

Interactive PDF

User Guide

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Navigation Features

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A close-up photograph of a woman with a headscarf and a cane, looking slightly down. The image is overlaid with a blue banner containing text.

Australia Africa Community Engagement Scheme

"Advancing disability-inclusive development"

Annual Report 2012-13

Cover photo:

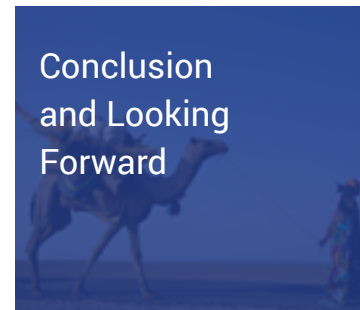
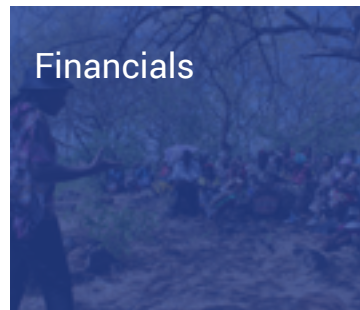
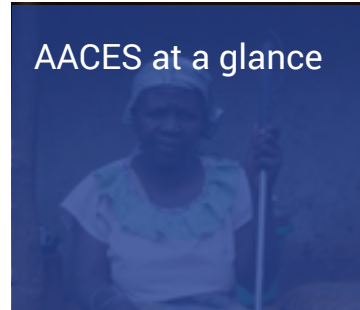
Mariamo Cássimo lives in Lulimile village, in Lichinga municipality, Mozambique. Through the partnership between AFAP's partner Concern Universal and the Association of Blind and Partially Sighted of Mozambique (ACAMO), Mariamo has received training in business management and accessed credit for income generating activities. She makes furniture from bamboo and sells them to her community, including members of AMACO. She is now able to take care of her three children and grandchildren. **Photo by Suizane Rafael / AFAP**

This report was produced in partnership with the ten Australian non-government organisations funded under the Australia Africa Community Engagement Scheme (AACES). AACES is funded by the Australian Department of Foreign Affairs and Trade.



This report can be found online at the Australian Department of foreign Affairs and Trade (DFAT) website, www.dfat.gov.au

Contents



AACES countries:

AACES Map



Acronyms

AACES	Australia Africa Community Engagement Scheme
AFAP	Australian Foundation for the Peoples of Asia and the Pacific Ltd.
AOA	Anglican Overseas Aid
APDA	Afar Pastoralist Development Association (Ethiopia)
CADECOM	Catholic Development Commission in Malawi
CDC	Community Development Committee
CHV	Community Health Volunteer
CHW	Community Health Worker
CLTS	Community Led Total Sanitation
CTDT	Community Technology Development Trust
DPO	Disabled People's Organisation
GALA	Gender and Agriculture Learning Alliance (Tanzania)
MCH	Maternal and Child Health
MDG	Millennium Development Goal (United Nations)
MUAC	Mothers Union of the Anglican Church (Kenya)
NGO	Non-Government Organisation
PSC	Program Steering Committee
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene

Australia Africa Community Engagement Scheme (AACES) at a glance

This is the second annual report for the Australia Africa Community Engagement Scheme (AACES). AACES is a partnership of the Australian Government, ten Australian non-government organisations (NGOs) and their Africa-based partners. The \$90 million program is being implemented over five years (2011–16).

AACES contributes to poverty reduction in Africa through community-based interventions across the sectors of food security, maternal and child health, and water, sanitation and hygiene. It is being implemented in 11 African countries: Ethiopia, Ghana, Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. The program targets people among marginalised communities, with particular attention to women, children, people with disability and people exposed to disaster.

AACES objectives

1. To give marginalised people sustainable access to the services they require
2. To strengthen the policies and programs of the Australian Government in Africa, particularly in their ability to target and serve the needs of the marginalised people
3. To better inform the Australian public about development issues in Africa.

AACES approach



Partnership is a central feature of the AACES program and contributes towards effective program implementation and sustainability of project activities. These partnerships involve relationships between Australian NGOs and their African partners, NGOs and the Australian Government, African NGOs and the local communities, African NGOs and government counterparts, as well as local communities and their governments.



Community Empowerment involves building on the existing assets, strengths and resources of communities and supporting them to be the architects of their own development aspirations. The AACES program is community led, with a focus on empowering communities to provide solutions to their own problems and challenges.

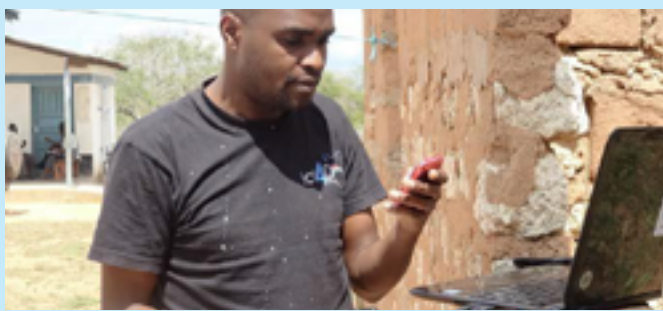


Value for money is a way of thinking about how to use available resources in the best possible way. It is part of AACES monitoring and evaluation assessment processes and is used to assess the merit or worth of the program and help guide improvements during implementation. The approach is guided by the core principles of balancing economy, efficiency and effectiveness in ways that are equitable and ethical.



Joint Management System is achieved through the Program Steering Committee (PSC), the central decision-making body of the program. PSC membership includes representatives from the Australian NGOs, their Africa partners, and the Australian Government. Positions of chair and vice-chair rotate among members on an annual basis.

AACES approach



Innovation is encouraged among AACES partners in recognition that new models and approaches can have catalytic effects on other programs beyond AACES. The AACES innovation fund provides this important learning element, giving AACES partners the opportunity to collaborate creatively to try new ways of working.



Learning is central to the AACES approach. AACES provides partners with a strong platform to network and collaborate. Focusing on sharing learning and synergies in this way results in improvements to program results, efficiency and effectiveness.



A resource facility managed by the African Capacity Building Foundation provides logistical, administrative and technical services to the program to support effective communication, coordination and management of program activities.

From the Chair of the Program Steering Committee



Elly Barrett
Chairperson, Program
Steering Committee, 2013–14

It's not my disability that is a problem but people's attitudes towards me that makes my life difficult is a comment from a South African man whose story is featured in this year's AACES Annual Report, and which highlights one of the key barriers people with disability face to improving their quality of life.

With the AACES partnership program focused on reaching the most marginalised people in Africa, it is vital that people with disability, who are typically among the very poorest and most excluded, are considered and included in our program work. This year's AACES annual report highlights the progress that has been made in year two of the program overall, with a special focus on how AACES partners have addressed disability inclusion.

As someone who has been involved in the AACES partnership from the design stage, it has been inspiring to read about how much has been achieved and learned in the second year of the program, and how the strengths of the communities and countries we are working with, and those of the AACES partners, have been drawn upon to improve our program work.

Tens of thousands of additional people have received improved access to services in the areas of food security, maternal and child health, and water, sanitation and hygiene. There has also been a strengthening of the environment in order to increase the sustainability of these services with improvements to policies, governance and awareness of rights.

As the Program Steering Committee Chair and a participant of the AACES program, it has been rewarding to see how the partnership has continued to strengthen in its second year. AACES partners have collaborated on a number of issues, sharing learnings, expertise and resources to better respond to the complexities of their development work. Looking to the year ahead we are in a strong position to use the experience of the AACES partnership to focus the priorities going forward and to promote sustainable access to services for marginalised people in Africa.

From a Program Participant



Akurut Stella Rose washing utensils at her home.

Photo by Moses Okwameri/
ActionAid

'My name is Akurut Stella Rose and I am 20 years old from Nyakoi village, Kumi district in Uganda. In 2012, group members from my farmer field school, the Aikeun STAR circle, selected me as a beneficiary of two and a half basins of unshelled groundnuts after I was involved in a marriage that did not go well.

My husband used to beat me, never provided for our family and above all neglected me because I am disabled (lame leg) and not educated. When he found another woman who was educated and physically able, he called me stupid and not of his class.

After receiving gender-based violence training provided by ActionAid, I am more aware of my rights and options, and it has encouraged me to speak out. The knowledge and skills I received about groundnut growing enabled me to begin growing peanuts. I planted the seeds and harvested seven bags of unshelled groundnuts. For three bags of shelled groundnuts I earned 2,500 Ugandan shillings [AUD1.11] per kilogram, totalling 210,000 shillings [AUD93]. I added this to my business of selling porridge to people on market days in Ongino Sub County.

In addition, I invested 50,000 shillings [AUD22.12] into my business, which returned enough profit to buy a cow at 300,000 shillings [AUD133]. I retained four bags of peanuts –two bags I reserved for seed for planting in 2013 and gave back to the group two and half basins.

The groundnuts revolve within our 45 members and it has encouraged [us] to further work in groups when it comes to weeding and harvesting. Participating in this program has helped increase my food security, developed my skills and given me a voice within my community.'

Chapter 1

Advancing disability-inclusive development



Mackson Jossam aged 49, in his newly constructed latrine in Kango village, Malawi. His life changed when WaterAid constructed accessible latrines for him and many other people with disability. The improved latrine is fitted with pedestal and modern sitting pan, as well as a ramp, spacious entrance and room for easy use on a wheelchair. The new latrine enhances accessibility, comfort and has restored dignity to Mackson.
Photo by Elly Barrett / WaterAid

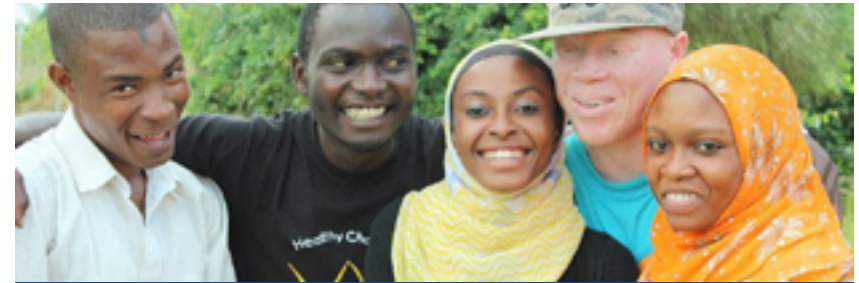
Advancing disability-inclusive development

AACES and disability-inclusive development

AACES is committed to empowering people with disability so that they gain sustainable access to the services they require.

In 2012–13, AACES supported activities to:

- help more people with disability participate in local decision-making processes by providing information, raising awareness of rights, and providing education to change attitudes and beliefs
- deliver services to people with disability as an essential part of the program
- promote understanding of disability issues among government authorities and service providers and develop their knowledge and skills to strengthen inclusive planning and service delivery
- collaborate with organisations representing people with disability to engage decision-makers and advocate for inclusive programs and better access to services
- strengthen the human and technical resources of organisations representing people with disability to address disability issues more effectively.



[Overview >>](#)



[Success story
Esnath Sithole >>](#)



[Key facts on disability >>](#)

Advancing disability-inclusive development

During the design of AACES, partners were encouraged to incorporate elements of inclusive programming into their projects. Although this was a new way of working for many of the NGOs, disability was recognised as an area where there was potential for learning and exchange of ideas. In addition, disability and inclusive programming was the focus of a 2012 capacity building workshop, which helped NGOs identify and understand the issues relevant to people with disability. The principle of 'nothing about us without us' was taken on board and NGOs took steps to engage and work meaningfully with DPOs, the experts in this area. ⁴

Advancing disability-inclusive development

Overview

Disability inclusiveness must be a priority in any development agenda that aims to benefit those most in need and most marginalised. Against this backdrop, the AACES program aims to provide an opportunity for all people, including people with disability, to lead healthy and productive lives, leaving no one behind. Some excellent progress has been made by AACES partners in this area over the last year and that is why the theme for this second annual report is advancing disability-inclusive development.

People with disability have the potential to contribute valuable skills, knowledge and abilities to community activities if they are given opportunities. Empowering people with disability to enjoy their rights by actively participating and contributing to community development is both economically and socially beneficial. It not only allows them to earn a living but can also improve their status, and change perceptions and attitudes within communities.

Women, men and children with disability live in every community and are among the poorest and most marginalised. Discriminatory practices, largely driven by negative attitudes and traditional beliefs, can deny their basic rights to education, health care, livelihoods, safe water and improved sanitation. Such practices can also lead to poverty and isolation. As a result of this exclusion, many people with disability also often lack information and the confidence to access available support services. Women with disability regularly face double discrimination on the grounds of both their gender and impairment. Children with disability also face stigma, discrimination and exclusion, which can impede their participation in community life and future employment prospects.

The Australian Government in its work with partner countries is a leader in promoting disability-inclusive development, removing physical barriers and providing services to people with disability. For example, it is supporting people with disability through Disabled People's Organisations (DPOs) to advocate for changes to government policies. It is also working to tackle stigma that still surrounds disability, which can be one of the largest barriers to full participation in community and economic life. It is not right, nor does it make economic sense, that a person's disability should determine whether they can go to school, get a job or participate in community life. Collaboration with DPOs to raise awareness and appreciation of the rights of people with disability has been useful in promoting disability inclusiveness.



Advancing disability-inclusive development

Overview



A group of Youth Peer Educators in Kwale County, Kenya, recruited by Marie Stopes International to raise awareness among young people on family planning, sexual and reproductive health, information services as well as disability inclusiveness.

Photo by Bertrand Guillemont/ Marie StopesKenya



Advancing disability-inclusive development

Key facts on disability

- **15%** of the world's population have a disability ²
- **80%** of people with disability live in developing countries
- One in five of the world's poorest people in developing countries have a disability
- There are **93–150 million** children under 15 years of age living with a disability worldwide
- National studies of living conditions for people with disability were conducted between 2001 and 2006 in Malawi, Namibia, Zambia and Zimbabwe. The studies revealed large gaps in service provision for people with disability, with unmet needs particularly high for welfare, assistive devices such as mobility aids, education, vocational training and counselling services.³

Advancing disability-inclusive development

Disability is not inability—the story of Esnath Sithole

Her face beams when asked to talk about her clothes business. This is the story of resilience, inspiration and hard work. It is a story of overcoming exclusion. This is the story of Esnath Sithole, a 39-year-old entrepreneur in Maronga village, Chipinge district, Zimbabwe.

Esnath was born with a disability. She endured all kinds of stigmatisation and discrimination from the community, including her own family members. ‘I had an inside hatred towards myself,’ says Esnath. ‘The treatment that I got, even from my family members, always made me long for death.’

Esnath says that no one in her community wanted to be associated with her, and it was even worse when her children were equally discriminated against because of her disability.

However, all that changed in October 2011, when Plan International began working in Zimbabwe. Its program aims to enable marginalised people, particularly women and people with disability, to claim rights and access essential services. It also provides protection from gender-based violence and related legal, counselling and other services, particularly by addressing the rights of women and people with disability.

Through the program, Esnath and nine other women, including two people with disability, were trained and enrolled in a village savings and loan (VSL) scheme. VSL is a scheme where members save money and are able to loan to and guarantee each other. Barely a year after the training and the establishment of the VSL scheme, the transformation is being felt in the community. Members, mostly women, are now actively engaging in income-generating activities. Esnath, who for more than 10 years was relying on handouts for survival, was able to begin her clothes business in January 2013. Her business involves buying and selling clothes, including school uniforms, to other community members, using the money she borrows from the VSL group.



Advancing disability-inclusive development

Disability is not inability—the story of Esnath Sithole

Opportunities that used to pass me were now coming to me. Through these activities, I have managed to purchase two goats worth 322.43 South African Rand [AUD33.22], and have started upgrading my house,' says Esnath. She adds her success has 'influenced many other people with disability, like my neighbour who is now broadening her business.' Interestingly, those community members who used to shun her are now her biggest customers. 'Some of the community members are now my regular visitors and they often seek advice from me because I am successfully benefiting from income-generating activities,' she says with a broad smile. 'Now I feel I belong to this community and through VSL, my standard of living has improved.'

Across Zimbabwe, more than 40 VSL groups have been established through the support of Plan International, and villagers are forming many more on their own. Under the VSL scheme, village agents are trained to support the formation and training of VSL groups, and they coach VSL members in income-generating projects. VSL members also receive adult literacy support to improve their numeracy and reading skills.



Esnath (right) showing some of the clothes that she trades to Mr Tavenngwa Chadura, the Chipinge district rehabilitation technician, during a visit to her home. Photo by Butholezwe Cumba / Plan International

'Opportunities that used to pass me were now coming to me. Through these activities, I have managed to purchase two goats worth 322.43 South African Rand [AUD33.22], and have started upgrading my house,'

Chapter 2

Water, Sanitation and Hygiene



A pupil washing her hands at the newly constructed latrine in her school in Singida Municipality in Tanzania.

Photo by Douglas Waudu / AACES Resource Facility

HIGHLIGHTS

Water, Sanitation and Hygiene (WASH)

TANZANIA

Caritas built latrines that are benefiting **7311** people, including **3550** women and **24** people with disability. This has increased access to sanitation facilities in the project area by 43 per cent.

MALAWI

WaterAid built **3250** household latrines, benefitting **16,212** people (including **8490** women). Eight villages have now been declared open defecation free by district council staff. Additionally, **1116** households and schools have installed hand-washing facilities with ash as a common detergent.

GHANA

Through policy engagement, WaterAid and other members of the Coalition of NGOs in Water and Sanitation lobbied the government of Ghana for additional funding for WASH. The Government committed more than GSH200 million (AUD211,797,000) to the WASH sector in the 2013 budget, the highest allocation since 2009.

MOZAMBIQUE

AFAP's partner Concern Universal helped **8700** people access sustainable, safe water by rehabilitating **21** boreholes, building eight new boreholes and setting up **29** community WASH groups.

SOUTH AFRICA

Oxfam trained its partner organizations to increase the profile of people with disability and equipped them with knowledge and skills to apply inclusion concepts to their work. This allowed partners to raise disability awareness and strengthen support for disability inclusiveness in communities with regard to WASH service delivery.

Water, Sanitation and Hygiene (WASH)

In 2012–13, AFAP, Caritas, Oxfam and WaterAid improved access to WASH for marginalised communities by:

- delivering WASH services to marginalised communities and schools
- promoting safe hygiene practices
- increasing engagement between communities and local government.

OUR IMPACT IN NUMBERS

AACES programs provided safe WASH services to more than **60,000** people in 2012–13.

An additional:

- **64,000** people accessed safe and sustainable water
- **47,000** people now have appropriate sanitation
- **50,000** people learned about safe hygiene practices.



Overview >>



Delivering WASH services >>



Promoting safe hygiene practices >>



Increasing engagement with communities and... >>



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Transforming communities through school WASH clubs >>



Water, Sanitation and Hygiene (WASH)

Overview

One of the main development challenges in Sub-Saharan Africa is access to safe water, sanitation and hygiene (WASH). It is estimated that more than 40 per cent of the population in Sub-Saharan Africa lack access to safe drinking water and more than 70 per cent live without toilets and hand-washing facilities. This contributes to diseases and the death of thousands of people daily. Diarrhoea, which is caused predominantly by inadequate water, sanitation and hygiene, is now the biggest killer of children in Africa. ⁵

People with disability are often overlooked in the design of WASH services, which can mean resorting to unhygienic and unsafe practices. In many marginalised communities, people with disability face discrimination and stigmatisation that prevents them from using public facilities and participating in community development initiatives. In some communities, discriminatory practices continue to deny people with disability access to basic human needs, such as access to safe water, improved sanitation and safer hygiene practices. A key priority for AACES partners during the year was to promote an enabling environment so that people with

Water, Sanitation and Hygiene (WASH)

Delivering WASH services

Improved access to clean water has benefited marginalised communities, particularly the lives of women and girls who previously spent several hours each day collecting water. From data collected in 25 countries in Sub-Saharan Africa, it is estimated that women in these countries spend a combined 16 million hours each day⁶ collecting drinking water (compared to men who spend a combined six million hours).⁷ With increased access to clean water, women have more time for other household tasks and productive income-generating activities. It has also enabled young girls to attend school, which increases future involvement in economic and community activities.

The lives of people with disability have also improved through access to clean water. For instance, the construction of accessible toilets and water facilities in schools has contributed to improved school attendance among children with disability. People with disability have also been empowered to actively participate in development activities and contribute to community life.

Increased access to safe drinking water

WaterAid helped 9011 people in **Ghana** access safe drinking water by providing a mechanised water system, drilling two boreholes, rehabilitating and providing hand pumps, and building three rainwater harvesting systems and two water kiosks.

In **Tanzania** and **Malawi**, Caritas helped 12,844 people to access sustainable, safe water through community managed village water supply schemes. Caritas reported a reduction in cases of diarrhoea and other water-borne diseases due to improved sanitation and hygienic practices as a result of the schemes. As part of Oxfam's activities in **South Africa**, 574 adults and children gained access to sustainable, safe water. Accordingly, health outcomes have improved for communities as home-based care and health workers now understand the link between hygiene practices, water quality and better health.

Water, Sanitation and Hygiene (WASH)

Delivering WASH services

Improved access to sanitation

AACES partners improved access to sanitation for marginalised communities, particularly for women and girls. AFAP's partner Concern Universal built family latrines in **Mozambique**, enabling 2437 people to access appropriate sanitation facilities. In **Ghana**, WaterAid used the community led total sanitation (CLTS) approach to encourage the building of latrines. The positive changes resulting from this initiative led to the National Sanitation Task Force declaring two communities as 'open defecation free'.⁸

School sanitation

School children who have access to safe water and sanitation are more likely to be healthy and do well in school. For menstruating girls, safe and separate sanitation facilities allow them to practice proper hygiene, which can improve school attendance.

WaterAid built 17 latrine blocks for girls and 16 for boys in primary schools in **Tanzania**. The 33 latrine blocks, benefiting more than 9000 pupils, include hand-washing stations, incinerators, a menstrual hygiene management change room, accessible facilities for pupils with disability, and urinals. Class attendance is up and girls in particular have reported that the new facilities offer more privacy. Children with disability are also relying less on their friends for help when using the toilet, encouraging more students with disability to attend school.



Water, Sanitation and Hygiene (WASH)

Delivering WASH services



A borehole under rehabilitation in Majune district, Mozambique.

'With the rehabilitation of this borehole, local residents will no longer have to go to the river to fetch water. It will solve the problem of 251 children attending this primary school who used to walk every day to a distant river to fetch water, which was a risk to their health and prevented many from going to school,' says the Director of Mocculungu Community Primary School.

Photo by Francisco Tabua/ Concern Universal

Water, Sanitation and Hygiene (WASH)

Promoting safe hygiene practices

Improving safe hygiene practices is fundamental to good health, which in turn leads to healthier communities and better standards of living. During the year, AACES partners increased awareness and demand for sanitation and hygiene services in schools and communities through hygiene promotion activities. A key focus was school WASH and health clubs. Children are receptive to new ideas and practices, therefore there is an opportunity to introduce good personal hygiene and sanitation practices at a young age. School WASH and health clubs are formed on a voluntary basis and managed by pupils and teachers.



A newly built latrine by WaterAid at Mpalanga Primary School in Dodoma region, Tanzania. 'We were previously embarrassed when using the old toilet block, especially during menses (menstruation), because everyone would know but now no one notices. We no longer have to go home and change, and there is a place to wash ourselves,' says Salvina Maswagaa pupil at Mpalanga.

Photo by Douglas Waudu/ AACES Resource Facility



Water, Sanitation and Hygiene (WASH)

Promoting safe hygiene practices

WaterAid established school WASH clubs in **Tanzania** and trained school committees and teachers, reaching 10,539 pupils. In this 'child-to-child' approach, children pass on sanitation and hygiene messages to one another and to their families at home. WaterAid also conducted school WASH competitions to reward individual children performing well on hygiene behaviour change and to reward schools for encouraging cleanliness.

In **Mozambique**, AFAP's partner Concern Universal also trained 417 children from three primary schools in good hygiene and sanitation practices through health clubs. After the training, the children were able to promote good sanitation and hygiene practices in their schools and communities. Good hygiene practices were promoted through training, advocacy and the 'strength-based' ⁹ approach. A total of 9000 people are now using improved hygiene and sanitation practices.

Oxfam's training of 71 WASH committees in **Zambia** increased hygiene knowledge in the community. Women who received training started asking their husbands and male relatives to build toilets, dish racks and bathing shelters.

Water, Sanitation and Hygiene (WASH)

Transforming communities through school WASH clubs

WaterAid and partners are piloting a school WASH project in Dodoma, Singida and Tabora regions of Tanzania. The aim is to provide WASH in schools as part of efforts to improve the quality of education. The project involves building water and sanitation facilities in schools, and promoting good health and hygiene practices through activities for school children, teachers and the wider community.

At Ikowa Primary School, WaterAid built latrine blocks, hand-washing stations, incinerators, a menstrual hygiene management change room and facilities for pupils with disability.

Daniel Makanika Maloda, the village chairman, says he is proud of his 13-year-old daughter, who is a member of the Ikowa health club. 'I have noticed that she is now more concerned about hygiene at home. She encourages handwashing and general cleanliness around the home,' he says.

Ikowa's story has been replicated at Mpalanga Primary School. Here the WASH club has grown to more than 70 pupils who are very active in school. Angela Mlei, the school's health club teacher, says the club has had a positive impact on pupils' school attendance, the school environment, and children's lives. 'The health club members are the cleanest in the school, and incidentally the smartest. Thus they are good role-models in school, which motivates others to emulate them,' she says.



Water, Sanitation and Hygiene (WASH)

Transforming communities through school WASH clubs



'I have noticed that she is now more concerned about hygiene at home. She encourages hand-washing and general cleanliness around the home.'

Daniel Mkanika Malodaw with his daughter, a member of the school health club. 'I ensure that I practise what we are taught at the club. I also encourage my mother and my three younger siblings to practise good hygiene,' she says.

Photo by Christina Chacha/ WaterAid Tanzania

Water, Sanitation and Hygiene (WASH)

Increased engagement with communities and local government

AACES partners have helped communities to become more assertive in demanding their water rights and have lobbied decision-makers to influence change around water and sanitation services after receiving training from program partners.

With WaterAid's support, community members in **Ghana**, especially women, have demanded accountability and water access from government authorities and service providers. WaterAid has helped more than 80 people, (including 48 women) to understand their rights to WASH services and to assert them using community scorecards.¹⁰ Community hygiene volunteers were trained to help their communities adopt good hygiene behaviour and build their own latrines.

AFAP's partner in **Mozambique**, Concern Universal, collaborated with the Forum of Association of Persons with Disability to lobby district authorities to plan for and target people with disability in the use of local investment funds with the aim of promoting more equitable use of resources.



Participants during one of Oxfam's WASH awareness-raising workshops for people with disability in South Africa.

Photo by Sue Hedden/ WozaMoya/ Oxfam



Water, Sanitation and Hygiene (WASH)

Increased engagement with communities and local government

Oxfam held WASH awareness-raising workshops for children, youth, women and people with disability, reaching 2965 participants, including 1741 women and 19 people with disability. These workshops built knowledge, skills and confidence around WASH rights, helping people with disability to actively engage in decision-making processes. As a result, people with disability expressed confidence in challenging some of the discriminatory attitudes often shown to them within the community by voicing their rights, and questioning responsibilities and accountability of some service providers. One workshop participant, Mr Dlamini from Mashakeni, shared how for the first time in his life he has been able to express himself and felt heard, respected and taken seriously: 'It is not my disability that is a problem but people's attitudes towards me that make my life difficult.'

During the year, AACES partners also increased the skills and knowledge of governments and decision-makers to deliver inclusive and sustainable WASH services to marginalised communities. This has been achieved by training and increased engagement.

Water, Sanitation and Hygiene (WASH)

Challenges and opportunities

In **Zambia**, new drilling technology used by Oxfam is significantly reducing the cost of drilling boreholes. Oxfam's partner, Village Water Zambia, drilled water points for less than half the cost of conventional boreholes. This technology has the potential to increase the number of drilled water points, increase community participation in drilling and provide partners with opportunities to generate income by drilling boreholes for other development partners.

In **Malawi**, WaterAid noted a lack of openness in dealing with issues of menstrual hygiene due to cultural considerations of teachers and students, which may hamper progress. To address this challenge, WaterAid plans to engage mothers' clubs in all schools to provide a safe environment for open discussion.



A young girl pumps water in the Woza Moya Centre in Richmond district in South Africa.

Photo by Matthew Willman / Oxfam



Water, Sanitation and Hygiene (WASH)

Challenges and opportunities

The strength-based approach promoted by Caritas in Malawi and Tanzania is invigorating communities. It is encouraging them to be proactive in holding decision-makers to account for the delivery of WASH services. This approach has increased access to sanitation services for 5296 people, including women and people with disability.

Photo Gallery

Water, Sanitation and Hygiene (WASH)



A rehabilitated borehole in Majune district, Mozambique.
Photo by Concern Universal, AFAP



Video Gallery

Water, Sanitation and Hygiene (WASH)

Providing Access to Clean and Safe Water - Caritas / CADECOM, Malawi



This is a personal account of Regina Gumulira from Nkhungulu Village in Malawi. Their only source of water was Bua River which put them at risk of contacting diseases and also being attacked by crocodiles. With the help of Caritas, they now have a water pump that is close to their homes and gives them access to clean and safe water.

Chapter 3

Maternal and Child Health



A baby from Afar region in Geega village, Dubte Woreda in Ethiopia. Maternal mortality are being prevented by program partners through enabling women to have better access to health care services to prevent or treat complications associated with pregnancy and birth. **Photo by Maria Olund / AOA**

HIGHLIGHTS

Maternal and Child Health

KENYA

Marie Stopes International provided family planning services to 15,000 women and 286 men, an increase of more than 30 percent on the previous year. It is estimated that these services will prevent 20,437 unintended pregnancies and 2794 unsafe abortions over the lifetime of the clients receiving services.

UGANDA

World Vision worked with the Kitgum District Council Advisory to help people with disability access health services and participate in development and income-generating activities. Local authorities drafted a law to improve access to health centres, particularly for people using wheel chairs, and integrate sign language into primary health care information.

MALAWI

AFAP's partner, Concern Universal, successfully advocated for the opening of an outpatient clinic in Didi province. Before the clinic opened, pregnant women had to travel 35 kilometres to the district hospital for antenatal services. Since opening, 62 women have accessed prevention of mother-to-child HIV transmission services, 94 children have been treated for nutrition-related complications and illnesses, and 21,934 outpatients have received treatment. This has reduced mortality, prevented disability, generated employment and led to healthier communities.

ETHIOPIA

Anglican Overseas Aid's (AOA's) partner, Afar Pastoral Development Association (APDA), and government health personnel jointly delivered a vaccination program to more than 500 children of nomadic pastoralists. APDA also trucked water to communities most affected by poor rainfall and provided supplementary food to 1680 school children.

TANZANIA AND RWANDA

World Vision supported nutrition counselling groups, which ran cooking demonstrations using nutritious locally available foods to provide balanced diets for pregnant and lactating women, and for children under five. The groups were also involved in crop and poultry farming, which helped to improve the health of children, women, men and people with disability, increase incomes and enhance food security.

Maternal and Child Health

In 2012–13, AFAP, Anglican Overseas Aid, World Vision, Plan International and Marie Stopes International helped more people to access health care by:

- promoting community involvement in maternal and child health
- providing vital health services
- strengthening government health systems
- fostering positive social and behavioural change
- empowering women and people with disability to identify and demand their rights.

OUR IMPACT IN NUMBERS

In 2012–13, AACES maternal and child health programs reached more than **80,000** people.

More than:

- **23,500** children received life-saving vaccines
- **47,300** people accessed a modern family planning method
- **10,000** babies were delivered through clean and safe practices
- **897** community health workers were trained.



[Overview >>](#)



[Promoting community involvement in... >>](#)



[Reaching marginalised communities... >>](#)



[Strengthening government health systems >>](#)



[Fostering positive social and behavioural change >>](#)



[Empowering women to identify and demand their rights >>](#)



[Challenges and opportunities >>](#)



[Success story Fatuma Katana >>](#)



Maternal and Child Health

Overview

The Millennium Development Goals for maternal and child health remain out of reach for most countries in Africa. With only 12 per cent of the global population, Africa accounts for half of all maternal deaths and half the deaths of children under five.¹¹ Most of these deaths could have been prevented if women had better access to services to prevent or treat complications associated with pregnancy and birth, such as obstetric fistula.¹²

Women and children with disability encounter a range of barriers when they attempt to access health services. Examples include not being able to access buildings, discrimination relating to cultural beliefs, and misconceptions about their health needs. Health care workers also often lack knowledge and skills in working with people with disability and their needs are not prioritised by governments for reasons that include lack of information, skills and resources. Meeting the health needs of people with disability is essential for them to live in dignity and in good health. In addition, preventing disability leads to healthier communities with more participation in development activities, which can increase productivity and the economic growth of communities. A key priority for AACES partners during the year was to support women and people with disability by eliminating barriers to accessing health services.

Maternal and Child Health

Promoting community involvement in maternal and child health

In 2012–13, program partners empowered communities to participate in decision-making on health and other development issues, increasing community demand for maternal and child health services through community engagement meetings.

AFAP's partner Concern Universal worked with the Provincial Directorate of Health in [Mozambique](#) and held public hearings in N'gauma District with 200 participants to improve delivery of maternal and child health services. This involvement encouraged the government to align its spending to community health needs. This has facilitated safe births in 15 remote communities, benefiting 3750 people.

Plan International facilitated community discussions in [Zimbabwe](#) with representatives from the Ministry of Health, Social Services and Education. Afterwards, community-based rehabilitation committees were set up to address the challenges faced by women and people with disability. These community discussions have helped change men's attitudes towards women and girls, including with regard to health. This is increasing the participation of women in decision-making, both at home and in the community. For example, in Chipinge district, a woman was removed from a leadership position in the school development committee because some men did not think it was appropriate for a woman to occupy this position. The female leader was subsequently reinstated after the village head attended a workshop organised by Plan International. This incident has helped community members, particularly men, change their perception of women's roles and involvement in community matters, especially in the need for improved maternal and child health rights and services.

In [Kenya](#), community health forums supported by Plan International enabled communities to engage with district and provincial health service providers. For instance, in Ndhiwa District this saw the Department of Health grant the community's request to have additional staff posted to the local health facility. Also through the community health committees' advocacy, \$5882 was provided by the Municipal Local Area Transfer Fund to establish and equip a maternity unit at a local dispensary.

Maternal and Child Health

Promoting community involvement in maternal and child health



A health worker interacting with a mother during a postnatal counselling visit at a local clinic in Uganda.
Photo by Anita Komukama / World Vision



Maternal and Child Health

Promoting community involvement in maternal and child health

World Vision promoted the integration of nutrition programs in primary health care services. In Rwanda the development of the Village-Based Child Nutrition Centres grew out of project activities focusing on children's health. The communities continued to build on activities, setting up community centres as an integrated approach to address under-five malnutrition and child protection. These centres are owned and managed by local leaders, including women, and offer nutritious food, early childhood education activities and health information for young children. Children who are stunted or otherwise malnourished are benefiting from effective nutritional interventions, especially before the age of two.

Maternal and Child Health

Reaching marginalised communities with vital health services

During the year, program partners helped to deliver basic health services to people in remote areas. Communities living in these areas are often unable to access health services, including sexual and reproductive healthcare, because the services are too expensive or far away. This results in high rates of maternal and child deaths.

Outreach for sexual and reproductive services

In Kawere, Zimbabwe, AFAP's partner Community Technology Development Trust (CTDT) built a maternity waiting home where women from remote areas can wait before giving birth at a health facility. Since it opened, the clinic has helped to deliver 29 babies. CTDT also engaged the government on the need for more resources, and as a result, health officers have been posted to the clinic. The home has increased opportunities for early interventions to ensure safe pregnancies and minimize the risk of mother-to-child HIV transmission, as well as reduced the distance travelled by people with disability to access health care services. A woman attending the health facility noted: 'Thank you so much for this home, this is very good. People used to travel (for so long) and sometimes would give birth in the bush. This will bring a great change and our women will no longer deliver on the side of the roads.'

Thank you so much for this home, this is very good. People used to travel (for so long) and sometimes would give birth in the bush. This will bring a great change and our women will no longer deliver on the side of the roads.'



Mr Frederick Msigallah, a researcher with Comprehensive Community Based Rehabilitation (CBRT), played an important role in a study on disability in Tanzania conducted in partnership with Marie Stopes International and the Ministry of Health. His participation was an inspiration to people with disability who participated in the study. **Photo by Marie Stopes Tanzania**

Maternal and Child Health

Reaching marginalised communities with vital health services

Through outreach to rural and remote communities in **Tanzania**, Marie Stopes International provided more than 26,000 women and 511 men with a modern family planning service and provided voluntary counselling and testing for HIV to 7205 women and 408

Reaching people with disability

Women and girls with disability can experience unmet healthcare needs because of negative attitudes and beliefs held by health care workers and communities. To strengthen their own skills and knowledge in disability engagement, program partners collaborated with DPOs, which provided expertise as well as staff training.

In **Kenya**, Marie Stopes International partnered with the Kenya Association for the Intellectually Handicapped and the Kenya Association of the Blind to design information and educational materials suitable for people with disability. Consequently, more than 3000 people with disability have better access to information on sexual reproductive health and 900 people with disability were referred for sexual reproductive health and family planning services. Marie Stopes International also engaged a disability coordinator (who has a visual impairment) to better understand and meet the needs of people with disability.

Marie Stopes International also engaged a disability coordinator (who has a visual impairment) to better understand and meet the needs of people with disability



Maternal and Child Health

Reaching marginalised communities with vital health services

In **Uganda**, World Vision is promoting meaningful participation of marginalised people, including women and people with disability, to access water and sanitation and health services. For example, it has helped to set up water and hygiene committees, ensuring the sub-county leadership criteria are enforced. The criteria encourage equity, including representation of women and men. This has resulted in an increase in the number of women and people with disability actively participating in these committees. For example, the Kitgum District People Living with Disability Union was made part of the technical supervision team. The team supervises the village health teams and community health volunteers.



Members of the Association of Blind and Partially Sighted of Mozambique (AMACO) in Mozambique.
Photo by Concern Universal

Maternal and Child Health

Strengthening government health systems

During the year, program partners continued their collaboration with health authorities to strengthen government health systems as an essential step to making health services accessible and affordable for marginalised groups.



An expectant mother being attended to by a community health worker in Ethiopia. AOA's partner APDA is training community health workers to provide essential and affordable health care to mothers and children.

Photo by Christ of Krackhardt/ AOA



Maternal and Child Health

Strengthening government health systems

Training community health workers

The shortage of trained health workers is a significant challenge for meeting the health needs of remote communities. Most maternal and infant deaths are preventable when a mother gives birth with a skilled health worker in attendance. This places a high importance on community health workers - people trained in basic health skills and who live within their communities - to provide essential and affordable health care to mothers and children.

In [Kenya](#), [Uganda](#), [Tanzania](#) and [Rwanda](#), World Vision trained 897 community health workers who are delivering maternal and child health and nutrition messages and counselling in marginalised communities.

Plan International trained 188 community volunteers in sexual and reproductive health in [Kenya](#). The volunteers support village health workers in door-to-door outreach and education, resulting in a significant increase in people accessing public sexual and reproductive health services. Plan International trained 188 community volunteers in sexual and reproductive health in Kenya. The volunteers support village health workers in door-to-door outreach and education, resulting in a significant increase in people accessing public sexual and reproductive health services.



Maternal and Child Health

Reaching people with disability through social franchising ¹³

Private operators provide almost half of all family planning services in Kenya. Marie Stopes International recruited 20 of these service providers into a social franchising network to provide sexual and reproductive health services to marginalised people in six counties on the Kenyan coast.

Marie Stopes International also recruited a full-time community engagement coordinator and trained 30 youth peer educators. Through support to private sector clinics located in areas of high need, Marie Stopes International aims to reach more women, men and young people with disability and provide access to sexual and reproductive health services. This approach known as social franchising supports local businesses to improve the quality of services and reach more people.

Social franchising is based on the concept of franchising in the commercial sector, where a successful business replicates their business model elsewhere. It works by grouping existing small scale self-employed service providers under a shared brand to form a network of practitioners that offer standardised services. Service providers can benefit from social franchising through access to training, ongoing technical assistance, brand promotion and marketing support, as well as subsidised high quality service.



Maternal and Child Health

Enhancing institutional capacity

Marie Stopes International has been working closely with government partners to develop their capacity to deliver equity-sensitive sexual and reproductive health services. In [Tanzania](#), it provided on-the-job training to 134 public health service providers and seconded 22 local government nurses to the outreach service for a month. 'It is unbelievable, I was not expecting any NGO to conduct [an] outreach visit to our island with a lot of challenges, mainly infrastructure. Thank you Marie Stopes International for visiting our island to provide family planning service to our communities and skill building to our staff for more than three weeks,' says Adeline Anselim, the District Reproductive Health Coordinator for Mafia, a small island in the Indian Ocean.

In [Kenya](#), Marie Stopes International has developed a network of 20 private service providers, training them and equipping them with subsidised medical equipment. It aims to support the service provider network, develop the capacity of local providers and ensure reliable access to quality services for marginalised communities.

Program partners strengthened health information systems to help governments monitor demand for services and deploy resources to reach the greatest number of women and children. World Vision is working in [Rwanda](#) and [Uganda](#) with the Ministry of Health to strengthen the mHealth(mobile health) system by providing a platform that will collect additional maternal and child health information and remove the need for hard copy to data collection at the community level. mHeal is a health information system that aims improve accountability and monitor the use of expanded or improved services. It also aims to verify whether interventions are achieving the desired outcomes, such as increases in antenatal care and uptake of family planning services.

'It is unbelievable, I was not expecting any NGO to conduct [an] outreach visit to our island with a lot of challenges, mainly infrastructure. Thank you Marie Stopes International for visiting our island to provide family planning service to our communities and skill building to our staff for more than three weeks.'

Maternal and Child Health

Fostering positive social and behavioural change

Some traditions, cultural norms and social behaviour such as forced early child marriages and feeding infants with solids instead of exclusive breastfeeding, are often barriers for positive change. This year, AACES partners held training sessions, promoted discussion through community radio and worked with community leaders to encourage marginalised communities to change certain behaviours to better manage their own health. Positive results were achieved in many communities but progress will be gradual if it is to be long-lasting.



Muya Atanasio, a member of the World Vision supported Mgera Nutrition counselling at a local dispensary in Mgera, Kilindi district, Tanzania. Through trainings and awareness campaigns, men are challenging traditional norms and are increasingly participating in issues of maternal and child health for their families. 'Through the trainings provided by World Vision, I feel it's my responsibility to help my wife take our children to the clinic,' says Muya.

Photo by Douglas Waudo/ AACES Resource Facility

Maternal and Child Health

Fostering positive social and behavioural change

World Vision's work with communities in Rwanda resulted in greater use of health services by women and children. Prior to community sensitisation, women would hide their use of modern family planning methods from their husbands. Now more men are discussing family planning with their wives and more couples are using it with a variety of methods available within the community. Marie Stopes International is seeing similar results in Tanzania and Kenya, where family planning services are becoming more acceptable for women and men. By educating men about their own sexual and reproductive health needs and providing services that are acceptable to them, they are more likely to support their partners to receive sexual health and family planning services, reducing family conflict.

Plan International facilitated training using 'culture in development' approaches with community representatives, civil society organisations, local leaders and government officials in [Zimbabwe](#), [Kenya](#) and [Uganda](#). The approaches engage traditional and cultural leaders who are the custodians of norms and decision-makers in disputes to identify positive aspects of culture that can promote positive social change. For example, in Masheedze village, [Zimbabwe](#), the village head managed to influence the selection of a woman into traditional court structures, a practice that is not common in Chipinge communities. Energy Maraidza says that her appointment as a law enforcement officer has helped to ensure that the traditional dispute resolution system is gender sensitive. Through his membership to the advisory council of the village court, Energy managed to encourage other women to come to the village court and give their perspectives during village mediation processes. These represent significant changes in women's participation in decision making processes.

Maternal and Child Health

Empowering women to identify and demand their rights

When women are healthy their families and communities benefit, but in many communities cultural norms result in women remaining silent and deferring to males for key decisions concerning their health. A key priority for the AACES program is to promote women's rights and empower women so that they are better able to both understand their rights to health and effectively demand health services.



Women and their children accessing health services at a clinic in Kilifi district, Kenya. Photo by World Vision Kenya



Maternal and Child Health

Empowering women to identify and demand their rights

Plan International worked with 20 village heads and community volunteers in [Zimbabwe](#) to address gender-based violence, particularly domestic violence. Consequently, traditional leaders are now providing mediation cases in their courts that are fairer to women and in line with the law, particularly the Domestic Violence Act. In addition, women are now given the opportunity to speak during the court process, while village heads are facilitating roles for women in traditional structures. For instance, in one village, a village head has created a new position for a woman in the village head's advisory council to provide a channel for women to report cases. To date she has managed to bring two cases for arbitration to the village court. This has helped to reduce discrimination against women in the community.



Maternal and Child Health

Challenges and opportunities

AFAP's partner CTDI notes that cultural beliefs and social norms around birthing and breastfeeding practices in **Zimbabwe**, such as feeding infants solids rather than exclusive breast feeding, have hampered efforts to increase use of maternal and child health services. In response, CTDI is developing practical strategies such as breast feeding campaigns, medical outreach programs and mobile baby clinics in collaboration with the Ministry of Health and Child Welfare and Paediatrics to engage communities and address cultural and religious barriers.

AOA's partner APDA states that traditional practices in Ethiopia are a barrier to change, particularly forced and early marriages as well as female genital mutilation. However, through training, advocacy and awareness-raising efforts, this is gradually changing.



Children during a health awareness day organised by World Vision in Kilindi district, Tanzania.
Photo by Douglas Waudu, AACES Resource Facility

Maternal and Child Health

Success story - Fatuma Katana

Fatuma Katana is a resident of Maledi, Msambweni district, in Kwale County in Kenya. Her husband, Mr Katana, works in Mombasa town, some 130 kilometres away. Despite her husband working, Fatuma's family still faces high levels of poverty. Fatuma is relatively young. At the age of 26 she is a mother of six children with her youngest child only two months old. Fatuma, who was born with a physical impairment, does not have any source of income and relies on the meager earnings of her husband.

Due to lack of finances and limited awareness of her options, Fatuma did not use a regular method of family planning and relied on contraceptive pills borrowed from her neighbour whenever her husband came home. On one particular day when her husband was coming home, Fatuma's neighbour did not have any pills to share with her. Worried about becoming pregnant a seventh time, she panicked. She did not know where to buy the pills, or any other form of family planning. Sadly enough, she did not know where to go for advice. Having a seventh child was a fear for Fatuma, but it would be even worse if her husband knew that she was using a family planning method.



Fatuma with her child. Effective family planning methods are giving Fatuma and other women in Kwale County time to recover between births.
Photo by Edward Kubai/ Marie Stopes Kenya



Maternal and Child Health

Success story - Fatuma Katana

Fatuma gathered courage and walked to the nearest clinic, which happened to be supported by Marie Stopes International. This is where the Marie Stopes International social franchising coordinator, a nurse by profession, met Fatuma with her two-month-old baby in her arms. From afar, Fatuma looked worried and confused. Later she informed the coordinator that she was concerned about how to approach the service provider with her reason for coming to the facility.

At first, Fatuma was reluctant to share her concerns. However, the nurse reassured and counselled her about the range of family planning methods available to her. With counselling, Fatuma made an informed choice to take a three-year family planning method from the clinic, with enough time before her husband arrived for his next visit. Fatuma now has time to recover from child birth and the baby's health can be prioritised.

The proximity of the social franchising clinic, the detailed counselling and the subsidised costs of the family planning commodities allowed Fatuma to make an informed choice as well as avoid an unwanted pregnancy. Fatuma is overjoyed that for the next three years she will not again have to ask her neighbour for contraception. She is even happier to have received family planning information that she is now sharing with other women in the community, as well as her own husband.

Photo Gallery

Maternal and Child Health



A mother receiving post natal counselling at a clinic in Kenya.
Photo by World Vision Kenya



Video Gallery

Maternal and Child Health

Improving Access to Sexual Reproductive & Family Planning Services - Marie Stopes Tanzania



Marie Stopes International is contributing to increased access to and uptake of equity sensitive sexual and reproductive services to marginalised populations in Tanzania. This video captures the stories of ordinary people in rural Tanzania who are transforming their lives through better access to sexual reproductive and family planning services.

Chapter 4

Food Security



Naomi Abalo shows her peanut harvest in Uganda. Through ActionAid's training and support, Naomi has been empowered to diversify her income.
Photo by ActionAid

HIGHLIGHTS

Food Security

UGANDA

Plan International helped people with disability to participate in food production by promoting the traditional practice of *dava* (community help), where community members offer labour to help people in need, which may include people with disability. Annah Chauke, who has a disability and who benefited from *dava* to weed her farm, says 'this made me feel loved and belonging to the rest of the community. It made me feel that I can do a lot of things with my community helping me.'

ETHIOPIA

CARE established 30 village savings and loans associations with a membership of 587 farmers (including 330 women farmers). Sixteen rural saving and credit cooperatives were registered, which helped members to mobilise savings and get credit from formal banking institutions. As a result, seven cooperatives (including 165 women) received financial credit to fatten livestock.

MALAWI

Caritas' partner CADECOM supported 248 people with disability to participate in community development meetings. CADECOM ensured meeting venues were accessible and that 52 people with disability assumed office-bearing roles at various community committees. This was achieved by collaborating with the Ministries of Health, Education and Gender and Community Development, village development committees, the Federation of Disability Organisations in Malawi and the Malawi Council for the Handicapped.

MOZAMBIQUE

With AFAP's support, 120 kitchen gardens were established. As a result, 621 farmers, including 22 people with disability, increased their incomes and had access to more nutritious food.

KENYA

ActionAid provided training and documentation for registration of three smallholder farmers' cooperatives involved in marketing farmers' produce and formulating policies to influence agricultural regulations. ActionAid also improved the collective negotiation skills and influence of women and men farmers by continuing to support 80 farmer field schools.

Food Security

In 2012–13, Plan International, Caritas, CARE, ActionAid and AFAP helped smallholder farmers by:

- providing agricultural support to smallholder farmers
- helping them to diversify their incomes
- providing information/platforms that helped them to better advocate for their rights.

OUR IMPACT IN NUMBERS

In 2012–13, AACES helped improve the food security of over 33,000 people.

More than:

- **26,000** households received farm inputs such as tools, seeds and livestock
- **30,000** households adopted new and improved agricultural technologies that will increase agricultural productivity
- **14,000** farmers joined farmer associations, which provided technical support, information and knowledge sharing
- **31,000** farmers accessed new or improved agricultural services
- **32,000** people learned about their rights to land, food and access to government agricultural services.



Overview >>



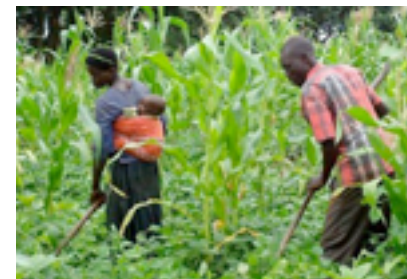
Providing agricultural support to small holder farmers >>



Helping small holder farmers



Advocating for the rights of small holder farmers >>



Challenges and opportunities >>



Success story Margaret Zipata >>

Food Security

Overview

Despite improvements over the last two decades, Sub-Saharan Africa remains the region with the highest prevalence of undernourishment, with one in four people estimated to be hungry.¹⁴ Rural households are the most affected. Contributing factors across Africa include rapid population growth, lack of agricultural investment, civil war, and agricultural dependency on the climate and environment. Inadequate access to land and agricultural technologies for smallholder farmers is also a significant factor.

Most farmers are women. Women also account for more than 80 per cent of household food production,¹⁵ yet they have less access than men to productive resources, services, technologies and information. People with disability are often forgotten when it comes to food security. This is despite the fact that the majority face enormous challenges such as not being able to till or retain access to and control over their land, as well as discrimination and stigmatisation. By ensuring that people with disability are not left behind, food security initiatives play a direct role in promoting sustainability, supporting human capital development, stimulating local markets, facilitating structural economic reforms and reducing inequality through redistribution. To address these issues, AACES is working with smallholder farmers to increase agricultural productivity and help them find other sources of income and savings.



Food Security

Overview



Sophia Malivata, aged 39, working in her vegetable garden in Mbuovillage, in Mtwara, Tanzania.

Photo by AswaniAdams / CARE

Food Security

Agricultural support to smallholder farmers

Program partners helped smallholder farmers to increase agricultural productivity through activities such as seed and fertiliser distribution, agricultural technical extension services and sharing of experiences and learning.

Input support, training and agricultural extension services

Many small holder farmers work in remote rural areas where there is limited access to advice and training in farm production and techniques. In **Malawi**, AFAP's partner Concern Universal, in collaboration with the Department of Agriculture, facilitated 'Training of Trainers' for 60 workers in food production techniques and community-based management of water facilities and sanitation. The trainers will now train communities with a focus on practical aspects for immediate application of learning.

In **Kenya**, 71 people with disability participated in ActionAid's farmer field schools and junior farmer field schools. Activities were tailored to suit school members with different forms of disability. For example, alternative income-generating activities are offered to those unable to farm, included beekeeping, tree nurseries, weaving and hiring of tents and plastic chairs. ActionAid also linked a group with the National Council for Persons with Disabilities (NCPWD), a semi-autonomous government agency, to advocate for their rights, including improved service delivery as well as employment opportunities.

Learning and innovation

A central strategy for improving food security in marginalised communities is supporting small holder farmers to learn from each other. Over the year, AACES partners facilitated the formation of farmer field schools where farmers learned conservation and agriculture techniques to increase agricultural productivity. They also helped to provide agricultural support services and enabled women, including those with disability, to take up leadership roles in their communities.

Food Security

Agricultural support to smallholder farmers

ActionAid supported smallholder farmers in **Kenya** to participate in exchange visits, exposure tours, farmer field days and fairs to facilitate learning and sharing of experiences. ActionAid also established 10 junior farmer field schools for 300 school students to help teach the next generation of farmers. These students established various enterprises in their schools including rabbit rearing, fish farming, fruit tree orchards, tuber crops and tree nurseries. The schools have become popular training centres for neighbouring communities too, with more than 1000 parents getting involved to learn new agricultural techniques.



Desta Zeleke feeding her poultry in Ethiopia. She uses the hay box brooder technology promoted by CARE to rear the chicks, which are then distributed to female headed households. During the year, CARE provided 200 women with 10 chickens each to produce eggs. This is leading to an average income of 1700 Ethiopian Birr (AUD95) per woman within a three-month cycle.

Photo by Maru Argaw/ SoS Sahel / CARE



Food Security

Agricultural support to smallholder farmers

Through farmer field schools piloted by AFAP's partner CTDT in [Zimbabwe](#), farmers received training in agricultural techniques, how to build food storage facilities such as granaries, and basic business principles. By providing community assets such as fenced gardens and granaries, AFAP also inspired more farmers to seek agricultural training and support. For instance, the introduction of baby marrow as a new crop at Kaweregarden resulted in demand for additional agronomic advice on tending the crop.

CARE worked with selected and elected community members in [Malawi](#) to provide farmers with agricultural support services. The community-based agents reached 10,576 people, providing information on agronomy, gender equality, village savings and literacy. Farmers learned how to better manage harvested crops as well as how to provide nutritious meals for their families. For example, agents worked with farmers to promote the use of sweet potatoes mixed with dry fish and local vegetables to make a balanced nutritious meal -an alternative to maize, which is in short supply. To create awareness of the nutritious crop alternatives, 65 demonstration plots were planted with soya, beans, cassava and sweet potatoes. The community is now learning about modern farming techniques such as land preparation and management, irrigation, improved varieties of soya, beans, cassava and sweet potatoes, as well as post harvest handling.

In many communities, almost all agriculture extension workers are men and few have been trained to provide the services and information that women smallholder farmers need. For instance, women are desperately short of secure and adequate land, basic tools and inputs, credit, extension services and technical advice, relevant research, and appropriate infrastructure and technology. In [Malawi](#), AFAP's partner, Concern Universal, trained women as lead farmers to train both male and female farmers in improved agricultural practices and new techniques. This has significantly increased demand for agricultural extension services, particularly from women.

Food Security

Helping smallholder farmers diversify incomes

Program partners improved communities' access to regular nutritious food by addressing underlying problems such as limited agricultural resources and inputs, which result in poor crop yields. They also supported farmers to diversify their sources of income by providing access to credit, which has helped them to pay for farm inputs, improve farming techniques and develop small businesses, allowing for greater participation in local markets.

Income-generating activities for women

AACES partners worked to improve the economic and social quality of life for marginalised rural women by providing opportunities for them to earn income from a variety of sources. They continue to support women through village savings and loans associations, which have become integral to strengthening women's activities in business, while diversifying their sources of income.

Through ActionAid's support, six village savings and loans associations in **Uganda** each saved 1.5 million Uganda Shillings (AUD652), while a further 38 farmer groups saved 10 million Ugandan Shillings (AUD4152) to put towards income-generating activities. The savings were made over the course of the year. Also in **Uganda**, ActionAid encouraged communities to include people with disability and other members of marginalised groups in the distribution of assets such as goats. Ninety-nine people with disability have participated in project activities, including 56 women.

CARE enabled 1519 female producers in **Tanzania** to improve their agricultural productivity by facilitating access to agriculture extension services and improved varieties of sesame and cassava. Farmers reported that the new sesame variety has produced double the yield of the previous variety. From a total of 421 kilograms of sesame seed distributed, farmers harvested a total of 12,770 kilograms, worth 27 million Tanzanian shillings (AUD17,719). As a result, farmers are looking for more land so that they can go into individual production without external support.



Food Security

Helping smallholder farmers diversify incomes

Plan International supported 475 women, including eight women with disability, in **Kenya** and **Zimbabwe** to form village savings and loans associations, enabling them to pool resources and generate income through activities such as baking, home agriculture and selling goods and produce. Women have used the income to pay for agricultural inputs, school fees, house construction and other household needs. They have also reinforced their confidence and position as decision-makers and income-earners within their households.



Members of Umoja ni Nguvu producer group in Tanzania. CARE supports the group to diversify their income through agriculture.
Photo by CARE

Food Security

Advocating for the rights of smallholder farmers

The needs of small holder farmers, particularly women and people with disability, are often not considered when it comes to policy, legislation, agricultural extension services and research. During the year, AACES partners developed the capacity of smallholder farmers and civil society groups to work together and engage with government on these issues. This resulted in strong and vibrant communities that are able to take collective action and participate actively in decision-making processes.

Promoting legal rights

In **Mozambique**, advocacy initiatives directed at various levels of government, facilitated by AFAP's partner, Concern Universal, and the Association of the Blind and Partially Sighted of Mozambique, encouraged disability-friendly policies. Due to the collaborative advocacy initiatives, 33 people with disability were included in government vocational training courses such as carpentry, sewing and construction free of charge. Also, the government supported 10 children to attend a special school for children with disability.

AACES program partners recognise that access to land is essential for women farmers to earn a living and feed their families. Plan International educated community members in **Uganda**, particularly women, about their legal rights regarding land. A total of 13,220 people (including 8053 women) attended the rights education sessions. Topics covered during the sessions included domestic violence, land rights, health rights for expectant mothers, inheritance rights and making a will, economic rights of women and people with disability, as well as rights in a family setting, including how to legalise a relationship to protect the rights of women. Women have identified significant improvements in their well being as a result of knowledge and legal services safeguarding inheritance entitlements, including the retention of land, housing and other properties.

Caritas' partner CADECOM supported communities in **Malawi** to lobby the Government to review the Game Reserve and Park Act following crop damage and the loss of life caused by animals from the nearby game reserve. As a result, a 10-member committee has been formed to continue advocating on this issue and to ensure people's rights to life, security and food production are not compromised.



Food Security

Advocating for the rights of smallholder farmers

Through the Farmer Reflect Group, ActionAid increased the collective influence of women and men farmers in **Uganda**. During the year, the 2791 members (2102 of whom are women) engaged with government duty-bearers in forums, where they articulated various agricultural policy and programming issues. The issues particularly related to the National Agricultural Advisory Service, a demand-driven service co-funded by the Ugandan Government. This resulted in women now feeling confident enough to speak in public and voice their concerns, as well as hold positions of leadership.



People with disability in Malawi learn how to use their new wheelchairs. The wheelchairs were provided by the Orthopaedic Centre at Queen Elizabeth Central Hospital in partnership with the Ministry of Health after advocacy by AACES partners.
Photo by CADECOM / Caritas



Food Security

Challenges and opportunities

Failure to prioritise agriculture by the newly devolved county structure of the government in **Kenya** could result in under-financing of the sector. ActionAid has commissioned a study to estimate the percentage of resources allocated to agriculture in the project area. The outcomes of this study will be used to influence legislation and policy. The outbreak of African swine fever in **Malawi** led to the loss of some pigs. AFAP's partner, Concern Universal, collaborated with key players including the Department of Agriculture, local leaders and communities on a response. This included awareness-raising meetings about the disease. As a result of this coordinated effort, further spread of the disease was prevented and no additional cases have been reported in the project area.

Supporting women in **Ethiopia** was a significant challenge for CARE as beneficiary lists generated by the Government list mostly men. However, CARE held a long consultative process with local government and community leaders on the importance of engaging women as the primary beneficiaries of the AACES project to improve household food security. This has led to a commitment from the Government to CARE's approach and CARE is now able to directly engage women in mixed households.

Food insecurity in **Tanzania** worsened after several years of drought, severely disadvantaging the community and limiting people's ability to participate in community development projects. Caritas addressed the problem through food security initiatives, including providing 100 marginalised households with drought-tolerant seeds.



Joseph and his wife in their garden in Uganda. Plan International is assisting farmers increase their farm produce.
Photo by Plan International

Food Security

Conservation agriculture gave me a second chance at life

A little over five years ago, 63-year-old Margaret Zipata from Chimeta village in Malawi would harvest only three bags of maize from 0.2 hectares of land. With these few bags, she had to feed her family of eight for a year. Not surprisingly, she often ran out of food only a few months after harvesting her crop.

Being in a polygamous marriage with her husband, who was almost always absent, meant she had to work even harder to provide for her children and grandchildren.

'To survive these harsh times, I did a lot of casual work so I could buy food for my family. Sometimes I literally begged for maize from friends. Many times we went to bed on an empty stomach. Not surprisingly, people in the village mocked me,' Margaret recalls.

The insignificant harvest from her farm, coupled with the use of a labour intensive farming method, discouraged Margaret to cultivate her land and prompted her to work as a casual labourer instead. Fortunately for Margaret, AFAP's partner, Concern Universal, in collaboration with the International Centre for Research in Agroforestry, was able to offer her training in conservation agriculture along with other farmers in her community.

The training involved laying tree and maize stems on the ground to form compost, thereby restoring soil fertility. It also taught participants about the benefits of planting vetiver grass at intervals in sloping fields and digging terraces to prevent soil erosion and conserve moisture.

After adopting these simple practices, Margaret says her farm now produces an average of 900 kilograms of maize each year, six times more than what she used to harvest. She now sells part of her surplus harvest to buy fertiliser and other basic necessities for the home.



Food Security

Conservation agriculture gave me a second chance at life

'Other members in the community were sceptical and did not want to adopt conservation agriculture right away but now that they have seen tangible results of it in my field they approach me for advice. I gain a lot of satisfaction teaching them everything I have learnt, knowing that it will have a positive impact on their lives,' says Margaret. Because conservation agriculture is not as labour intensive as the conventional method, Margaret says she now has a lot of time left over to get involved in other income-generating activities, such as caring for her livestock and running small seasonal businesses.

Margaret is now a confident, happy woman who is proud of her achievements. Conservation agriculture has not only given her enough food for her family, but also an income, resilience, self-assurance and a standing within her community.



'Five years ago, who knew that my land would produce enough to eat? Who knew that I would be self-reliant, that I could sell off my maize and make money for my family?' says Margaret Zipata.

Photo by AkossaMphepo/ AFAP

Photo Gallery

Food Security



Farmers in Uganda are being empowered by to diversify their incomes through crop diversification. **Photo by ActionAid.**



Video Gallery

Food Security

Women Empowerment through Food Security - CARE / SoS Sahel, Ethiopia



CARE Ethiopia is working in partnership with SoS Sahel, a local partner to improve the quality of life for the chronically food insecure rural women. This is the story of how CARE is increasing agricultural productivity through income generating activities as well as creating enabling environment that promote women's rights and gender-sensitive agricultural programming.

Chapter 5

Working in Partnership



A group of AACES partners interacting during the annual reflection meeting in Dar-es-Salaam, Tanzania. The annual reflection meetings bring together staff with responsibility for AACES in Australia and the 11 African countries where the program is being implemented. The purpose of the reflection meetings is to enable AACES partners take stock of progress in implementation and to discuss, share experiences, learn and brainstorm on various program themes and issues. **Photo by Douglas Waudu / AACES Resource Facility**

Working in Partnership

Partnerships are a central feature of the AACES program. Partnerships exist between Australian NGOs and their African partners, among African partners and between the NGOs and the Australian Government. Beyond these are other important partnerships -for instance, between African NGOs and external partners such as local governments and other non-government organisations. In 2012–13, AACES partners continued to develop and strengthen relationships at these multiple levels.

[Sectoral and programmatic partnerships >>](#)

[Country partnerships >>](#)

[Working with other stakeholders >>](#)

[AACES 2013 partnership survey >>](#)





Working in Partnership

Country partnerships

Building on work done last year, NGOs working in the same country strengthened their relationships through meetings to share experiences, opportunities and challenges. NGOs in [Malawi](#), [Tanzania](#) and [Kenya](#) have established quarterly in-country meetings. Partners have taken advantage of these platforms to strengthen programming based on collective understanding of the country context. They also collaborated on issues where there is potential to jointly engage decision-makers and influence policy. For example, in Malawi, partners used the AACES platform to coordinate efforts to help women secure land rights, which is crucial to addressing the gender gap in land ownership. They also collaborated with other civil society organisations in the country to advocate for more government spending on WASH in the country's 2013–14 budget.

Working in Partnership

Sectoral and programmatic partnerships

NGOs working in the same sector jointly planned and delivered activities that resulted in time and cost savings, innovation and other tangible outcomes. World Vision and Marie Stopes International in **Tanzania** worked together to encourage longer term methods of family planning that can lower maternal mortality.

NGOs also developed collaborative ventures for innovative and experimental activities that received funding through the AACES Innovations Fund. In **Kenya**, Marie Stopes International is partnering with Plan International to implement an integrated health and livelihood approach project to improve the well being of young mothers. ActionAid and World Vision partnered on a project to deepen engagement with youth as agents for change to improve the quality of services in rural areas.

Learning events, exchange visits, joint program reviews and training provided opportunities for partners to strengthen collaboration and improve programming. For example, following a monitoring and evaluation training workshop, AFAP adopted WaterAid Australia's advocacy scrap book¹⁶ methodology to improve its monitoring of advocacy and policy work. Staff from AOA's partner APDA in Ethiopia attended a training workshop on gender organised by CARE and shared lessons on what works in integrating gender and promoting women's participation in agriculture.

Australian Government sector specialists' participation in learning events facilitated linkages and built synergies between NGO activities and the broader objectives of Australia's aid program in Africa. The Australian Department of Foreign Affairs and Trade program staff valued the opportunity to learn about experiences and results of AACES activities in the areas of their expertise.



Working in Partnership

Sectoral and programmatic partnerships



Participants at the AACES Value for Money workshop in Dar es Salaam, Tanzania. Learning platforms have played a key role in consolidating partnerships in AACES. In addition to providing opportunities to share opinions and learn from each other, they have helped strengthen personal relationships and build a sense of collective responsibility.

Photo by Douglas Waudu / AACES Resource Facility

Working in Partnership

Working with other stakeholders

Partnerships under AACES go beyond program partners. NGOs collaborated with external partners to share practices and resources and influence policy. In [Rwanda](#), World Vision, which is the only AACES NGO operating in the country, established a relationship with CARE Rwanda that has allowed them to strengthen their expertise in community-based advocacy. In Tanzania, CARE partnered with the Aga Khan Foundation and the National Agricultural Research Institute on research to improve access to extension services, farm inputs, credit and markets for smallholder farmers. In [Kenya](#), Plan International partnered with Population Services International to organise mobile clinics.

NGOs continued to strengthen working relationships with governments to improve service delivery and strengthen policy. Marie Stopes International collaborated with the Ministry of Health and Social Welfare in [Tanzania](#) to draft the national youth behaviour change communication strategy. In Kenya, AOA's partner MUAC worked with the Ministry of Health to train community health workers to enhance community access to health services. In [Ethiopia](#), AOA's partner APDA collaborated with government health personnel to jointly vaccinate children. In [Tanzania](#), WaterAid shared research findings with the country's government that contributed to the adoption of a national school WASH strategy.



Working in Partnership

Working with other stakeholders



Zuhura Msesa a community health worker displays her training manual. She works with World Vision in Kwediboma village, Kilindi district in Tanzania.
Photo by Douglas Waudo

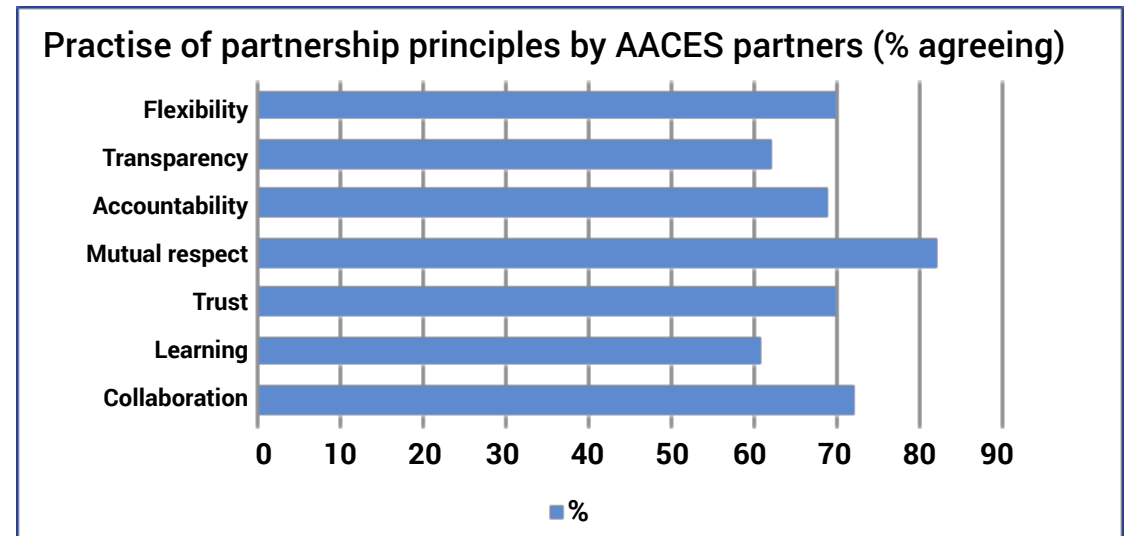
During the year, AACES NGOs partnered with organisations representing people with disability to raise awareness of the rights of people with disability, and educate communities and decision-makers to change attitudes, beliefs and policies. **In Mozambique**, AFAP's partner, Concern Universal, signed a Memorandum of Understanding with the Forum of Associations of Persons with Disability, an umbrella organisation in the disability sector. Both partners collaborated to launch the 'Say Yes to Inclusion' campaign in the country to advocate for equity and inclusion in government policies and budget.



Working in Partnership

AACES 2013 partnership survey

The second AACES partnership survey was conducted in April 2013 to capture views and perceptions of how the partnership operates in practice. The findings revealed that the AACES partnership principles of trust, flexibility, accountability, mutual respect, collaboration, transparency and learning are well applied. They also confirmed that relationships take time to develop and require a willingness of parties to be involved. The results of the survey were discussed in the AACES annual reflection meeting in June 2013. The discussions helped partners understand challenges and prioritise areas for further improvement. Key areas identified for focus include strengthening communication, learning and knowledge sharing between partners.



Chapter 6

Increasing the Australian Public's Development Awareness



Guests viewing photos during the World Food Day photography exhibition and panel discussion in Sydney, Australia, organised by ActionAid in partnership with AFAP. Photo by **Cristina Postilla Quattrociocchi / AFAP**

Increasing the Australian Public's Development Awareness

During the year, AACES partners informed and educated the Australian public about development issues facing Africa and how AACES is addressing them through a range of activities.

These include:

- photography exhibition, public events and speaking opportunities
- engaging health sector professionals
- the Go Bare Initiative
- Giant toilet tour
- school visits.

AACES partners also used websites as social media and blogging to engage Australian and international audiences.

Increasing the Australian public's development awareness >>



Increasing the Australian Public's Development Awareness

Photography exhibition and panel discussion

To celebrate World Food Day, ActionAid partnered with AFAP to host Exposing Hunger: Capturing Solutions, a one-week community event incorporating a photo competition, gallery exhibition and panel discussion in Sydney. A photo competition, which formed the core of outreach activities, was publicised online in July 2012 and submissions were made directly to the website. The website then became a portal to explore multiple dimensions of food insecurity. Visitors were given the opportunity to vote for their favourite photo-story. The winner's photographs were displayed in an exhibition formally launched on World Food Day (16 October 2012). Following the exhibition, a food panel discussion was held on the ways in which local cooperatives can assist to address the global food crisis. The Lord Mayor of Sydney launched the exhibition and Tracey Spicer (ActionAid Australia Ambassador and prominent journalist) convened the food panel. More than 200 people attended the events throughout the week.

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Engaging the community on maternal health

Anglican Overseas Aid targeted health sector professionals, students and members of the general public accessing maternal health services to raise awareness about maternal health around Mother's Day and International Day of the Midwife. The initiative featured a 'safe motherhood' photography exhibition, which was displayed at the Royal Women's Hospital in Melbourne and the World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology in Sydney. It is estimated that up to 2250 people saw the exhibition, which featured photographs from nomadic pastoralist communities in Kenya and Ethiopia accompanied by descriptions of development activities implemented by Anglican Overseas Aid.

Increasing the Australian Public's Development Awareness

Public events and speaking opportunities

A core AACES case study involving Caritas' work was presented to 29 teachers at the Australian Geography Teachers' Conference during the food and water security workshop in Perth in January 2013. An article featuring Caritas' experiences through AACES was published in GeoDate (a journal for geography teachers), subscribed to by 250 schools. An article written by Caritas' partner CADECOM for World Hunger Day was also included in the publication.

World Vision used the 'One Just World' platform in March 2013 to highlight the AACES program. During the Melbourne forum, *The recipe for eradicating poverty: is there a missing ingredient?*, World Vision discussed the importance of maternal and child health issues. World Vision also held a stall at the forum where it distributed information about maternal and child health to more than 500 people.

Marie Stopes International, in collaboration with CARE, the Burnet Institute, International Women's Development Agency and Plan International, organised an Australian sister event to the 2012 London family planning summit. The event was co-hosted by Marie Claire magazine and the Australian Government in Sydney and was attended by 84 people. A dinner was also organised in December 2012 for the Executive General of the United Nations Population Fund while he was in Australia for the launch of the State of the World Population 2012 report.

Increasing the Australian Public's Development Awareness

The Go Bare Initiative

CARE and Marie Stopes International partnered to develop Go Bare day. The initiative asked Australians to go bare without make-up for one day (14 September 2012) to raise awareness of women and girls living in poverty in Africa. The idea is that going without something they considered an everyday necessity or 'basic' reminded them of the fact that many women and girls in Africa lack access to the basic essentials in life such as family planning and food security.

The Go Bare initiative aimed to introduce development awareness to a target audience who are not currently engaged with the sector. In the lead up to Go Bare day, a mix of online and print paid media, social media and online channels were used to promote the inaugural day and build support. All media coverage directed traffic to the Go Bare website, where Australians could register to Go Bare and learn more about the Go Bare initiative and the AACES projects being undertaken by CARE and Marie Stopes International. The initiative also had the support of two celebrity ambassadors, Dr Joanna McMillan and Sarah Wilson.

Through the mixed media channels the Go Bare initiative achieved a total audience reach of 537,826. It will continue over the life of AACES, with an increasing focus on digital and social media and public relations.

Increasing the Australian Public's Development Awareness



A group of participants who participated in the CARE and Marie Stopes International 'Go Bare' initiative in Australia.

Photo by SusyMcFarlane / Marie Stopes International

Increasing the Australian Public's Development Awareness

Global poverty: teacher's toolkit

CARE included AACES-specific information in its schools' outreach resource Global Poverty: Teacher's Toolkit. This program reaches more than 10,000 Australians every year and features human interest stories from AACES programs alongside other information about development programs in Africa. The toolkit is available online and in hard copy.

Giant toilet tour

WaterAid contributed to a deepened understanding of water, sanitation and hygiene issues in Africa through the giant toilet tour. A giant toilet travelled through towns and university campuses across Australia to promote global sanitation issues. As part of the tour, WaterAid held school presentations which incorporated photos, case studies and stories. It is estimated that the toilet tour reached more than 1000 university students.

School visits

AFAP hosted a presentation for 115 students in years 5 and 6 at Summer Hill, New South Wales. AFAP visited the participating classrooms to talk about food security in Zimbabwe and Australia, distributing worksheets for students to complete. Students reported that the presentation was informative and engaging, and that they learned a lot about the difficulties of getting enough food in Africa.

Increasing the Australian Public's Development Awareness

The internet and social media

AACES partners used websites, social media and blogging to engage Australian and international audiences.

Anglican Overseas Aid enhanced its 'The Road Less Travelled' blog with regular content from different voices across the partnership. During the year, numerous blog entries were posted covering a range of themes and issues that are being addressed by the project. A Twitter account was also set up and proved useful in drawing people to the blog. Tweets raising awareness of the project encouraged discussions around maternal, newborn and child health, and facilitated networking with national and international organisations working on maternal, newborn and child health initiatives.

CARE has a dedicated AACES program area on its website, and publishes blogs on the AACES program, including human interest stories and major program highlights such as the AACES Annual Report 2011–12.

Chapter 7

Learning for Good Practice



Nebud Viyuyi(left) in school with his classmates in Mzuzu, Malawi. He had never been able to walk until this year when Caritas partner CADECOM helped him with therapy, callipers and sleeping supports. Nebudaged 15, who had never been to school due to his mobility problems, is now enjoying life as a pupil.

Learning for Good Practice

AACES places a major emphasis on learning and sharing knowledge to strengthen the implementation of the program and to inform the Australian Government's policy for greater economic growth and poverty reduction in Africa. In 2012–13, program partners continued to share experiences and lessons through technical working groups, reflection meetings, workshops, field visits and various other forums. Partnerships have been instrumental in fostering a culture of learning in AACES.



[Informing Australian Government policy and programs >>](#)

[Learning activities >>](#)

[Key lessons learned >>](#)

[The AACES Innovations Fund >>](#)



Learning for Good Practice

Informing Australian Government policy and programs

The focus is on the exchange of information and learning between initiatives delivered as part of the Australian Government's aid program and NGOs activities, particularly on how to target and provide sustainable services for marginalised people. The Australian Government and NGOs engaged with each other to share lessons on a range of topics including:

- fiscal decentralisation in Kenya
- decentralisation and sectoral budgeting for WASH in southern Africa
- community participation in mining governance
- delivering health services to remote and nomadic populations.



Jamie Isbister, DFAT Minister Counsellor for Africa addressing participants at the annual reflection meeting in Dar-es-Salaam, Tanzania in June 2013.
Photo by Douglas Waudou / AACES Resource Facility.

Learning for Good Practice

Learning activities

Reflection meetings

The annual reflection meeting is the primary knowledge-sharing event for AACES. The meeting brings staff with responsibility for AACES in Australia and Africa together to reflect on the implementation of the program, and discuss and learn in a cooperative, non-competitive environment. The meeting is highly interactive and participatory with content shaped by participants' contributions. The second meeting took place in June 2013 in Dar es Salaam, Tanzania, and was attended by more than 60 participants. The participation of Australian Government sector specialists strengthened synergies between program activities and Australia's broader objectives in the region.

Several NGOs also organised learning workshops that brought together staff from different countries. These workshops helped to enrich country strategies through learning from other teams on approaches to reach marginalised groups.

Peer learning activities

Peer learning activities undertaken during the year helped partners to discover and share best practices. For example, several NGOs were able to identify what was working well and areas for improvement as a result of peer review of their AACES monitoring and evaluation frameworks. Following the exercise, AFAP adapted WaterAid's tools for measuring progress on advocacy. WaterAid revised its AACES monitoring and evaluation framework after peer review of Marie by Stopes International and CARE in Tanzania.

Other ways of sharing experiences included the development of an internal communication and learning platform. NGOs have been using the AACES Yammer platform to share resources and communicate lessons more widely. Several learning groups have been formed covering AACES priority sectors and cross-cutting topics. The maternal and child health group on the Yammer ¹⁷ platform has more than 40 members who regularly post and share resources.



Learning for Good Practice

Learning activities

Field visits

Field visits provided another good opportunity for learning and sharing knowledge. AACES partners who visited AFAP's project sites in Mutoko district, Zimbabwe, learnt about the construction of disability-friendly water points and rainwater harvesting, while participants visiting WaterAid project sites in Singida, Nzega and Iramba districts in Tanzania observed a participatory sanitation and hygiene marketing approach.

AACES partners also visited World Vision project sites in Tanzania. Participants were able to gain insight into the work and role of community health volunteers and how important they are to the health system and promoting better health for families at household level. 'It was an opportunity for us to reflect on our own practice and gain input from participants. For instance, we were encouraged to think about how we could report back to communities on findings and results from project activities,' said Margy Dowling, Program Advisor, World Vision Australia.



AACES partners interacting with community members during a field visit in Karatu district, Arusha region in Tanzania. The field visit conducted by Caritas Tanzania aimed at learning and sharing experiences. **Photo by Caritas.**

Learning for Good Practice

Key lessons learned

The following key lessons emerged in the implementation of AACES in 2012–13.

Community empowerment

Community members responded positively to opportunities for participation provided by the use of rights and strengths based approaches to empowerment. In many instances, the approaches helped marginalised people, including people with disability, realise they have strengths and assets that can transform their lives in positive ways. Training to develop skills, knowledge, confidence and understanding of rights enhanced the effective participation of marginalised groups.

The experience of NGOs so far is that improving the level of community empowerment and making sustainable changes to service access, depends on a number of factors. Gaining support from men for initiatives to empower women has facilitated wider understanding in communities of women's rights and access to services. In **Tanzania** the involvement of the Maasai¹⁸ men in World Vision's project to educate communities about health care has increased male support for women accessing family planning services.

Secondly, raising awareness and training community leaders and traditional authorities enhanced community empowerment, especially where tradition is a barrier to change.

In **Zimbabwe**, Plan International trained traditional leaders (chiefs and village heads) and other decision-makers to promote gender awareness. The traditional leaders reported significant changes in their attitudes towards women, leading to women gaining a public voice on rights issues. In **Ethiopia**, given the strong patriarchal structure of Afar¹⁹ society, AOA's partner APDA trained religious and community leaders on the importance of women using formal health care during pregnancy and childbirth, which led to more women going to hospital for childbirth.

Learning for Good Practice

Key lessons learned

Community empowerment

Finally, working with governments through community planning processes, building relationships of trust with government officials, or advocating through collective action led to tangible results, in particular by aligning community initiatives to local and national development plans. In **Tanzania**, World Vision participated in planning meetings with district health officials to highlight community issues and advocate for more spending on maternal and child health. They also shared their plans and budgets with government officials to harmonise work plans.

NGOs are responding to these lessons by increasing their engagement with communities and decision-makers, forming and participating in networks to change attitudes and advocating for policies to ensure that the most marginalised groups, which may include women and people with disability, are able to access the services they need with active support from men.

Partnerships

The results of the 2013 partnership survey indicated that African NGO partners wanted greater support to develop their capacity in leadership and strategy development. As one component of this, staff from African NGOs will be encouraged to take on bigger roles in the program steering committee, reflection and other workshops and forums. The results of the survey also point to the need to make greater use of in-depth interviews of partners to supplement information that is obtained through the questionnaire. The interviews will help provide a better understanding and ensure proper attention to all factors that influence the effectiveness of the partnership.

Learning for Good Practice

Key lessons learned

Disability inclusiveness

There are a number of barriers to disability inclusiveness in communities, including lack of inclusive policies, funding and negative cultural beliefs and attitudes. A key lesson learned is that success in promoting disability inclusiveness depends on creating an enabling environment that allows people with disability to participate fully in community decision-making. This requires raising awareness about, the rights and potential of people with disability in communities and among decision-makers. In **Malawi**, Caritas' partner CADECOM helped people with disability to participate in community development meetings by advocating for their inclusion in various community committees and ensuring that meeting venues were accessible.



A shareholder from the community helps to water the vegetables growing at the Isihlangwini village Food Garden Co-operative. The co-operative is supported by Oxfam's partner Fancy Stitch, and serves as a demonstration plot that is providing the community with agricultural knowledge and life skills. **Photo by Matthew Willman / Oxfam**



Learning for Good Practice

Key lessons learned

Disability inclusiveness

Collaboration with disabled people's organisations (DPOs) to raise awareness and appreciation of the rights of people with disability has been useful in promoting disability inclusiveness. Marie Stopes International in [Kenya](#) and [Tanzania](#) and World Vision in [Rwanda](#) successfully partnered with DPOs to design education and communication materials to reach people with disability with information on their rights. AFAP's partner in [Mozambique](#), Concern Universal, and Oxfam in [Zambia](#) also partnered with DPOs to advocate for improved service delivery to people with disability, including employment opportunities.

NGOs are building on these lessons to continue engaging people with disability to increase awareness of their rights. They are also engaging with agents of change in communities such as traditional leaders, community leaders and government officials to influence policies and eliminate negative attitudes and beliefs. NGOs are collaborating more with DPOs to increase their skills and knowledge to effectively address barriers to disability inclusiveness in their programs and increase access to services for people with disability.



Learning for Good Practice

THE AACES INNOVATIONS FUND

The AACES Innovations Fund supports initiatives that aim to increase collective knowledge and maintain the program's relevance by being flexible and adaptive to changing contexts. Funding selection criteria encourages NGOs to collaborate and trial new models and approaches, which could have catalytic effects beyond AACES. Proposals are required to demonstrate capacity and options to collect and disseminate learning. The first selection round was held in December 2012 and two projects were funded in Kenya -an integrated health and livelihood approach to improve the well being of young mothers, and engaging youth as agents and channels of change.

Chapter 8

Financials



Alice Oyaro (left) from the Australian High Commission in Nairobi, Kenya, addresses a group of farmers in Mwingi, Eastern Kenya during a field visit. With support from ActionAid the group registered a farmers' cooperative society that will be involved in marketing their produce and formulating policies to influence agricultural regulations.

Photo by Douglas Waudu / AACES Resource Facility

Financials

Total AACES expenditure in 2012–13 was \$16,564,735.

Figure 1: AACES expenditure by sector

AACES expenditure by sector 2012–13

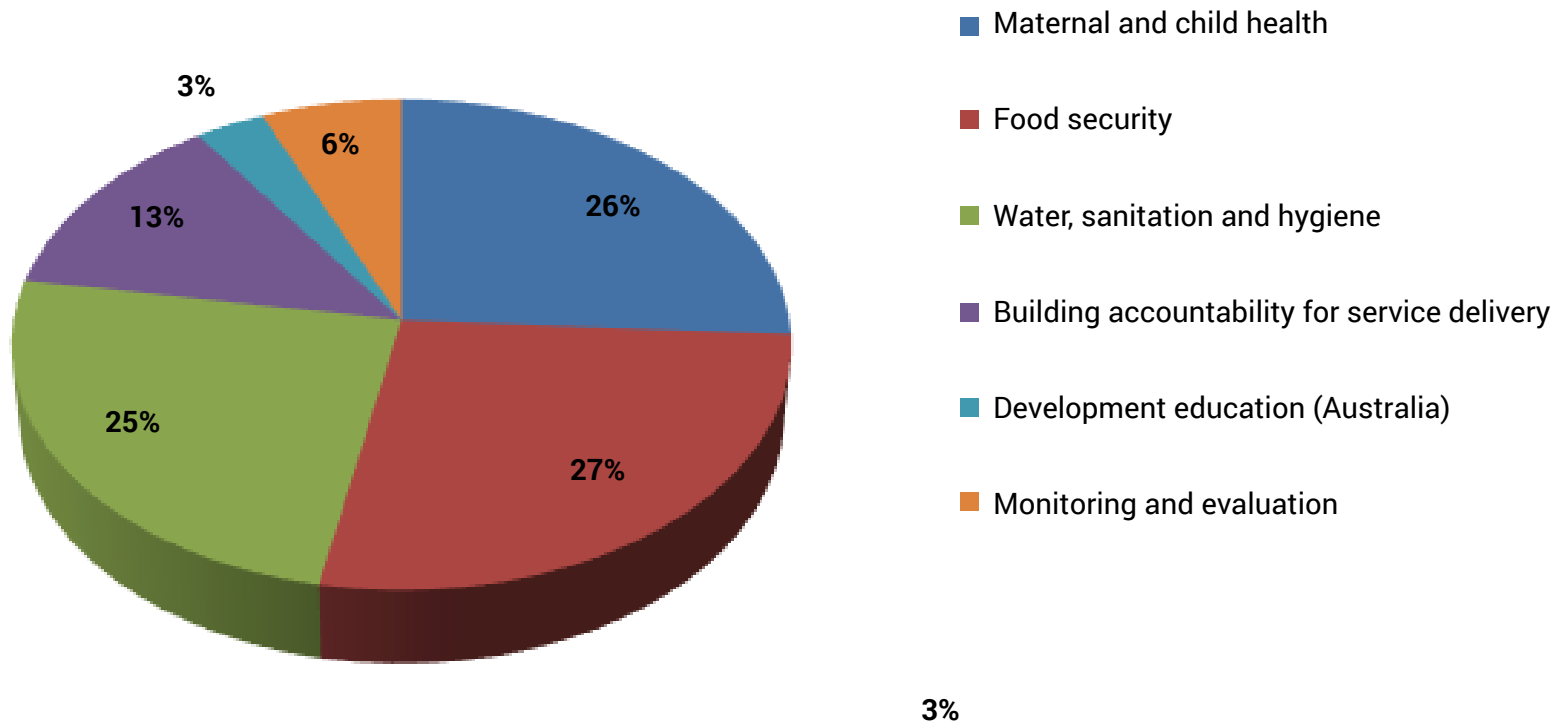
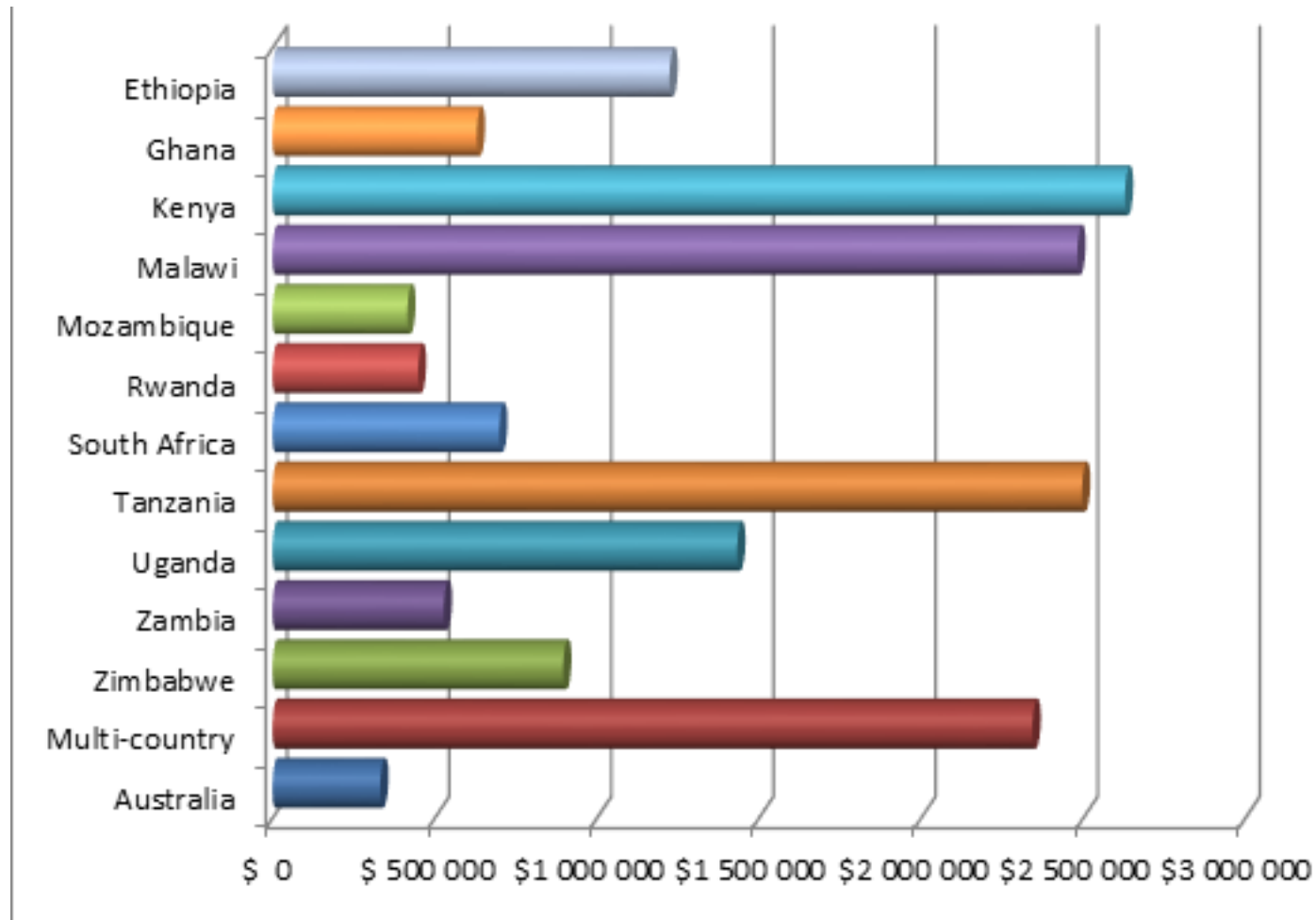


Table 1: Year two actual expenditure by sector

Maternal and child health	\$4,297,559
Food security	\$4,493,381
Water, sanitation and hygiene	\$4,070,459
Building accountability for service delivery	\$2,110,648
Development education (Australia)	\$529,038
Monitoring and evaluation	\$1,063,650
TOTAL EXPENDITURE 2012 - 13	\$16,564,735

Figure 2: AACES expenditure by country



Kenya, Malawi and Tanzania accounted for the greatest portion of individual country expenditure in 2012–13. All of the NGO projects are being delivered in two or more countries and so where budget items are not specific to one country, these have been represented as multi-country expenditure.

Table 2: Year two actual expenditure by country

Zimbabwe	\$896,764
Zambia	\$528,512
Uganda	\$1,433,385
Tanzania	\$2,497,197
South Africa	\$699,563
Rwanda	\$449,045
Mozambique	\$415,908
Malawi	\$2,482,545
Kenya	\$2,629,626
Ghana	\$630,351
Ethiopia	\$1,224,887
Multi-country	\$2,344,317
Australia	\$332,635
TOTAL EXPENDITURE	\$16,564,735

Chapter 9

Conclusion and Looking Forward



A nomadic pastoralist in the Afar region in Ethiopia.

Photo by Kate Holt / AOA

Conclusion and Looking Forward

At the end of the second year of the program, women and people with disability, who are often more marginalised, have greater access to essential services. Progress was made in:

- empowering marginalised people, especially women and people with disability, to identify and demand services that meet their needs
- delivering services to under-served women and men in remote, hard to reach places
- developing the knowledge and skills of decision-makers to help them deliver inclusive and sustainable services
- addressing issues of stigma around disability within communities by challenging harmful cultural attitudes and beliefs
- forging partnerships and collaborating with national governments and local authorities as well as other stakeholders
- learning from each other's work to improve knowledge and practice.

All partners made significant progress on disability inclusion across the three sectors. Through training, developing people's skills and knowledge, raising awareness and other disability inclusive approaches, positive results were achieved in many communities. As a consequence people with disability were more empowered to claim their rights, participate in community activities and access the services they need. While important challenges remain in eliminating barriers to full participation in community activities and accessing services on an equal basis, the progress observed provides a solid base to build on in the coming years.

Drawing on the lessons and challenges of the past year, AACES will continue to implement programs that increase availability of food crops, improve the health of mothers and their children, and increase access to safe drinking water and sanitation. AACES partners will continue to capitalise on the strong partnerships and networks established to achieve greater impact through shared lessons and ideas. They will also continue to work closely with communities and relevant governments as well as civil society groups at district, national and global level, to advocate more effectively for people's rights to access sustainable services.

Conclusion and Looking Forward

The AACES mid-term review will be conducted in 2013–14. The review will examine progress and identify any gaps and areas for improvement. Questions that will be considered include what is going well and what progress has been made, what can be done better and what lessons can inform future actions. The conclusions and findings of the review will, together with the lessons from past years, help to determine the focus for the remaining years of the program.



List of AACES NGOS

AUSTRALIAN NGO	COUNTRY	AFRICAN PARTNER	SECTOR
ActionAid Australia	Kenya	ActionAid International Kenya	Food Security
	Uganda	ActionAid International Uganda	Food Security
Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP)	Mozambique	Concern Universal Mozambique	MCH, WASH, Food Security
	Malawi	Concern Universal Malawi	WASH, Food Security
	Zimbabwe	Community Technology Development Trust	MCH, Food Security, WASH
Anglican Overseas Aid (with Nossal Institute and Australian Volunteers International)	Kenya	Mothers Union of the Anglican Church	MCH
CARE Australia	Ethiopia	Afar Pastoralist Development Association	MCH
	Ethiopia	CARE Ethiopia and SoS Sahel – Ethiopia	Food Security
	Malawi	Mponela AIDS Information & Counselling Centre and CARE Malawi	Food Security
	Tanzania	CARE Tanzania	Food Security
Caritas Australia	Malawi	CADECOM – Malawi, Lilongwe, Blantyre and Mzuzu	WASH, Food Security
	Tanzania	Caritas Tanzania, Mbulu, Mahenge and Ifakara	Food Security, WASH
Marie Stopes International Australia	Kenya	Marie Stopes Kenya	MCH
	Tanzania	Marie Stopes Tanzania	MCH

List of AACES NGOS

AUSTRALIAN NGO	COUNTRY	AFRICAN PARTNER	SECTOR
Oxfam Australia	South Africa	Maputaland Development and Information Centre in South Africa, Save the Children KZN, Fancy Stitch, Tholulwazi Uzivikile, WozaMoya, Resources Aimed at the Prevention of Child Abuse, Community Based Rehabilitation Education and Training for Empowerment in South Africa and Comprehensive Health Care Trust	WASH
	Zambia	Peoples Participation Services, Keepers Zambia Foundation, Mongu Trades Training Institute, Mongu Municipal Council, Kaoma District Council, and Ministries of Education and Health in both districts	WASH
Plan International Australia	Kenya	Plan International Kenya	MCH
	Uganda	Plan International Uganda	Food Security
	Zimbabwe	Plan International Zimbabwe, Musasa and St Peter's Community Care Program	MCH

List of AACES NGOS

AUSTRALIAN NGO	COUNTRY	AFRICAN PARTNER	SECTOR
WaterAid Australia	Ghana	WaterAid Ghana	WASH
	Malawi	WaterAid Malawi	WASH
	Tanzania	WaterAid Tanzania	WASH
World Vision Australia	Kenya	World Vision Kenya	MCH
	Uganda	World Vision Uganda	MCH
	Rwanda	World Vision Rwanda	MCH
	Tanzania	World Vision Tanzania	MCH



AACES contributes to reducing poverty in Ethiopia through community-based interventions in food security and maternal and child health. Total expenditure in 2012-13 in Ethiopia was \$1,224,887.

AACES NGOs

Australian NGO

Anglican Overseas Aid (with Nossal Institute and Australian Volunteers International)

CARE Australia

African Partner

Afar Pastoralist Development Association

CARE Ethiopia and SoS Sahel – Ethiopia

Sector

Maternal and Child Health

Food Security

Ethiopia

Key achievements in 2012-13

Maternal and Child Health: AACES maternal and child health programs reached more than **120,000** people:

- **582** children received life-saving vaccines
- **1213** babies were delivered with a Traditional Birth Attendant who had a clean birthing kit
- **128,232** people received health education messages.

Food Security: AACES helped improve the food security of more than **5000** people:

- **5400** households (3716 women and 1684 men) received farm inputs such as tools, seeds and livestock
- **418** households (85 women and 333 men) adopted new and improved agricultural technologies that will increase farm yields
- **3036** farmers (1343 women and 1693 men) joined farmer associations, which provided technical support, information and knowledge sharing
- **2289** farmers (1532 women and 757 men) accessed new or improved agricultural services
- **1818** people (1098 women and 720 men) learned about their rights to land, food and access to government agricultural services.

Ethiopia

Earning a living in Ethiopia – the story of Birtukan Husien

Most women in rural Ethiopia have limited opportunities to earn a living. They generally have fewer assets than men and have difficulty getting credit to set up small businesses. Banks aren't easily accessible as they are located far away in towns and cities and can charge exorbitant banking fees.

To give women a safe place to save their money, access small loans and obtain emergency insurance, CARE established the Village Savings and Loans Scheme. The scheme has two components: it's a social fund where members contribute a fixed amount each fortnight that can be used for expenses such as funeral expenses, school fees or hospital costs. The other component is a savings and loan fund where members save and loan to each other at interest. The interest accrued from the loans is divided among the members at the end of the year.

Birtukan Husien, a wife and mother of three, was trained in financial management and planning by CARE's local partner SOS Sahel. With CARE's help she established a Village Savings and Loan Association (VSLA) with some of her neighbours.

Loan associations are largely self-managed and do not receive external capital. Under the CARE-supported program, village agents are trained to help form and educate village savings and loan clubs and coach members in income-generating activities. Training in numeracy and reading skills is also part of the package offered to members.



Birtukan Husien has benefitted from the village savings and loan association.



Ethiopia

Earning a living in Ethiopia – the story of Birtukan Husien

“I started a small business by taking a 300 Ethiopian Birr [AUD18] loan from the VSLA in January 2013 as working capital,” says Birtukan. “Then I started trading in maize flour, buying the flour from a town, and selling it in my local market. I usually purchase and sell 3100-kilogram bags a week. The purchase price is 280 Birr [AUD17] and I sell it for 320 Birr [AUD19], with gross profits of 40 Birr [AUD2.4] per bag.”

Thanks to the association, Birtukan did not have to go to local moneylenders, who typically charge interest rates of 100 per cent. “The VSLA saved me from paying such large amounts of interest. I can use the income to cover the expenses of my children’s schooling, their clothes, and for their meal at the school. I could soon also be able to cover our household expenses,” she says.

Birtukan is a great example of the program’s transformative potential and one of the many women benefitting from the AACES program. Her future looks bright. “I have a plan to expand the business again because there is a good demand in the area,” she says. “I will buy another donkey to increase sales two-fold.” ■

Ghana



AACES contributes to reducing poverty in Ghana through community-based interventions in water, sanitation and hygiene. Total expenditure in 2012-13 in Ghana was \$630,351.

AACES NGOs

Australian NGO

WaterAid Australia

African Partner

WaterAid Ghana

Sector

Water, Sanitation and Hygiene

Ghana

Key achievements in 2012-13

Water, Sanitation and Hygiene (WASH): AACES programs provided safe WASH services to communities. An additional:

- **9011** people (5159 women and 3852 men) accessed safe and sustainable water
- **1624** people (878 women and 746 men) now have appropriate sanitation
- **60** people with disability accessed services.

Improving access to water, sanitation and hygiene services in Ghana

Highlights

- WaterAid supported community members, especially women, to demand access to water from government authorities and service providers, and to hold them to account. WaterAid's 'citizen governance engagement' program helped more than 80 people, including 48 women, to learn about their rights to water, sanitation and hygiene services and to assert these rights using 'community score cards'. This process provided a constructive platform for women and men to engage with service providers and decision-makers.
- The project worked with community members and traditional authorities to increase their sense of ownership of and accountability for water, sanitation and hygiene services. Following on from this process, Okrakwadwo community leaders reviewed the maintenance and management of their water facility after considering a report prepared by the water and sanitation management team. "I am so excited about their performance and wish the same team will continue to manage the facilities," says Togbe Atsu Akollegah, chief of the Ewe community at Okrakwadwo.



Togbe Atsu Akollegah felt able to express his views on the performance of the water and sanitation management team after taking part in WaterAid's 'citizen governance engagement' program.



Ghana

Improving access to water, sanitation and hygiene services in Ghana

Highlights

- The Atrobinya and Adjarkope communities were declared open defecation free by the national sanitation taskforce, which was achieved through the community led total sanitation approach. Community hygiene volunteers encouraged their communities to adopt good hygiene practices and build their own latrines. For example, in Okrakwadwo in the eastern region, community members contributed labour, cash and materials to build water points, improving access to safe water.
- Through policy engagement, WaterAid and other members of the Coalition of NGOs in Water and Sanitation lobbied the government of Ghana for additional funding for WASH. The government committed more than GSH200 million (AUD211,797,000) to the WASH sector in the 2013 budget— the highest allocation since 2009.

Kenya



AACES contributes to reducing poverty in Kenya through community-based interventions in food security and maternal and child health. Total expenditure in 2012-13 in Kenya was \$2,629,626.

AACES NGOs

Australian NGO

ActionAid Australia

Anglican Overseas Aid (with Nossal Institute and Australian Volunteers International)

Marie Stopes International Australia

African Partner

ActionAid International Kenya

Mothers Union of the Anglican Church

Marie Stopes Kenya

Sector

Food Security

Maternal and Child Health

Maternal and Child Health

Kenya

AACES NGOs

Australian NGO

Plan International Australia

World Vision Australia

African Partner

Plan International Kenya

World Vision Kenya

Sector

Maternal and Child Health

Maternal and Child Health

Key achievements in 2012-13

Maternal and Child Health: AACES maternal and child health programs reached more than **15,000** people:

- **15,925** people (15,572 women and 353 men) accessed a modern family planning method
- **1013** children received life-saving vaccines
- **495** babies were delivered through clean and safe practices
- **5944** people (3353 women and 2591 men) increased awareness of their rights to health.

Food Security: AACES helped improve the food security of more than **1900** people:

- **1997** households (1483 women and 514 men) received farm inputs such as tools, seeds and livestock
- **1997** farmers joined farmer associations, which provided technical support, information and knowledge sharing
- **7669** people (4714 women and 2954 men) learned about their rights to land, food and access to government agricultural services
- **78** people (47 women and 31 men) with disability accessed services.

Kenya

On the road to safer birthing practices in Kenya

In the remote Maasai community of Morupusi, in Kenya's Laikipia County, desperately needed healthcare is finally within reach thanks to a collaboration between the Ministry of Health and Anglican Overseas Aid's partner, the Mothers' Union of the Anglican Church.

As part of their The Road Less Travelled project, they are training a new generation of community health workers to bridge the gap between traditional practices of nomadic pastoralist communities and formal health facilities. These workers are equipped with basic health care skills and live within their communities to offer a cost-effective, accessible and community-owned health resource.

Elizabeth Kaparo trained as a community health worker as part of the project in 2012. One of the most important aspects of her role is to visit expectant mothers to improve their health and wellbeing, ensure the health of their child and identify any risks in the lead up to the child's birth.

Elizabeth says community health workers have found it hard to convince pregnant women, especially those in the early stages, to attend the antenatal clinic. "When we approach women, they confront us, asking us who told us that they are pregnant," she says. But attitudes are changing for the better she says, with many women now attending antenatal check-ups.



Community health worker Elizabeth Kiparo visits expectant mothers in their homes in Morupusi in Kenya's Laikipia county.



Kenya

On the road to safer birthing practices in Kenya

Among them is Theresa Maskonte from the Morupusi community. She is one of very few women in the area who has given birth in a health facility (giving birth at home remains the cultural norm). Theresa started attending antenatal check-ups when she was six-months pregnant with her first child after receiving a home visit from a community health worker. She delayed starting the check-ups because she felt ashamed. “I feared walking around in case I met with my former classmates who were still in school,” she says.

Theresa had a good experience at the health facility despite her initial reservations.

“In the hospital, one does not stay for long with pain, the hospital is clean, and the nurses put on gloves, unlike at home where every woman wants to assist you and sometimes they are dirty [their hands are dirty] and could make you have an infection. In the hospital also, one is ‘sewn’ but there is nothing like that at home,” she says.

“I would advise other women to give birth in hospital, because they have an opportunity to be tested, advised on the right diets, advised on how to prevent the communicable diseases, and also on which chores to do and which ones to avoid [during pregnancy and post-delivery].”

While considerable health challenges remain for nomadic pastoralist women, community health workers like Elizabeth are starting to make a positive impact. The number of mothers accessing antenatal care is on the rise and at least three pastoralist women have given birth safely in health facilities, supported by skilled birth attendants. Plans are now underway to distribute safe birthing kits, which will help women whether they choose to give birth at a clinic or at home—another positive step on the road to safer birthing practices. ■

Malawi



AACES contributes to reducing poverty in Malawi through community-based interventions in food security, maternal and child health, and water, sanitation and hygiene. Total expenditure in 2012-13 in Malawi was \$2,482,545.

AACES NGOs

Australian NGO

Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP)

CARE Australia

African Partner

Concern Universal Malawi

Mponela AIDS Information & Counselling Centre and CARE Malawi

Sector

Food Security; Water, Sanitation and Hygiene

Food Security

Malawi

AACES NGOs

Australian NGO

Caritas Australia

WaterAid Australia

African Partner

CADECOM – Malawi, Lilongwe,
Blantyre and Mzuzu

WaterAid Malawi

Sector

Food Security; Water,
Sanitation and Hygiene

Water, Sanitation and
Hygiene

Key achievements in 2012-13

Water, Sanitation and Hygiene (WASH): AACES programs provided safe WASH services to communities. An additional:

- **29,690** people (17,262 women and 12,428 men) accessed safe and sustainable water
- **31,299** people (16,030 women and 15,269 men) now have appropriate sanitation
- **5103** people (3062 women and 2041 men) learned about their WASH rights and safe hygiene practices
- **8141** locations with hand washing facilities and soap.

Malawi

Key achievements in 2012-13

Food Security: AACES helped improve the food security of more than **12,000** people:

- **12,462** households (5942 women and 6520 men) received farm inputs such as tools, seeds and livestock
- **21,024** households (12,660 women and 8364 men) adopted new and improved agricultural technologies that will increase farm yields
- **3285** farmers (2059 women and 1226 men) joined farmer associations, which provided technical support, information and knowledge sharing
- **21,110** farmers (13,201 women and 7909 men) accessed new or improved agricultural services
- **13,843** people (10,044 women and 3799 men) learned about their rights to land, food and access to government agricultural services.

Promoting disability inclusiveness in Malawi

Thanks to a carefully targeted research initiative, Caritas' partner CADECOM has made a positive difference to the lives of people with disability in Malawi.

CADECOM's survey, conducted in Malawi's Phalombe district, revealed that approximately 400 people with disability live in the traditional authorities of Chiwalo and Nazombe, and that barriers such as poor mobility, stigma and discrimination had prevented most of them from participating in its program.



Beneficiaries of mobility aids learn how to use their wheelchairs in Blantyre, Malawi.



Malawi

Promoting disability inclusiveness in Malawi

In response to these findings, CADECOM began to actively promote disability inclusiveness in its community development programs, and provided wheelchairs for 4 people with limited mobility. Aware that 15 more people were in urgent need of assistance, CADECOM approached the Orthopaedic Centre at Queen Elizabeth Central Hospital, a Blantyre-based referral hospital, for support.

Staff from the orthopaedic centre assessed what kinds of mobility aids were needed and prescribed prosthetic limbs for a man and a woman and wheelchairs for another 8 men and 3 women. The Ministry of Health committed to monitor their ongoing wellbeing and to continue working with CADECOM, which will identify more people in urgent need of help. The centre has pledged to provide the necessary mobility aids.

Not only has this been a beneficial outcome for the individuals concerned, it has presented CADECOM with an opportunity to further promote and advocate for the rights of people with disability in Malawi. ■

Mozambique



AACES contributes to reducing poverty in Mozambique through community-based interventions in water, sanitation and hygiene; maternal and child health; and food security. Total expenditure in 2012-13 in Mozambique was \$415,908.

AACES NGOs

Australian NGO

Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP)

African Partner

Concern Universal
Mozambique

Sector

Food Security; Water,
Sanitation and Hygiene;
Maternal and Child Health

Mozambique

Key achievements in 2012-13

Food Security: AACES helped improve the food security in communities:

- **27** households adopted new and improved agricultural technologies that will increase farm yields
- **24** farmers joined farmer associations, which provided technical support, information and knowledge sharing
- **2000** people (980 women and 1020 men) learned about their rights to land, food and access to government agricultural services
- **130** people with disability (44 women and 86 men) accessed services.

Water, Sanitation and Hygiene (WASH): AACES programs provided safe WASH services to communities. An additional:

- **8700** people (4524 women and 4176 men) accessed safe and sustainable water
- **550** people (337 women and 213 men) now have appropriate sanitation
- **2000** people (980 women and 1020 men) learned about their WASH rights and safe hygiene practices
- **169** locations with hand washing facilities and soap.

Maternal and Child Health: Through AACES maternal and child health programs:

- **13,958** children received life-saving vaccines
- **4871** babies were delivered through clean and safe practices.



Mozambique

Highlights

- In Matutuine district, six associations are growing pineapples, carrots, cabbage, lettuce, beets and onions for consumption and sale after their members received seeds, tools and training. The 145 association members (20 men and 125 women) have learned how to prepare nutritious meals using locally available produce thanks to training provided by AFAP's partner Concern Universal and district health services.
- Concern Universal and the Association of the Blind and Partially Sighted of Mozambique (ACAMO) have partnered to advocate for the rights of people with disability. A key outcome has been the government's support for 10 children from Niassa to attend a special school for children with disability in Nampula. Thirty-three people with disability have also been included in government vocational training courses such as carpentry, sewing and construction free of charge.
- Concern Universal signed a Memorandum of Understanding with the Forum of Association of Persons with Disability (FAMOD). They collaborated in launching the 'Say yes to inclusion' campaign to lobby district and provincial authorities to include disability issues in provincial plans and budgets. They also lobbied these authorities to plan for people with disability in the use of local investment funds with the aim of promoting a more equitable use of resources.
- The project trained community members, particularly women, in advocacy and engagement skills to improve the effectiveness of their interactions and discussions with government officials. Now aware of their rights and responsibilities, community members have been proactively demanding services, identifying community needs and monitoring government performance. For example, negotiations between communities and forestry companies resulted in companies agreeing to pay 20 per cent of profits back to communities.

Rwanda



AACES contributes to reducing poverty in Rwanda through community-based interventions in maternal and child health. Total expenditure in 2012-13 in Rwanda was \$449,045.

AACES NGOs

Australian NGO

World Vision Australia

African Partner

World Vision Rwanda

Sector

Maternal and Child Health

Rwanda

Key achievements in 2012-13

Maternal and Child Health: AACES maternal and child health programs reached more than **1 000** people:

- **958** people (805 women and 153 men) accessed a modern family planning method
- **1 148** children received life-saving vaccines
- **991** babies were delivered through clean and safe practices.

Case study: providing nutritious meals for children in Rwanda

In Rwanda, World Vision is supporting 20 village child nutrition centres to provide regular, nutritious meals to more than 300 pre-school children. Parents bring their children to the centres each morning and provide at least one food item, a plate and a cup. The children are then cared for by two of the mothers, who all take turns to volunteer at the centre, under the supervision of a community health worker. One of the mothers cooks while the other ensures that children are kept busy with songs and other child-friendly activities. Once food is ready, the mothers feed the children. Children are collected by their parents in the afternoon.

The centres are managed by a village committee. The village chief and community health workers play a critical role in the running of the centres.



Children enjoying nutritious porridge at a village child nutrition centre in Rwanda.



Rwanda

Case study: providing nutritious meals for children in Rwanda

Impact: The centres are having a positive impact on children's nutrition in several ways. They are directly tackling malnutrition by ensuring children receive at least one balanced meal a day. They are helping families, and mothers in particular, to learn about good nutrition and safe hygiene practices. Children are benefiting from vitamin A and immunisation campaigns, which are occasionally run at the centres, and monthly growth checks are helping parents monitor their children's development. Children are benefiting from a stimulating environment while their mothers are freed up to concentrate on income-generating activities and daily chores.

As one mother says: "When my child is at the centre, he does not feel lonely and I have time to attend to other domestic work. I do not fear that he will be abused because I know that he is in good hands and that he is gaining some social skills. He is well nourished because the meal provided is balanced."

Sustainability: The centres are set up by communities in response to local needs, are based on existing community structures and are supported by local leaders. Parents with children in the centres are supported with a small monthly cash allowance to pay for some of the food costs.

Success: The Ministry of Health has adopted village child nutrition centres as a successful model that addresses child nutrition at the community level, and has promoted the model through various government initiatives. Children, women and men appreciate the centres and local leaders are planning to enhance them by adding an educational component.

Challenges: Sometimes it can be difficult to find a suitable, ongoing venue for the centres. Parents are often willing to volunteer their home as the venue but they may not be able to commit for the long term. In some cases, the venue is not big enough to accommodate all the children who wish to participate. Centre management committees and local leaders are working to find a solution to these challenges.

South Africa



AACES contributes to reducing poverty in South Africa through community-based interventions in water, sanitation and hygiene. Total expenditure in 2012-13 in South Africa was \$699,563.

AACES NGOs

Australian NGO

Oxfam Australia

African Partner

Maputal and Development and Information Centre in South Africa, Save the Children KZN, Fancy Stitch, Tholulwazi Uzivikile, Woza Moya, Resources Aimed at the Prevention of Child Abuse, Community Based Rehabilitation Education and Training for Empowerment in South Africa and Comprehensive Health Care Trust

Sector

Water, Sanitation and Hygiene

South Africa

Key achievements in 2012-13

Water, Sanitation and Hygiene (WASH): AACES programs provided safe WASH services to communities. An additional:

- **574** people (282 women and 292 men) accessed safe and sustainable water
- **500** people now have appropriate sanitation
- **5392** people (2999 women and 2393 men) learned about their WASH rights and safe hygiene practices
- **19** people with disability (12 women and 7 men) accessed services.

Supporting better hygiene in South African schools

Oxfam's partner OneVoice South Africa (OVSA) based in Durban, works with young people on critical health issues including access to water, sanitation and hygiene.

Launched in 2009, the OVSA schools programme provides over 6500 young people with in-depth, school-based workshops that discuss issues such as HIV and AIDS, sexual and reproductive health and good hygiene practices. Earlier this year, OVSA's life skills project was revised to include sanitation and hygiene principles throughout the curriculum. With Oxfam's help, hygiene and health education is now provided to all Grade 8 students. These young people can influence their parents and peers and take the lead on promoting basic personal hygiene and handwashing to help prevent the spread of illness and disease.



Students in KwaZulu-Natal, South Africa, learning about the importance of safe water, sanitation and good hygiene practices as part of OVSA school programme.



South Africa

Supporting better hygiene in South African schools

Water, sanitation and hygiene projects have also been launched in Dloko and Isifisusethu high schools in KwaZulu-Natal province. Using a mapping survey, students and OVSA staff identified the most pressing issues and infrastructure needed to support better hygiene and sanitation practices such as wash basins, sanitary bin disposal units and water-saving push taps, which have since been installed in the schools.

One of the issues raised through the survey was the lack of affordable sanitary products. Without these products many young girls miss school (sometimes for up to five days each month) while they are menstruating. This amounts to approximately 60 missed days of school each year, and some girls drop out of school completely. To address this issue, OVSA provided Grade 8 girls in these schools with 'Dignity Dreams Packs'. 'Dignity Dreams' reusable sanitary pads are a sustainable resource, allowing girls to wash and reuse them rather than having to buy disposable sanitary pads every month. They are also inexpensive and environmentally friendly.

OVSA plans to introduce its programme to other schools in KwaZulu-Natal and give more young students the opportunity to safeguard a healthy future. ■

Tanzania



AACES contributes to reducing poverty in Tanzania through community-based interventions in food security, maternal and child health, and water, sanitation and hygiene. Total expenditure in 2012-13 in Tanzania was \$2,497,197.

AACES NGOs

Australian NGO

CARE Australia

Caritas Australia

Marie Stopes International
Australia

African Partner

CARE Tanzania

Caritas Tanzania, Mbulu,
Mahenge and Ifakara

Marie Stopes Tanzania

Sector

Food Security

Food Security; Water,
Sanitation and Hygiene

Maternal and Child Health

Tanzania

AACES NGOs

Australian NGO

WaterAid Australia

World Vision Australia

African Partner

WaterAid Tanzania

World Vision Tanzania

Sector

Water, Sanitation and Hygiene

Maternal and Child Health

Key achievements in 2012-13

Food Security: AACES helped improve the food security of more than **3000** people

- **3108** households (1773 women and 1335 men) received farm inputs such as tools, seeds and livestock
- **2904** households (1603 women and 1301 men) adopted new and improved agricultural technologies that will increase farm yields
- **2708** farmers (1575 women and 1133 men) joined farmer associations, which provided technical support, information and knowledge sharing
- **2836** farmers (1617 women and 1219 men) accessed new or improved agricultural services
- **1474** people (388 women and 1086 men) learned about their rights to land, food and access to government agricultural services.

Tanzania

Key achievements in 2012-13

Water, Sanitation and Hygiene (WASH): AACES programs provided safe WASH services to communities. An additional:

- **2319** people (1109 women and 1210 men) accessed safe and sustainable water
- **9693** people (4637 women and 5056 men) now have appropriate sanitation
- **260** people (161 women and 99 men) learned about their WASH rights and safe hygiene practices
- **9192** locations with hand washing facilities and soap.

Maternal and Child Health: AACES maternal and child health programs reached more than **28,000** people:

- **28,739** people (28,155 women and 584 men) accessed a modern family planning method
- **5439** children received life-saving vaccines
- **3131** babies were delivered through clean and safe practices
- **1315** people (491 women and 824 men) increased awareness of their rights to health.

“Nothing about us without us” – people with disability take the lead in Tanzania

In June 2013, Marie Stopes International launched a study into the accessibility of sexual and reproductive health services for people with disability living in four regions of Tanzania. The study was conducted in collaboration with the Ministry of Health and Comprehensive Community Based Rehabilitation in Tanzania (CCBRT)—one of the country’s largest disability service providers.



Tanzania

“Nothing about us without us” – people with disability take the lead in Tanzania

CCBRT’s advocacy manager, 40-year-old Frederick Msigallah, led the research team. As a person living with a disability and an experienced researcher on disability, Frederick was well placed to develop the research tools and coach the researchers on how best to communicate with people with disability.

His leadership and hands-on involvement in collecting data was inspiring for research participants, who were amazed to see a fellow person with a disability on a wheelchair playing an active role and negotiating the logistical challenges of data collection. Often meetings were held upstairs or in buildings without lifts or ramps, for example, which precluded Frederick from participating, highlighting yet again the very real barriers that people with disability face.

“I am very proud of my contribution to the success of the study,” Frederick says. “The most important thing is that my active involvement from the initial stage of concept development to the report writing is a recognition that I am able to contribute towards solving problems facing my fellow people with disability, when they are accessing services including sexual and reproductive health.”

According to Frederick, partnerships between pro-disability organisations, service providers and government agencies—particularly in sexual and reproductive health— are crucial to ensuring better access to services for people with disability. He believes pro-disability organisations can offer expertise in technical support and training while the government plays a vital role in formulating pro-disability policies and regulations. ■



Frederick Msigallah, a researcher with Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), played an important role in a study on disability conducted in partnership with Marie Stopes International and the Ministry of Health.

Uganda



AACES contributes to reducing poverty in Uganda through community-based interventions in food security and maternal and child health. Total expenditure in 2012-13 in Uganda was \$1,433,385.

AACES NGOs

Australian NGO

ActionAid Australia

Plan International Australia

World Vision Australia

African Partner

ActionAid International Uganda

Plan International Uganda

World Vision Uganda

Sector

Food Security

Food Security

Maternal and Child Health

Uganda

Key achievements in 2012-13

Maternal and Child Health: AACES maternal and child health programs reached more than **5000** people:

- **1690** people (1259 women and 431 men) accessed a modern family planning method
- **1640** children received life-saving vaccines
- **802** babies were delivered through clean and safe practices
- **5188** people (2878 women and 2310 men) increased awareness of their rights to health.

Food Security: AACES helped improve the food security of more than **1000** people:

- **1025** households (680 women and 345 men) received farm inputs such as tools, seeds and livestock
- **2615** households (1616 women and 999 men) adopted new and improved agricultural technologies that will increase farm yields
- **2791** farmers (2012 women and 779 men) joined farmer associations, which provided technical support, information and knowledge sharing
- **7665** people (4848 women and 2817 men) learned about their rights to land, food and access to government agricultural services.

Partnering with parents to improve maternal and child health in Uganda

In Mucwini and Lagoro sub-counties in Uganda, couples are learning how to safeguard their family's health through parent support groups. These groups— facilitated by Kitgum District Local Government with support from World Vision—equip couples with the knowledge and skills they need to nurture and care for their new-born babies and create a healthy and safe home environment.

Uganda

Partnering with parents to improve maternal and child health in Uganda

Fifty parent support groups operate in Mucwini and Lagoro, each comprising 13 couples, a lead mother and a village health team member. These groups meet once a month to discuss issues surrounding maternal, newborn and child health. While they provide couples with valuable knowledge and skills, the groups also create extended bonds in their communities, which serve to further improve maternal and child health.

Sarah's parent support group meets in Otto-Jamaica in Mucwini sub-county, and is moderated by Jackson, the village health team member. Sarah speaks highly of her group because of the knowledge she has gained in raising her children, including how to provide nutritious meals for her family. Above all she says being in this group has strengthened the bond between her and her husband. It's a prerequisite for this group and all the others that women attend with their husbands or partners. Some of the topics raised in the group gatherings are directed specifically towards men, such as how they can support their spouses to maintain healthy households.

Sarah, like many other women attending these groups, has noticed that her spouse has become more involved in their family's health and nutrition. Women are happy to note that their spouses willingly accompany them to attend the monthly group meetings; they discuss family planning issues with them (which is not the cultural norm); and above all they support them during pregnancy. They say these groups have also led to a reduction in stigma for people living with disability because they have support from their fellow members and—most importantly—their spouses. ■



Sarah and her husband participate in a parent support group discussion in Otto-Jamaica, Lagoro sub-county.



AACES contributes to reducing poverty in Zambia through community-based interventions in water, sanitation and hygiene. Total expenditure in 2012-13 in Zambia was \$528,512.

AACES NGOs

Australian NGO

Oxfam Australia

African Partner

Peoples Participation Services, Keepers Zambia Foundation, Mongu Trades Training Institute, Mongu Municipal Council, Kaoma District Council, and Ministries of Education and Health in both districts

Sector

Water, Sanitation and Hygiene

Zambia

Key achievements in 2012-13

Water, Sanitation and Hygiene (WASH): AACES programs provided safe WASH services to communities. An additional:

- **550** people (220 women and 330 men) accessed safe and sustainable water
- **692** people (225 women and 467 men) now have appropriate sanitation
- **460** people (170 women and 290 men) learned about their WASH rights and safe hygiene practices
- **283** people with disability accessed services.

Transforming women's lives in Zambia– Maureen Likezo's story

Women are playing an active role in the development of their communities in Zambia thanks to an innovative Oxfam project that has brought local communities and government agencies together to provide water and sanitation services.

With Oxfam's support, 100 community members, the Mongu Provincial Planning Unit and local authority staff took part in a planning process to determine communities' priorities and allocate government funds. As a result, 20 women from rural areas were funded to complete an accredited construction skills course and supported to gain employment on government projects. With a loan from the Ministry of Youth and Sport, the women also opened shops stocking equipment for water points and sanitation facilities in their respective wards.

One of the women involved in the initiative is 41-year-old Maureen Likezo who lives in Tusheshe village in Imalyo ward. While she has no children of her own, she supports her siblings' children and her aged mother. She is grateful for the skills she learned on the training course, which are helping her to earn an income and support her family.



Maureen Likezo is using her new construction skills to support herself and her family.



Zambia

Transforming women's lives in Zambia– Maureen Likezo's story

“I now like the skill I have in construction that I acquired from Mongu Trades Training Institute. I did not know that I will ever have such a skill in my life. After completing training at the trades school, I had an opportunity to assist in the completion of a local court building here in Imalyo ward. I was overjoyed because men, women and children would come to watch me build with the construction team, who were all men. My fellow community members now know that a female can actually do construction activities,” Maureen says.

Maureen makes an important point. Not only are women earning an income from their new skills, they have gained the respect of community members and demonstrated alternative role models in an area traditionally considered a man's domain. This has helped to address the barriers that women and marginalised people face in gaining skills, earning a living and participating in community life. Their success has also inspired the government, which has committed to awarding 30 per cent of its contracts to women.■

Zimbabwe



AACES contributes to reducing poverty in Zimbabwe through community-based interventions in food security, maternal and child health; and water, sanitation and hygiene. Total expenditure in 2012-13 in Zimbabwe was \$896,764.

AACES NGOs

Australian NGO

Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP)

Plan International Australia

African Partner

Community Technology Development Trust

Plan International Zimbabwe, Musasa and St Peter's Community Care Program

Sector

Food Security; Water, Sanitation and Hygiene; Maternal and Child Health

Maternal and Child Health

Zimbabwe

Key achievements in 2012-13

Food Security: AACES helped improve the food security of more than **2000** people:

- **2250** households (1270 women and 980 men) received farm inputs such as tools, seeds and livestock
- **1615** households (919 women and 696 men) adopted new and improved agricultural technologies that will increase farm yields
- **300** farmers (160 women and 140 men) joined farmer associations, which provided technical support, information and knowledge sharing

Disability—now a community issue in Zimbabwe

For the longest time, people with disability have faced discrimination in Masheedze village in Zimbabwe, which has prevented them from accessing basic health services and participating in community development initiatives. The community has excluded people with disability from communal life; some have even been locked indoors by their guardians who perceive them as shameful to the community.

Plan International has promoted a supportive environment for people with disability so that they can access maternal and child health services and have greater influence and engagement with decision-makers.

Andrew Masheedze, village head of Masheedze, is one of many community members who have taken part in training sessions on disability and gender issues facilitated by Plan. The training has opened Andrew's eyes to the plight of people with disability in his community. "I was surprised that there were households who had people with disability that I did not know about, despite my position as the village head," he says.



Andrew Mashewdze: "Before the training... disability was a domestic issue, but now it is a community issue."

Zimbabwe

Disability—now a community issue in Zimbabwe

In spite of the fact that it has been taboo to talk about disability in his community, Andrew is determined to champion the rights of people with disability. Through Plan's support, a community-based rehabilitation committee, comprising five people with disability, has been formed to advocate for the rights of people with disability as well as address stigma and fear about disability.

"We began to conduct door-to-door visits targeting people with disability and their guardians. Slowly they began to attend meetings and participate in community activities. We also visited people sometimes to counsel them and at times to empower them with knowledge on services available to them and how to demand their rights," says Andrew. "Some parents and guardians allowed us into their homes to see and counsel people with disability who had been hidden for fear of stigma."

Hearing about the changes taking place in Andrew's community, representatives from the Department of Social Services and the Rehabilitation Department of Chipinge Hospital have visited the village. In partnership with Plan they are helping to set up more community-based rehabilitation committees with representation from people with disability. Andrew says Plan's training has helped him to be a better village head and a better father.

"My dispute resolution skills have been sharpened and I am now able to look at women differently, knowing that they are a vital part of community development. In fact, I now have a woman who is a police woman—something very rare in my culture. The community is now alert about domestic violence and always raises the alarm whenever a case occurs," he says. Plan's training of traditional leaders has enabled them to govern in an equitable and inclusive manner, which has strengthened community engagement and participation in development activities. ■



Zimbabwe

In Mucwini and Lagoro sub-counties in Uganda, couples are learning how to safeguard their family's health through parent support groups. These groups— facilitated by Kitgum District Local Government with support from World Vision—equip couples with the knowledge and skills they need to nurture and care for their new-born babies and create a healthy and safe home environment.



End Notes

- 1 The term 'people with disability' is used here in line with the International Convention for the Rights of Persons with Disabilities
- 2 WHO & World Bank, World Report on Disability (2011), p.28, accessed from http://www.who.int/disabilities/world_report/2011/en/index.html
- 3 WHO & World Bank, World Report on Disability (2011), p.28, accessed from http://www.who.int/disabilities/world_report/2011/en/index.html
- 4 The motto 'nothing about us without us' focuses on the active involvement of people with disability in the planning of strategies and policies that affect their lives. It has been used by DPOs as part of the global movement to achieve the full participation and equalisation of opportunities for, by and with people with disability.
- 5 UNICEF and WHO, Diarrhoea: Why children are still dying and what can be done: 2009, pp. 1-17 http://www.unicef.org/health/files/Final_Diarrhoea_Report_October_2009_final.pdf
- 6 UNICEF and WHO, Progress on sanitation and drinking water. 2013 update, 2013 pp. 5 & 8. http://apps.who.int/iris/bitstream/10665/81245/1/9789241505390_eng.pdf
- 7 UNICEF & WHO, Progress on drinking water and sanitation: 2012 update, p.31. <http://www.unicef.org/media/files/JMPReport2012.pdf>
- 8 '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 faeces exposed to the environment.



End Notes

- 9** A '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.
- 10** 'Community score cards' are a community-based monitoring tool that enables citizens to assess how well priority public services are being delivered by scoring different elements. It is an instrument to elicit social and public accountability and responsiveness from service providers.
- 11** United Nations, The Millennium Development Goals Report, 2012, 2012 pp. 30–37.
- 12** Obstetric fistula is a medical condition in which a fistula (hole) develops between the rectum or vagina or between the bladder and vagina after severe or failed childbirth, when adequate medical care is not available.
- 13** Social franchising is based on the concept of franchising in the commercial sector, where a successful business replicates their business model elsewhere. It works by grouping existing small scale self-employed service providers under a shared brand to form a network of practitioners that offer standardised services. Service providers can benefit from social franchising through access to training, ongoing technical assistance, brand promotion and marketing support, as well as subsidised high quality services.
- 14** FAO, The State of Food Insecurity in the World 2013 accessed from www.fao.org/docrep/018/i3434e/i3434e.pdf
- 15** FAO, Women and Sustainable Food Security, 2011, accessed from www.fao.org/sd/fsdirect/fbdirect/FSP001.htm



End Notes

- 16** The scrap book is a tool used to track advocacy activities, such as meetings, research, or events undertaken to influence advocacy. This will then be monitored periodically to review progress or result of those activities.
- 17** Yammer is an enterprise social network used for private communication within organisations.
- 18** The Maasai are a Nilotic ethnic group of semi-nomadic people inhabiting Kenya and northern Tanzania.
- 19** The Afar are an ethnic group in the Horn of Africa. They primarily live in the Afar Region of Ethiopia and in northern Djibouti, although some also inhabit the southern point of Eritrea. Afars speak the Afar language, which is part of the Cushitic branch of the Afro-Asiatic family.