

Australia Africa Community Engagement Scheme

“Transforming Communities, Changing Lives”



Cover Photo:

Naatena Lenayora of Maralal, Samburu, Kenya
Photo by Jay Maheswaran

This report was produced in partnership with the ten Australian NGOs funded under AACES



This report can be found online at the AusAID website, www.ausaid.gov.au



Australia Africa Community Engagement Scheme

“Transforming Communities, Changing Lives”

Annual Report 2011 - 12



The nomadic women of the remote Afar region in Ethiopia provide mutual support to each other through the hardships of life. Typically living a long distance from health clinics, Afar Pastoralist Development Association in Ethiopia (APDA) has been training women to be skilled through the pregnancy and birthing process, and to recognise when the expertise of formal health services are required.

– Photo by Christof Krackhardt / Foto Organico

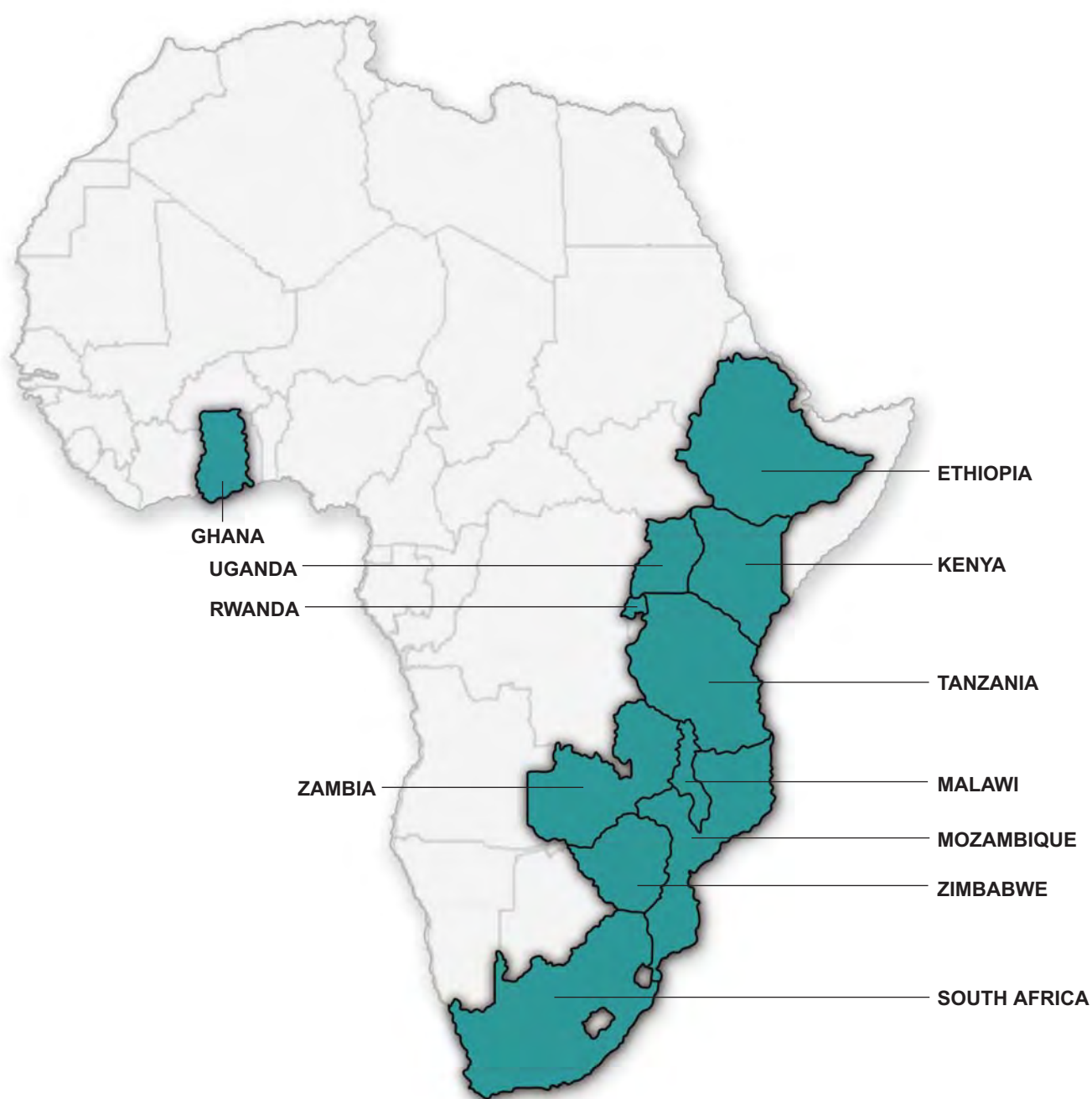
Table of Contents

Acronyms.....	iv
AACES Map	v
Transforming Communities and Changing Lives.....	vi
Food Security	6
Maternal and Child Health.....	17
Water, Sanitation and Hygiene.....	29
AACES Partnerships.....	40
Increasing the Australian Public's Awareness	44
Lessons Learned	47
Financials.....	51
Conclusion and Looking Forward.....	54
Annex 1: List of AACES NGOs	56

Acronyms

AACES	Australia Africa Community Engagement Scheme
AFAP	Australian Foundation for the Peoples of Asia and the Pacific Ltd
ANGO	Australian Non-Government Organisation
APDA	Afar Pastoralist Development Association in Ethiopia
AusAID	Australian Agency for International Development
CADECOM	Catholic Development Commission in Malawi
CDC	Community Development Committees
CHV	Community Health Volunteers
CHW	Community Health Worker
CHWAIM	Community Health Worker Assessment and Improvement Matrix
CLTS	Community Led Total Sanitation
CTDT	Community Technology Development Trust
GALA	Gender and Agriculture Learning Alliance in Tanzania
MCH	Maternal and Child Health
MDG	Millennium Development Goal (United Nations)
MUAC	Mothers Union of the Anglican Church in Kenya
NGO	Non-Government Organisation
PPS	People's Participation Services in Zambia
PRAAC	Promoting Rights and Accountabilities in African Communities
PSC	Program Steering Committee
SBA	Strengths-Based Approach
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attendants
VSLA	Village Savings and Loan Associations
WASH	Water, Sanitation and Hygiene
WE-RISE	Women's Empowerment: Improving Resilience, Income and Food Security

AACES is implemented in 11 African countries



chapter

1

Transforming Communities and Changing Lives



Fortunate Dzonzi with her husband and three of their children. Fortunate recently joined a village savings and loans program in Dowa District, Malawi. In less than three months, Fortunate took out her first savings loan to buy chemicals to remove weeds from her farm. She hopes this will result in more food for her family and maybe even a little extra to sell at the local market.

– Photo by Josh Estey / CARE

Australia Africa Community Engagement Scheme (AACES) at a glance

This is the inaugural annual report for the Australia Africa Community Engagement Scheme (AACES). The \$90 million program is funded by the Australian Government through the Australian Agency for International Development (AusAID).

AACES is a partnership of AusAID, 10 Australian Non-Government Organisations (NGOs) and their Africa-based partners. It contributes to the AusAID strategy for Africa through community-based interventions across the sectors of food security, maternal and child health and water, sanitation and hygiene. The program focuses on marginalised communities, with particular attention to women, children, people with disability and people vulnerable to disaster.

AACES is the largest AusAID funded NGO program in Africa and will be implemented over five years (2011-16) in 11 countries, namely: Ethiopia, Ghana, Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.

Our objectives

AACES has three objectives:

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

Our approach

Partnership is an overarching principle of AACES and is critical for the success of the program. This includes partnerships at several levels: among the NGOs in Australia and Africa, between Australian NGOs and their African partner NGOs, and between the NGOs and AusAID. Beyond these are other important partnerships - for instance, between African NGOs and the communities in which they work, between African NGOs and their government counterparts, and between communities and their governments.

Community empowerment is important for marginalised groups to reach their full potential. AACES programs build on existing assets, strengths and resources of communities and support them to be the architects of their own development aspirations.

Learning is central to the AACES approach in order to inform ongoing improvements to program results, efficiency and effectiveness. To encourage this, the program takes a flexible approach with annual planning and has a number of mechanisms for sharing information.

Innovation is encouraged as an important learning element in the program and is supported by an Innovations Fund. The Fund supports collaboration in creating new models and approaches that can have catalytic effects and provide benefits to other programs beyond AACES.

Value for money is an increasingly important consideration in determining the effectiveness and efficiency of the program. A Value for Money assessment is being undertaken and assessments will be made at the mid-point and end of the program. The AACES approach to Value for Money is guided by the core principles of balancing economy, efficiency and effectiveness in ways that are both equitable and ethical.

Joint AusAID/NGO management of the program is achieved through the Program Steering Committee (PSC), the central decision-making body of the program. Its membership includes representatives of Australian NGOs and their Africa-based partners and AusAID. The positions of Chair and Vice-Chair rotate among the members on an annual basis.

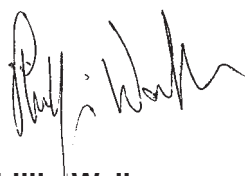
A resource facility managed by the African Capacity Building Foundation, provides logistical, administrative and technical services to the program to support effective communication, coordination and management of program activities. The PSC approves the annual work plan of the resource facility and oversees its activities.

From the Chair of the Program Steering Committee (PSC)

The year 2011-12 was indeed a defining year for AACES, as program implementation began and we moved from the program design phase to putting into practice projects in the various communities across Africa.

As the Chair of the PSC, I had the privilege to witness the cementing of a sincere partnership between the people of Australia and Africa. AACES is built on almost five decades of collaboration between the Australian NGO sector and African organisations and communities, which has produced mutual respect and knowledge, along with fruitful benefits and gains for all involved. Besides contributing to Africa's ongoing socio-economic development, we saw AACES making valuable inputs to the evolving policy environment as lessons are learnt, analysed and shared. In its initial stages we also see how the program is already educating Australians on the benefits of good global citizenship, the commonalities we have as humans, and the diversity of the African continent.

As the PSC Chair, I have seen how in its first year AACES has provided compelling evidence of the ability of civil society to work together to ensure the active involvement of the key beneficiaries - women and children - as they strive to achieve their aspirations. Already, we are pleased that tangible change has become apparent in AACES operational areas. This, the first annual report in a five-year program, is a record of the progress to date.



Phillip Walker

Chairperson, Program Steering Committee, 2012-13



Phillip Walker



Margaret McKinnon

From AusAID

AACES is an innovative approach to working with civil society organisations. It is not a typical grant/donor relationship. AACES is a partnership agreement where all parties listen to, share with and support one another to improve development outcomes in Africa.

AACES values the existing relationships built by the NGOs and AusAID across Africa and the different approaches each NGO brings to the program, including strengths or rights based approaches, integrated approaches that address various sectors in recognition that development issues are not isolated to any one individual issue, and single sector focused approaches that target the greatest development need. The work undertaken in the first year of implementation has demonstrated commitment, innovation and sustainability beyond the life of the program in order to save lives under the three key sectors: food security, maternal and child health and water, sanitation and hygiene, across 11 countries in Africa.

Effective support for civil society needs to go beyond funding service delivery to include support for engagement in policy dialogue and holding governments and other stakeholders accountable for the delivery of services to poor and marginalised people.

At the end of the first year of AACES, there has been strong interest from other areas of AusAID in the unique partnership approach. The AACES principles are in line with the recently released AusAID Civil Society Engagement Framework 2012 and AACES has informed the development of other civil society programs. All this goes to demonstrate that AACES contributes to the Agency's focus to deliver an aid program that is transparent, effective and provides real and measurable results in reducing poverty on the ground.

Margaret McKinnon

First Assistant Director General,
AusAID Africa and Community Programs

From a Program Participant

The impact of AACES is demonstrated through an increased demand by previously marginalised groups for their rights and services, as highlighted by Joseph Ogur, a government administration official in Ndhiwa district of Kenya, who said that,

“....community members have become empowered and are able to question issues and demand for their rights and accountability from us as their leaders... for all the years I have served this community, I had never witnessed the vigour and the level of participation and attitude towards change seen now... Truly, it’s a real change...”

In the first year of programming, a number of AACES partners adopted a rights-based approach in their interventions. This approach achieved a positive transformation of power relations among communities, especially among the marginalised and vulnerable groups. The program partners in all countries of operation strengthened the capacity of groups who do not usually experience full rights (particularly women and children) to attain their rights, and the ability of local authorities and community leaders to support this objective.



Chief Joseph Ogur from
Ndhiwa, Kenya

chapter

2

Food Security



As part of the CARE program in Chaola Village in Dowa, Malawi, a woman prepares pumpkin leaves for cooking. Pumpkin leaves, okra and nsima (hard porridge made from maize flour) are staple foods for families in Malawi.

– Photo by Josh Estey / CARE



HIGHLIGHTS

Food Security

ETHIOPIA

CARE's partner SoS Sahel trained and provided 700 marginalised smallholder farmers with improved seed varieties and beehives. 52 women-headed households were trained in livestock husbandry and feed development. Farmers were also assisted with the formation of 13 producer groups, 2 savings and credit co-operatives and 25 savings groups.

KENYA

ActionAid established a partnership with the Kenya Producers Coalition that will train women smallholder farmers to collect evidence on the effect and implementation of government policies and to present their findings to policymakers and government.

MALAWI

Building on the strengths-based approach training from Caritas partner CADECOM, vulnerable households identified and tilled a nine-hectare irrigation site and engaged experts from local government to assist in their efforts. The plot will benefit 119 households from 11 villages, including 8 households with people living with disability.

UGANDA

A total of 410 people used legal services offered by Plan International project staff and community volunteers, 73 per cent being women and girls. Land disputes and inheritance cases were a significant proportion of those handled through alternative dispute resolution, mediation and counselling. These cases represented 33 per cent in Kamuli district, 34 per cent in Lira district and 20 per cent in Kawempe division of Kampala.

ZIMBABWE

AFAP's partner, Community Technology Development Trust (CTDT) introduced mechanised conservation agriculture through the use of the Jambo Direct Seeder (an ox-drawn implement). The machine was acquired by CTDT after staff learned of it during the World Conservation Agriculture Conference organised by the Australian Centre for International Agricultural Research in Brisbane, Australia. The use of the Jambo Seeder is expected to increase crop hectareage and reduce the amount of manual labour required.

Overview

Just over one in four people (26.9 per cent) living in Sub-Saharan Africa are undernourished.¹ In per capita terms, Sub-Saharan Africa populations continue to be the most food insecure in the world. Rising food prices are worsening the situation in many countries. Although governments in countries where AACES operates support agricultural development as a path to food security, lack of investment in the sector, particularly small-scale farming, still prevails. AACES partners strive to improve food security at the community level by addressing underlying problems such as limited agricultural resources and inputs that result in poor crop yields among other challenges. In particular, these challenges can affect women and result in wide gender disparities in accessing land, livestock and capital. This negatively affects food security as women often have very limited access to the means of production, despite comprising the majority of farm labour and accounting for more than 80 per cent of household food production.² Despite the challenges that women farmers face, they have much potential including skills, knowledge and experience, which can be developed.



Mdasiyanji Masangano from Chilima Village has a husband with a disability and three children. She and her husband have recently joined the five year AACES (WE-RISE) Program

- Photo by Josh Estey / CARE

KEY FIGURES

AACES has had a positive impact on food security by assisting:

- 13 000 households to adopt new agricultural technologies that will increase farm yields
- 3300 households to access farm inputs such as tools, seeds and livestock
- 12 500 farming households to access new or improved agricultural services
- 3500 smallholder farmers to join farmer associations that provide technical support, information and knowledge sharing
- 28 700 people to increase awareness on their rights to land, food and access to government agricultural services

¹ FAO, The State of Food Insecurity in the World 2012, accessed from www.fao.org/docrep/016/i3027e/i3027e02.pdf

² FAO, Women and Sustainable Food Security, 2011, accessed from www.fao.org/sd/fsdirect/fbdirect/FSP001.htm



As climate change impacts increase vulnerability in the Afar region, Ethiopia, there has been a shift in livestock ownership towards drought hardy goats. From a young age both girls and boys work at managing and milking their highly valued animals. APDA assists communities to increase their resilience to drought impacts by maintaining healthy herds.

– Photo by Christof Krackhardt / Foto Organico

In 2011-12, ActionAid, CARE, Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP), Caritas and Plan International successfully laid the foundation for creating more empowered smallholder farmers through various food security interventions.

Key areas of support included:

- agricultural support to smallholder farmers
- assisting smallholder farmers to diversify their income
- strengthening advocacy platforms for smallholder farmers

Agricultural support to smallholder farmers

Program partners supported smallholder farmers by equipping them to better cope with climate change through introducing them to drought-tolerant crops and sustainable farming practices. They were able to expand and sustain their agricultural activities through these and other activities such as seed and fertiliser distribution, agricultural extension service support and sharing of experiences and learning. As a result, they have improved food security in their communities.

Input support, training and extension services

In response to erratic rains, program partners distributed drought-resistant seed varieties to smallholder farmers. In **Kenya**, ActionAid distributed drought-tolerant seeds for important food crops, including sorghum, millet, cassava stalks and sweet-potato vines, to farmers in the 74 Farmer Field Schools that they established. Women smallholder farmers benefited from training in the use of drought-tolerant seeds to which they had not previously had access. Beyond the provision of seed, AACES agricultural interventions resulted in many communities building seed banks that enabled access to improved seed beyond the life of the program.

In addition, AACES partners encouraged farmers to use appropriate farming practices such as self-prepared composts and integrated management of pest control and soil nutrition. In the first year, some communities reported marked improvements in yields from the support they received. In Dowa district, **Malawi**, Caritas's partner CADECOM reported a significant increase in yields for 1000 families due to improved farming techniques and input distribution. Maize yields increased from an average of 100kgs to 750kgs per acre. Groundnut yields per acre have likewise increased from 25kgs to 200kgs.

Program partners also trained extension service providers and farmers. The training further built the capacity of smallholder farmers with the technical aspects of extension work. These included timely planting of crops, proper spacing, better weeding techniques, and application of fertilisers among others. In **Malawi**, CARE worked with communities to train and increase the number of female extension workers. CARE also distributed bicycles to enable extension officers to reach more than 8000 households.

Learning and innovation

AACES partners supported farmer groups to learn from each other. The farmer groups became important for making available various agricultural support services and for enabling more women to take up visible leadership roles. An example is the farmers' clubs supported by Caritas in Malawi, which will support 60 groups in the three program sites - Dowa, Rumphi/Mzimba and Phalombe - each with a demonstration field where more than 8000 households will learn from each other. ActionAid has a similar structure of 74 Farmer Field Schools in **Kenya**, with a membership of 1375 women and 472 men.

ActionAid also has 80 reflect groups³ in **Uganda** which have a membership of 2909 (nearly 70 per cent of whom are women). These groups have facilitated training on topics such as dry-land farming technologies and land preparation. By learning from each other, farmers have increased efficiency. In **Uganda**, reflect farmer groups have independently revived the practice of using collective labour in peak times, such as during planting and weeding, and have agreed to share animals to plough land.



Regina Gumulira from Nkhungulu Village in Dowa District, Malawi displaying food items made from roasted groundnuts and maize. These are products of farm inputs given to some households under AACES.

– Photo by Tsitsi Singizi / AACES Resource Facility

³ Reflect is an innovative and diverse approach to adult learning and social change. It links learning to empowerment by enabling people to articulate their views and has been successful for women empowerment.

Assisting smallholder farmers to diversify their income

Program partners recorded significant achievements through supporting marginalised households, particularly female-headed households, to be food secure through diversifying their sources of income and increasing opportunities for income generation.

Livestock: Livestock production plays a very important role in the social and cultural life of rural Africa. Program partners supported chronically poor and vulnerable households with livestock and poultry that reproduce easily, including larger productive livestock such as heifers. In **Uganda**, ActionAid assisted farmers to purchase heifers, oxen, sheep and goats. Farmers assisted were mainly women. The program also worked with farmers with disabilities, the elderly, widows, single mothers and those living with HIV/AIDS. A government veterinary officer helped farmers select healthy animals and the type of oxen drawn plough which is more suitable for women to use. In **Ethiopia**, one of the objectives of the livestock program was to improve the status of women who own very few livestock. CARE identified 1200 women to rear goats and sheep, while Trainers of Trainers were taught to enhance animal husbandry activities in communities. In **Malawi**, AFAP's partner Concern Universal distributed livestock using a voucher system in the Mphuka district. The voucher system empowered beneficiaries to choose the best livestock and bargain on the price. The livestock were sourced within the locality and were well adapted to the local environment. A total of 285 households (125 male headed and 160 female headed) benefited from the distribution.

Income generation activities for women: Program partners worked on improving the economic and social status of women living in households experiencing chronic hunger. This was done through the provision of opportunities to earn income from a greater variety of sources. An example of such a program is the CARE Village Savings and Loans Associations (VSLAs) program in Malawi and Ethiopia which supported 530 groups.⁴ The VSLAs have become a vital entry point for building the strength of women's activities in business, savings and off-farm income-generation activities.

Strengthening advocacy platforms for smallholder farmers

In the first year, AACES made significant progress in building strong and vibrant communities that are better able to collectively bargain and influence government policy.

⁴ On average each group has 17 members.

The Story of Susan Apua

Small holder farmer from Kikali, Kenya

Turning a New Leaf

Susan Apua



A clear vision, a bit of help from a farmer field school, technological innovation, availability of water and a lot of hard work - that is Susan Apua's recipe for success as a smallholder farmer.

Susan (36) speaks softly, but quickly and with intensity. A woman of the soil, she tills her plot in Kikali, a village in Isiolo Kenya with a group of 17 other women and seven men. Susan and her group belong to the Meritapan Farmer Field School, supported by ActionAid.

Produce from her plot helps to feed 12 children (six of whom were placed under her care following the death of her husband's brother).

But only a year ago Susan and her family survived solely on food aid from donor agencies following a series of droughts that decimated both crops and livestock. The effects of climate change, cattle rustlers and the lack of resources to buy seed, farming equipment and food saw her family drown in poverty. As a result her children suffered from malnutrition.

Today, after joining the Meritapan Farmer Field School in 2011, Susan has nearly tripled the output from her plot because of hard work and new systems of farming that have greatly improved crop quality and output. Susan's farmer group meets every week to exchange ideas and share life experiences - in the process increasing community social cohesion.

ActionAid has assisted Susan and other farmers in Kikali by improving irrigation and introducing new planting techniques. A water pump, pipes, drought tolerant seeds and seedlings that farmers received when the program began have almost tripled users' crop yields, while the use of technology in farming has saved labour time for women. In addition, knowledge from extension officers has helped farmers to make better use of the soil.

Susan now plants a variety of crops all year round. The crops she grows include maize, cowpeas, tomatoes, spinach, onion, and sweet potatoes. Her income has increased accordingly and her children eat more nutritious food.

"Since I joined the Field Farmer School introduced by ActionAid, I am now selling spinach and cowpea leaves once every week at the vegetable market. I make an average of 600 Kenyan Shillings [A\$7.50]. From the proceeds I have managed to purchase three rabbits at 1000 Kenyan Shillings [A\$12.50]. I now contribute to household income and my children no longer go hungry", Susan says with a broad smile on her face.

With her changing fortunes, Susan is planning to 'graduate' from food aid the moment she harvests this season. She concludes by saying "my life has turned over a new leaf, I will never look back. I will focus my energy on the future."

"My life has turned over a new leaf, I will never look back..."

An important approach used to achieve this was creating links between smallholder farmers and relevant agricultural networks, as well as with civil society groups at district, national and global level, to lobby and advocate more effectively for their rights with regard to land and food.

In addition, program partners provided women smallholder farmers with greater opportunity and skills to voice their needs and priorities by supporting the formation of lobby and accountability groups. In **Uganda**, the work by lobby groups with the National Agricultural Advisory Service, supported by ActionAid, opened dialogue on accessing agricultural support and services. Another example was the successful creation by CARE of the Gender and Agriculture Learning Alliance (GALA) in **Tanzania**, which enabled smallholder farmers to engage with decision-makers. At the first GALA meeting, local government demonstrated its commitment and support by placing GALA under the coordination of the Regional Coordination Committee, with CARE as the lead organisation. The government took this step after recognising that CARE will add value to their coordination efforts in the agriculture sector, especially in relation to gender issues. This is an early promise of program sustainability for GALA in the region and will be a real boost to GALA's operations, should local government commit funds and personnel to run it.

Promoting legal rights

AACES programs acknowledge that the quality of life for people in marginalised groups is improved when programs address both rights as well as basic needs. In the inception year of the program, AACES made progress in improving food security through raising awareness among stakeholders and marginalised people of the rights of rural people. Culture and other barriers often prevent women in many countries from owning and inheriting land and, as a result, women often lose land after their husbands' deaths, separation or divorce. Promoting women's rights to land and resources is central to enabling them to feed themselves and their families. To support this, AACES partners provided training to communities on food security rights thereby creating a stronger basis for women to demand access to and control over resources.

In **Uganda**, Plan International conducted awareness and training sessions to help community members, particularly women, understand their legal rights with regard to land. They also facilitated access to legal services provided by project staff (who are lawyers), community volunteers, local authorities and community leaders trained through the project.

The Experience of Benon Okeng

Community Volunteer in Lira, Uganda

From perpetrator to rights advocate

Benon Okeng



In November 2011, Plan International's Promoting Rights and Accountabilities in African Communities (PRAAC) project staff facilitated a community meeting in Benon Okeng's village. At that meeting, Benon, a married man with four children was selected by his village to take on a new community volunteer role to work with the PRAAC project. Soon after, Benon became one of 42 new community volunteers who participated in a five day training workshop on human rights and law in Lira town. The workshop covered Uganda's laws on domestic violence, land, marriage and divorce, succession and inheritance. Here Benon describes the impact of the training in his life:

"Before the training - like many people - I did not know anything about land laws. When my brother passed away suddenly, the clan appointed me heir to his estate. People told me that I could use the land that my brother and his wife had been farming. My brother's widow objected to my using the land, so I chased her away. I made money from the sale of the crops grown on that land but did not share the money with my sister-in-law.

When I learnt about land laws and human rights at the training workshop, I realised that I had wronged my sister-in-law. When I returned home after the training, I went to see my sister-in-law. I told her that I had broken the law and she was free to use the land now; she should only consult me if she wanted to rent or sell the land.

At first, my sister-in-law did not trust me but then she realised that I had changed. I have given her back responsibilities over the land. Our relationship has improved. She informs me if she is going to rent the land and asks me to help her with farming tasks. Her children are now back in school and I pay school fees for her daughter. I still use the land but only after she gives her permission.

That training on human rights and the law changed me. Now I know that a widow has rights to her family land; it should not be taken away by her husband's relatives. I now have a good relationship with my sister-in-law. The change in my behaviour has earned me respect in the community and community members trust and consult me. In the past, people here did not have anywhere to go when faced with land disputes. Now I provide advice on the law and mediate disputes free of charge. I am a role model to other community members. The example of how I have changed influences people to change and uphold the rights of others. It's more rewarding to live positively, to create peace and harmony in the community than to abuse people's rights."

"It's more rewarding to live positively, to create peace and harmony..."

75 mobile legal aid clinics conducted by Plan International provided community education on rights as well as access to free legal services. Over 7000 people, 62 per cent of them women and girls, attended at least one rights-awareness training session on a number of issues that included the Land Act, succession and inheritance. AACES partners also trained community and local government leaders to strengthen their capacity to deliver services that respect and protect the rights of women and girls.

Challenges

While significant progress was made during 2011-12 in delivering food security interventions, program partners encountered some challenges that slowed down the pace of implementation or required project adjustment.

The challenges included low and erratic rainfall patterns for farmers who rely on rain fed agriculture, high illiteracy among women, social and cultural barriers and various country specific political, social and economic problems.

In addressing the various challenges faced by smallholder farmers, program partners promoted water and soil conservation techniques, water harvesting and provided cheaper irrigation equipment. Partners introduced literacy programs to overcome the challenge of women's illiteracy and implemented programs that educated men on gender issues and national law, as well as community-based programs which draw on communities' cultural values to promote more positive practices.

chapter

3

Maternal and Child Health



Fatima, a young Tanzanian woman visits the Marie Stopes Tanzania outreach team to receive advice on family planning.

– Photo by Martin Potter / MSIA



HIGHLIGHTS

Maternal and Child Health

ETHIOPIA

Anglican Overseas Aid supported the formation of inclusive Community Development Committees. These committees enabled some communities to incorporate women who were previously excluded in discussions and decision making on issues around health for the first time.

TANZANIA

It is estimated that Marie Stopes International outreach activities will prevent more than 27 720 unplanned pregnancies and prevent 3945 unsafe abortions over the lifetime of the clients receiving services.

KENYA

It is estimated that Marie Stopes International outreach activities will prevent 20 540 unintended pregnancies and prevent 2800 unsafe abortions over the lifetime of the clients receiving services. After sharing the results of the community-based verbal autopsy reports that Community Health Volunteers (CHVs) were trained to undertake, the neonatal stage was identified as the stage where most child deaths occur and therefore a critical period for interventions. As a result, CHVs are being supported to undertake three visits to women after delivery as a way to prevent neonatal mortality.

UGANDA

World Vision identified Community Health Volunteers (CHVs) motivation as a challenge but a key issue for the sustainability of community level health systems. World Vision Uganda is drawing on the experience in World Vision Rwanda of linking incentives to performance. This has resulted in the establishment of a technical working group by the National Village Health Teams Coordination Committee and the development of motivation strategies for CHVs. By building the capacity of CHVs, they have more skills, are more motivated and effective and as a result are more likely to be retained.

Plan International assisted a coalition led by the Centre for Domestic Violence Prevention to develop guidelines on the procedural and enforcement mechanisms of the Domestic Violence Act which was passed in 2010. The guidelines were needed to implement the Act and respond to the large number of women and girls experiencing domestic violence.

ZIMBABWE

During the year, Plan International, Musasa and St Peter's Community Care worked with community leaders and volunteers to conduct 68 rights awareness sessions. These took the form of dramas and presentations on human rights, and sessions on the Domestic Violence Act, the Inheritance Act, the Marriage Act, the legal age of majority and child rights.

Overview

Globally, there were an estimated 287 000 maternal deaths in 2010, with 56 per cent occurring in Sub-Saharan Africa.⁵ The highest rates of child mortality in the world are also found in Sub-Saharan Africa where one in nine children dies before the age of five.⁶ The majority of these deaths could be prevented if women have better access to services to prevent or treat complications associated with pregnancy and birth. It is highly unlikely that countries where AACES is working will meet both MDG 4 and 5 in child and maternal health by 2015.⁷ AACES programs aim to improve maternal and child health in Ethiopia, Kenya, Mozambique, Rwanda, Tanzania, Uganda and Zimbabwe through addressing challenges such as weak health systems at facility and community levels, poor transportation and lack of access to health facilities, for all of which the situation is worse for women living in rural and remote areas. The high cost of health services, lack of skilled birth attendants and cultural beliefs and attitudes often prevent women from accessing and using health services.

KEY FIGURES

AACES maternal and child health programs reached over 51 000 people in 2011-12.

- more than 30 000 people accessed a modern family planning method
- more than 20 000 children received life-saving vaccines
- more than 1700 babies were delivered through clean and safe practices



Like mothers all around the world, a young Afari woman expresses love and intimacy for her child.

– Photo by Christof Krackhardt / Foto Organico

⁵ WHO, *Trends in maternal mortality: 1990 to 2010*, 2012

⁶ United Nations Children's Fund, *Levels and Trends in Child Mortality, Report 2012*, 2012

⁷ WHO and UNICEF, *Countdown to 2015 Maternal Child & Newborn Survival*, 2012



At the Chitwali clinic in Tanzania, a young woman waits for a contraceptive implant during a visit by the Marie Stopes Tanzania outreach team.

– Photo by Martin Potter / MSIA

In the first year of the program, the Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP), Anglican Overseas Aid, World Vision, Plan International and Marie Stopes International successfully increased access to and improved the quality of health care for women and children living in marginalised communities. In order to achieve better access to maternal and ante-natal health services by the poor and vulnerable, program partners successfully worked with government, community structures and various other stakeholders.

Key areas of support included:

- promoting community involvement in Maternal and Child Health
- reaching vulnerable communities with vital health services
- strengthening government health systems
- fostering positive social and behavioural change
- empowering women to identify and demand their rights

In 2011-12, AACES partners succeeded in addressing some important issues that were causing inequity and exclusion in accessing health services. Emphasis was placed on building positive change for the most marginalised people through behaviour change activities and by ensuring community engagement, strengthening of health systems and delivering of services at health facilities and community levels.

Promoting community involvement in Maternal and Child Health

In 2011-12, program partners worked with communities to identify community needs, ensured the relevance of program activities, mobilised communities to use health services and built support for the program.

Community engagement programs started with meetings to help raise the awareness of women and community leaders where there was a need for improved maternal and child health. The meetings highlighted the centrality of communities in improving maternal health care through removing barriers that often prevent women from using health services such as family planning. Program partners acknowledged the need for continued engagement with community leaders such as chiefs and religious leaders in order to achieve program objectives related to social change.

The AACES program also established and strengthened existing community structures that enable women to access health services and foster their inclusion in development agendas. In achieving this objective, Anglican Overseas Aid established Community Development Committees (CDCs) among nomadic communities of the Maasai in **Kenya** and the Afar in **Ethiopia**. In **Ethiopia**, Anglican Overseas Aid's partner, the Afar Pastoralist Development Association (APDA) formed CDCs in all 49 project sites, ensuring increased community participation and greater decision-making involvement for women. Importantly, CDCs liaised with local authorities on community priorities such as improving access to health and other services. In **Kenya**, Anglican Overseas Aid, through its partner the Mothers Union of the Anglican Church (MUAC), successfully signed an agreement to implement a 40 per cent quota of women and other marginalised groups in the composition of CDCs. This will ensure that the interests of women and children are better represented and communities are more informed to develop plans that prioritise the health of women and children.



Guluma Nadamo, Mulunesh Noaora are using family planning in order to give their daughter a better life. Bonjitoatote Village in Ethiopia.

– Photo by Josh Estey / CARE

Reaching vulnerable communities with vital health services

Program partners found innovative and practical ways to ensure equitable access to health for marginalised and vulnerable communities living in remote communities often unable to access sexual reproductive health (SRH) services due to poverty, lack of information, disability and geographical inaccessibility. In addition, traditional and cultural practices also reduce access to services through stigma, discrimination or a restrictive environment.

Outreach for SRH Services: Outreach services and mobile clinics reached marginalised and vulnerable communities in **Tanzania** and **Kenya**. The services complemented the work undertaken by static health facilities.

Outreach activities by Marie Stopes International allowed 26 904 women to access modern family-planning methods. A total of 1200 women accessed cervical cancer screening while 8000 women and men received voluntary counselling and testing for HIV.

Reaching nomadic pastoralists: Outreach activities by partners supported culturally accepted interventions. In **Ethiopia**, where more than 90 per cent of women in nomadic pastoralist communities deliver at home using Traditional Birth Attendants (TBAs),⁸ support focused on training birth attendants to deliver babies safely. Program partners also provided clean and sterile delivery supplies to expectant mothers resulting in safer deliveries.

Child vaccinations outreach: Program partners supported immunisation services for children in hard-to-reach areas through vaccination campaigns and community based nutrition education in order to improve child survival after birth. In **Mozambique** AFAP's partner Concern Universal supported the national vaccination campaign in 2011. In total, the campaign reached over 19 000 children in three districts. In **Malawi**, AFAP's partner, Concern Universal also supported training sessions on preventing malnutrition that benefited more than 850 children under the age of five.

Strengthening government health systems

Training community health workers: Maternal and infant deaths are more likely to occur when a mother gives birth at home, without a skilled birth attendant. Community Health Workers (CHWs) can provide essential and affordable care to mothers. CHWs carried out a wide range of activities that included advising on family-planning methods, keeping immunisation records, monitoring nutrition levels in children, making hospital referrals and delivering babies in remote communities. To make sure that CHWs increased their effectiveness, program partners worked to build and strengthen their capacity. In **Kenya** and **Uganda**, World Vision worked with the Ministry of Health to assess the effectiveness of CHWs. The assessment provided information that allowed key partners including government to focus and align their training and support to CHWs on existing gaps to focus and align their training and support for CHWs.

Program partners also strengthened community health systems through training of CHWs and extension workers. Training was provided in sexual reproductive health, counselling, nutrition and the promotion of safer delivery practices.

⁸ Ethiopia Statistical Agency, Ethiopia Demographic and Health Survey 2011, accessed from <http://measuredhs.com/pubs/pdf/FR255/FR255.pdf>

Community Health Worker Assessment and Improvement Matrix (CHWAIM)

Community Health Worker programs are central to World Vision's operations. This is premised on the belief that Community Health Workers are better able to reach marginalised and poor communities with maternal and child health issues at the family and community level. The organisation works with Community Health Workers who are selected through a Government led process.

In the AACES program, World Vision adopted the CHWAIM tool to assess the strength of Community Health Worker programs in Kitgum (Uganda) and Kilifi (Kenya). This process was crucial because it gave World Vision the unique opportunity to take stock of the program, to understand the gaps and to develop action plans to address the areas found wanting. The process was participatory with the Ministry of Health taking the lead and the other stakeholders, including Community Health Workers and community members, evaluating the program within their locality.

In both Kenya and Uganda, the process revealed that the Community Health Worker program in Kilifi and Kitgum was partially functional. This goes to show that there are aspects of the program that need to be addressed. The evaluation findings in Kilifi have been utilised for purposes of influencing policy at national level and as a result the Kenya Ministry of Health has agreed to adopt the tool for supervision of community health worker programs.

In the AACES program, World Vision adopted the CHWAIM tool to assess the strength of Community Health Worker programs in Kitgum (Uganda) and Kilifi (Kenya).

The importance of sexual reproductive health training was demonstrated in **Ethiopia**, where APDA trained 43 Health Extension Workers, in the process ensuring that crucial health services reached areas where they are most needed. In **Kenya**, Mothers Union of the Anglican Church (MUAC) also trained 87 Community Health Workers (CHWs). The training resulted in improved delivery practices in these communities, including skills to identify mothers likely to have birth complications who can then be referred to health facilities.

Enhancing institutional capacity: Through collaboration with various governments and private service providers at community, provincial and national levels, program partners helped to strengthen the ability of institutions to deliver improved health services for women and children.

This was achieved through training health sector staff across a range of areas. For example, in **Kenya** Marie Stopes International provided training to 20 service providers in the private and public sectors. The competency-based training provided a refresher on contraceptive technologies used in the provision of modern, high-quality, long-acting family planning methods. In **Tanzania**, Marie Stopes International also supported government initiatives to expand its health services to outlying provinces and districts by procuring vehicles, medical supplies, computers and other equipment. Coordination of outreach activities to marginalised groups was also improved through working with provincial and district health service providers.

Partner activities also included work in policy development, planning, enhancing disease surveillance systems and strengthening supply chain management. In **Kenya**, Marie Stopes International contributed to the revision of the National Adolescent Sexual Reproductive Health Strategy and actively participated in the national technical forums on reproductive health. Building on the success of Marie Stopes International outreach program, the Tanzanian Ministry of Health incorporated outreach delivery services into the updated National Family Planning Costed Implementation Plan. This is in recognition of the crucial contribution it will make in assisting **Tanzania** to meet the ambitious 60 per cent contraceptive usage target by 2015.

In **Kenya**, drug inventory management improved in Kilifi district because of training in data analysis of drug usage provided to health workers by World Vision. World Vision also trained health workers to use a variety of reporting tools. Afterwards, health facilities were able to display indicators of community health performance using chalk boards to publicise the status of health services.

Fostering positive social and behavioural change

Social norms and values influence health seeking behaviour and often affect quality of life for women and children. Usually, such cultural beliefs are deeply entrenched and firmly defended.

In the first year of the program, AACES partners began a careful process of community engagement and mobilisation to encourage social and behavioural change that will benefit communities by modifying the way they approach cultural norms. Program partners encouraged open discussion within communities and to promote changes to enhance community health. Communication strategies included training, community dialogue, local radio, community motivators and support groups. For instance, to start community dialogue on taboo topics in **Ethiopia**, APDA trained 127 traditional leaders (both clan and religious) to understand and advocate for the need to end harmful traditional practices such as forced early marriages of girls and female genital mutilation. Women, including TBAs who financially benefit from performing such practices, were trained on the negative consequences to a woman's health and are abandoning the practice.

Success in community health behavioural change under AACES was also demonstrated by the Anglican Overseas Aid in Kutubla Woreda district in Ethiopia, where religious leaders have for the first time agreed to women's requests for divorce. In addition, there is now less support for the previously common practice of forced marriage.

The work of AACES partners increased the involvement of men in maternal and child health issues, previously thought to be the domain of women. This resulted in greater openness about issues that affect women's health. In **Ethiopia**, work by Anglican Overseas Aid resulted in some men becoming less opposed to family planning. For the first time, some men are now accompanying their wives to mobile family planning services after participating in community dialogue on harmful health practices. In **Tanzania**, Marie Stopes International was able to attract more men to the outreach programs and discuss with them issues about sexual and reproductive health, including family planning. They were also offered voluntary counselling and testing for HIV and other sexually transmitted infections.



Through the provision of family planning education and services, AACES is providing opportunities for African men and women to make decisions about the size of their family. This gives them a chance to work, contribute to their communities and provide education for their children.

— Photo by Martin Potter / MSIA

Empowering women to identify and demand their rights

Another essential aspect of the AACES program has been the promotion of women's rights and empowerment to enable them to better understand their rights to health and be more effective in demanding health services.

In many communities there is limited understanding about the rights of women and young people in general. AACES is contributing to improved access to and quality of maternal and child health care services by promoting the rights of women and children. In particular the rights to live free from domestic and gender-based violence and women's and girl's rights to make decisions about their health and reproduction.

The Story of Evelyn

The village chief in Mpindimbi, Tanzania

Empowering women through family planning

Evelyn Mkwele

Evelyn is the village chief in Mpindimbi, Tanzania. By adopting modern family planning methods, Evelyn has been able to continue farming, establish a successful bee-keeping business and ensure that all her children are educated.

Evelyn proudly declares, “Family planning has helped me to be successful in what I do because I have time to rest from giving birth and I have strength to work. So along with everything else, I keep on farming. I also keep busy with bee-keeping. Bee-keeping helps me pay for my children’s education. I have done my best to make sure all my children have gone to school. I believe that by educating one child, you educate the whole community.”

Evelyn hopes her situation provides an example to other women and families. She hopes that the women in her village will receive more family planning information and reach the goals they have set for themselves. Without this knowledge she fears they will remain in poverty, affecting their lives and that of their children.

Through AACES programs in Kenya and Tanzania, Marie Stopes International helps women like Evelyn and their families by providing them with vital family planning services and education.



“Family planning has helped me to be successful in what I do...”

In **Zimbabwe**, Plan International through its local partners Musasa and St Peter's Community Care Program is working with traditional leaders and community volunteers to address gender-based violence, particularly domestic violence. Traditional chiefs and village heads have been trained on the laws relating to gender-based violence, alternative dispute resolution and the rights of people with disabilities. The traditional leaders have openly declared that there should be equal treatment of women and men, and have spoken out against domestic violence. The project has embraced local culture in its development approach to complement national laws in responding to gender-based violence.

In **Kenya**, Plan International, working closely with provincial administration staff, youth groups and volunteers, facilitated community education sessions to create awareness about the health rights of women, young people and people with disabilities. During these sessions, women were told how to access maternal and child health services. Plan International also provided leadership and governance training to women to increase their ability to lead community activities and hold service providers more accountable. As a result, women and young people are beginning to take on leadership roles and participate more actively in important community meetings such as public forums known as *barazas*.

Challenges

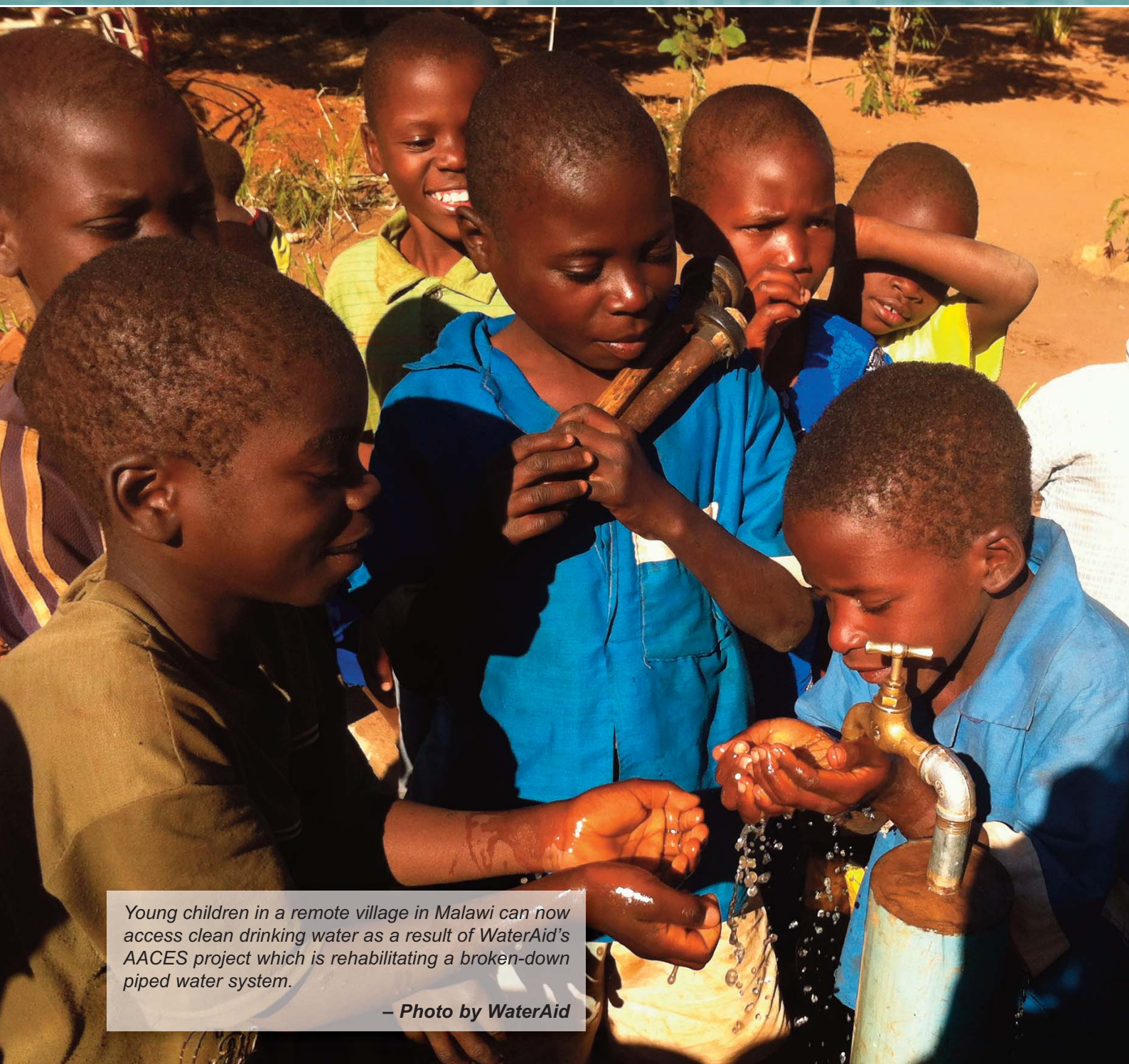
While program partners have established a strong base during the first year to improve access to health care for women and children, a number of challenges were recorded. These include the difficulty of reaching people with disabilities and other vulnerable groups such as youth, and a lack of health surveillance and information data.

To address these challenges, partners have started building relationships with organisations experienced in development approaches that promote the inclusion of people who are marginalised, and are strengthening methods to promote inclusiveness in their programs. In the coming year partners such as Marie Stopes International, Plan International and Anglican Overseas Aid plan to increase their focus on young people. In addition, World Vision is working with government partners to improve health information systems.

chapter

4

Water, Sanitation and Hygiene



Young children in a remote village in Malawi can now access clean drinking water as a result of WaterAid's AACES project which is rehabilitating a broken-down piped water system.

– Photo by WaterAid



HIGHLIGHTS

Water, Sanitation and Hygiene

MOZAMBIQUE

Concern Universal, in collaboration with other agencies, successfully advocated for sanitation to receive a higher profile and therefore greater resources in the new Niassa Provincial WASH Plan for 2013.

SOUTH AFRICA

Oxfam's partners launched a research project on the Community Led Total Sanitation (CLTS) approach. This research has the potential to influence the type of sanitation methodologies that the WASH sector is implementing in Southern Africa by determining whether they are appropriate to the context.

TANZANIA

Caritas developed a paper on National Water Policy implementation which was presented to district government officials and politicians. The paper emphasised the need for sustainability and raised issues relating to communities' contribution and water user fees. Despite opposition from some politicians, user fees were accepted by communities and resulted in greater financial security for the district's water schemes.

Through influencing policy, as well as advocacy activities, WaterAid and other partners worked with the Ministry of Education and Vocational Training to obtain approval for the National School WASH Strategy. The approval and adoption of the Strategy will guide the implementation of school WASH programs in Tanzania.

ZIMBABWE

AFAP's partner, CTD, worked in collaboration with the Rural District Council's Environmental Health and Hygiene Department and, in consultation with the communities developed a latrine design that is appropriate for people with disability. The design was approved by the Ministry of Health and Child Welfare in early 2012 and construction has commenced.

Overview

Access to safe water, sanitation and hygiene is one of the main development challenges in Sub-Saharan Africa. The region is the furthest 'off track' from the Millennium Development Goals (MDGs) target on water and sanitation,⁹ with more than 40 per cent of people lacking safe drinking water, and more than 70 per cent lacking toilets and hand-washing facilities.¹⁰ Water, Sanitation and Hygiene (WASH) is a central component of the millennium development agenda. The rationale for AACES WASH programs is based on recognising that without significant improvements in access to water and sanitation, as well as to improved hygiene practices, the MDGs related to child mortality, primary education, disease reduction, hunger and poverty eradication will not be achieved. Challenges leading to poor water and sanitation services frequently stem from a lack of priority given to the WASH sector and the consequent lack of allocation of financial resources. Inadequate access to safe water creates a huge burden in communities particularly on women and girls who bear the burden of fetching water for their households. From data collected in 25 countries in sub-Saharan Africa, it is estimated that women in these countries spend at least 16 million hours each day collecting drinking water as compared to men who spend 6 million hours.¹¹

KEY FIGURES

AACES programs provided safe WASH services to communities in 2011-12

- an additional 42 000 people were able to access safe and sustainable water
- more than 18 500 people now have appropriate sanitation
- more than 8000 hand washing facilities were constructed



Lucia Chivambo, from Madjuva community in Mozambique showing the hand washing system in her newly constructed latrine.

– Photo by Rebekah Enoch / AFAP

⁹ Goal 7C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation, <http://www.un.org/millenniumgoals/enviro.html>

¹⁰ UNICEF & WHO, Progress on drinking water and sanitation: 2012 update, 2012 pp.7 & 17. <http://www.unicef.org/media/files/JMPReport2012.pdf>

¹¹ Ibid. p.31



A schoolgirl in Malawi demonstrates how she adds ash to the new school eco-sanitation “sky-loo” toilets constructed as part of WaterAid’s AACES project. Adding ash and soil to the pit after use prevents smell and flies, and helps turn the waste matter into valuable compost which can be used safely as fertiliser.

– Photo by Tsitsi Singizi / AACES Resource Facility

Interventions supported by Oxfam, WaterAid, Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP) and Caritas successfully improved access to WASH for communities through using local skills and structures as well as practical and easy-to-maintain technologies. Program activities comprised a combination of water and sanitation supply service delivery, such as boreholes, hand pumps, latrines, and piped water systems. Other components included the promotion of policy development, capacity building to institutions delivering WASH services, and raising awareness on hygiene in communities and schools. Through a combination of strategies, use of strengths-based methodologies and building of effective partnerships, AACES successfully provided increased access to safe water and improved sanitation and increased community awareness of safer hygiene practices.

Key areas of support included:

- delivering WASH services to marginalised communities and schools
- promoting safe hygiene practices
- building capacity for community, local government and private sector in WASH services

Delivering WASH services to marginalised communities and schools

In 2011-12, 42 000 people had improved access to sustainable and safe water and 18 500 to appropriate sanitation as a result of activities undertaken by program partners. These included the construction and rehabilitation of water supply and sanitation facilities. Improved access to clean water brought a range of benefits to communities, particularly to women and girls who previously had little time for productive activities because of time spent carrying water. It also had a positive impact on young girls' school attendance. In addition, many communities reported reduced numbers of diarrhoea cases.

Increased access to safe drinking water

Significant efforts were made to deliver safe water to marginalised communities. In some remote areas, communities were sharing their domestic water sources with animals or relying on unsafe open wells. AACES partners rehabilitated existing neglected water supply infrastructure or constructed water points where these did not exist. The provision of safe water has positive spin-off effects such as increased income from horticulture and market gardening activities.

AACES partners in Ghana, Malawi, Mozambique, South Africa, Zambia and Zimbabwe supported the construction of boreholes and rehabilitation of water points. For instance in **Ghana**, WaterAid successfully drilled and rehabilitated six boreholes and two water kiosks, providing more than 6000 marginalised people (3719 of these being women) with safe water. The communities that were assisted were either peri-urban dwellers or rural inhabitants living in extreme conditions of poverty.

Improved access to sanitation

For women and girls in particular, sanitation facilities are important for their dignity and safety. In **Mozambique**, AFAP's partner, Concern Universal, constructed 120 family latrines that are benefitting 900 men and women. In **Ghana**, WaterAid assisted over 1350 people to gain access to sanitation through the construction of pit latrines because of strong community involvement in the AACES project.

School sanitation

Project partners also focussed on supporting and constructing improved sanitation facilities in schools, recognising that most rural schools lack these. Improved sanitation aims to foster healthy and safe school environments that protect children from disease, abuse and exclusion. For example, in Tanzania, WaterAid built 11 latrine blocks for girls and seven blocks for boys, including latrines designed for pupils with disabilities. The sanitation facilities also included changing rooms to provide girls with private space and in the process promote menstrual hygiene which is expected to not only improve hygiene but also school attendance of girls. A total of 6917 pupils (3578 girls and 3339 boys) use these facilities and teachers in project schools have reported improvements in the attendance of pupils, especially girls who previously had missed school during their menstrual period.



A wheelchair user in a remote Malawi village proudly shows visitors his new wheelchair accessible toilet constructed as part of WaterAid's AACES project.

– Photo by Tsitsi Singizi / AACES Resource Facility

Promoting safe hygiene practices

While improving access to safe water and sanitation facilities leads to healthier families and communities, health benefits are significantly increased when people also practice good hygiene. AACES partners increased awareness and demand for sanitation and hygiene service in schools and communities through hygiene promotion activities.

Schools play a central role in promoting hygiene. In **Tanzania**, WaterAid reached over 11 000 pupils with hygiene promotion activities. Pupils learned about the importance of good sanitation and hygiene through school WASH clubs where they were taught about the importance of good sanitation and hygiene through songs, games and drama. Promotion of good hygiene in schools is rooted in the belief that pupils who are taught to improve sanitation and hygiene are conduits for carrying those messages far beyond school walls, bringing lasting benefits not only to pupils, but also to families and the wider community. Improved awareness of sanitation and hygiene was reported in communities adjacent to program schools, demonstrating the positive knock-on benefits from children's involvement in AACES school WASH programs.

Hygiene promotion in communities was also promoted through training and community dialogue. In **Mozambique**, Concern Universal provided training to help communities understand the need for, and adopt, safer sanitation and hygiene practices. There was dialogue on current practices in the communities and question and answer sessions resulted in suggestions for practical measures for improvement.

Building capacity for community, local government and private sector in WASH services

A central strategy for improving access to clean water and sanitation is strengthening the capacity of local government, community structures and the private sector to deliver and manage services on an on-going basis. This was undertaken by AACES partners through improving the planning and management capacity of local authorities and community structures. In **Tanzania**, local stakeholders were assisted to implement their WASH activities more effectively and inclusively through school WASH research, guidelines and toolkits shared by WaterAid.

In **South Africa**, Oxfam's partners worked with stakeholders in local municipalities on the findings of baseline surveys and infrastructure mapping carried out as part of the program. This helped improve coordination in service delivery by clarifying the roles and responsibilities of stakeholders such as water authorities, government officials and traditional leaders. Government officials visited project sites to review water infrastructure and meet community members. Information gathered from these visits has been useful in ensuring community involvement in planning, management, and maintenance of the WASH infrastructure.

In **Malawi**, 15 water-point committees with a combined membership of 310 (186 females and 124 males) were re-established with the support of AFAP's partner, Concern Universal. The committees have become more effective after receiving training in community-based management, which has enabled communities to coordinate better and contribute resources towards maintaining water facilities.

Increased community engagement in water and sanitation

Communities have become more assertive in demanding their water rights and have lobbied decision-makers to influence changes around water and sanitation services after receiving training from NGOs. For example, in Dowa district in the central region of **Malawi**, CADECOM successfully worked with communities to advocate and negotiate for water rights which resulted in WASH priorities being included in the district plan. Oxfam's partners in **South Africa**¹² also helped build the capacity of civil society and communities to increase their understanding of WASH rights and be more effective in influencing change. Over 6000 people participated in program activities for hygiene awareness, and are now better equipped to engage constructively with government departments and traditional leaders around the supply and maintenance of WASH services. Different technologies, such as cell phones and geographical information systems, have been tested to map functioning and non-functioning water sources. These reports and mapping documents provide highly useful information for communities to effectively engage and lobby community and government leaders.

¹² Maputaland Development and Information Centre, Save the Children KZN, Fancy Stitch, Tholulwazi Uzivikele, Woza Moya, Resources Aimed at Prevention of Child Abuse and Neglect, Community-Based Rehabilitation Education and Training for Empowerment, and Choice.

The Experiences of Agnes Kanyamula

Resident of Nkota Kota District village, Malawi

Restoring dignity through rehabilitation of water points

For 14 years, residents of a village in Nkota Kota district village, Malawi have had to walk many kilometres in search of water. The deterioration of the Mwansambo Rural Piped Water System resulted in the drying up of their local water point.

“We would spend many hours fetching water because of long queues as there were many other villages experiencing similar problems. As such we could not do other household chores and getting enough water for daily needs was even a challenge,” says Agnes Kanyamula (31 years).

“We experienced conflict and ridicule with women from other villages where we drew water as they accused us of failing to maintain our water sources. We lost our dignity.”

The rehabilitation and expansion of the system under the AACES project has improved access to safe water and has helped to restore the dignity of Chilemba residents through capacity building activities. Between September and December 2011, 29 water taps were repaired in this village and surrounding villages. WaterAid and its partners have worked with the community to establish a maintenance fund and water point managerial committees. Thirty-year old Loveness Sande notes that the repair of the piped water system has also improved overall wellbeing in the homes. “We now spend more time with our husbands and children and this has brought so much joy to our families.”

Agnes Kanyamula



– Photo by WaterAid

“We would spend many hours fetching water because of long queues...”

Oxfam's partners in **Zambia**¹³ trained over 790 community members in Participatory Rural Appraisal methods. The training enabled them to participate in baseline surveys in 12 communities in Mongu district, collecting information directly relevant to their development needs. This exercise provided an opportunity for communities to engage directly with decision makers and to participate in defining solutions to community problems. Oxfam convened meetings at the national level, such as the NGO WASH Forum, which provided a valuable forum to highlight local issues.

Equity and inclusiveness

A key priority for NGOs was ensuring that marginalised people acquire sufficient knowledge to assert their rights effectively and participate actively in decision-making. For example, in **Tanzania**, people with physical disabilities in the village of Endashang'wet successfully influenced the location of water points to suit their needs after participating in awareness-raising and training activities undertaken by Caritas.

In **South Africa**, Oxfam worked with affected communities and local stakeholders to design and implement WASH facilities that met the needs of people living with HIV and AIDS. The process also increased women's knowledge of WASH rights and encouraged their participation in shaping solutions affecting their day-to-day lives. In addition, information collected during the process enabled a gender analysis of program benefits and prompted AACES partners to adjust their programs to cater more effectively to the needs of both genders.

AACES partners also shared information with other stakeholders to support the provision of additional gender-inclusive services. In **Zambia**, baseline surveys undertaken by Oxfam's partners captured different priorities amongst men, women, and people with disability. For example, men considered the construction of latrines and dish-racks unimportant whereas women held different views. Women wanted water sources to be closer to reduce the time taken to collect water. Women, girls and people living with disability wanted to be included in deciding where to locate new water points.

Another area of focus was improving the representation of women and other vulnerable groups in community structures to give them greater influence in decision making. For example in

¹³ Peoples Participation Services, Keepers Zambia Foundation, Mongu Trades Training Institute, Mongu Municipal Council, Kaoma District Council, and the ministries of Education and Health in both districts.

Malawi, Concern Universal required that women comprise 60 per cent of members in the water-point project committees that it supported. Their participation not only improved management of the water resource, as women make extensive use of community-based water points, but also enhanced their status as valuable members of their communities.

Partners also worked to improve the inclusion of people with a disability. In **Tanzania**, WaterAid produced a policy brief to draw the attention of policy makers and education stakeholders to the special needs of people with disability. In **Mozambique**, Concern Universal promoted the *'Nothing About Us Without Us'*¹⁴ approach, the objective of which was to improve awareness on the needs of people with disabilities. Together they highlighted the challenges faced by people with disability and advocated for more inclusive services, such as ramps for schools, health facilities and latrines.

Challenges

Although progress was made in the area of WASH in 2011-12, erratic rainfall patterns in regions of Tanzania and Ghana negatively affected water quantity and quality. Other challenges included the slow integration of people with disabilities into the WASH program and limited capacity among some local partners. Development of relationships with government and other stakeholders was also slow and time consuming.

In **Ghana**, WaterAid drilled deep boreholes and wells to address the problem of water quality. AACES partners are increasing consultations with Disabled People's Organisations and have recorded progress in supporting suitable WASH designs to integrate people living with disabilities. Oxfam is working closely to improve the ability of partners who had no previous experience of implementing WASH programs. As for cultivating better relations with government, partners have realised that flexibility and a good understanding of the workings of government at the local, provincial and national levels is important in building stronger relationships.



Beneficiaries of a water point constructed as part of AACES in Malawi.

– Photo by Tsitsi Singizi / AACES Resource Facility

¹⁴ *'Nothing About Us Without Us'* is a concept used to communicate the idea that no policy should be decided by any representative without the full and direct participation of community members affected by that policy.

AACES Partnerships



As part of CARE's women's empowerment project activities, AACES has been teaching women numeracy and literacy skills. Here, a community member in Thondolo village in Lilongwe, Malawi reads to a group.

– Photo by Tsitsi Singizi / AACES Resource Facility

Overview

Partnerships among NGOs and between NGOs and AusAID have enabled AACES to achieve greater impact through learning and synergies across the program. The partnership approach has been a central feature of AACES from the concept stage of the program.

In October 2011, a joint partnership agreement was signed by AusAID, the 10 ANGOs and their Africa-based partner NGOs. The agreement commits AACES partners to a set of partnership principles in order to fulfil the objectives of AACES.

The key principles of the AACES partnership are trust, flexibility, accountability, mutual respect, collaboration, transparency, learning and a commitment to the cause of poor and marginalised people.

Sectoral partnerships

Partnerships amongst NGOs working in the same sector enabled them to capitalise on each other's strengths. For instance, in **Kenya**, Marie Stopes International, Plan International, and World Vision produced an integrated plan for maternal and child health outreach and referral services that resulted in communities benefiting from a wider array of coordinated services.

AACES partners also participated in joint training activities. Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP) staff gained skills in WASH through participating in a course offered by WaterAid. Oxfam commissioned research on Community Led Total Sanitation which uses a participatory approach to encourage communities to construct toilets and thereby reduce open defecation.

AACES partners working on WASH in Southern Africa were involved in this research and Oxfam will share the research report with AusAID and other AACES partners to explore further issues and recommendations for policy and practice.

Country partnerships

AACES NGOs formed networks in a number of countries. These meet regularly to share experiences and allow NGOs to review project progress, share challenges and jointly plan and deliver activities. They enable partners to maximise the number of areas and beneficiaries they are able to reach. Examples are as follows:

MALAWI

Caritas's partner CADECOM, CARE, WaterAid and AFAP's partner Concern Universal have a robust AACES country-based partnership in Malawi. CARE and CADECOM jointly organised and launched the AACES program in Dowa district where they are implementing food security and WASH programs. Field visits were organised for cross-program learning. Importantly, the partnership has encouraged joint advocacy activities at national level for example engagement in policy dialogue with the government and bilateral donors through the Water and Environmental Sanitation Network which is composed of NGOs in the water and sanitation sector.

KENYA

Marie Stopes International and World Vision joined the local District Health Management Team in Kilifi to relaunch an awareness campaign on Sexual Reproductive Health and Maternal and Child Health services in the district. World Vision provided logistical and mobilisation support to clients and Marie Stopes International provided the services, including family planning, cervical cancer screenings and gynaecological consultations.

TANZANIA

Caritas, WaterAid, World Vision and CARE are working together to form a National Development Platform, sharing information and liaising on joint advocacy opportunities. These partners have shared different approaches to promoting WASH. In the health sector program, World Vision refers people to Marie Stopes International for long-term family planning services. This is a "*significant change in practice*," according to World Vision.

Partnership survey

A survey of the status of partnerships within AACES was conducted in August 2012 to capture views and perceptions on how partnerships operate in practice. While recognising challenges, mostly in terms of the time needed to nurture and build partnerships, the majority of partners see partnership as a valuable asset to their organisations and activities. It offers increased opportunities for learning and knowledge sharing, networking, and accessing resources. Results of the survey are helping partners to identify where and how the partnerships can be strengthened. The survey will be conducted annually to track progress.

chapter

6

Increasing the Australian Public's Awareness



Nomadic pastoralists face a limited life span, up to 20 years below the average for the Horn of Africa, in part due to a limited diet. The AOA project in both Kenya and Ethiopia are supporting those pastoralists who have adopted a semi-sedentary existence, with the provision of seeds and technical advice to grow their own crops. This approach improves their health, including mothers and children, by broadening the diet.

– Photo by Josh Estey / CARE

Overview

AACES includes activities to better inform the Australian public about development issues and challenges in Africa, and the way in which Australian aid is seeking to respond to these challenges. In the first year of AACES, this objective was addressed by NGOs through activities to raise awareness, inform and educate the Australian public about issues of poverty and development in Africa. For the most part, NGOs worked in partnership to explore and take advantage of opportunities to engage the Australian public. Opportunities for partnership and collaboration were facilitated by the creation in March 2012 of the AACES ANGO Communicators' Forum which has representatives from the ten Australian AACES NGOs.

Activities undertaken during the year include:

Go Bare Initiative

CARE and Marie Stopes International worked together to develop the Go Bare initiative. Through online channels, print advertising and media coverage, Australians were encouraged to go without something for one day to raise awareness about women and girls in Africa who go without basics every day of their lives. The NGOs provided information on AACES programs and the impact they are making on the daily lives of women and girls (<http://gobare.org.au>).

Speaking tour for Anglican Overseas Aid

Anglican Overseas Aid conducted a successful speaking tour to Australia. The tour, which was carried out by representatives of the Afar Pastoralists Development Association and Mothers Union of the Anglican Church in Kenya, brought alive the plight of nomadic pastoralists in the Maasai and Afar regions in Kenya and Ethiopia.

It also highlighted the work being done to provide safer birthing practices and improved child and maternal health services in these regions. During the tour, they held interviews on radio and television and a blog was established on their website.

Global Poverty: Teacher's Toolkit

The 'Global Poverty: Teacher's Toolkit' is a resource developed by CARE for Australian teachers to help them teach their students about poverty. The 2012 toolkit features the AACES supported WE-RISE program and a video by CARE. It is available in hard copy and online to the teaching fraternity across Australia.

Curriculum development

Using experiences from AACES, Caritas is working with educational institutions in Western Australia to increase their knowledge and awareness of the development challenges facing Africa. Six participants from these institutions took part in a 20-hour formation course which looked at aid and development with a specific focus on Malawi and Tanzania. This knowledge will be used in the development of curriculum units in these institutions and has a vast multiplier potential to reach tens of thousands of students.

Website and social media

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

WE-RISE is featured on the CARE website providing information on the program's activities in Ethiopia, Tanzania and Malawi. WE-RISE was also featured on CARE's blog, highlighting the program's priority areas of women empowerment and food security. The CARE blog receives around 1500 views per month.

Anglican Overseas Aid has established a blog site for their project, documenting stories from the field and providing interesting analyses on maternal and child health for nomadic communities in Ethiopia and Kenya (<http://aroadlesstravelled.net/blog/>).

During the year, ActionAid called upon female writers who have a connection with the land through the "Hunger Busting Blogger" competition. This competition identified two pioneering ambassadors who provide contrasting but important perspectives on food security. These two female farmers draft monthly blogs that raise awareness about agriculture and food-security issues in Africa, drawing links and synergies between their own realities and that of smallholder farmers in Uganda. Their blog posts attracted 2500 visitors in the first year.

Lessons Learned



Lonika Mvula, proudly shows the yield at the demonstration plot in Dowa Village, Malawi. Demonstration plots were used to enhance farming practices in communities where CADECOM is implementing the AACES food security programme.

– Photo by Tsitsi Singizi / AACES Resource Facility

Overview

This section provides a summary of the key lessons that emanated from the program during its first year and the platforms that were created to encourage learning within the AACES partnership to inform long-term program design and delivery.

Learning for NGOs

- **Community engagement:** The engagement and inclusion of marginalised groups in the design, planning and implementation of programs targeting them is vital. It enhances ownership and the likelihood of achieving the program's objectives, and ensures the sustainability of interventions beyond the life of the program. In the inception year, program partners put in place structures for community engagement and representation in program delivery.
- **Representation:** While most programs increased the representation of women or people with disabilities in community fora, partners noted that numbers do not necessarily translate to active participation and influence in decision making. It is therefore important to ensure that representation translates into participation. To optimise this, AACES partners continued to build the capacity of women and other groups to give them relevant skills to participate meaningfully in decision making in their lives, relationships and communities.
- **Strengths-based approach:** Most partners recognise that the strengths-based approach is important because it focuses on using community strengths and assets to address development challenges, rather than on needs and deficiencies. However strong leadership and community incentives are essential for driving the strengths-based approach and allowing communities to reach their full potential.

- **Working with young people:** Young people are an important group for development programs. They often comprise the majority of people in communities targeted by AACES projects, yet their interests and perspectives are often overlooked. Partners working in maternal and child health in particular highlight the need to prioritise young people in the delivery of services. Young people were also identified as being critical for motivating change at community level.
- **Government and local authorities:** Working with government and local authorities is important for influencing communities but such partnerships and collaboration require time, flexibility, tact and an understanding of existing political dynamics.
- **Community Health Workers:** Community Health Workers (CHWs) are pivotal in building community health systems that can be maintained on an on-going basis from local resources. It is critical that a systematic approach to mentoring, training and monitoring them is introduced. To respond to these lessons, AACES partners are meeting and sharing experiences with government on ways to improve the effectiveness of CHWs.

Learning workshops

The AACES Reflection Workshop

AACES includes an Annual Reflection Workshop to promote networking, learning and overall improvement during the life of the program. The first Annual Reflection Workshop brought together representatives from AusAID, Australian NGOs and in-Africa NGOs to reflect on progress in the first year of implementation and make recommendations on how to: reinforce partnerships, strengthen communication and sharing of knowledge between partners; ensure projects reach the most marginalised people; and to identify areas of mutual policy or programming interest for NGOs and AusAID. A key outcome from the Reflection Workshop was the formation of sector working groups which mapped strategies to address critical issues identified.

Disability Workshop

To enhance inclusive development, AACES partners prioritised learning around how to promote the inclusion of people with disabilities. A workshop on this theme was organised that successfully built a common understanding from the diverse experiences of participants in the area of disability. The workshop was informed by AusAID's *Development for All Strategy: Towards a disability-inclusive Australian Aid program* and facilitated by an inclusive development expert from World Vision Australia. Importantly the workshop provided participants with practical tools and approaches for incorporating the rights and needs of people with disabilities into the design and delivery of programs.

Influencing AusAID policy and programs

An important part of AACES involves utilising the experience and expertise of the AACES NGOs to strengthen AusAID policies and programs in Africa, particularly in their ability to target and provide sustainable services for marginalised people. It focuses on learning and communication in order to strengthen and benefit AusAID and NGO programs.

In the first year of AACES, the focus was on identifying themes or areas where AusAID and NGOs had a mutual interest in policy and/or programs. It is still very early, but there are already some good examples, such as a meeting between the AusAID Climate Change Scoping Mission team and NGOs in Kenya. This discussion influenced the selection of target beneficiaries for the AusAID funded program and provided advice on approaches to take in order to reach vulnerable people.

The objectives and principles of AACES have informed the development of several other civil society programs in AusAID, including: the Civil Society WASH program; the Australia Mekong-NGO Engagement Platform; the draft African Mining and Communities program; and a new civil society program for Afghanistan.



Participants at the June 2012 AACES Reflection Workshop held in Nairobi, Kenya.

– Photo by Ernest Etti / AACES Resource Facility



The Afar region of Ethiopia, which includes the infamous Danakil Depression, is highly drought prone and one of the driest parts of Africa. APDA works with the Afari community on a range of water catchment and supply schemes. In this photo a young Afari woman draws water from a hand-dug well that has been lined with stones to protect it.

– Photo by Christof Krackhardt / Foto Organico

Of the total AACES expenditure of \$13 088 890 for 2011-12, approximately 75 per cent was spent on program activities in Maternal and Child Health, Food Security and Water, Sanitation and Hygiene.

Figure 1:
AACES expenditure by sector

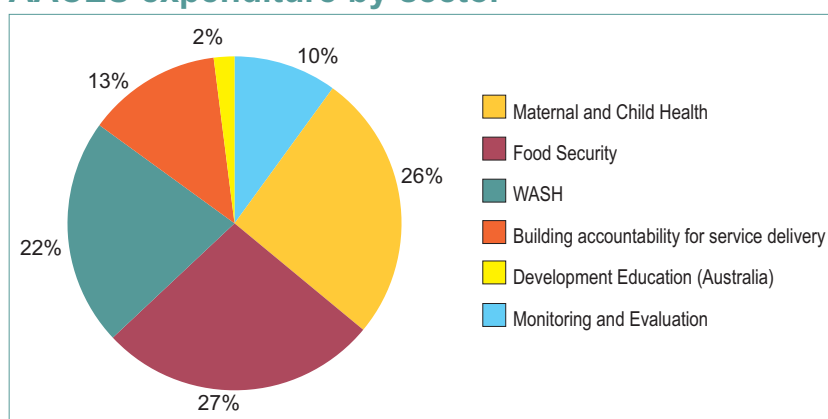
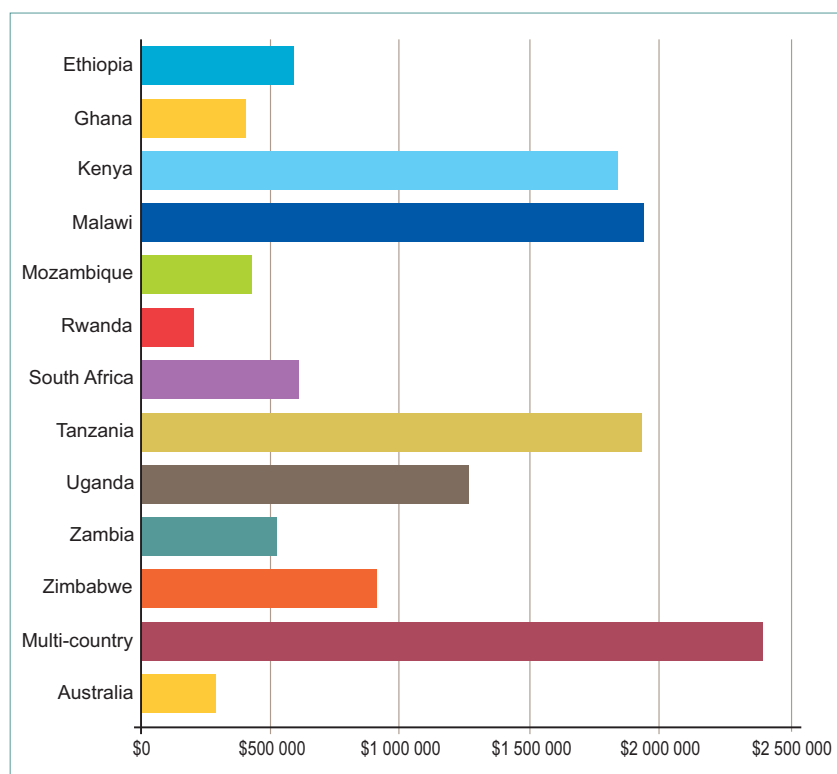


Table 1:
Year one actual expenditure by sector

Food Security	\$ 3 519 052
Maternal and Child Health	\$ 3 396 294
Water, Sanitation and Hygiene	\$ 2 829 112
Building accountability for service delivery	\$ 1 785 766
Monitoring and Evaluation	\$ 1 289 123
Development Education (Australia)	\$ 269 543
TOTAL	\$ 13 088 890

Figure 2: AACES expenditure by country



Malawi, Tanzania and Kenya accounted for the greatest portion of individual country expenditure in 2011-12.

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 included as multi-country expenditures.

chapter

9

Conclusion and Looking Forward



Amila Mohamadi and her husband Masudi Ali Sudi are taking part in the CARE AACES program to improve their food security which they say is being affected by climate change. They live in Likonde Village, Tanzania.

– Photo by Josh Estey / CARE

During the first year of implementation, AACES has been successful in laying the foundation for achieving the program's objectives. While much remains to be done, tangible change is already apparent. For example, more marginalised people; particularly women, young people and people with disability have a greater voice and influence and are better able to access services in health, water, sanitation and agriculture.

In addition, the training conducted by AACES NGOs using rights-based, strengths-based and other community-based approaches to development, has contributed to communities gaining confidence and trust in their ability to demand services and drive their own development agendas. Communities are also better able to engage constructively with government departments, decision-makers and other stakeholders around the delivery of services and to hold people in authority more accountable for their responsibilities.

Furthermore, the inclusive management of the program and regular information sharing between AusAID and AACES NGO partners reflects the AACES partnership principles.

Looking forward and drawing on the lessons and challenges from the past year, there will be a greater focus on consolidating progress in key areas by:

- ensuring that more people with disability can access services and are better able to advocate and influence change
- promoting gender equity in decision-making and access to program benefits
- encouraging responsiveness of national governments and local authorities and strengthening their capacity to meet the needs of women and children, people with disability and other marginalised groups
- strengthening the AACES partnership to increase collaboration and synergies between partners

The outlook also includes more emphasis on exchanging information and lessons between AACES partners and AusAID and increasing communication and outreach activities for the Australian public. Progress achieved during the year has provided a strong base for expanding the scale of activities in the coming year.

List of AACES NGOs

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

AUSTRALIAN NGO	COUNTRY	AFRICAN PARTNER	SECTOR
Oxfam Australia	Zambia	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 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 Uganda Zimbabwe	Plan International Kenya Plan International Uganda Plan International Zimbabwe, Musasa and St Peter's Community Care Program	MCH Food Security MCH
WaterAid Australia	Ghana Malawi Tanzania	WaterAid Ghana WaterAid Malawi WaterAid Tanzania	WASH WASH WASH
World Vision Australia	Kenya Uganda Rwanda Tanzania	World Vision Kenya World Vision Uganda World Vision Rwanda World Vision Tanzania	MCH MCH MCH MCH

