of Zambia and South Africa, Oxfam Australia’s project focuses on water, sanitation and hygiene and public health.

In South Africa, Oxfam works in partnership with Save the Children, Tholulwazi Uzivikile, WozaMoya, Resources Aimed at the Prevention of Child Abuse, Community Based Rehabilitation Education and Training for Empowerment, OneVoice South Africa, Lima Foundation, Training Resources for Early Education, and Equal Education in South Africa. In Zambia, Oxfam works in partnership with People’s Participation Services, Keepers Zambia Foundation, Young Women’s Christian Association, Village Water Zambia, Zambia Agency for Persons with Disabilities, Zambia Federation of Disabled People’s Organisations, Mongu Municipal Council, Kaoma District Council, and Ministries of Education and Health.



Working in Kenya, Uganda and Zimbabwe, Plan International Australia’s project aims to enable marginalised people — particularly women and girls, young people and people with disability — to claim rights and access services.

This includes prevention, as well as responding to violence against women and girls, women’s rights to land and property inheritance, health and education rights, and legal rights and services. Plan International works in partnership with Plan International Kenya, Plan International Uganda and Plan International Zimbabwe. In Zimbabwe, Musasa and St Peter’s Community Care Program were implementing organisations with Plan throughout 2014–2015.



WaterAid Australia’s project aims to improve access to water, sanitation and hygiene in under-served communities and schools in rural and urban areas of Tanzania, Malawi and Ghana. WaterAid Australia works

in partnership with WaterAid Ghana in Akuapem North Greater in the Eastern region, and in Dangme West and Accra Metro in the Accra region. In Tanzania, WaterAid works in Bahi and Chamwino in the Dodoma region, Singida Urban and Iramba in the Singida region and in Ngeza in the Tabora region. In Malawi, WaterAid operates in Ntchisi in the Central region.



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

community and facility level, and engagement with governments. World Vision Australia works in partnership with World Vision Kenya, World Vision Uganda, World Vision Rwanda and World Vision Tanzania.

Facts and figures AACES 2014–2015

Almost **1 million** people benefitted from AACES programs

Half a million were women and girls



376,884 people were provided with water, sanitation and hygiene services

216,692 were women



127,608 people accessed safe and sustainable water

138,632 people now have appropriate sanitation

110,644 people learned about safe hygiene practices

173,213 people accessed maternal and child health services

129,012 were women



25,932 children received life-saving vaccines

99,707 people accessed modern family planning methods

9,651 babies were delivered by skilled birth attendants

37,923 people have better awareness about their reproductive and health rights

394,362 people experienced improved agricultural productivity

244,210 were women



64,284 households received farm inputs such as tools, seeds and livestock

75,060 households adopted new and improved agricultural technologies

70,789 farmers accessed improved agricultural services

146,847 people learned about their right to land, food and access to government services

4,590 people with disability accessed services

2,482 were women



Message from the Program Steering Committee Chair

“These trainings have been very useful in making us realise the importance of involving the community in planning and budgeting, as this gives ownership of initiatives to communities. I think these kinds of trainings are really more instrumental to us than [being given money], as the knowledge we gain will remain in the community and can be transferred through generations.”



This comment from Jossein Tembo, who is the District Monitoring and Evaluation Officer in Mphuka, Malawi, highlights one of the key successes of working with the civil society.

The fourth AACES Annual Report focuses on the value of civil society as demonstrated in the AACES program. In essence, civil society encompasses non-government organisations, community based organisations and less formalised community groups that have taken on various roles in development. These roles include training and capacity building, raising awareness of societal issues and facilitating responses, giving voice to marginalised people and groups, encouraging citizen participation and other human rights, influencing norms and standards that shape market and government activity, as well as direct service delivery. Each of the 10 AACES NGO projects has shared a case study which highlights the wealth of experience and the value of civil society work in diverse contexts.

The case studies highlight outcomes achieved by communities and individuals through engagement with government institutions at various levels (local and national), and/or private sector with the support from civil society to bring about desired changes for effective, appropriate and inclusive quality service delivery. Services include maternal and child health, agricultural productivity, and water and sanitation. The status and roles of women’s participation in community development and leadership have changed for the better.

Harnessing the potential of civil society helps communities to drive their own changes through internal organisation and leadership, leveraging support from diverse sources, to create and sustain outcomes that will continue beyond AACES. The case studies in this report illustrate the processes and the changes. I call upon everyone to read and enjoy the stories.

I would like to extend my sincere appreciation to all partners involved in the AACES program. This includes local communities, the Australian Government, Australian NGOs and their African partners, African governments, civil society, business and other stakeholders. I thank them for their partnerships, vision and hard work, which have contributed to the great success of the AACES program.

Barbra Babweteera
Program Steering Committee Chair,
AACES

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

The Australia Africa Community Engagement Scheme (AACES) Annual Report for 2014-15 examines the value of partnering with civil society. The case studies in this publication highlight practical approaches to collaboration through partnerships, resulting in better and sustainable development results.

AACES results suggest that the impact and benefits of the program will continue well beyond its lifecycle. With nearly 2,000 civil society partners, the distinctive contribution of AACES lies in its foundation of effective partnerships between civil society, governments and businesses. AACES recognises that engaging with civil society at all stages of the development process leads to better development outcomes and has shown that NGOs can work together to give marginalised people sustainable access to the services they require.



The Australian Government recognises the important role our NGO partners play in the delivery of development assistance. Our NGO Engagement Policy, launched by Minister Ciobo in December 2015, notes NGOs are key partners in encouraging sustainable economic growth and reducing poverty. Support for civil society is more than just funding service delivery. AACES partners continue to work together to align with the strategic performance targets of the Australian aid program to promote prosperity, engage the private sector, reduce poverty and empower women and girls. The nature of the partnership model has led to increased efficiency, effectiveness and value for money.

A recent evaluation by the Office of Development Effectiveness highlighted the strength and unique nature of the partnerships forged within AACES. In particular, the emphasis on local NGOs to participate in partnership activities was identified as a driver behind better capacity development, cooperation and collaboration. The partnership model has developed through policy dialogue and holding duty bearers (governments and other actors) accountable for the delivery of services to the most marginalised. Increased women's economic empowerment and the capacity of communities to hold duty bearers to account have already led to transformational change within communities.

It is encouraging to see and hear AACES partners expressing their desire to maintain the relationship and partnerships formed through the program. I look forward to ongoing engagement with AACES partners, as we continue to utilise the AACES model to influence and inform future NGO programming through the Australian aid program.

Marc Innes-Brown
First Assistant Secretary, Middle East and Africa Division
Department of Foreign Affairs and Trade (DFAT)

The value of civil society

AACES partners during the Annual Reflection Workshop in Lilongwe, Malawi in May 2015. From Left, David Mwamba, Oxfam Zambia, Marshal Mpokonya, Caritas Tanzania and Daud Gambo, World Vision Tanzania. Photo by Douglas Waudu, AACES Resource Facility.



Civil society refers to a wide and growing range of non-government and non-market organisations through which people organise themselves to pursue shared interests or values in the public domain. Examples include community and village-based groups, labour unions, indigenous groups, diaspora groups, charitable organisations, cooperatives, womens' organisations, faith-based organisations, professional associations, chambers of commerce, independent research institutes and the not-for-profit media.¹

There is a growing importance placed on partnerships for effective development outcomes, with the actors involved and nature of partnerships fast increasing in diversity². Working together, government, the private sector and civil society contribute to poverty eradication, fulfilment and protection of rights and sustainable economic growth.

The Australian Government has been increasingly involved with civil society and over past years, has sought to deepen its engagement. The review, undertaken by the Office of Development Effectiveness (ODE) recognised that effective development work requires donors to understand how governments relate to their citizens and to be able to work with key agents of change both within and outside government.³

Civil society has been a powerful agent for change. The AACES design recognised that engaging with civil society in all stages of the development process and allowing multiple voices and perspectives to be heard through this engagement, leads to better development outcomes. This has been confirmed by the positive results achieved during the program. NGOs are one category of organisations within Civil Society. The case studies in this report demonstrate the ways in which the Australian Government has supported NGOs to develop the capacity of other members of civil society or directly worked with community women and men to achieve development outcomes.

¹ DFAT NGO engagement framework, DFAT and NGOs: Effective Development Partners, December 2015

² ACFID, Partnerships for effective development, January 2014

³ AACES program design document, June 2011

Role of AACES partners in delivering development results

Civil Society Organisations (CSOs) play a critical role in facilitating the **mobilisation and organisation of men and women in communities**. These activities empower individuals and groups to work together to take collective action resulting in enhanced co-operation, exchange and innovation. AACES NGOs have empowered community women and men to make tangible changes to their lives by combining their collective capacity and using it to negotiate physical, financial and human resources from different actors. By working with local structures, partners have helped to empower communities to use their cultural and social resources and increase community ownership, enabling people to have sustainable access to the services they require.

Partners **facilitated service delivery**⁴ to poor and marginalised people using innovative and flexible modalities while being conscious of the local context. Working in collaboration with government and private sector, they have demonstrated how services can be delivered to marginalised people in an effective way.

Enhancing social inclusion and gender equality has been key to the success of the AACES contribution to sustainable economic growth and poverty reduction in Africa. Partners ensure that the needs and rights of women and men from a range of social groups, especially those marginalised, are taken into account, promoting effective participation at all levels and advancing gender equality. The mid-term review observed that two key successes have been the way that the program has focused on the inclusion of women and people with disability. The review noted that AACES is 'raising the bar' in terms of encouraging projects not only to ensure they directly involve and benefit women, but also to address underlying power issues that perpetuate marginalisation and inequality. It further observed that disability inclusion encouraged agencies to provide and promote disability-appropriate facilities, support public services to be disability-friendly, promote the status of people with disability by giving them first access to inputs and to encourage their participation in community structures.⁵

Capacity development of people, partner organisations and duty bearers⁶ has been an essential aspect of the program. It has driven changes in the capacity of communities and marginalised groups to require and utilise services as well as changes in the provision of services, especially those provided by national governments and the private sector. The changes have occurred at different levels including individual, organisational and the broader society. Capacity development takes various forms including through education, training, technical advice, exchanges of experiences, research and policy advice. As a result, communities themselves, local organisations, government and other duty bearers are better able to manage, provide and/or demand services.

AACES partners promote **social accountability** by improving citizen participation including encouraging their engagement and supporting them to ensure their rights are respected, protected and fulfilled. They support citizens to articulate their interests and demands; providing voice to poor people including those who are marginalised or under-represented, for example, women, children and people with disability to work together to hold their leaders accountable.

CSOs are valuable partners in **policy engagement, advocacy and influencing**. They facilitate citizen engagement; provide expertise based on front-line experience, and trial innovations in service delivery, which serve as a model for replication by other actors. AACES partners increased their own and community men and women's ability to effectively influence the design and implementation of policy and programs by maintaining healthy ties with government agencies at various levels.

⁴ AACES has a particular interest in services provided for agricultural productivity, maternal and child health and water and sanitation. However provision of other services as required by people is also included.

⁵ AACES mid-term review report, June 2014

⁶ Duty bearers primarily refer to the relevant government level and department. However in different locations it may also refer to non-government service providers, private service providers and community structures themselves

The spread and reach of government coupled with the depth and flexibility of civil society partners helped achieve development outcomes more effectively. In a number of African countries, governments have been able to mobilise institutional resources for scale up.

AACES NGOs have increasingly **engaged the private sector** to make investments that can help provide economic impacts for people living in poverty that are sustainable. Through these partnerships, poor and marginalised people, particularly women and people with disability have accessed quality services and decent livelihoods; enabling them to live in dignity.

Looking into the future

The new global agenda for sustainable development emphasises that the knowledge, expertise and finance of all must be harnessed to achieve our goals. Civil society has a crucial role to play in the implementation, measurement and monitoring of Sustainable Development Goals (SDGs).⁷ Being at the front lines of working with communities every day, CSOs have earned their trust – a key element in cultivating effective partnerships that will turn the goals into actions and ultimately results.

The civil society context is rapidly changing, with advancement in technology, diversity of financing, and shrinking civil society space in many countries. The World Economic Forum report on the future role of civil society⁸ aptly notes that in a turbulent and uncertain environment, actors can no longer work well in isolation. All actors including civil society need to look to unusual sources for inspiration and relevance in order to adapt successfully.

AACES partners are well placed to effectively play their role in the post-2015 agenda. Embracing a partnership approach, they have built strong relationships within civil society as well as with businesses, governments and international organisations. Given the notable investment and commitment shown by partners to date, it is expected that these relationships and ensuing benefits will continue beyond the life of the program. By taking on a flexible approach to implementation – learning and changing approaches as they go, with positive results; AACES NGOs have shown that civil society with support from other actors has what it takes to adapt to a rapidly changing context.



AACES partners during a past meeting. AACES provides partners with a strong platform to share experiences and learn from each other. Photo by AACES Resource Facility.

⁷ At the United Nations Sustainable Development Summit in September 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030. The agenda goes much further than the Millennium Development Goals (2000-2015), addressing the root causes of poverty and the universal need for development that works for all people.

⁸ World Economic Forum, World Scenario series, The future role of civil society, January 2013

AACES civil society organisation partnerships

Number and Type of civil society organisation ⁹	Country										
	Ghana	Uganda	Ethiopia	Kenya	Tanzania	Malawi	Mozambique	Zimbabwe	South Africa	Zambia	Rwanda
International NGO		11	9	14	21	14	3		1		
Local NGO	3	8	3	8	10	15	1	6	7	5	
Community Based Organisations		7	36	17	3	58	3	2		122	1
Faith Based Organisations		4	1	5	5	5		2			1
Disabled People's Organisations		4	1	6	5	11	2	5	1	2	1
Women Groups	5	6	31	26	10	53	1				3
Youth Groups		10		15	1	6		13			
Farmer Groups			3	8	9	170	1	1			
Village Savings and Loans Associations		12		7	39	350		59		38	
Community Health Groups		3		28				12			
Water User Associations and WASH Committees			32			60	1	1		78	
Social Accountability and Community Units						39	2				
Vocational Training Groups			30								
Cooperatives			63			9					
Research, Policy and Academia				2	3				1	1	
Community Advocacy Groups				3		3			1		
Media Groups and Information Services				7		5	2	1		2	
TOTAL	8	65	213	157	119	808	16	102	11	254	6
1,749 civil society partners with AACES.											
AACES NGOs also worked with a combination of the different types of CSOs above in networks and coalitions.											

AACES partners also collaborated with over 40 other organisations including local and national governments, private sector, and UN agencies.

⁹ We acknowledge that civil society can be classified according to various categories including organisational structure, functional interest, level of operation, funding source etc; and that the distinction is not always clear as many CSOs fit into more than one category.



AACES Case Studies



Doreen Mwangala (right) and Ndondi Chikote, AACES trained pump technicians repairing a borehole pump in Luampa district, Zambia.
Photo By Douglas Waudo, AACES Resource Facility

WORLD VISION - TANZANIA

Civil society and policy change: Citizens' Hearings

By Daud Gambo, Dr. Irene Mbugua, Joan Mugenzi and Joseph Kamara

May 21, 2015, will forever be implanted in the memory of Mwajuma Hatibu Sempule. The unassuming woman from a small community in Tanzania had much to say when she was given the opportunity to address the Global Citizens' Dialogue in Geneva at the World Health Assembly. Mwajuma was one of a select group of community leaders from around the world given a voice at the dialogue in an effort to listen to the real needs of women and children when it comes to addressing child and maternal health.

Highlighting need

Mwajuma's journey began in her home village of Kwediboma when she participated in White Ribbon Alliance Tanzania's (WRATZ) Citizens' Hearings. The Hearings were coordinated by World Vision and were a result of a collaboration between World Vision, White Ribbon Alliance, International Planned Parenthood Federation and Save the Children. The partnership between the four organisations is a global one and was designed to support citizens and civil society to call governments to account for their delivery on Millennium Development Goals 4 and 5: Child Mortality and Maternal Health.

In Tanzania, the partnership looked at more specific commitments made by the Tanzanian Government under the UN Secretary General's initiative, Every Woman Every Child. WRATZ's campaign, *Wajibika Mama Aishi* (Be Accountable so that Mothers Can Survive Childbirth) was launched in 2013 to urge the government to honour its commitment to ensuring that Comprehensive Emergency Obstetric and Newborn Care (CEmONC) is available in 50 percent of health centres nationwide.

Rose Mlay makes her point during citizens hearings at Korogwe in Tanzania in May 2015.

Photo by Lydia Kamwaga, White Ribbon Tanzania.



This commitment had its origins in the One Plan project (2008) and was reaffirmed in the Every Woman Every Child (2011) initiative and the Sharpened One Plan (2014). White Ribbon Day was established as an annual event to commemorate all women who die during childbirth and to strategise on how to avoid these preventable deaths.

In 2013, WRATZ conducted a health facility assessment of all government health centres in Rukwa and spoke with citizens and health workers to gather evidence on the provision of CEmONC. They found that not a single health facility in Rukwa was able to provide CEmONC, and only 30 percent of the health centres were equipped to provide basic emergency obstetric and newborn care. Health centres lacked infrastructure, equipment, supplies and the health workers required to provide CEmONC. Interviews with citizens and health workers also indicated women were choosing not to deliver in health facilities because they were not confident that lifesaving care would be available to them. They ended up giving birth at home, which posed a greater risk to mothers and newborn babies.

“What took place [at the World Health Assembly] was an irreversible change in the governance of global health — one in which civil society assumed a legitimate place in shaping the future of health. While WHO reflected (sometimes painfully) on its role and purpose, civil society found its voice. Mark this moment.” — Richard Horton, co-chair of the independent Expert Review Group for Women’s and Children’s Health and Editor-in-Chief of The Lancet.

Harnessing community voice

In March 2015, WRATZ planned to celebrate its 10th annual event in Tanga with the same theme *Wajibika Mama Aishi* as a reminder to the government to uphold its commitments. WRATZ — with partners Save the Children, World Vision Tanzania, AMREF, International Planned Parenthood Federation and Evidence 4 Action — conducted a series of consultative meetings with communities, leading to formal Citizens’ Hearings.¹⁰ World Vision was tasked by WRATZ to coordinate the Hearings as the process closely resembled the community gathering process undertaken by the World Vision Citizen Voice and Action teams.

The Citizens’ Hearings gave affected women and children the opportunity to contribute to district and regional maternal newborn and child health (MNCH) priorities that would bring about the reduction of maternal and newborn mortality, in line with the objectives of the Sharpened One Plan, Big Results Now and other key policy documents regulating MNCH. It was expected that citizens would call the government to action through a highly participatory process, which included all relevant community groups.

Citizens’ Hearings were held in five administrative units (Handeni, Kilindi, Korogwe, Muheza and Tanga) with the final event taking place in Dar es Salaam. In total, 1,700 people participated in the process over five days. Partners in the five districts engaged citizens on priorities for reproductive, maternal, child, newborn and adolescent health in line with the upcoming Sustainable Development Goals and the new Global Strategy for Women’s, Children’s and Adolescent’s Health.

The recommendations collected during the process led to a push for increased human resources for health, better transport to aid in referrals, respectful maternity care for pregnant women, and the completion and provision of equipment for health facilities.

¹⁰ For more information on the global Citizens’ Hearings movement: <http://whiteribbonalliance.org/campaigns2/citizens-hearings-2015/>



Tanzania delegation at the World Health Assembly in Geneva. From left to right - Mwajuma Hatibu Sempule, Kenneth Simbaya (journalist), Khalid Mohamed Mngulu.
Photo by Barbara Dockalova

Taking it global

Following these Citizens' Hearings, two Tanzanians from Tanga Region — Mwajuma Hatibu Sempule and Khalid Mohamed Mngulu, a child from Handeni Children's Council — were nominated to represent Tanzania at the WHA Dialogue in Geneva.

"I didn't believe the words when I received a call that I was to represent Tanzania in Geneva, but it was the truth. When I informed my husband and the community, they were very excited as well," says Mwajuma.

"I travelled from my home, Kwediboma Ward in Kilindi to Dar es Salaam for visa processing then I flew to Geneva. I found that for a woman like me and an albino like Mohamed to represent Tanzania in such an international meeting was an opportunity for advocacy that if women, and people with disability are well involved and participate in all community development arena, we can do wonders."

Khalid Mohamed Mngulu, the albino youth who represented Tanzania alongside Mwajuma says: *"I thank Save the Children, Word Vision and White Ribbon who have organised this platform that gives a chance for a people with disability to speak in front of people and express our challenges in accessing health and education services."*

The process of forming a dialogue between citizens and governments has been recognised as a first by key World Health Assembly decision-makers, and the United Nations is interested in including the model as an ongoing component of the World Health Assembly process.



A child receives a vaccine at a clinic in Gicumbi, Rwanda. Program partners reduced maternal and child mortality by enabling mothers and their children to have better access to health care services.

WATERAID - GHANA

ABIGAIL: Informal civil society champions sanitation and hygiene

By Chaka Uzundu with contributions from Seyram Asimah and Matilda Afriyie
— WaterAid Ghana.

In Ghana, when water, sanitation, and hygiene (WASH) is poorly prioritised at the municipal level, the situation for rural communities is often much worse. This was the case for Akuapem North Municipality when WaterAid Ghana first began engaging in the area. Although 51 percent of the municipality had access to clean water and sanitation,¹¹ access to WASH services in the region's rural areas was considerably less. With many hard-to-reach communities and serious challenges in providing WASH, WaterAid selected Akuapem North Municipality to benefit from the AACES program.

Supporting local government to provide lasting services to communities requires a supportive civil society. However, at the inception of the AACES program, civil society in this particular municipality was weak. Local and international NGOs operating in the area were few. One of the main local NGOs was a long-standing WaterAid Ghana partner, Akuapem Community Development Programme (ACDEP) — the only NGO working specifically on WASH issues. Therefore, the design of the intervention would have to respond to the context.



ABIGAIL

Hygiene Promotion
campaign in Ghana.

Photo by WaterAid Ghana

11 National Coverage Statistics, Potable Water (Community-Based Water Systems) June 2013.

Valuing local knowledge

WaterAid had been exploring the use of a strength-based approach, known as the Endogenous Development approach (ED). Central to the ED approach is working closely with indigenous institutions, and engaging indigenous knowledge and worldviews. For the ED approach, traditional authorities and formal and informal institutions that exist at the community level form key partners who lead the development process. The AACES program became instrumental in supporting this approach by WaterAid, particularly in Akuapem North.

“We teach everybody that comes to us for education. Because of our sanitation issues, people from different places come to learn from us. We teach them how to have a clean household and community from dawn to dusk.” — ABIGAIL member.

The ED approach moved the focus from “formal civil society” to “informal civil society”. While building relationships with other NGOs, churches, corporate institutions and media remained important, a greater emphasis was placed on increased social inclusion by supporting marginalised communities to engage government institutions. More specifically, the AACES program sought to strengthen the role of women and women-led organisations as agents of change, enabling the diverse voices of women to be amplified.

Community in action

Okyerekrom is a small village located in the Akuapem North Municipality with a population of 265 people. The community is endowed with natural resources, including an expanse of land, forest and a river. A traditional leadership structure presides over the community, comprising the ‘Odikro’ (a male chief) who is supported by other male elders. There is a similar female leadership structure, led by a Queen Mother, who is supported by other female elders and leaders. It is these male and female structures, working collaboratively, that lead the community.

Thirteen years ago, the ABIGAIL group was born in Okyerekrom. The group, an initiative of the Queen Mother, Nana Janet Mantebea, was designed to support women in need, especially as a result of a loved one’s death and to strengthen mutual trust and friendship among women. It was, and still is, an all-women affair.

ABIGAIL has since grown in strength and impact. Through the AACES program, and with the support of ACDEP, WaterAid engaged ABIGAIL to lead wash-related activities in the community, in keeping with the ED approach of engaging indigenous institutions and knowledge in development.

Because the ED approach understands communities as the leaders and designers of their own development, WaterAid’s work in Okyerekrom was based on two of ED’s pillars: Community Institutional Resource Mapping and Community Visioning and Action Planning. The ABIGAIL group was identified through the Community Institutional Resource Mapping as an important resource, and they became a key partner in community-led capacity building on sanitation and hygiene promotion. The use of skits, sketches and role-plays has since been central to ABIGAIL’s approach to educating others about the need for improved attitudes to environmental health issues.

“The result has been a transformed Okyerekrom. The community is now extremely clean. It is open defecation-free,¹² litter-free, and even animals and their droppings have an appropriate place, resulting in great improvements to the community’s sanitation and hygiene,” says one ABIGAIL member.

¹² ‘Open defecation-free’ refers to an environment without openly exposed faeces. Achieving this outcome might involve building and encouraging the use of latrines, preventing the occurrence of exposed faeces.



ABIGAIL with WaterAid staff.

Photo by WaterAid Ghana

Challenges and wins

Engaging community institutions, formal or informal, comes with challenges. For example, the historic challenges of local government to deliver services has made communities reluctant to engage with duty bearers. Thus, efforts to convince communities to continue engaging local government have been extremely time consuming and challenging.

Yet, there have been wins too. One of these is the development of a powerful learning model. Another building block of the ED approach is Learning, Sharing and Assessment. This building block prioritises learning within and between communities. The ABIGAIL group has been exemplary in sharing what they have learnt and inspiring others, providing many other communities opportunities to learn and assess their achievements. These include Nkyenoa, Nyame Bekyere, Tadankro, Tinkong, Okrakwadwo and Kwadakro communities. The first four of these communities have emulated ABIGAIL as an institution, replicating the group in their own communities.

“We teach everybody that comes to us for education. Because of our sanitation issues, people from different places come to learn from us. We teach them how to have a clean household and community from dawn to dusk,” says one ABIGAIL member.

It is important to note, that as an informal civil society organisation, ABIGAIL has also influenced change in another region of the country. This brings to the fore the value of engaging informal civil society, especially for promoting behaviour change and hygiene promotion.

“People from Shai Hills and Osudoku came to learn from us. And they are practicing it. The last time we met at Akropong Council [Assembly] they were asked to say what they have seen and learnt from ABIGAIL. They said that initially they did not have household toilets and that they defecated at the back of their houses but now each household has a toilet,” explains an ABIGAIL member.

Investing locally

One of the most important lessons that working with ABIGAIL has illuminated for WaterAid is the need for international NGOs to be very intentional about systematically building the capacity of community-based organisations so they are able to pursue and protect their rights.

For marginalised populations to truly shift power towards greater equity and substantive equality, international NGOs need to be prepared to invest deeply in building the capacity of individuals and indigenous community institutions. Investment in community institutions, especially those organised and run by women tend to provide great value for money¹³ and strengthen the likelihood of long-term sustainability.

¹³ In this context “value for money” speaks to the benefits derived from the investment (e.g. time, finances etc.) made. Importantly, benefit or value derived is conceived broadly to encompass multiple domains: socio-cultural, spiritual and material. According to some community members, one of the important benefits that ABIGAIL has provided is a strengthened solidarity among women.

PLAN INTERNATIONAL - KENYA, UGANDA, ZIMBABWE Inclusive citizen voice and participation

By Avega Bishop, Barbra Babweteera Mutambi and the PRAAC in-country teams

The Promoting Rights and Accountabilities in African Communities (PRAAC) project uses rights-based and strength-based approaches to promote rights and improve the provision of appropriate services, particularly for women, youth and people with disability across Kenya, Uganda and Zimbabwe.

The project encourages interactions between citizens and duty bearers as a social accountability mechanism that promotes inclusive decision-making processes in government and in community development. These engagement sessions involve duty bearers based outside the community¹⁴ interacting with members of a certain community. PRAAC has used this approach since 2011 in Uganda and since 2012 in Kenya and Zimbabwe. One of the most significant outcomes has been a change in power dynamics between community members and duty bearers, as this reflection from Ugandan police officer, Mary Akao, demonstrates:

“A community member once came in my office and said ‘we were taught that the sub-county is not allowed in law to issue divorce to couples,¹⁵ but how come they are doing it and what is the police doing about it?’ I was surprised as this was never the case before. Community members could not dare ask us — the police — questions of what we are or not doing.”¹⁶

Ministry of Health Official
engaging with the
community in Homa Bay.
Photo by: Doreen Awino,
Plan International,
Kenya.



¹⁴ This ranges from duty bearers with service provision responsibilities (police, health staff) in local areas to district, county or provincial levels where officials and elected leaders make decisions regarding policies and resource allocations that impact communities.

¹⁵ Issuance of divorce orders in Uganda is a mandate of Courts of Law only while Police is to ensure law and order prevails.

¹⁶ “Blessings in reaching the needy”, Most Significant Change story by Mary Akao, May 2015.

Knowledge of rights¹⁷ is the basis for community members to develop confidence to effectively engage and ask questions of duty bearers.¹⁸ In PRAAC's approach, community volunteers and local duty bearers¹⁹ are mentored to facilitate citizen-duty bearer engagement sessions, taking over the sessions from PRAAC project staff. As indicated by the examples below, PRAAC's experience highlights the importance of tailoring interactions to the local context.

Kenya: Building citizen engagement

In Homa Bay County, Kenya, the creation of a county-level government opened up opportunities for citizens to engage with duty bearers about their priorities. Making the most of this opportunity, PRAAC supported local advocacy committees to actively influence government decisions and the allocation of resources.

In the second year of the project, six people from each of Homa Bay's community clusters participated in advocacy training and formed local advocacy committees. PRAAC staff supported the advocacy teams to conduct community dialogues and engagement sessions between citizens and duty bearers, with a focus on health. As a result, community representatives were included in the establishment of health clinic management committees. They were then able to reclaim a health clinic at Kome that was not fulfilling its intentional use. The Ministry of Health was lobbied to allocate resources to the clinic and the clinic was finally able to provide vital health services to the community.

In the project's third year, community advocacy teams started to engage with Homa Bay County Government and officials on policy decisions and budget allocations, meeting with the County Government Executive regarding the 2014–2015 fiscal strategy paper.

In the fourth year of the project, the advocacy group successfully lobbied the Homa Bay County Council for a new health facility, and was able to obtain land from the Ndhiwa Sub-County health and administrative officials. By June 2015, processes were underway at the county planning offices to designate the land for the facility, and community members were fundraising to buy building materials.

Around this time, the advocacy teams also raised concerns about solid waste management at health facilities in their communities and lobbied for county legislation on management of the waste. By June 2015, a draft solid waste management bill was with the cabinet, to be presented to the county assembly for passing into law.



The Police Officer in Charge of Child and Family Protection Unit Lira district engaging with community members in a dialogue.
Photo by Barbra Babweteera Mutambi.

¹⁷ The PRAAC approach is based on rights in national law and international human rights, and recognises that cultural understandings of rights are equally important in promoting inclusion of women, young people and people with disability in community processes.

¹⁸ This involves developing 'power within' people to articulate their voice, building 'power with' through developing alliances of people and groups to articulate their voices collectively, and challenging those in power to listen and respect the voices of people.

¹⁹ For example, village heads who are traditional leaders in Zimbabwe, to local council one chairs in Uganda, and village leadership structures in Kenya.

Uganda: The people's police

In Uganda, PRAAC trained community volunteers, police and local council leaders in human rights and law.²⁰ At the beginning of the project, the police were viewed negatively by community due to case backlogs, concerns about corruption and being seen to be accountable only to their superiors. Project staff and community volunteers mobilised communities,²¹ particularly marginalised women, to meet with police about service delivery.²² Project staff invited and briefed police on the issues affecting the community members and moderated the sessions so that women, young people and people with disability had opportunities to ask questions. As a result, police have followed up cases and are more responsive to reports of domestic violence.

“This work has opened the community’s eyes. Information is power. They are able to engage the government in a more productive way and I believe that if this continues, we will be able to get better service delivery.”

— Deputy Chief Richard Omollo, Government Officer in Kawere.

Disciplinary action has also been taken against police acting unprofessionally.²³ Improved collaboration and referrals between the police and other legal service providers have benefitted women’s access to justice. Cases are now mediated in line with the law at the community level to reduce case backlogs, and those of a criminal nature are reported to police. Police are also involved in quarterly stakeholder²⁴ reflection meetings, where issues arising from the engagement sessions are addressed.

“When handling cases of gender-based violence, I used not to observe confidentiality, hence doing more harm. I no longer dread community meetings because I am armed with information,” says Stella Lamunu, a Police Officer at Lira Central Police Station.

Another Lira Police Officer, Mary Akao, reports: *“The project has taken us to the field to do awareness [dialogues] and emphasised the need to document properly what we do with statistics and quotes of what people say. I am proud to tell you that the skills and data that we have can showcase what we are doing as police.”*

A change in the perception of the police and their relationship with community members has also been reflected in the description of local police by a Kawempe resident: *“Today’s police are the people’s police.”* This belief can only encourage women and other community members to report rights violations.

Zimbabwe: Asking for education

In Chijiya Village, Zimbabwe, increased knowledge of rights, improved participation in community planning and the ability of community members to engage with government has resulted in the establishment of an Early Childhood Care and Development (ECCD)²⁵ Centre, enabling more children to participate in pre-school activities.²⁶

20 The police had limited knowledge of human rights and poor statement recording skills, which inhibited prosecution of cases, and inadequate record keeping, which contributed to disappearances of case files. PRAAC provided training to the police to increase their knowledge of human rights and law – particularly the Domestic Violence Act and Regulations – and statement recording.

21 Since the project’s third year community mobilisation has been done by community volunteers and local village duty bearers.

22 During Mid-Term Review it was observed that holding these meetings at the parish level inhibited participation of the most marginalised. Thus, in the project’s third and fourth year, the location changed to the village level.

23 This includes arrest of a police officer for professional misconduct, interdiction of an Officer in Charge of the land desk.

24 This includes the police, local council leaders, probation and social welfare officers, magistrates and district leaders, among others.

25 Zimbabwe Government has made it compulsory that all children (3–5 years) enrolling in grade one should have graduated from a two-year Early Childhood Care and Development (ECCD) program.

26 Previously, ECCD services were only available at Emerald Hill Primary School, approximately 10kms away.



The Lira District Police Commander engaging in a dialogue with citizens of Abulubulu village in Lira. Photo by: Barbra Babweteera Mutambi, Plan International, Uganda.

In 2012, PRAAC staff — using the Culture in Development approach²⁷ — worked with Chijiya to revive the cultural practice of community dialogues or Bandhla,²⁸ extending the practice to engagements with duty bearers from outside the village. A community plan to set up an ECCD centre was made. In July 2013, Chijiya community members, with the support of PRAAC staff, began engaging the Ministries of Education and Health and Chipinge Rural District Council to seek approval for the establishment of an ECCD centre and the deployment of three teachers. A village committee of two men and four women was elected to lead the process.

By December, the Ministry of Education gave formal approval to start the centre and asked Chijiya to identify three people to be trained as care givers. The community erected temporary structures and, in January 2014, an ECCD centre opened with 70 children. The community then enlisted government and other support²⁹ to construct permanent buildings. The upgraded centre was opened in November 2014. Currently the enrolment stands at 200 children, aged between three and 13,³⁰ including children from neighbouring villages.

The power of engagement

As these examples show, PRAAC has promoted citizens' voice and built 'power within' and 'with' others to address social injustices and demand for quality service delivery by duty bearers. Communities have also demonstrated their ability to set their agendas and harness resources to develop their communities. Changes realised for women and other marginalised people include improved healthcare, legal services and protection against gender-based violence, as well as other services beyond PRAAC's key focus areas, like ECCD. These interactions have also brought about respectful listening to marginalised people and communities by duty bearers, promoting accountability, transparency and responsiveness to women and communities as a whole.

27 "Culture in Development" refers to the selective and voluntary integration of diverse positive cultural resources (values, principles, beliefs, bodies of knowledge and skills) into development thinking and practice.

28 Bandhla is a discussion platform where families and community members gather for learning or problem solving. Topics discussed included gender-based violence, child protection, sexual and reproductive health and disability inclusion.

29 The local member of parliament, Chipinge Rural District Council, the local tea estate, and the Chijiya community contributed materials, cash or in-kind support for the permanent buildings.

30 The latest enrolment age expected of a child in the ECCD in Zimbabwe is five years and they often transit to primary at the age of six or seven.

OXFAM - SOUTH AFRICA

Disability inclusive development: Nothing about us without us

By Nadege Bryan and Wendy Lubbee — Oxfam Australia

The Oxfam AACES program focuses on Water, Sanitation and Hygiene (WASH) in two countries — Zambia and South Africa. Both countries have large rural populations where WASH services are lacking despite progressive policies and the good intentions of both national governments. Oxfam's program goal is to improve the health and quality of life of the poor and vulnerable in targeted areas of Zambia and South Africa.

In South Africa, the program is delivered through non-governmental partners who are involved in agricultural productivity, HIV and AIDS and child social protection programs. Oxfam's approach is rights-based and participatory, and supports activities that build the capacity of civil society and communities to champion their own development and build voice around issues that affect them.

Though great strides have been made in government service delivery in South Africa, there is still a backlog in the provision of WASH services, which has a disproportionate impact on women, children and people with disability. Despite South Africa having one of the most progressive legislative and policy frameworks for basic services in the world — including a constitutional right of access to sufficient water, basic sanitation and Free Basic Water (FBW) and Free Basic Sanitation (FBSan) policies at national level — many people still do not have access to water and sanitation services.³¹



Mongezi Dlamini using the specially made tippy tap in South Africa.
Photo by Max Bastard.
Oxfam, South Africa.

³¹ The South African Human Rights Commission, Report on the Right to Access to Sufficient Water and Decent Sanitation in South Africa: 2014, Water is Life. Sanitation is Dignity: Accountability to People who are poor, page 27.

The link between WASH and disability

Increasing accessible WASH facilities in community settings and schools improves the broader education and life outcomes for people with disability, reduces the work load of families in care-giving tasks and reduces the rate of acquiring and spreading disease. Given this, and the fact that development of an inclusive program was a key outcome for the AACES program, Community Based Rehabilitation Educational and Training for Empowerment (CREATE) was introduced as a technical partner in the program.

CREATE's approach to working in the disability field is based on the social model of disability and a human-rights approach, which particularly focuses on the United Nations Convention on the Rights of Persons with Disabilities. CREATE's ultimate goal is a disability inclusive society, and they work with local municipalities to highlight the challenges of inappropriate and inaccessible toilets in both urban and rural areas. It has been CREATE's mission to empower people with disability to advocate for their rights.

"People with disability are among the most vulnerable and marginalised in any community, disabled women struggle more than men. So if your development has to reach the most marginalised and vulnerable it has to look at people with disability. It is not only about reaching the marginalised and vulnerable but it creates development that is inclusive," says CREATE's Director, Sarah Rule.

Mainstreaming disability with Oxfam partners

CREATE was tasked with working with Oxfam partner organisations OneVoice, Save the Children, Woza Moya, Tholulwazi Uzivikele, Fancy Stitch and Lima Foundation to help them become disability inclusive. CREATE worked with these organisations to design workable and sustainable disability interventions. To run disability inclusive programs with these organisations, CREATE first sought to determine how well each of the organisations rated against a pre-defined list of criteria. This involved a multi-pronged approach.

"We looked at the organisational culture — how welcoming is the culture to disabled people? We looked at policies of the organisation — do they facilitate policies of disability inclusion? And we looked at the practices of the organisation — are they disability inclusive?" says Sarah Rule.

For CREATE, one small change in one organisation can be powerful enough and can have the potential to change an organisation fundamentally. CREATE has been able to work with all partners on awareness, knowledge building, inclusive policies and culture change around the importance of disability inclusion. CREATE was able to see quick wins and support partners to incorporate sustainable ways of working on disability inclusion.

According to the HIV and Disability trainer at CREATE, Nokulunga Radebe: *"It was not easy for the South African AACES implementing partners to make necessary changes. At the start it took time for them to understand the aim of the program. They soon began to understand the necessary requirements to implement programs, which accommodate people with disability."*



Woza Moya Care workers
in the Community.
Photo by Max Bastard.

The importance of disability inclusion

“People with disability are part of all disability inclusion training since their slogan says ‘Nothing about us without us’. Training and seeking advice from people with disability gives AACES partners information, which they can use to establish disability-friendly projects and also refine those that are already in place,” says Nokulunga Radebe.

Making partner organisations’ buildings disability friendly is also significant because it allows them to be accessible to everybody. For example, Woza Moya added ramps, handrails and an accessible toilet to their offices. Save the Children worked with an Early Childhood Development Centre to make it disability friendly. Fancy Stitch, in partnership with Ingwavuma Municipality, has built accessible public toilets.

CREATE also supported partners to address disability concerns within their organisational policies and strategies. This led to Tholulwazi Uzivikele changing recruitment processes so they could accommodate people with disability.

Reducing stigma

Local community-based organisations not only have the trust of communities in which they work but they are well-placed to rollout awareness training programs that reduce stigma around disability, support communities to identify people with disability and connect them to government and other service providers.

NGOs have invaluable links to local communities. These relationships mean partners can more easily identify people with disability who need referral to other service providers. After their training, community care workers from Woza Moya were able to identify 23 people with disability and support them to register at a local disability clinic to access services.

Oxfam partners are also well-placed to support families of people with disability to undergo assessments and access the necessary government grants. The increase in people with disability accessing services can be attributed to the training CREATE provided to partners in identifying and assessing people with disability and introducing them to the necessary social workers for support services.

One workshop participant, Ms Mtolo, said she couldn’t wait to tell others *“we have rights as people with disability”*. Her dream is to start support groups for people with disability and also for primary caregivers. Another participant, Mr Dlamini, shared how for the first time in his life, he has been able to express himself and feel heard, respected and taken seriously.

“It is not my disability that is a problem but peoples’ attitudes towards me that makes my life difficult,” he says.³²

AACES South African Oxfam Partners have described CREATE’s support in disability inclusion and awareness as one of the highlights of the AACES program.

“People with disability are among the most vulnerable and marginalised in any community ... if your development has to reach the most marginalised and vulnerable it has to look at people with disability.”
— Sarah Rule,
Director of CREATE.

³² <http://www.wozamoya.org.za/our-work/home-based-care/disability-training-with-create.html>



The new toilet at Woza Moya, South Africa for people with disability. Photo by Xavier Vahed. Oxfam, South Africa.

“The support and training provided by Oxfam via CREATE was no less than revolutionary in our organisation and community. Including people with disability in the training sessions was a very effective way of changing perceptions around disability both within our own team and in the community,” reflected one partner organisation.³³

In CREATE’s reflection of this work, they acknowledge that building a disability inclusive organisation takes time and resources which are not always available to NGOs unless there is support from other stakeholders including donors, government and private sector.

³³ Michelle Besley (independent Consultant and author of the Oxfam AACES Value for Money Report)



A pupil in Okrakwadwo, Eastern region in Ghana accesses clean drinking water after rehabilitation of a broken-down piped water system.

MARIE STOPES - TANZANIA

Innovating with auto-rickshaws: Social enterprise and family planning

By Lilian Charles and Festo Mboya — Marie Stopes Tanzania

Marie Stopes International (MSI), with the support of AACES, is working to increase access to equity sensitive sexual and reproductive health (SRH) services for marginalised populations along the coast of Kenya and Tanzania. The project aims to strengthen and expand SRH information and services, by building the capacity of project teams, the public and private sectors and partners to deliver services to marginalised communities. The project has a particular focus on women, people with disability and young people.

Dar es Salaam is Africa's third fastest-growing city after Bamako in Mali and Lagos in Nigeria, and the ninth fastest-growing city in the world. The city has a population of more than 4 million people (about 10 percent of Tanzania's population) and an estimated 70 percent of its inhabitants live in poor and unplanned peri-urban settlements. Health services are located closer to affluent neighbourhoods than to informal settlements. The cost and inconvenience of traveling to the more affluent areas, as well as the high cost of healthcare, greatly deters the poor population from using medical services. Shortage of skilled staff and frequent lack of supplies in health facilities limit the range of available family planning methods.



Mr. Onesmo (right), driver with a physical disability receiving the registration card for his auto-rickshaw after having fully repaid the loan.
Photo by Marie Stopes Tanzania.

Innovating with auto-rickshaws

Recognising the transport challenges of Dar es Salaam's poor peri-urban population and the high cost of running vehicles in the city's heavy traffic, Marie Stopes Tanzania (MST) piloted the use of auto-rickshaws (known locally as Bajaji) as a way to reach the capital's underserved. MST purchased five auto-rickshaws valued at Tanzania Shillings (TZS) 27,500,000 (AUD 21,459) and loaned them to five young drivers, including one with a physical disability, to transport MST nurses to and from public health facilities close to peri-urban areas. While the five nurses provided family planning services during the day, the drivers ran their own income-generating transport business with the auto-rickshaws at other times. Over time, they paid back the cost of the auto-rickshaws to MST.

Drivers benefited economically as their incomes increased by 55 percent. Before the project, they were employed as casual drivers and earned an average of TZS 250,000 (AUD 188) per month. But, with their own auto-rickshaw they earn an average of TZS 387,500 per month (AUD 290).

The drivers repaid their loans in just over a year. They made monthly cash payments of TZS 50,000 (AUD 38), which they earned by using the auto-rickshaws as taxis and by transporting MST nurses to and from service delivery points. They were paid TZS 500 (AUD 0.38) for each kilometre a nurse was transported, and they covered an average distance of 35km each day with the nurses.

Following the success and speed at which the first auto-rickshaws were paid off, funds that would have been used by MST for the maintenance of the organisation's vehicles and salaries for drivers have been used to buy five new auto-rickshaws for phase two of the project, creating employment opportunities for more auto-rickshaw drivers.

Big impact: Services provided through auto-rickshaws

- Between January 2014 and June 2015, more than 26,000 clients were reached with family planning services through the Bajaji project. This represents 36 percent of family planning clients reached through the overall MST AACES project in this period.³⁴
- The auto-rickshaw model has increased the family planning method mix (both short- and long-term) available in the peri-urban areas of Dar es Salaam. At least 70 percent of clients reached by the auto-rickshaws in 2014–2015 accessed long-term and permanent family planning methods.³⁵
- The auto-rickshaw model has had great success reaching young people with services. Since the model began in January 2014, 43 percent of clients were less than 25 years old. This is similar to the proportion of young clients served by the youth-focused outreach teams (45 percent).
- Involvement of local government authorities in the planning and monitoring of field activities has strengthened the relationship between MST and the government, as well as the quality of services provided by auto-rickshaw nurses. Both outcomes are important for the sustainability of services, and the demand of these services.
- Using community health workers to raise awareness and generate demand for services increases the proportion of family planning acceptors. The health workers are known to their community and are more trusted than printed materials, healthcare providers, village leaders or friends.
- The use of referral systems increases the number of women and men accessing permanent methods (tubal ligation and vasectomy). In 2014, auto-rickshaw nurses referred 15 men for vasectomies and 198 women for tubal ligations.

³⁴ The Bajaji pilot began under the AACES project in January 2014. AACES also supports two mobile outreach teams working in remote areas of the Tanzanian coast, providing comprehensive sexual and reproductive health services.

³⁵ MST Health Management Information System 35 Testimonials from nurses involved in the project.

The way forward

To continue increasing access to quality family planning services for peri-urban communities through the auto-rickshaw model, MST has undertaken the following:

- Adopted a two-day model whereby the auto-rickshaw nurses visit one site on two consecutive days. This model gives potential clients, particularly youth, more time to learn and make informed choices.
- Strengthened capacity in youth-friendly services by conducting training for 18 service providers in projects sites (including 13 public service providers).
- Allocated a week each month to provide permanent family planning methods directly to clients identified by auto-rickshaw nurses. This avoids losing clients through the referral process.

“The most important benefit is knowledge about family planning. Now I know all family planning methods and even the best ways of educating youth about family planning. Personally, I have set my goals and I am confident to achieve them because of the knowledge about family planning,” says Jonas, an auto-rickshaw driver and a father of two.

Efficiency of the model

By saving on capital expenditure, such as the purchase and maintenance of vehicles, as well as saving on salary costs for drivers, the auto-rickshaw model for family planning service delivery in peri-urban areas is highly cost-effective in reaching the underserved.

In addition to transporting the MST nurses to the public health facilities where they deliver services, the model also works towards economic empowerment and engages the private sector in achieving development outcomes by supporting the development of small Bajaji businesses.

The model also brings family planning closer to men as the auto-rickshaw drivers' awareness about family planning have increased, another positive effect of their engagement with MST.

“The most important benefit is knowledge about family planning. Now I know all family planning methods and even the best ways of educating youth about family planning. Personally, I have set my goals and I am confident to achieve them because of the knowledge about family planning,” says Jonas, an auto-rickshaw driver and a father of two.



With transport challenges of Dar es Salaam poor peri-urban population, Marie Stopes Tanzania piloted the use of auto-rickshaws as a way to reach the capital's underserved. Photo by Marie Stopes Tanzania.



Mary Muthoni, an AACES supported farmer harvesting sorghum in Makima, Eastern Kenya.

Photo by Douglas Waudu, AACES resource facility.

CARITAS - MALAWI, TANZANIA

Pole-vaulting development: Supporting civil society

By Scott Martin — Caritas

Caritas embarked on the AACES project four years ago with three major strategies; adopting the strengths-based approach, engaging with government (which was gently termed ‘bringing government along with us’) and ensuring the inclusion of the most marginalised in poor communities. All three of these strategies have proven highly successful and empowering for the communities we work with.³⁶

Reflecting on success

The strengths-based approach asks people to identify the skills and resources that exist within their communities, how these can help achieve their self-identified development goals, and then what gaps may exist that can be filled by external stakeholders. Communities have embraced the approach and readily recognise they have voice and aspirations.

“The strengths-based approach has shown everybody in this community that nobody is too poor; we all have resources around us that can move us out of the shackles of poverty,” says Chief Litepo of Dowa, Malawi.

Yet communities are also learning their government is there to provide services and they have the right to demand them.

Community members in Namkumba village, Dowa, Malawi share their experiences with regards to agricultural productivity with external stakeholders.

Photo by: Scott Martin, CARITAS, Malawi.



³⁶ By the end of the project's fourth year, there were 286,800 direct participants, due in part to the synergies created by improved civil society engagement, the support from other stakeholders and the resulting impacts.

“It is the government’s responsibility to make sure its citizens have better livelihoods, protecting, promoting and securing human dignity. While we recognise the state is the main duty bearer, service delivery in Malawi has faced many challenges. Lack of minimal resources to be shared equally has been the issue,” says Martin Mazinga of CADECOM Malawi.

“The strengths-based approach has shown everybody in this community that nobody is too poor; we all have resources around us that can move us out of the shackles of poverty.”
— Chief Litepo of Dowa.

The AACES-supported project started by making communities aware of their rights while concurrently informing them what their government (and other stakeholders) had to offer. At the same time, government personnel were encouraged, and in some cases facilitated, to engage with communities.

While in the past this relationship between government and communities may have not existed, or may have been strained, district governments saw the enthusiasm of communities and became motivated to become more involved. Some government personnel now naturally refer to AACES as ‘our project’.

Realising community goals

Once community members became aware of the possibilities of engaging with government and the duty government has to them, the next step was to facilitate introductions. This was as simple as arranging meetings between these two development actors. As communities confidently described their development plans and voiced their hopes, the district governments listened. With the support of the implementing partners in both Malawi and Tanzania, community and district priorities aligned and governments were able to play a greater role in supporting communities to realise their development goals.

For example, in Ifakara, Tanzania, 29 people with disability formed an association and registered it with the district council. They now have representatives on the Ward Development Council to ensure their priorities are addressed in development plans. In Endashang’wet, Tanzania, district government, community representatives and Caritas staff worked together to conduct joint project monitoring in the form of regular supervision and assessment of ongoing activities in the village, motivating participants to reach their goals.

Support often takes the form of material and technical assistance. A community was able to build a school block in Mzimba, Malawi (as per their strength-based approach vision) using AUD 22,200 worth of materials provided by their district council. This came about after community requested council support to complement local contributions of sand, stones, bricks and skilled labour.

Engagement between government and civil society organisations has demonstrated the effectiveness of integrated community development practice, and communities where this occurs are often becoming centres of learning for other communities.

“Our engagement with different NGOs who come to learn from us has also brought a lot of learning to us; not only has it confirmed the success of our work but challenged us to strive for much higher levels,” says Janet Mpinganjira of Dowa, Malawi.

At last count, the AACES-supported Caritas project had fostered liaison and partnership engagement with 391 organisations in Tanzania and Malawi, from United-Nations agencies to grass-roots community bodies and including academic research institutes and NGOs.



The bridge has since been rebuilt following successful engagement between the community and government.
Photo by: CARITAS, Malawi.

Across the board, communities have been supported to identify duty bearers and service providers, and to seek out the services they require. For example, residents of Namkumba Village in Dowa, Malawi, received support from the Irrigation Rural Livelihood Agriculture Development in the form of 123 bags of fertiliser valued at AUD 5,800. Also in Dowa, communities called all NGOs in their district to a forum and asked them to provide greater details of their work and plans. This has enabled communities to better monitor and track project implementation.

In Tanzania, the remote community of Mgolo now sees their government as a legitimate development partner. Life in this village is very difficult and government services were virtually non-existent. Expectant mothers used to trek to the next village to access health services. A bridge that linked the village with the local school was destroyed during floods, reducing school attendance and posing a risk to students who waded across the river to attend classes.

Following demands by a forum of 20 women, this bridge has since been rebuilt by local government, and the area member of parliament has agreed to support the construction of a health centre while the community mobilises local construction materials. The same forum also succeeded in realising a joint government and private sector nutrition education program for Mgolo.

Standing firm

Citizens are now able to engage with government as partners in constructive and positive ways that yield results and that have win-win outcomes. The strength-based approach³⁷ helps people recognise their possibilities, while support from AACES helps turn these possibilities into reality and create enduring relationships.

“The unique feature about project work in this area is how they have effectively facilitated communities’ engagement with the government and other civil society organisations,” says George Yamikani, the District Agriculture Development Officer for Dowa.

The AACES-supported Caritas project had previously been described as setting out to address those functions that would normally be undertaken by government. This definition can now be discarded and replaced with: helping communities recognise and employ their own abilities and potential, and guiding them to realise their development goals by bringing government and other stakeholders on board and to account.

The new-found capacity of civil society to drive their own change by successfully leveraging support from other stakeholders certainly leaves communities standing firmly on their own two feet.

³⁷ Strength-based approach refers to policies, practice methods and strategies that identify and draw on the strengths of children, families and communities. The approach acknowledges individual or community strengths and challenges, and engages them as a partner in developing and implementing solutions.

CARE - MALAWI

Rising from disadvantage: Private sector support for women

By Lemekeza Mokiwa — WE-RISE Program Coordinator

WE-RISE stands for Women's Empowerment — Improving Resilience Income and Food Security. The project works to improve the quality of life and resilience to poverty for Chronically Food Insecure Rural Women through better access to food and income, and social and economic empowerment. Spanning five years (2011–2016), the project is multi-country, bringing together Malawi, Tanzania and Ethiopia. It is working in areas where changing weather and limited agricultural resources create hardship for women, and where cultural practices disadvantage and limit their participation, especially those women who are single and widowed.

“WE-RISE has opened the gates of success. Since [memory] women were said to belong to the kitchen, waiting for the bread-winner to provide for everything. Our community is now a model for rapid development. Thanks to the empowering of women for high profit economic engagement, our village is shining,” says Martha Chisale from Gwamadzi, Malawi.



Farmers learning about best agricultural practices during a field day in Malawi.

Photo by CARE Malawi.

Planting the seed

The WE-RISE program aims to support women to build sustainable and improved agricultural practices. One of the biggest challenges faced by women farmers is access to high-quality seeds and agricultural inputs. Many households are still recycling seed due to the scarcity of hybrid seeds and the unavailability of farming resources at a price women farmers can afford.

To overcome this challenge for the women of Chiwere in Dowa and Kalumbu in Lilongwe, Care's WE-RISE project in Malawi engaged SEEDCO MALAWI, a leading producer of certified crop seeds in Southern Africa.

The partnership was initiated at an agricultural field day in 2013, which was jointly organised by WE-RISE and the Dowa District Agriculture Office. The theme was 'Pluralism in extension delivery: A key to diversity in crop production for security and economic empowerment at household level' and showcased approaches to farming by the agriculture office, civil society organisations, the private sector and community groups.

SEEDCO supports rural farmers in a number of ways, including by producing and selling high-quality seeds. They also offer new seed varieties, and support village seed agro-dealer clubs and community seed multiplication groups. By collaborating with WE-RISE they allowed increased participation in the production of high-quality seed for disadvantaged women farmers, which has increased the economic independence of many of these women.

WE-RISE also linked with community-based group Farmer-to-Farmer Trainers (FFT) to maximise the reach of their agricultural extension work and allow women to benefit fully from SEEDCO initiatives.

Setting the agenda with private sector

To ensure women farmers got the best out of SEEDCO, WE-RISE shared their objectives and approach and outlined how SEEDCO could help advance the aspirations of women farmers and contribute to better food security and nutrition. SEEDCO agreed to use their own resources to support the project, and 20 FFT groups were engaged to help market new SEEDCO seed varieties that are resistant to pest, disease and drought.

SEEDCO provided free maize seed, beans, ground nuts, soya beans and vegetable seeds including cabbage, mustard, onion and tomatoes. They also provided indigenous vegetable varieties — luni, chisoso, bonongwe and kamuganje — which Lilongwe University of Agriculture and Natural Resources recommend for their high-nutrition value. In addition, SEEDCO provided inorganic fertilisers, chemicals for pests and disease control and lime for neutralising soil acidity.

"I have been working with 278 women from 13 Village Savings and Loan groups since 2012 ... 100 women benefited from improved seed varieties that SEEDCO provided in the 2013–2014 growing season. Sixty-nine women have realised bumper yields and I am glad to report that, for the first time, we have managed to harvest 5.5 tons of maize per hectare, 2.6 tons of soya, and 2.8 tones groundnuts despite interrupted rains in the growing season compared to previous year when yield was 4.8, 1.9, and 2.1 tons for maize, soya and ground nuts respectively," says Flora Mdala from Nyongo, a FFT from Chiwere in Dowa district.

Building resilience

The growing season of 2014–2015 was heavily affected by both drought and heavy rains, which led to floods that washed away crops. However, in communities where SEEDCO supported farmers with drought-resistant and high-yield seeds, there was less damage and households were able to remain with enough food through the difficult season and improve their economic situation.

“Ndapha ndalama chaka chino ndiulimi wa tomato ndi mbeu za kudimba, mpakana ndagula Ngolo munthu wa mai. (I have made enough money profit from tomato sales and have single handedly managed to buy an ox-cart ... Thanks to WE-RISE for providing this variety called “Loded”. I will never again waste my energy and resources on tobacco farming – but on tomatoes and vegetables only),” says Lyness Mkwezalamba from Mkumba.

“WE-RISE has opened the gates of success. Since [memory] women were said to belong to the kitchen, waiting for the bread-winner to provide for everything. Our community is now a model for rapid development ... our village is shining.”

— Martha Chisale, Malawi.

A working model

In Tanzania, WE-RISE worked with two private sector companies: Export Trading Company and Mohammed Enterprises Ltd, which are two of the largest buyers and exporters of sesame in Tanzania. Through this partnership, 2,251 women and 654 men gained access to certified sesame seeds and the sesame market. While most Tanzanian farmers sold sesame at a price of Tanzania Shillings (TZS) 1,800 per kilogram (AUD 1.15), the women in the project were able to negotiate a price of TZS 2,100 (AUD 1.34), as well as an additional TZS 100 per kilogram (AUD 0.06) for transporting the sesame from their villages to the company offices in Mtwara.

Private sector companies in Malawi, Tanzania and Ethiopia have pledged to continue working with WE-RISE community members once AACES support has finished because they believe they are adding value to their companies while helping to alleviate suffering.



Cyben Kondowe and Antony Kachigamba CARE's extension officers commending Ms Lyness Mkwezalamba (centre) for the good crop stand. Groundnuts and Soy bean seed received from SEEDCO. Photo by George Kaunda, CARE Malawi.

Nurse Catherine treats a mother and child at the Morupusi Dispensary in North Laikipia in Kenya.
Photo by Loretta Pilla, AOA.



AOA - ETHIOPIA

Community shops:

A step towards self-sufficiency

By Abdella Isse — M&E Officer, Afar Pastoralist Development Association (APDA)
with Tanya Caulfield — Nossal Institute for Global Health.

In partnership with Anglican Overseas Aid (AOA) the Afar Pastoralist Development Association (APDA) is implementing a comprehensive maternal and child health program in the Afar region of Ethiopia. While the core goal of the project is improving safe birthing practices for pregnant women, other aspects of the project include supporting moves towards kebele (village) self-sufficiency.

As simple as a shop

In kebeles where APDA is working, development processes are managed by Community Development Committees (CDCs), formed by elected members from each community. These villages are some distance from towns, so accessing and paying for basic essentials is difficult and expensive. As such, CDCs have been dependent on donor funds to undertake activities. Now, in a move towards self-sustainability, CDCs have been working with APDA to establish local shops as a form of income generation and to help remote communities with the provision of basic items.

CDC shops have been established in 31 kebeles and APDA has provided training to CDC members on financial planning, savings and credit, market linking and basic business management.



Daughter of Sheikh
Nuura, CDC member, in
Badda Kee Forro kebele
CDC shop in Ethiopia.
Photo by Abdella Isse

In small villages, like Badda Kee Forro Kebele, bulk shop supplies are now being bought from more heavily populated areas and then brought to Badda Kee Forro to resell in smaller, household packages in the new local shop. This process has saved individual community members money and time, as they no longer have to travel to the markets in Eliwaha or Darsa Gita, which would take almost a day in travel plus transport costs.

“There is a big benefit to the community since the shop began; we are getting the supply at the kebele level. Because of this, we are saving time and cost at the same time. That is a great benefit to us,” says a member of Badda Kee Forro Kebele.

“There is a big benefit to the community since the shop began; we are getting the supply at the kebele level. Because of this, we are saving time and cost at the same time. That is a great benefit to us.” — Badda Kee Forro Kebele member.

In local hands

Sheikh Nuura is 47 years old and a member of the CDC in Badda Kee Forro Kebele. Sheikh Nuura was chosen by the other CDC members to manage the shop as he is able to read and write. He participated in three income-generation training activities provided by APDA, which taught him about financial management and recording, improving numeracy skills and purchase management. While this training has been very useful, Sheikh Nuura said that he would like more training so as to improve how he manages the shop.

The shop has been operating for eight months and during this time Sheikh Nuura has noticed a positive change in the circumstances of kebele members.

“Before this shop was established, each community member would go to Eliwaha or Mille to get their supplies but the cost of travel and the supplies amounted to more than most members could afford,” says Sheikh Nuura.

Now, the CDC members meet weekly with the heads of households to understand what people would like supplied in the shop. Then they travel to either Eliwaha market (25 kilometres requiring five hours walk) on Saturdays or Bati market (75 kilometres requiring public transport) on Mondays to buy supplies in bulk. Supplies are transported back to the kebele en masse, so individuals no longer need to bring in their own items.

“Before, we couldn’t rent a car for just a few supplies unlike big investors who own their own cars; so getting supplies back was a problem. As we buy in bulk now, the problem of transporting goods back to the kebele is overcome,” adds Sheikh Nuura.

There is still one community problem identified by Sheikh Nuura, though, which the CDC finds difficult to solve. Most kebele members continue to carry the individual cost of taking their goats to market for sale. The CDC members are discussing ways the CDC might be able to take all the goats to the markets when CDC members go to buy supplies.

More freedom for women

A shop in Afambo Woreda is giving similar benefits to community members, and women especially feel the freedom it brings. The shop was established two years ago and sells basic items like sugar, coffee, tea, sweets, soap, rice, maize and shiro (an Ethiopian staple). The money women save from being able to shop locally gives them greater independence.

“We women have money so we don’t have to wait for men to get the things for us — we can buy things when we want. Before we used to go to Assaita but this is far. Now there is a shop we can go and buy things ourselves as men sometimes don’t buy the things we need,” says a member of Afambo.

Women in Afambo also talked about the ways community members supported each other in times of difficulty. Having the CDC shop in the kebele has increased the level of support to those who need it.

“If there is a pregnant woman who is sick, we can go to the shop for supplies as it is near. The shop also gives us credit if we don’t have money and we can pay the money back in a week or so,” says a member of Afambo.

The shop still does not have all the supplies needed, such as potatoes, onions or oil, so the women still travel to Assaita on occasion. Yet the women acknowledged that, while it would be good to have these items in the CDC shop, it would also be easy to grow the vegetables themselves.

Money matters

At the moment CDC shops average a profit of about Ethiopia Birr (ETB) 500 per week (AUD 35). Yet the objective of the shop is not purely for economic purposes; profits from the shop can be used for developing different programs to improve the situation of the kebele and increase the community’s ownership of the shop.

The income earned from the shops has helped maintain local CDC operations, such as government liaison. It has also helped pregnant women access health facilities, and supported farmers with veterinarian costs. And, as the shops continue to develop, it is hoped the profits will cover other community costs, such as school expenses and infrastructure improvements.

With evident success, APDA will work with CDCs in different kebeles to establish a further 18 CDC shops in the final year of the AACES project.



Abdu Ali, CDC member, in front of CDC shop in Dergera kebele, Sifra in Ethiopia.

Photo by Abdella Isse



AACES is improving the quality of life for rural children through increase in agricultural productivity, and improved access to child health services and safe and clean water. Photo by Caritas Malawi.

AFAP - MALAWI

Partnering with community for sustainable outcomes

By Akimu Ndhlovu and Blessings Kambombo — Concern Universal Malawi

Community Based Organisations (CBOs) are recognised by the Malawi Government as part of an official structure that contributes to development outcomes. They are registered under the Department of Social Welfare in the Ministry of Gender, Children, Disability and Social Welfare, which has a board of trustees that oversees the CBO's operations. Administratively, the CBOs are active in all Village Development Areas with volunteers drawn from local villages. Being diverse in nature, the CBOs coordinate stakeholders from both public and private sectors of the local community.

Strengthening CBOs for sustainable development

When the AACES-supported Shared Futures Project (SFP)³⁸ started implementing activities in Mphuka, Malawi, the project saw an opportunity to tap into the existing CBO networks and structures, and initiated alliances with the CBOs. The project conducted a capacity assessment to identify strengths, weaknesses, opportunities and risks of working with CBOs. Overall, CBOs were well-positioned to provide ongoing support to their communities but they lacked resources. Six CBOs were identified to participate in the SFP project and a capacity-development strategy was thought out with the participation of the selected CBOs.

Chairlady for Mphuka CBO (second left), National Roads Official, Mphuka CBO Coordinator and SFP Manager after meeting the National Roads Authority where they went to lobby for construction of a washed away bridge at Manyali River in Mphuka, Malawi.
Photo by Madalisto Karonga



³⁸ The Shared Futures Project (SFP) is an integrated project in agricultural productivity, water, sanitation and hygiene, maternal and child health and governance. It is implemented by the Australian Foundation for the Peoples of Asia and Pacific Ltd (AFAP).

The project's capacity-building strategy included training CBOs in governance and strategy development, leadership, human rights, project design and management, networking and advocacy, accountability, sustainability, research, proposal writing and monitoring and evaluation. The training and learning opportunities enabled CBOs to conduct consultative meetings with duty bearers to demand action on community needs.

"We had very limited skills but through the project we are now strong Community Based Organisations equipped with wide-ranging skills which include leadership, advocacy, project management, financial management and monitoring and evaluation," says Steven Chidakwa, a CBO Coordinator.

A particular focus of the project has been on leadership and women's rights, encouraging women to take on leadership positions. Of the six CBOs that partner with the project, women chair four, while two have women as treasurers. This has been a big achievement, as before the AACES-supported project there was only one CBO that had a woman chairperson.

Boosting confidence

The six CBOs that partner with the Shared Futures Project now operate as focal points to represent community voice. Diversity within each group helps ensure views from a range of community members are expressed. Where CBOs previously lacked confidence, limiting their ability to tap into existing local resources and opportunities, the SFP's main objective was to foster enthusiasm and capacity, and allow CBOs to lift their own communities out of poverty using locally available assets.

CBOs made significant contributions in forging community spirit, promoting togetherness, and helping to combat a feeling of helplessness that poverty can often induce. The project has managed to achieve a major shift through training and the provision of a small amount of material support. The CBOs have been increasingly able to undertake their own work, lobby for services, independently monitor project activities and hold office bearers accountable.

To date, CBOs have been able to successfully lobby for health facilities, bridges, education, water and electricity infrastructure. For example, the CBOs managed to lobby the Ministry of Health to open an essential health centre³⁹ that had not been functional since its construction more than four years ago. The health centre has now been equipped with an ambulance and staff.

CBOs report that training in advocacy, research and leadership skills have been instrumental in building their confidence to organise meetings for constructive dialogue with duty bearers. For example, community members needed a new road to ease transportation issues from Mphuka to Thyolo, and were able to work directly with local government without any external support.

"I was shocked to hear the community had gone directly to the district to demand the construction of bridges. I had never seen communities initiating meetings with the district before. This is really good news and a new way of working between community and the local government," says the Thyolo District Director of Planning and Development.

Likewise, the Mphuka Education Division Manager noticed a significant shift:
"The community is not just waiting for the government to come and address their issues, but they are also taking initiatives to address their own problems."

39 The health centre is about 32km away from Thyolo District Hospital and about 15km from Folopesi Mission Health Centre, situated in Traditional Authority Thomas.

For each community involved, realising their own development objectives through this project is a landmark achievement.

“We are very appreciative of the project’s approach in providing us with the skills to set our own goals, design our own plans and realities. Our aim is to build a strong committee ... we want you to appreciate what we will continue to build as a result of the strong foundation you have helped us lay,” says a member of Traditional Authority Mphuka.

“I had never seen communities initiating meetings with the district before. This is really good news and a new way of working between community and the local government.” — Thyolo District Director of Planning and Development.

Not always smooth sailing

Working with communities through CBOs has not always been easy. However, the flexibility and learning approach of the SFP has been instrumental in allowing the project to reflect, learn and redesign. For example, initially the lack of communication and understanding with all key stakeholders in the community, as well as the reliance on assumptions, led to misunderstandings around financial disbursements and the management of funds by CBOs. Improved communication among all key stakeholders helped create a sense of shared value between the CBOs, government departments and the project.

Transparent decision-making and effective communication has been key to developing a high level of trust, established through the meaningful engagement of key stakeholders in project reflection meetings, planning and joint project monitoring.

Low literacy levels, especially among women, was another key challenge. However, the mainstreaming of adult literacy in the project design was invaluable in addressing this and ultimately led to increased women’s involvement in leadership positions.

In addition, the inclusion of government staff, CBOs and community members in a variety of trainings, such as Theory of Change and Value for Money, has been appreciated and helped all stakeholders appreciate the project’s modality of working.

“These trainings have been very useful in making us realise the importance of involving the community in planning and budgeting, as this gives ownership of initiatives to communities. I think these kinds of trainings are really more instrumental to us than money as the knowledge we gain will remain in the community and can be transferred through generations,” says Jossein Tembo, District M&E Officer.

Why we love CBOs

Overall, working through CBOs has proven successful in bringing about community-driven development. Now, Concern Universal Malawi — AFAP’s partner in implementing the SFP — is planning to adopt this working model across other projects. CBOs are structures that exist beyond the scope of the project, are connected to the community and are politically independent. They operate within their mandate with a committed structure and membership. This helps contribute to the sustainability of project interventions. CBOs are cost effective and they represent different social groups of society. They operate in otherwise hard-to-reach areas and demonstrate a cost-effective way of delivering a large-scale projects in remote, underserved areas of Malawi.

ACTIONAID - KENYA

Beyond the imagination: Pastoralists and vegetable exporters

By Jamlick Mutie, Peterson Mwangi and Sally Henderson

Until 2012, many residents of Burat Ward in Isiolo South, Kenya, depended on relief food for survival. The effects of drought, frequent conflicts triggered by competition for scarce resources like pasture and water, and livestock rustling conspired to ensure that most residents of Burat Ward lived in extreme poverty. The drought in 2011 was particularly severe. Men and women lost most of their livestock, and many rivers ran dry. Serious conflict in the area left many dead and the community lived in perpetual fear.

To add to their troubles, when an irrigation scheme collapsed that had been developed during the 2002 Water Act (which was designed to make water use more sustainable but was not accompanied by training in alternative technologies), many people resorted to tree-cutting and charcoal production to make a living. The military established a camp near Isiolo River for security reasons and restricted many residents from using the river water.

The story of Bidii Self Help Group

Bidii Self Help Group (SHG) started out as a Farmer Field School (FFS) with 25 members — 18 women and 7 men — in Burat Ward. In 2012, ActionAid identified the FFS in a community-led participatory process as in need of urgent support. Kuresha Mohammed, a member of the Bidii Group, remembers that time very well:

“We used to rely solely on livestock for our livelihood. When bandits came, they took away everything, leaving us helpless. Frequent droughts had also made it very hard for us to rebuild our stocks,” he says.



Members of the Bidii self help group in the collection centre

Photo by:
ActionAid, Kenya.

In the first phase the project supported the members to form a structured and coherent group. They elected leaders who were further equipped with skills in group leadership and managing group dynamics, including the benefits and costs of formal registration. They were also supported through an enterprise selection process, which identified their strengths and assets. The group identified Isiolo River as one of their major assets and developed plans to use it for water-supported enterprises such as irrigated agriculture and fish farming.

“In 2012 ActionAid assisted us to form farmer groups, we began to speak with one voice and even we women felt we could get involved after gender training.” — Consolata, Treasurer of the Water User Association.

To get them started, ActionAid provided them with small water pumps, pipes, tools, equipment and seeds, and facilitated an extension officer to take them through a season-long experiential learning (the basis of a FFS approach) with crops including onions, tomatoes, French beans, kale and spinach. Saida Ibrahim, the Chairlady of Bidii FFS, feels this approach was very effective:

“Learning by doing is a better way of training uneducated farmers like us. We experimented with different seeds, crops, fish and practices and identified those that had the best results,” she says.

The quest for water

In 2012, Bidii FFS joined with another 16 FFS as part of the Water User Association to negotiate and establish the Kakili Irrigation Scheme.

“In 2012 ActionAid assisted us to form farmer groups, we began to speak with one voice and even we women felt we could get involved after gender training,” says Consolata, the Treasurer of the Water User Association.

They asked the government to support them to install a gravity-fed system.

“It was not easy, this intake site was within the Military School of Infantry protected area and they strongly objected to the installation,” says Consolata.

But the association never gave up and through persistent lobbying of their Member of Parliament and the Military Commander, the Water User Association finally received consent. ActionAid then provided materials and technical support to help install the scheme.

Going global

With access to irrigation allowing them to crop all year round, Bidii FFS identified French beans as a crop that could give them the highest returns over a short period of time. They have since adopted it as their flagship crop. ActionAid linked them with Finlays Ltd (an International Horticulture Company) who formally contracted them as out-growers. Farmers produce the crop individually on their farms but market collectively for export markets. Following this success, the FFS group developed into a Self Help Group made up of 36 members.

“Most of us were pastoralists, farming has never been part of our lifestyles. But considering the changing climatic conditions, and constant conflicts arising from stock theft, we decided to turn to horticulture, which has proven to be worth our efforts,” says Kuresha Mohammed.

John Kamau, the Cooperative Officer in Isiolo Sub-County says: *“This is a revolution in Isiolo. It is the first time I have seen farmers from this semi-arid area attract attention from the export market.”*

Negotiating their rights

ActionAid also raised the members' awareness on their rights including the obligations of the government, elected leaders and private sector. The knowledge was complemented with training on influencing and engaging, and the Bidii SHG members have put their skills to good use.

There had been some issues with the contract with Finlays around beans that were damaged and for which members were not paid. Finlays staff decided which beans to reject at their sorting and grading facilities that were located some distance from group members and when none of the members were present. The members were concerned that some of the beans were damaged during transport and handling by Finlays. In addition, the rejected beans were not returned to the farmers who could have used them to feed their animals.

Members of Bidii SHG, supported by ActionAid, the Horticulture Crops Development Authority and Kenya Human Rights Commission, met with Finlays to re-negotiate the process of determining rejects. They successfully called for the Finlays officers to sort and grade at Bidii's collection points, thus deciding on rejects in their presence and allowing them to keep the rejected beans. These rights and negotiation skills also came in handy for the Water User Association when they held meetings with the military to negotiate river access for their water irrigation scheme.

Joining forces

The 16 FFS in Isiolo, including Bidii, have further federated to a Smallholder Farmers' Cooperative currently standing at more than 300 members. The cooperative has been awarded tenders to supply assorted vegetables in a number of schools in Isiolo County. It also sells quality seeds to its members and spearheads lobbying efforts to ensure the priorities and perspectives of its members and other residents of Burat Ward are considered during decision-making and resource allocation.

The Bidii SHG members have further diversified their livelihoods and incomes. They have established a nursery to propagate fruit tree seedlings for their households and for sale. They rear catfish in individually owned ponds for home consumption and for the market. Remarkably, these changes have been lead by women farmers in Bidii SHG who are now more confident and have become visible decision-makers.

Saida Ibrahim is thrilled but is still coming to terms with the changes:

"From the export market, some of our members are able to earn up to Kenya Shillings 7,000 a week (AUD 95) from a small piece of land. Our current situation is really beyond our wildest imaginations. Sometimes, I find it hard to believe that we actually achieved this."



Saadia Ibrahim (left) the Bidii self help group's chairlady confirms a cheque, their first ever, assisted with Mary Magdalene, the groups treasurer.
Photo by ActionAid Kenya

AACES PLATFORM - MALAWI

Solidarity in diversity: Building on each other's strengths

By Martin Mazinga — CADECOM (Chairperson, Malawi AACES Platform)

Water Aid Malawi, Concern Universal Malawi, CARE Malawi and the Catholic Development Commission in Malawi (CADECOM) joined forces as the Malawi AACES Platform in 2012, supported by the AACES program. With different backgrounds, mandates, geographical coverage and thematic areas of work, the four set out to achieve one common goal in Malawi — **improved access to services for marginalised people**. This common goal has enabled the four NGOs to leverage from the partnership and strengthen each others' program delivery.

“Through the Platform there has been easy information-sharing among partners ... the quarterly review meetings enhanced learning and NGOs shared resources and skills,” explains Concern Universal's Gender Program Manager, Akim Ndhlovu.

Concern Universal benefited from the documentary-making skills at CADECOM, for example, to create video documentaries about their programs. Concern Universal and CADECOM also benefited from Water Aid's expertise in designing disability-friendly latrines and water sources.

While all partners put women at the centre of their programs in both representation and participation, CARE Malawi — with their strong experience in gender programming — trained frontline staff from the other Malawi AACES partners in gender equality. The Male Champion Model, which CARE uses to work with gender-based violence, was adapted by CADECOM and has led to increased male involvement in gender-based violence reduction within CADECOM programs.

Ms Flora Mdala,
Farmer Field Trainer
from Lilongwe, Malawi
showcasing her vegetable
farm with cabbage. Flora
was trained by CARE
Malawi and she is now a
role model farmer in her
community.
Photo by Mark Black,
CARE Malawi.



Value in partnership

The working relationship between the four partners has contributed to each partner's individual achievements.

"Skills strengthening, spot checks during field visits and joint capacity building has contributed to what we have achieved in our various projects. We cannot rule out the oneness with which we have implemented the AACES program in Malawi," says WaterAid's Program Manager, Boyce Nyirenda.

"Opportunities in our country are enormous. All we need is to unlock them ... We need to tell the story of transformational development that has been achieved through the AACES model."
— Lemekeza Mokiwa,
CARE Malawi
Director of Programs.

The Malawi AACES Platform became a learning ground for other AACES NGOs from outside Malawi. Oxfam South Africa and Oxfam Zambia, with their partners, toured the four Malawi AACES partner programs and were impressed by how the programs are integrated.

The Platform's Terms of Reference also provided opportunities for joint advocacy. While each NGO has their own advocacy strategy, the four organisations capitalised on empirical data from other partners to push a joint policy agenda. In addition, joint research between participating NGOs was conducted, led by Concern Universal.

The relationships developed through the Platform have led to NGOs collaborating in other ways, outside of the AACES partnership. For example, CADECOM and Concern Universal recently collaborated during the flood response in Phalombe, Malawi.

Lessons cherished

The four organisations had never collaborated before AACES. It was the AACES Malawi Platform that brought them together, creating a team that now believes in sharing available resources to transform communities.

"We never knew we would get as strong as we have become ... when the thought was hatched during the AACES Program Steering Committee meeting in Kenya in 2012 we couldn't imagine the Platform would result in a strong force to reckon with. We feared we would fail," says CADECOM National Secretary, Carsterns Mulume.

The strengths-based approach implemented by the four partners revealed Malawi has a lot of untapped and unleashed potential that can change the socio-economic landscape of the landlocked country.

"Opportunities in our country are enormous. All we need is to unlock them. Let's not get fixated in thinking that being landlocked means we are locked from everything. We need to tell the story of transformational development that has been achieved through the AACES model," says CARE Malawi Director of Programs, Lemekeza Mokiwa.

During the last AACES Annual Report launch Concern Universal showcased innovation in renewable energy through efficient wood-burning stoves, which, in addition to cooking, generate enough energy to charge phones and power radios. Water Aid demonstrated it is possible to break the deep-rooted cultural silence surrounding menstrual hygiene management among girls. The organisation is promoting the making of local menstrual sanitation and menstrual pads for girls, an initiative that has improved school retention and performance for girls.

The integrated approach by CADECOM, where agricultural productivity and water, sanitation and hygiene interventions are concurrently implemented in one community, has also offered lessons in holistic community development.

Future visioning

While AACES has a lifespan reaching 2016, the Malawi AACES Platform members don't see an end to their partnership.

"The AACES program has been to our working relationship, an enabler. The four partners will continue working together in other programs. For instance, plans are underway to submit concept notes for future funding on an integrated program which draws on our capacities and lessons learnt over the years we have implemented the AACES program," says Carsterns Mulume.

The four NGOs will continue building on the relationship established through AACES to share skills, resources, knowledge and capacities for the development of Malawi.

Isaac Newton once said, *"If I have seen further, it is by standing on the shoulders of giants"*. In the same way, the Malawi AACES platform members have been able to stand on each other's shoulders to improve the reach of their programs.



A granary in Dowa, Malawi showcasing how farmers are improving their agricultural productivity through adoption of new and improved agricultural technologies.

Photo By Scott Martin,
Caritas, Malawi.

Financials



Women farmers in their potato farm in Umzimkulu in South Africa. The women are part of a co-operative that is being supported by Oxfam's partner LIMA to establish food gardens and promote WASH services. Photo by Douglas Waudo / AACES Resource Facility.

Total AACES expenditure in 2014-15 was 14,467,581 Australian Dollars

Figure 1: AACES expenditure by sector.

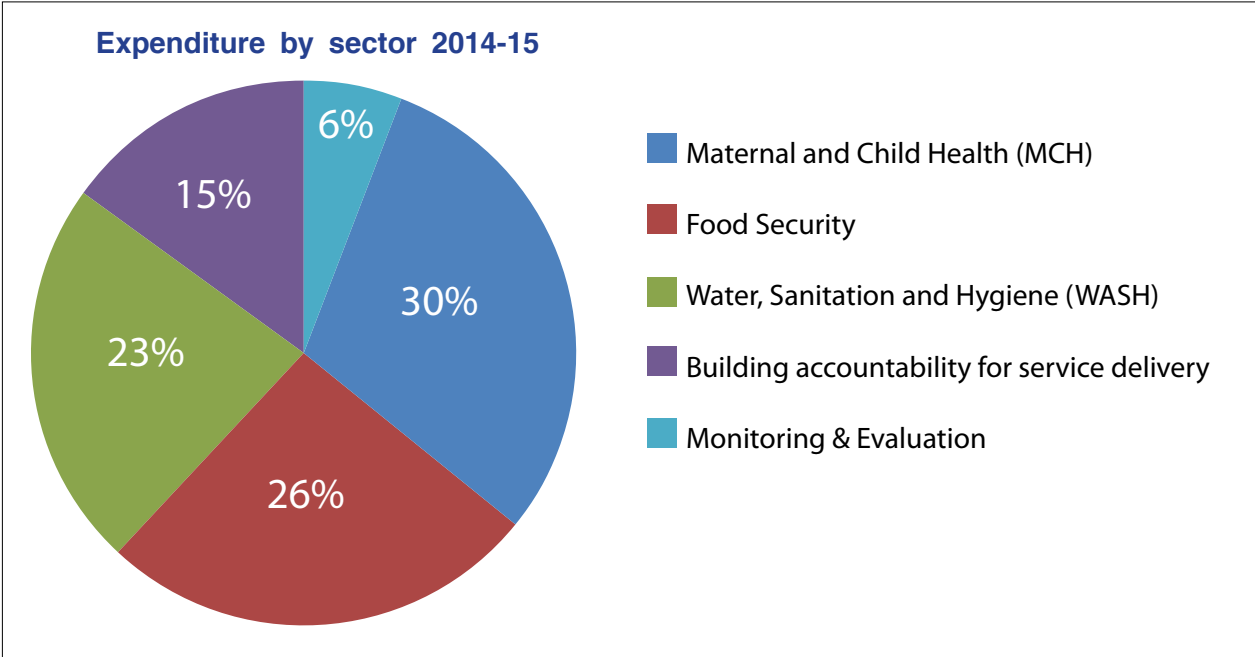
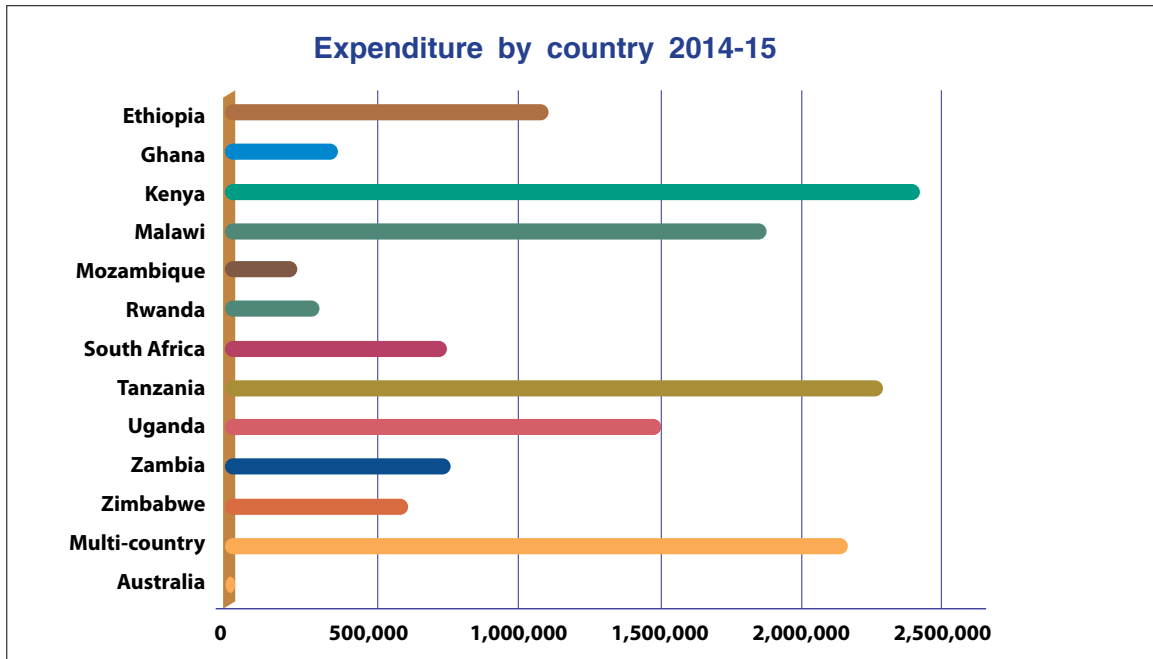


Table 1: Expenditure by sector 2014-15 in Australian Dollars.

Sector	Amount in AUD
Maternal and Child Health (MCH)	4,274,746
Food Security	3,832,310
Water, Sanitation and Hygiene (WASH)	3,346,350
Building accountability for service delivery	2,121,421
Monitoring and Evaluation (M&E)	892,754
Total Expenditure 2014-15	14,467,581

Figure 2: AACES expenditure by Country in Australian Dollars.



Kenya, Malawi and Tanzania accounted for the greatest portion of individual country expenditure in 2014-15. All of the NGO projects are being delivered in two or more countries and so where budget items are not specific to one country, these have been represented in multi-country expenditure.

Table 2: Expenditure by country 2014-15 in Australian Dollars.

Country	Amount in AUD
Kenya	2,431,574
Tanzania	2,303,759
Multi-country	2,177,771
Malawi	1,885,181
Uganda	1,512,329
Ethiopia	1,114,700
Zambia	768,415
South Africa	755,661
Zimbabwe	616,889
Ghana	366,134
Rwanda	302,632
Mozambique	227,155
Australia	5,381
Total Expenditure 2014-15	14,467,581

AACES and beyond



Ássaro Alifa, a person with disability wielding a wheelchair in Saniala village, Niassa Province in Mozambique. AFAP is working with the Network of Associations of Persons with Disability (FAMOD) to support a sustainable wheelchair and appliance manufacturing unit. This support is helping people like Ássaro gain employment as well as technical skills to manufacture wheelchairs for people with disability that are locally available and cost-effective. The wheelchairs are sold to private individuals as well as to the government, with the proceedings used to re-invest back in service and maintenance, training, and salaries for welders. Photo by Dr Robin Wyatt.

AACES and beyond

As the AACES partnership program draws to a close in 2016, its legacy continues. With its focus on diverse partnerships and community engagement, AACES remains a highly regarded model of partnership between civil society partners in Africa, the Australian Government and Australian NGOs.

Four years into the program, the impact and achievements of the program are clear. This is demonstrated through greater agricultural productivity for small holder farmers, increased resilience through diversified sources of income for poor women and men, improved access to maternal and child health services, as well as improved water, sanitation and hygiene services.

But just as important as the results achieved to date will be the long term impact of AACES. Partnership through civil society has provided a powerful voice for communities and has led to better development outcomes. The community members that have been part of the program are not just accessing services; they are recognising the strengths within their communities, understanding their rights, and the responsibilities of their local and national governments to provide essential services. They are also being empowered to hold them accountable and take action alongside government and private sector partners.

Partners will continue to build on the lessons and successes of the program, recognising the value of partnerships across civil society, business, and governments; and the importance of flexible program designs which identify and respond to local needs and changes in context. Through documentation and dissemination of program learnings, AACES will continue to influence policy and program design and implementation, informing development programs in Africa and beyond.



Women dancing during an awareness session on community rights in Maronga village, Zimbabwe. Photo by Tafadwa Mhou and Cumba Butholezwe, Plan International, Zimbabwe.

