

# AACES

AUSTRALIA AFRICA COMMUNITY ENGAGEMENT SCHEME  
Special Edition Newsletter July 2016



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## Editor's Note

This is a special edition of the AACES newsletter as the implementation of program activities comes to an end on 30 June 2016. The AACES newsletter has been a quarterly publication for the AACES partners that highlights the program successes, lessons learnt and serves as a platform to share information. We trust that you have taken something with you from this newsletter. We thank our partners for the great support they have offered during the duration of the AACES program.



## Farewell message from AACES Program Manager

*Alice Oyaro, DFAT*

Over five years since I joined the Australian Aid Program to lead the AACES program, I'm writing my farewell note to amazing colleagues who have taught me a lot including about myself. The AACES journey has not only taught me about managing complex development programs, but also listening, flexibility, persistence, personal reflection, patience, and teamwork; and reaffirmed my belief in facilitative leadership and continuous learning.

The recently concluded final review found that AACES exceeded set targets and expectations. It's great that we delivered outstanding results for people living in poverty and exclusion in Africa. But what's also remarkable is that we did this while nurturing strong relationships and growing as individuals and institutions. The external reviewer noted that people loved AACES, and teams were very highly motivated. As a leader who strives to balance getting results with building relationships; I am very proud of our achievements.

There have been some tough times, but we survived and went ahead to thrive by working well together. This oneness underpinned by our partnership approach has enabled us to deliver an ambitious, large and complex program over a period of significant change.

I will tremendously miss working with all of you. We have shared a special bond and have beautiful memories of the time spent together. I trust our paths will cross as we continue working to end poverty and injustice; and applying the many lessons we learnt from AACES.

Thank you all for your commitment, passion, professionalism, and continued support. You embraced the vision and worked hard to see it come to fruition. I couldn't have asked for a better team.

Even as implementation comes to an end, I am confident that the results from AACES will endure, and that the relationships we built will last and continue to bear fruits. So I will end with a phrase from one of our project participants at the last meeting – AACES LIVES!!

Best wishes  
Alice



# Voices from AACES

As the end of the AACES program approaches, this issue of the AACES newsletter showcases eleven Most Significant Change Stories relating to the program as told by staff working on AACES. These stories bring out rich reflections and perspectives about the development of partnership over the life of AACES, as well as personal and organisational insights about the benefits of the AACES partnership in facilitating learning, sharing and improvement of the AACES program as a whole, and the benefits to NGO projects and their stakeholders.

This edition also contains stories from AACES project participants including community members and other local partner representatives who spoke at the recent event in Nairobi. The stories complement information in the Final Review of the AACES Program undertaken by Dr Linda Kelly which was launched in Nairobi in May 2016. <http://dfat.gov.au/about-us/publications/Pages/aaces-program-review-2011-2016.aspx>.

## Most significant change stories

These stories were told, documented and selected as stories of change that were highly valued by the participants at the AACES Partners Annual Reflection Workshop in Malawi in May 2015. This workshop brought together people from the 10 NGO projects and DFAT representing Australia and 11 countries in Africa to reflect on the AACES partnership and the benefits of engaging with civil society. The workshop started with examining our understanding of civil society and its varied roles and contributions to development. Participants then reflected on their expectations and assumptions and how these may have changed during their experiences over the life of the AACES program (in groups, based on when they first engaged with AACES).

Plan International's AACES project staff are using the Most Significant Change (MSC) technique as a core part of M&E in their project. This experience informed the design and facilitation of the workshop for AACES partners with MSC at its centre. MSC is a story-based approach to monitoring and evaluation that was developed by Rick Davies and Jess Dart. It is a qualitative and participatory technique which involves the collection of stories of significant change. Participants' stories convey their perspectives on what changes they value and why. A key part of the technique is to then undertake a story selection process. This selection process leads people to really consider a set of stories and get into a deeper level of dialogue about what they individually and collectively value and why.

After an orientation to the basic steps and with a format for the guiding questions, the workshop participants worked in small groups of two or three people. People took turns to tell their story of the Most Significant Change related to the AACES program, while other members of the team facilitated the interview and documented the story. By the end of the second day of the workshop, participants had produced over 50 MSC stories, and given their consent for their stories to be used in the selection process.

26 of the stories which focused on changes relating to the AACES program level were used in group selection processes on the last day of the workshop. Four to five stories (without the names of the story tellers) were assigned to each of the six groups.

In each group someone read aloud a story, as a basis for the group to identify and discuss the changes in the story, before moving on to do the same with each of the other stories in turn. The last step was for each person and the group as a whole to then choose the two stories (ranked first and second) that touched their hearts and showed the most significant changes from the view of the group. Reasons for the choice were noted by each group.

The final part of the workshop involved reading to the plenary the two stories chosen by each group, and sharing the reasons for the selection of each story with all participants.

It is important to note that it is not so important which story is selected by the group (different groups if given the same set of stories may chose different stories) so much as the discussion, as it clarifies the values that matter to the group members.

Following are the reasons given by the various groups for the stories they ranked first and second in their selection processes at the workshop.



Name of the story	Reasons given by the group for its selection
Walking the talk: shifting power dynamics	<ul style="list-style-type: none"> <li>• The story demonstrated the AACES journey from the beginning</li> <li>• The learnings are clearly laid out</li> <li>• There are strong reflections on how the donor approach can change the donor-NGO relationship</li> <li>• It covers the aspect of power sharing and the PSC chair being a rotational role</li> <li>• It highlights unity and diversity with a common goal</li> <li>• It describes how personal relationships were created</li> <li>• The passionate aspect of the story teller is conveyed in the story.</li> </ul>
A new window of hope for people in Africa	<ul style="list-style-type: none"> <li>• It outlines the paradigm shift in ways of working</li> <li>• It described the evolution journey</li> <li>• It deals with the shift of power from the donor to the community</li> <li>• It highlights the sustainability of the model</li> <li>• The mind change and transformation from the donor as a donor to the partner was clear</li> <li>• The person telling the story spoke from their heart.</li> </ul>
AACES - a real partner in development	<ul style="list-style-type: none"> <li>• AACES is a genuine partnership between donor and civil society</li> <li>• The story covers how partnership has contributed to value for money, sustainability, flexibility</li> <li>• It outlines the significant change in the AACES model.</li> </ul>
AACES - Creating Partnership Champions	<ul style="list-style-type: none"> <li>• There is the articulation of growth and confidence of the story teller in becoming a champion in partnership</li> <li>• It outlines how AACES partners are working together to influence the government</li> <li>• The story has provided a context, and provides the walk, at a professional and personal level</li> <li>• A lot of learning is put into practice by the story teller</li> <li>• The story is real, not fiction.</li> </ul>
Working across borders and sectors for greater impact	<ul style="list-style-type: none"> <li>• It's a balanced story, with a future</li> <li>• It alludes to a lot of influence amongst and outside AACES partners</li> <li>• It outlines the challenges of partnership and collaborations.</li> </ul>
Realising the power from within	<ul style="list-style-type: none"> <li>• It's a direct story of change</li> <li>• It outlines the transition of power</li> <li>• The story is focused at the program level</li> <li>• It demonstrated partnership in practice</li> <li>• The story was concise and to the point.</li> </ul>
Never fear the unknown	<ul style="list-style-type: none"> <li>• It is about taking learning and inspiration from AACES level program meeting discussions to influence work in the NGO project</li> <li>• It is about the value of duplication/replication; other NGOs taking up the model</li> <li>• It shows the linkage between health and livelihood sectors</li> <li>• It deals with the principles of programming</li> <li>• It also highlights community participation.</li> </ul>
Practical partnerships	<ul style="list-style-type: none"> <li>• The story outlines the significance of in-country collaboration and partnership</li> <li>• It shows the increased visibility of the AACES program in-country.</li> </ul>
AACES and the Value of Partnership	<ul style="list-style-type: none"> <li>• The story gives a clear example of changes</li> <li>• It outlines the success of partnership</li> <li>• It demonstrates flexibility in the program</li> <li>• It highlights that the relations among equals in decision-making is contributing to the program.</li> </ul>
AACES Influences Kenya Health Policy on Maternal Health	<ul style="list-style-type: none"> <li>• The story demonstrated lobbying for policy influencing change</li> <li>• It outlines a continuous search for solutions</li> <li>• Its about partnership and collective decisions</li> <li>• It talks about how the AACES Kenya event brought together all stakeholders including the government and that the Kenyan government made commitments</li> <li>• It also acknowledges failure.</li> </ul>
From engineer to inclusive practitioner: the transformative power of partnerships with disability organisations	<ul style="list-style-type: none"> <li>• The story focuses on the transformation of the story teller</li> <li>• It recognised the soft power in changing attitudes</li> <li>• We like the title!</li> <li>• It's an incredibly moving story of AACES in practice.</li> </ul>

Note: all the story tellers gave permission for their stories and their names to be used in this newsletter. The stories have been lightly edited.

## Walking the talk: shifting power dynamics

Alice Oyaro

My story is about the relationship between Australia's Department of Foreign Affairs and Trade (DFAT) and NGOs. At the start we had these ten NGOs who had been engaged with the Australian Aid program for a long time. We were coming in with this 'new' approach – we were saying we want to engage with NGOs differently. We wanted AACES to be a model program of civil society engagement.

I had been specifically recruited to deliver this program and I felt significant weight on my shoulders. Coming from an NGO background and now working for a donor organisation, I knew that managing many, diverse NGOs across multiple locations could be difficult.



I remember the first peer review of NGO designs. In the spirit of collaboration, we had paired NGOs up to review and rank each other's designs. I could tell it was uncomfortable for organisations – maybe not all, but overall. They were just doing it because they had to.

Because we had spent a lot of time on a participatory design, our assumption was that things would kick off quickly when we started implementation. However, after we approved designs, we needed to set up systems and structures within AACES. It was very hard work.

Since a partnership approach was central to the program, we needed to actively engage all NGOs. I had to get input from ten organisations which was sometimes conflicting. It was difficult to reconcile this. At a personal level, I was keen that every organisation felt like an equal partner. That would mean that once I got all this feedback I would need to get back to them individually so that they would feel appreciated.

I had to spend a lot of time reaching out to people and building relationships at a personal level which took a lot of time. Many ANGO representatives were in Australia which meant lots of emails and teleconferences.

I remember when we got NGOs to agree to the Resource Facility and the form it will take, there had been many debates. It appeared at the start of the program that NGOs were always challenging whatever suggestions we made. When we went through the first stage of the tender process and didn't get an outcome, I was worried because NGOs initially had reservations about contracting an organisation. As part of the tender process, we had an NGO representative. After that process she sent me an email saying [something like] "I want to say, at a personal level, I know you have done a lot of work for this program over a difficult few months. I know you are passionate about this program and really need some help – it is unfortunate we didn't get it but we will work it out". Coming from an ANGO, particularly given the initial sense of push back, I felt that they realised we were in this together. That appreciation is what I needed to carry on.

DFAT also needed to act differently. I was acting as a partnership broker. How could DFAT shift, to behave in a manner in line with the partnership? It was tricky balancing being a partnership broker and playing the donor role.

In the early days we spent a lot of time preparing to respond to whatever NGOs threw at us, because they seemed to always contest. By the end of year one, to a great extent I had built a good rapport with NGO representatives, and we could have forthright conversations. Having built personal relationships, it became easier to talk through issues.

We needed to practice joint management. The best decision we made was setting up the protocols, including the revolving Program Steering Committee (PSC) chair role. That was good because there was more ownership and we could share the workload. When we got the first NGO chairperson, Philip, engagement with NGOs got easier. The fact that he was based in Kenya helped a lot – I could talk to him anytime. It helped strengthen the relationship between DFAT and NGOs. We were able to build a good relationship – it was much smoother and continued to improve over the years.

**Why did you choose this change in particular? Why is it significant to you?**

AACES was not just about NGOs implementing their projects, it was about how the entire program was delivered with the partnership approach at the centre, bearing in mind the dynamics I spoke about earlier. Over time, we overcame various challenges and achieved tremendous success. It is important that the story about how we got here is told.

**What difference has this change made, or will it make in the future?**

AACES has demonstrated that donors can actually work closely with NGOs, sharing management, and have meaningful, quality engagement of genuine mutual benefit despite the power differentials.

The success of AACES is widely recognised not only in Africa, but across DFAT and outside, for example, by the Australian Council for International Development (ACFID). AACES has informed the development of other civil society programs. There is recognition that the partnership approach has been central to the success of AACES.

This partnership is authentic; it is not superficial because we know where we have come from. We continue to seek to influence other partners including donors to adopt this approach in their engagement with civil society – particularly in their attitude and behaviours when engaging NGOs.

There is an opportunity to share the AACES partnership experience with other donor agencies.

*Scott Martin and Matt Phillips interviewed Alice and documented her MSC story*

## **A new window of hope for people in Africa**

*Francisco Tabua*

At the beginning (of AACES), all partners were showcasing their best interventions in our forums. This came across as if we were competing against each other, to demonstrate who was the best. However, we all agreed that this was unhelpful and unnecessary, so we changed the forums to be more reflective and provide opportunities to learn from each other. This opened up opportunities for all of us to genuinely learn from each other.

We also used to be 'tied' to the idea that pleasing the donor was more important for the program's success at the expense of sound community development practices. Through our peer review forums, we learnt to integrate and emphasise promising practices that we learnt from each other. This enabled us to do a good job, rather than worrying how to please the donor.

Because of the flexibility in the program, we quickly realised that DFAT was not a big donor who actually required us to please them. (DFAT is) a flexible partner with genuine interest and supported us to achieve our project and program outcomes. DFAT was more flexible whenever there was need and always encouraged us to adjust our interventions when necessary. This ensured the constant program and project improvements, which gave us good visibility and attracted other organisations to learn from us.

As a result, the communities we work with have greater voices and better engagement with their governments, because we were allowed to adjust the project to include social accountability which we were well experienced in. Now I have the feeling that beyond the infrastructures we constructed in the communities, knowledge provided will remain forever and the communities will be able to constructively engage with their governments for better service provision.

To me, flexibility is the most significant change.

**Why did you choose this change in particular? Why is it significant to you?**

When I look at the work done so far in communities and places I have visited, I see community engagement is very strong. People are advocating for their rights and this is because of what we learnt from other partners and integrated in our programming.

**What difference has this change made, or will it make in the future?**

With continued flexibility, people will be more proactive in learning and integrating good practices to improve their wellbeing.

*Joseph Kamara and Blessing Kambombo interviewed Francisco and documented his Most Significant Change Story*





## AACES: a real partner in development

Worku Chibssa

I joined the AACES program in February 2013, in the second year of the program. Fortunately I got the chance to see a field site first with DFAT Nairobi staff. The field-based team hosted the field visit and progress review. I noticed the donor was a co-implementer in providing very comprehensive feedback, which I found complemented our work, because they were taking part in filling the gaps.

In terms of forging partnership, AACES is very keen to coordinate organisations involved in the implementation of AACES program, which have different backgrounds, (and drawing on) tested approaches and experiences, rather than reinventing the wheel. This helped in the adoption of good approaches across the implementing NGOs.

The program focused on the involvement of civil society at different levels to bring about the expected results. Through mobilizing concerned and relevant CSO with grassroots experience working with communities, AACES connected levels in delivering support. As a result, the grassroots level voices and concerns were conveyed to the higher policy makers and advocates, as well as the Australian government.

The most significant change I have felt is the partnership with DFAT. The relationship is based on mutual trust, which gave us a good environment to work closely with and take actions on the projects during implementation. The level of flexibility is also part of the mutual trust and openness to learning and adapting to circumstances.

The AACES annual reflection meetings provide a forum for cross (program) learning. The AACES program identifies key learning agendas or key issues and then provides training during the regular meetings, which feed back into the implementation.... For example, during the AACES annual reflection meetings issues related to monitoring and evaluation, value for money, exit strategy, sustainability and documentation were identified and attention given to them. Agendas discussed during the meetings were relevant to all partner NGOs, and actions are taken as appropriate. This is really part of capacity building, we are all sharing ideas and experiences across the continent. Cross-fertilization of experiences helped us in improving implementation and achievement of the objectives. Within the partnership, capacity building and cross-learning have been key and I consider these as significant changes.

Before, I have never seen such a mode of partnership between donors and recipients. Normally a donor just focuses on agreements and achievements stated in the logframe, validated through reports, rather than interactive communication and close partnership. In the (usual) case, learning for both is at minimum. In this programme, DFAT provides the funds but also takes part of the responsibility toward the achievement of the objectives. This also gives ample chance to DFAT to learn and feed into the policy of the government. For example, DFAT staff, who have a clear understanding of the benefit of the AACES program for Africa, were worried about the (possible) budget cuts and its consequences, (just) like the NGOs. We know that other donors also believe in capacity building and provide the resources, but they do (this) on request rather than from a mutual understanding about the needs. It is also expensive, since they are not part of the team to identify the necessary capacity that is required. But when I consider this program, AACES uses cost effective systems like connecting organisations with proven approaches, closely discussing with NGOs and providing alternative options. Normally other donors respond to your capacity building requests which are reactive, while AACES is more proactive and also involve NGOs to identify capacity gaps.

Working in partnership is crucial to achieve meaningful development. Partnership is vertical or horizontal. Both are very essential to facilitate decision making, avoid confusion, for efficiency and to have good common understandings. AACES partnership mode is one of the rare approaches in terms of donor-recipient relations. This has great impact on the achievement of the program objectives. That is why I considered it as the most significant change.

### What difference has this change made?

Because of the partnerships, our program implementation has improved with the learnings and connection to other organisations. In addition, we as CARE created similar partnership where we (in three countries) implement our (AACES) project as one, based on the context of each country. We also plan together, review our progress together and share experiences.

*Barbara Babweteera Mutambi and Adam Davies interviewed Worku and documented his Most Significant Change Story*



## AACES Creating Partnership Champions

Alex Ndama

I became involved with the AACES program in June 2011 when I joined WaterAid (Tanzania). I was employed to manage sanitation and hygiene as the Usafi Project Manager, including school WASH. School WASH was treated as a new program by WaterAid and other WASH stakeholders since it was being implemented in more structured way, guided by newly approved National School WASH Guidelines. To WaterAid Tanzania, AACES was to fund implementation of the school WASH program. It is important to note that the (Tanzania) National School WASH Guidelines was a result of joint efforts by WaterAid, SNV and UNICEF, who jointly championed school WASH mapping and then influenced the Government to draft and adopt the Guidelines.

With ten years' experience working as civil servant, and little experience of the civil society sector, joining WaterAid to manage the AACES funded program was a good challenge for me. I had to strive to understand the AACES design document, at the same time manage delivery of the AACES project and other sanitation and hygiene projects being implemented by WaterAid.



The WaterAid internal inception workshop that happened at our office in Dar es Salaam exposed me to WaterAid AACES partners from Ghana, Australia, Malawi as well as WaterAid staff from the UK who were to be involved in the AACES program delivery. For me, it was orientation to how CSOs work and helped me understand more about the AACES funded project... At that time it was an uphill task for me - with little experience in civil society organisations (CSOs) and the development sector - to manage several donor (projects), each having different reporting timelines and templates. I had no option but learn while delivering the program.

My partnership understanding in that first year was limited to partnership within the WaterAid AACES funded country program and local partners. But in the second year it became clear to me the levels of partnership emphasized by AACES include: AusAID partnering with Australian NGOs (ANGOs), ANGOs partnering with their African counterparts, African NGOs partnering with their local CSOs.

In the second year it was clear that we needed to promote local AACES partnerships to leverage resources and our impact. Tanzanian AACES managers in the five NGOs had a meeting to chat on the best way to make it happen. In the very first meeting, which WaterAid coordinated, I was made a coordinator of the AACES Tanzanian partners' platform, which I have been coordinating since then.

In that first meeting we explored areas that could help us maximise benefits of partnerships, since the five partners were working on various themes and different geographical locations, with minimal overlaps for three (Marie Stopes, CARE and World Vision). We looked at other areas that could strengthen our partnerships: trainings and workshops, launching of annual reports, commemoration days and rotating venues for platform meetings, joint advocacy.

Coordinating this (AACES Tanzania) platform, (participating in) WaterAid AACES-funded country program exchange visits and reflections at AACES workshops have sharpened my partnership management experiences and skills, transforming me into a partnership champion in my organisation.

There has been challenges, especially around getting support from top leadership among AACES-funded Tanzania NGOs in some joint activities. ... We decided to rotate the role of coordinating the launching of the AACES annual report which involves the top leader of that organisation being among the speakers on the day of commemoration. Also venues for the AACES partnership platform meetings are rotated among the five organisations, so that our presence is felt by every organisation.

On another level, maximising partnership benefits within WaterAid country programs funded by AACES (has been undertaken through) reflection meetings, workshops and exchange field learning visits. We had the opportunity to learn a Strength Based Approach called Endogenous Knowledge Development Approach; it is doing well in Ghana and it also helped us shape our programming in Tanzania. I also share school WASH experiences with WaterAid programs as far as Fiji, PNG and Mozambique, where school WASH programming was at an infancy stage.

In another level of partnerships, I work with (non WASH) CSOs to enhance the four focus areas of the AACES program i.e. disability inclusiveness, women empowerment, child protection and environment.



The experience of partnerships in AACES gave me understanding on the best way of engaging and managing partnerships more effectively. When I reflect on the global WaterAid partnership training that I attended last year and the partnership workshops to improve WaterAid ways of working, I can clearly see I articulated partnership differently from colleagues.

AACES partnership experience has helped me to be a partnership champion within my organisation. I have been leading country colleagues in partnership training and inputs to the WaterAid draft partnership toolkit that will help improve WaterAid's ways of working in partnerships. Currently, I am a champion of partnerships in the WaterAid Tanzania Country programme. (My most significant change is that) I now exhibit and honor roles and responsibilities in partnerships.

*Wendy Lube and David Nonde Mwamba interviewed Alex and documented his Most Significant Change Story*

## **Working across borders and sectors for a greater impact**

I have been involved in AACES from the very beginning, from the design period in 2010... (Since then), with regards to the AACES partnership, there have been changes at many levels. There are changes for civil society relationships at the Australia level, and there are also significant changes within the partnership for civil society in Africa.

Two notable changes are the relationship that exists now between civil society and the Australian Government through the 10 Australian NGOs and DFAT and, as a consequence, the way we now work together.

WaterAid Australia had not previously had a specific relationship with Africa. This is because of the way our Federation is structured –WaterAid Australia has traditionally supported work in Asia and the Pacific. One thing that is significant for us is that we have formed relationships with partners – both NGOs and DFAT - across three regions in Africa: in Malawi in southern Africa, Tanzania in East Africa, and Ghana in West Africa. Previously these didn't exist. In Australia, we also have joined and are able to contribute to the ACFID Africa working group. That has helped to expand our knowledge and deepen our contextual understanding of the challenges and opportunities of working in Africa. It has also enriched our policy and campaigning work in Australia and in the Africa region.

Another notable change are the relationships that exist among civil society partners, resulting from working in a partnership, which has been nurtured by the 10 AACES NGOs and DFAT. At an in-country level, we have seen some examples in Tanzania and Malawi. There have been platforms developed specifically to coordinate the work of AACES NGOs and share learnings and resources. There have been things that have leveraged off the coordination platforms that go beyond the AACES project.

I would say (the most significant change) is the relationship and way of working between AACES partners. In particular, the examples of Malawi and Tanzania.

There was a NGO coordination platform in Malawi but no coordination specifically at a program level. There was no program that focused, resourced and encouraged a partnership approach such as AACES. In the beginning there was nothing and as a result of the AACES partnership, there is now an active coordination platform in Malawi and in Tanzania of civil society AACES partners that are collaborating and coordinating, and speaking with one voice. This wouldn't have happened without encouragement from DFAT of the AACES partnership approach.

Governance is shared amongst the AACES partners, and this also has happened in Tanzania as well. It has become very useful for NGOs to coordinate their work. As a sector specific organization, the partnership has provided WaterAid with exposure to other sectors such as health, livelihoods and nutrition that we were not previously exposed to. In Tanzania we see now a very well established and organised network among the NGOs that goes beyond the AACES project activities. For example, WaterAid has a partnership with Marie Stopes that is distinctly the result of the activities undertaken under AACES, that enables us to work together in an integrated and less-siloed way. I think that is a good example of the impact of this change. We see that the partnership is not limited to the AACES partnership, it goes beyond the scope of AACES and will continue beyond the (AACES program) time frame.

AACES has demonstrated the value of continuing to collaborate as partners. I think what we will see back in Australia is continuation of the collaboration, which includes trust, as civil society working towards a common goal. The AACES partnership has provided a very good model to promote to DFAT and other donors to implement and support, because we have demonstrated the value in working in this particular way.

*Interview conducted by James Longwe and Philip Walker*

## Realizing power from within

Martin Mazinga

I started working for the AACES program in 2012 as a program coordinator at the national level.

(Since then)...I have had an opportunity to learn about value for money, gender, disability inclusion and documentation through the (AACES) reflection meetings and enhanced my capacity to coordinate the program efficiently.

The partnership opened avenues for further learning... I learned from World Vision Kenya... how they are using Citizen Voice and Action; it empowers communities to demand services. Caritas is using the Strength Based Approach that empowers communities to use locally available resources. Marrying the two meant we empower communities to look at resources as well as duty bearers to access the services they require. ...Cadecom hosted a visit from Oxfam SA and Oxfam Zambia; the visiting team constructively brought in new elements, especially on aspects of human rights and holding governments accountable... So skills I have gained are not only benefitting me but the organisation. Sharing of stories and experiences from different partners... have helped my work.



I think the greatest change is the aspect of collaboration and partnership. Personally, I have seen a great change in working together as partners. I may single out our example here in Malawi. We have WaterAid, AFAP's partner Concern Universal, CARE and Caritas. We knew these organizations existed but we never interacted until we were in the AACES partnership...The sharing of stories brought in the idea that we should form the Malawi AACES platform. The Malawi platform has been key in adding value to our programs.... It has given a unified voice to a number of issues we are working on.

We get resources from DFAT through Caritas Australia and Cadecom.... There has been coordinated communication which has enhanced strong partnership.

I think the most significant change in my case has been the power transition. I was one of the few African partners who got the voting power in the Program Steering Committee (PSC) and I rose to the level of Vice Chair. For me it was not just a ceremonial position. I have had personal interaction with DFAT representatives in the region, especially Kenya, where we have discussed policy issues relating to the program in collaboration with the Chair. Despite the distance between other members of the PSC based in Australia and myself in Lilongwe, we communicated on a number of issues. It was affirming to me that in every decision, even moments I missed teleconferences, there was an email checking with me on the deliberations, (and asking for) my views before a decision was made and shared to the larger grouping. That was affirming that I had a role. This was the Most Significant Change.

### **Why did you choose this change in particular?**

If you look at the initial composition of the program steering committee, it talks about the representatives from ANGOs. I was coming from a local partner to take a voting power in the PSC. This change reflects for me Caritas Australia's way of partnership, which is leading by stepping back. Initially African partners did not have voting power. We sat in the meetings as observers. There was room to share with your Australian representative but the fact that I was able to speak myself made a difference, rather than go through my Australian partner.

### **What difference has this change made, or will it make in the future?**

The difference is at the personal level. It has given me confidence and further prepared me for bigger challenges in the future, in terms of managing as well as coordinating a larger program, and where policy or programmatic decisions have to be made.

*George Kaunda and Soma Kone interviewed Martin and documented his Most Significant Change Story*

## Never fear the unknown

Fred Zinanga

I have been involved in the AACES program since the beginning...When the proposal for AACES was being discussed and concepts developed, AACES has specific themes of interest. There was one which I had never been involved in – maternal and child health (MCH), although we were very experienced in water and sanitation and food security. As a manager I said we have to tackle MCH. This story is about MCH and how it evolved in our (AACES) project.

I was thrilled by the workshop we attended in Nairobi in March 2011. Various designs were presented at the workshop. I remember there was a presentation from Ethiopia on a concept titled “the road less travelled”; this was Anglicord. What affected me personally was a scenario about the lack of proximity to a health facility that contributed to maternal mortality. If a woman is having complications, you have to bump her on the tummy to speed the birth up. I thought it was harsh and cruel. With skills in food security, how could we best contribute to MCH?

I designed our approach of building maternal waiting homes, so at 36 weeks of pregnancy women could come from distant villages and have their conditions assessed and have PMCT conducted. I went to the community and discussed strengths-based approaches with them. They had the energy to build bricks and to build the dormitories locally to benefit expectant mothers. From a dream we built the first shelter, we built the second, then by the time we built the third we were experts.

We have seen now a reduction in child mortality and babies have been born HIV-free, all through building those structures.

We entered the MCH sector, but we were not carrying syringes and medicine but provided shelter and access to MCH facilities. Nurses can help and refer to district hospitals. During AACES we had no cases of roadside baby deliveries or home deliveries. We worked well with Ministry of Health. Never fear the experience, never fear the unknown.

This change is significant because, when I was a small child, I remember very vividly someone who delivered at home in the village. Now so many years later I have had the opportunity to intervene in, and contribute personally to, something I saw as a child. I have seen changes to interventions and to discourage unsafe practices.

From a broad civil society perspective, in Zimbabwe we have had so many organisations come and take plans from us; Africare and World Vision have asked for our maternal shelter design. The Ministry of Health has adopted our approach as a model, because our shelters were constructed at local clinics. The Ministry has electrified our facilities. Had we feared to take up the challenge we would not have influenced these plans and policies. Government has adopted the approach as a best model. In Zimbabwe we were introducing ourselves in a new district, and someone said they had seen our project in Mutoko, so we could work (in the new district) because of our good reputation.

If I had feared the unknown, I would not have contributed to policy and programs. From an individual mind to an organisation, we have contributed to PMCT and MCH outcomes by creating safe places for mothers to stay and to access health facilities.

*Anna Dorney and Marshal Mpokonya interviewed Fred and documented his Most Significant Change Story*

## Practical partnerships: lessons from the AACES program

Blessings Kambombo

I have been involved since September 2012 when I was recruited to manage the AACES program in Concern Universal Malawi, an AFAP partner...In November 2012 I participated in the (AACES) monitoring and evaluation (M&E) workshop in Zimbabwe where we had peer review. The lessons from the workshop re-shaped our M&E systems including data management. The opportunity to learn from different partners (has been important), for example, we had a workshop (with AFAP partners)





in Mozambique on digital stories which was new for many of us but later we integrated it in our programs. Similarly, in one of the (AACES) workshops in Tanzania, we learnt about different approaches such as Citizen Voice and Action, which we found very interesting and integrated in our advocacy work. There has also been sharing of resources, for example CADECOM provided technical expertise in program documentation to AFAP.

The most significant change I observed was the establishment of a joint Malawi AACES network. Before its establishment, we didn't have a common forum for sharing information among partners in the country and beyond. This necessitated the establishment of the forum, where we developed our own network terms of reference to guide us in the management and coordination of the network.

This network has become a useful platform for sharing information and lobbying on key issues affecting the communities we work with. It has synergised our voice and visibility in communities, (with) others in civil society and the various levels of government, including strengthening community voice. It has also promoted resource sharing and transparency among the members. We know each other's activities well, which has enhanced mutual trust. The platform has also enhanced the AACES program visibility in Malawi and beyond due to joint efforts...

As a result of this platform, we agreed to lobby for increased budget allocation to WASH activities across the country and tasked CADECOM to lead the lobbying of the legislature at the national level. This initiative improved the AACES program profile in the country and was widely covered in the media. Unfortunately, we were unsuccessful in influencing the increased budgetary allocation to WASH in the country but we succeeded in initiating a WASH agenda discussion at the national level. Partnerships such as this are critical in harnessing a broad range of approaches as we have witnessed; actively engaged with government gives civil societies a greater voice to influence policy changes.

#### **Why did you choose this change in particular? Why is it significant to you?**

This was the first time for me to experience this kind of network where various NGOs with different objectives united for a common cause. Instead of competing, we have worked in tandem to leverage each other's strength. I feel this is a good model that can be replicated in other contexts.

#### **What difference has this change made, or will it make in the future?**

Our network will act as a future platform to bring on board others in civil society to influence changes in policy and practice, especially where there are gaps in addressing issues of concern to the population. The platform also presents an alternative and efficient funding mechanism for donors to development initiatives.

*Joseph Kamara interviewed Blessings and documented his Most Significant Change Story*

## **AACES and the value of partnerships**

*Barbara Babweteera Mutambi*

I have been involved right from the AACES design phase. I was recruited as the Program Manager for Plan's AACES project - Promoting Rights and Accountabilities in African Communities (PRAAC) project - in Uganda. In 2014, I took on the PRAAC regional support coordinator role, working with the teams in Uganda, Kenya and Zimbabwe.

One of the biggest changes is the approach that the Australian government took to engaging with the partners. Typically donors just launch a call for proposals and they decide which to fund. This is unlike the AACES program, where we made mini proposals and got the go-ahead and then the Australian government funded the design process. AusAID was part and parcel of this whole process.

The other change was in the nature of the partnership that we have with AusAID/DFAT, which is more of a mutual partnership, rather than a traditional donor - recipient relationship. This is unique. We have been able to come up with basic principles that guide our relationship.

To me the most significant change is the way the partnership relationship has been managed by DFAT. There has been a complete paradigm shift from the traditional way things have been done by other donors and recipients of the funding. (Before AACES), I working on the Plan project in Uganda which had been funded by AusAID under the Australian Partnerships with African Communities (APAC) program. In APAC, AusAID appointed consultants who visited the projects and provided advisory services. These 'advisors' were advising us without being involved in the program; they didn't understand why we were going in a certain direction. And their advice was based on just one visit.



But with the coming of the AACES program, DFAT has been moving with us right from the design phase. DFAT staff visit the projects, and whenever there are issues they give us feedback, and seek options from the partners. If there is something urgent, they prefer a telecom with Project Steering Committee members, where we can together reach consensus and make joint decisions.

Another change is the way the program now is more flexible - and this has enabled us to improve our projects each year. An example is the reflection on the AACES objectives during the mid-term review that took place in 2014, which resulted in modifications to objective 2.

Another change I have witnessed is the management of the program itself. Unlike the APAC program, AACES set up the Program Steering Committee, which is comprised of representation from the AACES partner organisations and DFAT. I am glad to say that I have been a participant in the Steering Committee and have enjoyed seeing the changes take place, based on decisions in the steering committee. This comes in the form of respect by the members of the PSC. The biannual meetings of the PSC have made a very big step ahead in improving our partnership relationships. An example is in Year 1 of the program, where there used to be two representatives per partner in the PSC, but only one representative had a right to vote and a right to make a contribution. And I must say it was often the representative of the partner from Australia with this right to vote. But at another PSC meeting, a decision was made to have the other representative to be an active participant with a right to vote and to actively contribute. I must say that out of the decisions of the PSC, this was the most important. This meant that not only were African organisational representatives able to vote, but we could fully use the capacities of our membership, and this also brought a shift in power to the African partners.

Before AACES we had no agreed principles guiding our relationships: it was like 'take it or leave it'. But, in the AACES program, we as partners came up with principles – accountability, mutual respect, and flexibility, among others - to govern our relationship and how to manage the program.

To me, DFAT has walked the talk. What I mean is DFAT is able to listen to what issues are coming in from implementing partners and sought solutions and actions to be taken. I must say the decision to have the PSC to manage the program, and also the decision to have a resource facility to support the day-to-day AACES management (acting like a Secretariat to provide regular communications and compile reports) has been really great too. We never had this under the APAC program, nor with other donor programs I have seen. To me this is a significant change that demonstrates what a partnership in development should look like.

#### **Why did you choose this change? Why is it significant to you?**

I chose this as the most significant change because it demonstrates what an actual partnership is and how partnerships should be managed. I have been involved in development work for over 14 years but for me this was really a paradigm shift in how things should be done between donors and recipients. Often this traditional donor - recipient (boss - servant) relationship creates friction between the two on how to manage the implementation of a program. If there is no mutual respect and a partnership where we can share ideas, this can lead to sour relationships. But under this program, we have seen that there is real respect for each partner and valuing of the competencies that each partner brings. The reason why DFAT chooses partners is that they appreciate that they cannot do certain things, or have no direct relations or experience with the community, and at the same time, the implementing partners also appreciate what DFAT brings too, including the resources to support the implementation of these programs.

#### **What difference has this change made, or will it make in the future?**

For me, I will not look at the future but will look at now and the changes it has brought. I must say the biggest change is the way we have managed the program; is the way we have valued one another; it is the way the program has adapted to the changing context; it is the way I look at DFAT. I don't look at DFAT as a donor, I look at them as partners in development. We share similar interests and talk about issues. Before there was not an opportunity for us to discuss how we want things to be implemented or changed. Now we dialogue about issues. I am seeing issues of flexibility, mutual respect, there is dialogue, there is valuing of each other as partners in development. It is the way donors should go – valuing NGOs as real partners.

*Worku Chibssa and Adam Davies interviewed Barbra and documented her Most Significant Change Story*

## AACES Influences Kenyan Health Policy on Maternal Health

Phillip Walker

I got involved in AACES program in 2011 when I was recruited by Anglican Overseas Aid to manage their project under the AACES program. I am based in Kenya.

Some of the changes I have experienced included growth of trust between the partners. When I first joined, most people were new and it was the first time for people to come together to share information and learning. The first Program Steering Committee (PSC) meeting was held at the Fairview Hotel in Nairobi. People began to get to know each other, but there was uncertainty on how the PSC could be managed. There were challenges on decision making and taking up responsibilities to move the PSC forward. Initially African partners were silent observers, denying them their right to speak. Then a decision was made to ensure each ANGO plus one African partner would have voice... The African partners now have much stronger voice, including taking up key roles in the PSC. The major changes have been the stronger spirit of collaboration and creating synergies. The meeting at Safari Park six months later revealed some gaps in terms of hiring external facilitators. A decision was made to start using internal expertise and started working groups, which are more effective. This also indicates the PSC gaining trust in itself and confidence in its operations.

Partnerships and civil society have greatly improved the AACES reporting and harnessing a much stronger voice. In (the AACES meeting in) Uganda, the joint lobbying letter against budget cuts was instrumental in averting further AACES budget cuts... The partnership and civil society has led to a strong unifying effect. The application of the partnership in Malawi is a very strong model.

We have been less successful in Kenya, a few meetings were held, but the initiative seemed to be lacking. In Kenya we come together to launch the annual AACES report, but have had trouble getting a strong event that attracts the media. In 2015 we were wondering about how to launch the annual report, at the same time that we were looking at the launch of another important document.

The Kenyan government has a ban on Traditional Birth Attendants (TBAs). We all support that women should go to Skilled Birth Attendants to give birth, but banning TBAs is a problem because it stops us from engaging with and educating them. So our partners, the Mothers Union of the Anglican Church of Kenya, the Nossal Institute for Global Health, along with the African Medical Research Foundation (AMREF), got funding from the Australian Government to do a two year study into this issue. They wanted to launch their report at the same time we were about to launch to AACES annual report, so it made sense to link the two together.

The outcome was that we had over 200 people at the joint launch, and got good media coverage. The Head of AMREF was there, we got the Archbishop of the Anglican Church to speak, the Australian High Commissioner spoke, and there were all the Kenya AACES partners with their displays. There was a presentation on the research report and its findings. The Ministry of Health was represented and what they heard were all these voices saying that your ban on TBAs was not the best way to go about matters, and you should have a re-think. So the outcome is that they are reviewing their policy, and looking at ways to use TBAs to take pregnant women to clinics and hospitals to give birth.

### **Why did you choose this change in particular? Why is it significant to you?**

The collective voice within AACES programme is unique and most significant. It generates influence and change at policy level.

### **What difference has this change made, or will it make in the future?**

This change has significant influence on policy. I would want to see the government taking civil society seriously and to view it as a valuable partner. The positive approach to advocacy influences the government to view civil society more positively.

*Joseph Kamara and Blessings Kambombo interviewed Phillip and documented his Most Significant Change Story*





# From engineer to inclusive practitioner: the transformation power of partnerships with disability organisations

David Nonde Mwamba

In 2010 I was involved in the AACES workshop in Nairobi; it was a design workshop looking at how we were going to design the overall program as well as individual NGO programs.



In that workshop I was made aware of the AACES focus areas, which were Maternal Child Health, Food Security and Water, Sanitation and Hygiene (WASH). Furthermore, I was made aware of Australian government policy priorities which included gender, child protection, environment and disability inclusiveness. I had some ideas on many of these priorities from my previous work experience. What got me confused was disability inclusiveness and child protection. Disability inclusiveness was particularly a problem because I did not have a clue how persons with disability could be included in WASH. This was not part of the areas of concern for the whole water sector in Zambia. It was also not there when I was trained as a water engineer. So for me to be told to include disability in WASH was very strange. How could you include disability as there were so many- physical, mental impairments, intellectual disability etc? Even the terminologies associated with disability were confusing to me.

The AACES workshop on disability in June 2011 opened my mind; I learnt the best way to include disability was to get disability organisations involved in programming. This gave me a break because, instead of 'doing it' by myself, I could push it to the organisations that were specialised. The problem I had at that point was I did not know any such organisations in the area I was working.

When I went back to Zambia, there was a big planning workshop by the Ministry of Health (MOH) where selected NGOs and government agencies were asked to input into the MOH annual plan in the province. At that workshop I challenged the participants on issues of disability and how they could be included in planning. I learnt during that workshop that some of the participants came from organisations specialised in disability issues. I got contacts for the Zambia Federation of Disability Organisations (ZAFOD), and the Zambian Agency for Persons with a Disability (ZAPD), a government department under the Ministry of Community Development. Fortunately when I went to talk to the officers of the two organisations, they told me that they had planned a sensitization workshop on disability inclusiveness with all government agencies and NGOs.

When I attended that workshop, my fears and uncertainties on disability inclusiveness were completely allayed; my mind opened up. The facilitator was the coordinator for ZAFOD and he was a blind person. In spite of his impairment he had the whole of the UN Convention on the Rights of Persons with a Disability in his head. He could cite page and sentence lines in that document. He took us through from page one to the last page, sentence by sentence. The one that struck a chord in me was the section that was dealing with 'universal designs'. I had never heard of such a concept before. The section on universal design says that you should design processes, systems and facilities to ensure that all categories of people are included and that there is no discrimination. At that point I still had a question on how you could include in a universal design and capture all types of disability and, secondly, why you should have a universal design where there are no persons with a disability? At this point, however, I learnt that organisations specialised in disability had all the experience needed to ensure systems, facilities and processes were inclusive. I also learnt that the country had a disability law that empowered ZAPD to do access audits.

After the disability awareness workshop I began partnership discussions with the two disability organisations so they could support our AACES WASH project. Previously Oxfam (Zambia) only had two WASH partners; both had no experience in disability and had never thought of disability as an issue in WASH. The idea of bringing on board the disability organisations was transformative for me as a person, and for our other traditional partners, I guess.

Since then, the two organisations have provided technical support on how to include disability in WASH. In 2012, for instance, the organisations provided support in designing and implementing PRA baselines. These revealed persons with disability in communities were considered not worthy of participating in community meetings; children with disability were hidden in houses and not allowed to go to school. In 2013 the same organisations provided support in the redesign WASH facilities to make them more accessible, as well as conducted access audits on all schools in the AACES areas of operation.

The involvement of these disability organisations in AACES has not just transformed the professional practices of individuals like me, but also increased the awareness of disability amongst community members and partner staff. But more fundamentally it has transformed the lives of persons with disability themselves. I remember one time when our partner PPS worked with ZAFOD and ZAPD to train people with disability on their rights, one old participants said, "For the first time I feel like a person." This made me feel like shedding a tear.

The AACES partnership with ZAFOD and ZAPD has made me realise that, like me before being involved in AACES, individuals and organisations especially in WASH exclude persons with disability because of ignorance; firstly, ignorance of disability issues and, secondly, ignorance of best partnerships to achieve disability inclusiveness.

When I look back at my long professional career, I think my involvement and partnership with ZAPD and ZAFOD has enriched my sense of social justice and has made me somewhat of a champion on disability inclusiveness. I now see discrimination everywhere and when I plan and observe processes, systems and infrastructure, I first ask whether or not it is inclusive. I don't just focus on WASH but everything around me and consider whether or not the environment is accessible to all categories of people. I just wish I had this level of awareness right from school.

*Alex Ndama and Wendy Lubbee interviewed David and documented his Most Significant Change Story*

## Stories from project participants

### Action Aid



#### Sadia Ibrahim

Sadia Ibrahim lives in Isiolo, Kenya and grew up in a pastoralist community. In 2011 she, along with her family and community passed through a terrible drought and constant conflict which resulted in deaths, trauma and theft or destruction of property. Five years ago, it was inconceivable that she would be a crop farmer. Now, to her amazement, she is exporting green beans to Europe with her fellow women and men farmers through the Bididi Community Based Organisation. The money she earns is hers alone and she decides how it should be spent. Being a woman in a pastoralist community, she was taught not to speak in front of men but now she has no fear in speaking out publicly and even engages in tracking government budgets and planning processes. Sadia also reminded us of the traumatic conflict that she and communities in Isiolo experienced a few short years ago, she told us that members of the Bididi CBO are of all different tribes and they happily work together, contributing to peace. Lastly Sadia told us that she has six daughters and none of them have been subjected to Female Genital Mutilation (FGM) as that is a shocking violation of their rights.

#### Polly Apio

Polly Apio is the chairperson of the Rural Women Development Link (RWDL) group based in Toroma Usuk in Katakwi district of Uganda. Polly who stays in Katakwi started her journey with AACES when she travelled to Australia in 2011 as an ActionAid Ambassador (funded by ActionAid not through AACES). She tells us that women in her home county of Katakwi are now able to eat more than one meal per day and are earning decent incomes thanks to the program. They track Government budgets very closely and know they have the right to question them. In her words "women are no longer tolerating being cheated of their rights". Polly herself has been representing rural women in the Comprehensive African Agriculture Development Programme at the African Union (this is where many African Governments agreed to invest 10% of their budgets in agriculture). The first time she went to the African Union in Ethiopia she felt out of place because everyone was dressed so smartly but she did not care and she stood her ground. One white man said to her "who brought these African women here?." Polly looked him in the eye and replied "who has the duty to invite these African women?." She told us that money raised on behalf of women farmers should go to them! And lastly ever the campaigner, Polly made an appeal for all of us to support rural women to go to regional forums.





Rita Mbeba (MST), Esther Ajwant (MSK), Roy Omollo (MSK), Rose Omia (MSK), Mr. David Baya, Kwala County Health Promotion Coordinator, Terry Anyango (MSK), David Obuya (MSK), Dr. Bilali Mazoya, Kilifi County Director of Health

## Marie Stopes Kenya

Dr Bilal Mazoya is the Kilifi County (Kenya) Director of Health. Unfortunately Dr Mazoya could not attend the beneficiary session at the AACES Partner Meeting in Nairobi, but his words were spoken by the Marie Stopes Kenya (MSK) Regional Coordinator, Coastal Kenya and AACES Project Manager, David Obuya.

*"AACES has had a big impact on Kilifi County. Through MSK sexual and reproductive health and family planning services, our county contraceptive prevalence rate has gone from 24% to 52% by the first quarter of 2016. We (the County government) have copied the AACES model of partners' engagement in terms of combining effort from different skillsets to achieve different objectives. Through the leadership of MSK, the county has a sexual and reproductive health technical working group who meet monthly to review and discuss better ways to discuss the SRH challenges and achievements, thus informing county government and partners programming".*

Dr Bilal Mazoya





## OXFAM, Zambia

### Championing AACES programs in my community: Kabeta Wamulwa's testimony

I joined the AACES program at its inception when it was introduced by Oxfam in Zambia. I was one of the community volunteers. When the program was explained to us, I realized it was to benefit our community but it needed our total commitment. I therefore participated in several voluntary tasks where Oxfam needed to work with community members.

The AACES program has built me over the years through several trainings and exposure. I have been a point of contact for the program as a community facilitator, I have been trained as a gender based violence (GBV) champion, pump member, community monitoring and evaluation facilitator and community led total sanitation champion (CLTS) among other roles. The trainings and the work I have been involved in has been enriching to me as a person and impactful to the community I live in.

I have become a fully baked community mobilizer and CLTS facilitator who is much sought after by other development stakeholders. Due to low education levels in my community, any agency requires a versatile community based development worker to ensure good community mobilization and implementation of programs. Currently, I have been engaged with UNICEF in Zambia to facilitate increased access to WASH services in my community and beyond. The skills being sought after by UNICEF and other agencies were all imparted in me by the AACES program.

After several trainings, support and consistent monitoring, my village was the first one to be declared open defecation free in Mongu District. I have seen how through the AACES program, my community has more sources of drinking water, more toilets and increased engagement with government officials. I have noticed that persons with disabilities now participate more in community activities. The AACES program has managed to facilitate all these changes through several programs and activities we executed together.

### Reflections on the Nairobi meeting

It was a great honor to have been considered among many to attend the meeting in Nairobi. I realized I was the only community member who Oxfam had invited and I believed in all I said and did. I represented my colleagues well who did not have the privilege accorded to me.

I learnt a lot from others, including from community members from other countries. The lessons will go a long way as I will share with my friends back home, but most of all, the event created lasting memories for me. To have joined the high commissioner in launching the report felt like the imaginary feeling of meeting 'Jesus' and I cannot think of another project that attaches as much value to project participants as the AACES program demonstrated.

*Mr. Kabeta Wamulwa was invited by Oxfam to attend the AACES final partners meeting and launch of the final review report in Nairobi on 24th and 25th May, 2016. During the review meeting, Mr. Kabeta was given an opportunity to address the audience on his experience with the AACES program. He also joined the guest of honor and other community members from other AACES countries in Africa on the podium to officially launch the final review report of the AACES program.*

## Plan International Uganda, Kenya and Zimbabwe community participants at the AACES Final Program Launch in Nairobi

### Empowering fellow women on their rights

*Alice Nanungi Tebyasa, PRAAC Uganda*

I have been a Local Council (LC) level 3 leader for 15 years now and involved in the Promoting Rights and Accountabilities in African Communities (PRAAC) project since 2011 as a community volunteer in Kikaaya A, Kampala.

In Uganda the Local Council structure was established to provide elected local government structures and justice in civil matters through the local council courts at grassroots level. The lowest level is the LC1 at village/community level; LC2 is at parish level and LC3 at sub-county level.

Until my involvement with the PRAAC project, I did not know well enough the issues affecting women in my community. Many women saw me as a



class apart, as I am a LC 3 leader and because I hold a traditional title "Naava", meaning "borne of a princess" of the Buganda kingdom. I did not know that women suffer violence a lot. I thought they called it upon themselves because of the way they behaved towards their husbands. Fellow male local council members used to pre-judge women as being in the wrong before they even listened to them. It was always seen as the fault of a woman in a domestic violence case.

Before PRAAC, both community members and their leaders had little knowledge of the laws. Everyone cared about themselves and never bothered about what happened to their neighbours; no one would report rights abuse cases, despite witnessing them.

When the PRAAC project came, as community volunteers, we were trained on law, human rights and gender issues. I started creating awareness in the community and this made me interact more with marginalised women. I started mediating cases in accordance with the law, accompanying women to local council courts. I now appreciate their issues better and what marginalization means. Women bring me land agreements and I advise them whether to sign or not. I learned to protect sources of information and the need for privacy in case management; this helped in building trust. I stopped charging fees from marginalised people to encourage them to report cases to the local council. I talked to local council leaders on the need to provide justice to women. The good thing is that the project also targeted these LC leaders and trained them. I am often invited at various local courts to ensure that women are not suppressed. In a nutshell I started representing my constituency.

As a result, the gap that existed between me and the women closed up. Women were now empowered and started reporting cases in the community. Now, there is an increase in neighborhood watch. Domestic violence has reduced and the rights of women are respected including women's property rights. My personal relationship with the community - especially women - has greatly improved, they approach me and confide in me. With the change in nature of decisions I made, trust was built. They started seeing me as a listener, caring and encouraging. My clientele grew. Whoever received my services went and told others. I have also seen changes in the attitude and practices of other fellow local council leaders. Cases are now expeditiously handled with justice, unlike before.

Through PRAAC I have realized it is every woman's dream to have a better life, but often, society stifles the dream. Interacting with marginalised people has opened my eyes to see things differently and to work for women in a better way, as I understand their issues well now. I am now appreciated by the community members as a true women's leader who cares about them. This has bridged the gap that existed between me and my constituency.

## Responding to Community needs by inclusive participation in decision making

*Emily Osano, PRAAC Kenya*

I became involved in the PRAAC project when the project started in mid-2011. In June 2012 I was lucky to be selected to represent my village in advocacy training. We were trained in advocacy skills, communication, issues identification, community mobilisation and the provisions of the Constitution of Kenya. From that point on, I have served my community as an advocacy team member fighting for the rights of every member of the community.

The PRAAC project has been a saviour in our village, as it has saved us from several injustices, lack of knowledge, poverty and discrimination. The project came up with wonderful activities and trainings, which changed people's attitudes. This has brought about reconciliation in families - including in my own home - and women's empowerment.

The project trained people on health rights, the importance of health clinics including HIV counselling and testing. Now people go freely for health services, including cervical cancer screening, and even demand for services from organisations that offer clinical services. The project trained women and men on the importance of family planning and now families are observing good birth spacing and considering the number of children they can take care of.

Before PRAAC, gaps existed between the local leaders and the people they serve. The approaches the leaders were employing were not inclusive and responsive to the community and community needs. The PRAAC project worked with us in bridging these gaps through trainings, awareness sessions and dialogue forums, resulting in increased participation of women and people with disabilities (PWDs) in the chief's barazas and government structures. Through PRAAC, inclusion of PWD and women in decision making within the community has been enhanced, and this has greatly motivated and created space for these groups to table their concerns and actively participate in all aspects of decision-making.



Community members have been linked to other organisations which have provided training on modern farming techniques. This has significantly helped reduce the culture of hand-outs and also earned people with disabilities respect from other community members, who currently view them as equal members of the society.

Our responsibilities as the advocacy team are to champion for the rights of community members, especially the marginalized groups. We have conducted awareness sessions on rights, women empowerment and information on health services, ensuring girls who got pregnant while still in school were enrolled back to school. Parents have been sensitized on the need for girl child education as key to empowering future women and society. The advocacy team has checked institutional records, procurement and purchasing processes in schools and health centres to ensure transparency, accountability and good quality of services delivered. Through the PRAAC project, we now have community involvement and participation in decision-making.

## Overcoming domestic violence

*Participant, PRAAC Zimbabwe*

I first interacted with the PRAAC program in 2013 when my brother's wife introduced me to the program. I had faced sexual, physical, emotional, psychological and socio-economic violence for the previous four years of my marriage. My health, dignity, security and autonomy was undermined. The situation was worsened by maintaining a culture of silence and denial over the four years of the abusive relationship. I was ignorant of the laws that protect women against domestic violence, despite my level of education.

My husband had an affair with a single lady from our church. This relationship exposed me to HIV since he demanded unprotected sex from me. I underwent a lot of stress due to this abusive relationship. I suffered depression and developed peptic ulcers. The relationship resulted in his lack of support for the family. My son was five years then and diagnosed with autism. He needed medical support and special education but my husband didn't care. My two daughters - one in university and the other in secondary school - dropped out of school because there was no financial support for their education. I had emotional and psychological stress.

It is at this point that my sister-in-law advised me to go to PRAAC and receive counselling services and other necessary support. At first I was not willing, I feared that the whole community would end up talking about me. When I came to understand more about PRAAC's work I made up my mind and visited the Musasa PRAAC office in Chiredzi. The counselling sessions were a turning point in my life and I regretted why I had taken long to seek support from the PRAAC program.

I was invited to attend the rights awareness sessions in my ward as well as GBV training. These training and rights awareness further opened my eyes. I realised I was undergoing a lot of abuse. I came to understand that a married woman can be subjected to marital rape. My life was transformed through the PRAAC program that offered me counselling, rights education, legal advice and referred me to other service providers.

The PRAAC program assisted me in obtaining a protection order from my abusive husband. When I wanted to file for a divorce, the program referred me to the Zimbabwe Women Lawyer's Association who assisted me in filing the papers. The protection order was followed by divorce summons and this really shocked my husband. The tables turned against him and I was now calling the shots. I am currently receiving maintenance from my husband.

Later on, I became involved in counselling other women who experienced GBV in my church and the community. I went on to form a domestic violence survivors club in April 2014. This is offering peer support and counselling to other women experiencing GBV and has 20 women members. We meet every month to share reports on GBV. Usually we will be giving each other updates of any challenges encountered during the month and any cases that we have assisted through counselling or referral. We also have a WHATSAPP group where we post anything of concern if it occurs before our monthly meeting.

I want to sincerely thank the PRAAC project and the AACES program because I am now fully conversant of my rights. I am now able to counsel other church members experiencing GBV.

*Musasa, a women's organization addressing gender based violence, was an implementing partner with Plan International Zimbabwe in the PRAAC program for the first years of the program.*



## Improving livelihoods through the World Vision East Africa Maternal, Newborn and Child Health (EAMNeCH project)

*Dr. Hussein, S.A., Community Health and Development Head, Kenya*

The Unit of Community Health and Development had an opportunity to improve the health of mothers, children and their nutrition through the World Vision East Africa Maternal, Newborn and Child Health (EAMNeCH project) in Bamba Kilifi, Kenya. The Timed and Targeted Counselling (ttc) implementation in Siaya and the Integrated community case management (ICCM ) implementation in the counties. All of these use the Community Health infrastructure composed of the Community Health Coordinators in the counties and sub Counties, the Community Health Extension Workers, Community Health Committees and the Community Health Volunteers working in the Community Health Units.

The Bamba AACES supported project enabled us to access four areas of our mandates:

1. Policy, Standards and guidelines formulation and Development
2. Provision of Capacity Building and Technical assistance to the counties
3. Management of our Community Based Health Information System and;
4. Strengthening health systems



The Bamba AACES programme took into consideration our policy documents and guidelines that we have at the Ministry on the implementation of maternal and child health activities. It also helped us to implement mobile health in our community based health information system. The implementation was in line with our policy direction.

This project managed to help in strengthening the health system by ensuring that capacity was given to the health workers in the facilities and the community health workforce in the community. This transfer of skills and all inclusive orientation will enable continuum of care and sustainability after the project ends.

During the project, there was active and meaningful engagement of the Ministries of Health, Agriculture and Livestock, the community, other stakeholders and the duty bearers. The end term health indicators compared to the baseline ones showed clear improvement, this was even more evident by the improved socioeconomic status of the community units that the project was implemented.

Some of the social transformation made were:

### Education

At the beginning of the project the Bamba area had no university due to lack of financial capability but at the end the end of the project they had 17 of their children attending universities.

### Nutrition

The Bamba community now has food security in terms of food availability and food quality from the new food varieties introduced by the project and grown by the communities.

### Gender empowerment

The females in the community were empowered financially through the CVA training. They now have a voice in their households and when engaging with the duty bearers.

### Financial Empowerment

The Bamba community Units through IGAs; the Galla goat and red pepper have enabled the Bamba community units to be financially stable. This has enabled them to be self-sustaining in terms of implementing community health services. With this financial strength the community has also been able to loan finances to other community members in need. The Bamba community unit is in the process of starting a micro-finance institution to empower others. These are vital social transformation that will enable the continuity of the IGAs started and implementation of community health services. We are grateful to World Vision for supporting this project which is a best practice in sustaining the functionality of the community health units.

*“Afya Yetu, Jukumu Letu” (“Our Health, Our Responsibility”)*

## AACES strengthening of existing systems

*Dr. Phyllis M. Maina, Department of Health and Sanitation, County Government of Laikipia*

I was appointed the Sub-county Medical Officer of Health for Laikipia North in late 2014 while on leave and got to occupy the office in February 2015. The first activity that I officiated in my capacity was the ADRA - TRLT launch of the research. What struck me was the level of representation in that forum; from international and local researchers such as the University of Melbourne (Australia)– Nossal institute and AMREF, policy makers, departmental involvement in the Ministry of Health, Mothers Union of the Anglican Church of Kenya (MUACK), gatekeepers, Community Health Workers (CHWs), Traditional Birth attendants (TBAs) local leaders etc. The gathering was all inclusive and this made me warm up to them.

Every quarter the community, department and partners meet for community score cards whereby on that table/forum everyone is responsible and accountable for whatever pledge made that wasn't committed to. To have a partner willing to be evaluated continuously is rare and this showed a partner whose commitment and passion is genuine.

Community ownership is the forte of the partners. All projects are the brainchild of the community, a need that is derived from the community and for the community leading to great acceptability and utilization of the project. Community contribution is key especially for constructions whereby in Laikipia North sand harvesting is a source of livelihood, the community would provide sand and labour leading to a sense of ownership of the projects because of the community's investment.

I like the fact that AACES don't reinvent the wheel but instead strengthen existing systems in the case of the TRLT program. Community strategy was the most effective and linked the community to existing government facilities; training of CHWs and facility CHEWs.

On sustainability, the CHWs have been provided with various income generating activities (IGAs) from goat rearing, table banking, tents and chairs for hire, water projects etc. The strategies employed fit into the Berwicks triple aim; increase access to quality care at lowest cost per capita.

## Successes

1. Community strategy; monthly support led to Community Unit attrition rate reduction from 66% to 15%
2. Behavioural Cultural Change (BCC) leading to community's health seeking behaviour to be positive toward healthcare workers. This led to increased facility workload and in turn ability to lobby for more nurses in the facility increasing quality of care provided and reduced closing of facility
3. Increased facility based deliveries from 9% in the research to currently 17%
4. Public health; increased latrine coverage from 22% to 60%
5. Referral of expectant mothers by TBAs for ANC, deliveries, PNC and immunization after delivery as there is no more perception of competition between TBAs and SBAs instead a symbiotic relationship exists
6. With introduction of Result Based Financing (RBF) by World Bank and free maternity fund from national treasury in the facilities; increase in indicators has led to an increase in revenue for the health facilities.
7. Provision of a model that shows that community strategy is cost effective in the five facilities that is replicable and scalable to the larger sub county





# AACES program closing ceremony









## Interview with the ACBF Executive Secretary

Prof. Emmanuel Nnadozie

The African Capacity Building Foundation (ACBF) has supported the AACES program as the Resource Facility and has been pointed as central to its success.

### 1. What role did the ACBF play on the AACES program?

From January 2012 ACBF served as Resource Facility Manager for the AACES program, which involved providing logistical, administrative and technical support to the program. By providing timely, efficient, and effective support in these areas, ACBF contributed significantly to the achievements and results of the program which have been fully captured in the final program review report that was launched in May 2016. Over 2.3million people benefitted from the program, the majority being women and girls.

### 2. ACBF's support to the AACES program as the Resource Facility has been pointed as central to its success. How was this achieved?

I think success was achieved through a number of means. First, the Foundation maintained regular, open and transparent communication with DFAT and the other AACES partners which proved to be a critical success factor. It allowed us to not only quickly identify challenges but also to build consensus on how to address them. We held regular meetings with DFAT. Communication with DFAT was also greatly improved when the Resource Facility moved to Nairobi in 2013. I also visited the Australian High Commissioner in Nairobi to discuss challenges and emphasize our commitment to the program.

Secondly, we adopted an approach of continuous learning and improvement. This allowed us to learn from mistakes. Thirdly, ACBF capitalized on its 25 years of experience in capacity building and used its strong institutional capacity to support the program resulting in more effective implementation and delivery of expected outcomes.

Finally, I think we had staff with the right skills in the Resource Facility and they were effectively supported from Harare.

### 3. What is the take home for the ACBF having offered services as a Resource Facility?

The take home for me is that ACBF has demonstrated its ability to successfully deliver high quality services efficiently and effectively. This is ACBF's value proposition. We have demonstrated that we are able to leverage our experience acquired in the past twenty five years to provide a number of practical services that can support the programs of other donors to ensure that they operate more effectively. Again, the results of this program go to show the importance of such programs as AACES for Africa and the need to continue and scale up these types of programs.

### 4. Does the ACBF plan to offer similar services to other development partners?

Certainly. Diversifying our funding base is a key objective in our strategic thinking going forward. The success of the Resource Facility provides a basis to actively explore opportunities in this area. In addition to generating alternative income for the Foundation, we will also build partnership relationships that can add value to the work we do in Africa.



*If you want to go fast go alone,  
If you want to go far go together*

**African Proverb**