



Australia Africa Community Engagement Scheme

"Advancing disability-inclusive development"

Annual Report 2012–13

Cover photo:

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

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



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Rael Mwikali, a member of ActionAid's Kakongo Youth Farmer Field School in Mwingi, Eastern Kenya with her bull. She bought the bull with savings from the sale of her surplus sorghum after her involvement in the farmer field school, that saw her significantly increase her sorghum produce. **Photo by Douglas Waudo / ACES Resource Facility**

Acronyms

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

AACES Map



Australia Africa Community Engagement Scheme (AACES) at a glance

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

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

AACES objectives

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

AACES approach

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



AACES partners from Tanzania, Kenya, Mozambique and Australia interact with local health government officials, community health workers and members of a nutrition counselling group during a field visit in Kilindi district, Tanzania.
Photo by Douglas Waudo / AACES Resource Facility

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



Community members help in the design and construction of a water tank in Ghana. Photo by WaterAid

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



AACES partners brainstorming during the annual reflection meeting in Dar es Salaam, Tanzania. Photo by Douglas Waudu / AACES Resource Facility

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



AACES partners are working with governments to strengthen the *mHealth* (mobile health) system. *mHealth* is a health information system that aims to improve accountability by aligning women's health needs to program goals and results. Photo by World Vision

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

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



PSC members during a meeting in Dar es Salaam, Tanzania.
Photo by Douglas Waudu / AACES Resource Facility

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 resource facility team based in Nairobi, Kenya.
Photo by Patrick Miller / AACES Resource Facility

From the Chair of the Program Steering Committee



Elly Barrett

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

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

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

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

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

Elly Barrett

Chairperson, Program Steering Committee, 2013–14

From a Program Participant

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

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

After receiving gender-based violence training provided by ActionAid, I am more aware of my rights and options, and it has encouraged me to speak out.

The knowledge and skills I received about groundnut growing enabled me to begin growing peanuts. I planted the seeds and harvested seven bags of unshelled groundnuts. For three bags of shelled groundnuts I earned 2,500 Ugandan shillings [AUD1.11] per kilogram, totalling 210,000 shillings [AUD93]. I added this to my business of selling porridge to people on market days in Ongino Sub County.

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

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



Akurut Stella Rose washing utensils at her home.
Photo by Moses Okwameri / ActionAid



A group of women with their children waiting to access health services outside a clinic in Kilifi County, Kenya. Through partnership with the local government, AACES partners are helping deliver basic health services to people in rural and remote areas. **Photo by World Vision.**

1

Advancing disability-inclusive development



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

Advancing disability-inclusive development

Overview

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

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

Women, men and children with disability live in every community and are among the poorest and most marginalised.¹ Discriminatory practices, largely driven by negative attitudes and traditional beliefs, can deny their basic rights to education, health care, livelihoods, safe water and improved sanitation. Such practices can also lead to poverty and isolation. As a result of this exclusion, many people with disability also often lack information and the confidence to access available support services. Women with disability regularly face double discrimination on the grounds of both their gender and impairment. Children with disability also face stigma, discrimination and exclusion, which can impede their participation in community life and future employment prospects.

¹ The term 'people with disability' is used here in line with the International Convention for the Rights of Persons with Disabilities

Key facts on disability

- 15 per cent of the world's population have a disability²
- 80 per cent of people with disability live in developing countries
- One in five of the world's poorest people in developing countries have a disability
- There are 93–150 million children under 15 years of age living with a disability worldwide
- National studies of living conditions for people with disability were conducted between 2001 and 2006 in Malawi, Namibia, Zambia and Zimbabwe. The studies revealed large gaps in service provision for people with disability, with unmet needs particularly high for welfare, assistive devices such as mobility aids, education, vocational training and counselling services.³

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

² WHO & World Bank, World Report on Disability (2011), p.28, accessed from http://www.who.int/disabilities/world_report/2011/en/index.html

³ WHO & World Bank, World Report on Disability (2011), p.28, accessed from http://www.who.int/disabilities/world_report/2011/en/index.html



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

AACES and disability-inclusive development

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

In 2012–13, AACES supported activities to:

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

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

⁴ The motto ‘nothing about us without us’ focuses on the active involvement of people with disability in the planning of strategies and policies that affect their lives. It has been used by DPOs as part of the global movement to achieve the full participation and equalisation of opportunities for, by and with people with disability.

Disability is not inability the story of Esnath Sithole

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

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

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

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

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



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

Through the program, Esnath and nine other women, including two people with disability, were trained and enrolled in a village savings and loan (VSL) scheme. VSL is a scheme where members save money and are able to loan to and guarantee each other.

Barely a year after the training and the establishment of the VSL scheme, the transformation is being felt in the community. Members, mostly women, are now actively engaging in income-generating activities. Esnath, who for more than 10 years was relying on handouts for survival, was able to begin her clothes business in January 2013. Her business involves buying and selling clothes, including school uniforms, to other community members, using the money she borrows from the VSL group.

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

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

Water, Sanitation and Hygiene



A pupil washing her hands at the newly constructed latrine in her school in Singida Municipality in Tanzania. Photo by Douglas Waudo / AACES Resource Facility

HIGHLIGHTS

Water, Sanitation and Hygiene (WASH)

TANZANIA

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

MALAWI

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

ZAMBIA

Oxfam's training of 71 WASH committees led to increased demand for water and sanitation facilities. For instance, women trained in good health and hygiene practices have asked their husbands and male relatives to build toilets, dish racks and bathing shelters. Also through Oxfam's facilitation, 283 people with disability were registered by the Zambia Agency for Persons with Disability so they can more easily access WASH services.

MOZAMBIQUE

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

GHANA

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

SOUTH AFRICA

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

Water sanitation and hygiene Africa Overview

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

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

OUR IMPACT IN NUMBERS

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

An additional:

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

⁵ UNICEF and WHO, *Diarrhoea: why children are still dying and what can be done*: 2009, pp. 1-17 http://www.unicef.org/health/files/Final_Diarrhoea_Report_October_2009_final.pdf



A borehole under rehabilitation in Majune district, Mozambique. 'With the rehabilitation of this borehole, local residents will no longer have to go to the river to fetch water. It will solve the problem of 20 children attending this primary school who used to walk every day to a distant river to fetch water, which was a risk to their health and prevented many from going to school,' says the Director of Mocculungu Community Primary School. Photo by Francisco Tabua / Concern Universal

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

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

Delivering WASH services

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

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

⁶ UNICEF and WHO, *Progress on sanitation and drinking water*. 2013 update, 2013 pp. 5 & 8. http://apps.who.int/iris/bitstream/10665/81245/1/9789241505390_eng.pdf

⁷ UNICEF WHO, *Progress on drinking water and sanitation*: 2012 update, p.31. <http://www.unicef.org/media/files/JMPReport2012.pdf>

Increased access to safe drinking water

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

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

Improved access to sanitation

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

School sanitation

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

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

⁸ 'Open defecation free' refers to an environment without openly exposed faeces. Achieving this outcome might involve building and encouraging the use of latrines, preventing the occurrence of faeces exposed to the environment.



A newly built latrine by WaterAid at Mpalanga Primary School in Dodoma region, Tanzania. 'We were previous y em arrassed when using the o d toi et oc , especia y during menses menstruation , ecause everyone wou d now ut now no one notices. e no onger have to go home and change, and there is a p ace to wash ourse ves,' says Salvina Maswaga a pupil at Mpalanga.
 Photo by Douglas Waudo / AACES Resource Facility

Promoting safe hygiene practices

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

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

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

⁹ A 'strength-based' approach refers to policies, practice methods and strategies that identify and draw on the strengths of children, families and communities. The approach acknowledges individual or community strengths and challenges, and engages them as a partner in developing and implementing solutions.

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

Transforming communities through school WASH clubs

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

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

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



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

Daniel Mekanika Maloda with his daughter, a member of the school health club. *'I ensure that I practise what we are taught at the club. I also encourage my mother and my three younger siblings to practise good hygiene,'* she says.
Photo by Christina Chacha / WaterAid Tanzania



Participants during one of Oxfam's WASH awareness-raising workshops for people with disability in South Africa. Photo by Sue Hedden / Wo a Moya / Oxfam

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

Increased engagement with communities and local government

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

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

'It is not my disability that is a problem but people's attitudes towards me that make my life difficult.'

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

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

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

In **Zambia**, government officials gained skills in participatory and inclusive development planning through training from Oxfam on gender and disability. Oxfam also held a 'school mapping' exercise that provided information to demonstrate to government how quality inclusive education services at primary schools can be provided and incorporate WASH services.

¹⁰ Community score cards are a community-based monitoring tool that enables citizens to assess how well priority public services are being delivered by scoring different elements. It is an instrument to elicit social and public accountability and responsiveness from service providers.

Challenges and opportunities

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

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

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



A young girl pumps water in the Woza Moya Centre in Richmond district in South Africa. Photo by Matthew Willman / Oxfam



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

HIGHLIGHTS

Maternal and Child Health

UGANDA

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

TANZANIA AND RWANDA

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

MALAWI

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

KENYA

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

ETHIOPIA

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

maternal and child health

Overview

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

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

OUR IMPACT IN NUMBERS

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

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

¹¹ United Nations, *The Millennium Development Goals Report*, 2012, 2012 pp. 30–37.

¹² Obstetric fistula is a medical condition in which a fistula (hole) develops between the rectum or vagina or between the bladder and vagina after severe or failed childbirth, when adequate medical care is not available.



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

Photo by Marie Stopes Tanzania

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

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

Promoting community involvement in maternal and child health

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

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

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



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

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

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

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

Reaching marginalised communities with vital health services

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

Outreach for sexual and reproductive services

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

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

Reaching people with disability

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

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

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

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

Strengthening government health systems

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



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

Training community health workers

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

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

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

Reaching people with disability through social franchising¹³

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

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

¹³ Social franchising is based on the concept of franchising in the commercial sector, where a successful business replicates their business model elsewhere. It works by grouping existing small scale self-employed service providers under a shared brand to form a network of practitioners that offer standardised services. Service providers can benefit from social franchising through access to training, ongoing technical assistance, brand promotion and marketing support, as well as subsidised high quality services.

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

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

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

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

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



Fatuma with her child. Effective family planning methods are giving Fatuma and other women in Kwale County time to recover between births.

Photo by Edward Kubai / Marie Stopes Kenya

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

Enhancing institutional capacity

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

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

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

Fostering positive social and behavioural change

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



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

Photo by Douglas Waudo / AACES Resource Facility

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

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

Empowering women to identify and demand their rights

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

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

Challenges and opportunities

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

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



Grace Amoyi with her son threshing beans harvested from her farm in Amuru district, Uganda. Through ActionAid's training and support, Grace has been empowered to engage in agriculture as an income-generating activity. Having received 60 kilograms of peanuts from ActionAid as seeds, she planted and harvested 840 kilograms. She is growing beans, peanuts and cassava, as well as rearing heifers, goats, and pigs. She recently bought a motorbike worth \$819, which she is using for transport business in her village. **Photo by Francis Emorut / ActionAid**

HIGHLIGHTS

Food Security

MOZAMBIQUE

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

ETHIOPIA

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

UGANDA

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

MALAWI

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

KENYA

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

Food security

Overview

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

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

OUR IMPACT IN NUMBERS

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

More than:

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

¹⁴ FAO, The State of Food Insecurity in the World 2013 accessed from www.fao.org/docrep/018/i3434e/i3434e.pdf

¹⁵ FAO, Women and Sustainable Food Security, 2011, accessed from www.fao.org/sd/fsdirect/fbdirect/FSP001.htm



Sophia Malivata, aged 39, working in her vegetable garden in Mbuu village, in Mtwara, Tanzania. Photo by Aswani Adams / CARE

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

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

Agricultural support to smallholder farmers

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

Input support, training and agricultural extension services

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

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

Learning and innovation

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



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

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

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

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

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

Helping smallholder farmers diversify incomes

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

Income-generating activities for women

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

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

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

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

Conservation agriculture gave me a second chance at life

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

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

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

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

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

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

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

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

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

Photo by Akossa Mphepo/ AFAP



Advocating for the rights of smallholder farmers

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

Promoting legal rights

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

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

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



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

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

Challenges and opportunities

Failure to prioritise agriculture by the newly devolved county structure of the government in **Kenya** could result in under-financing of the sector. ActionAid has commissioned a study to estimate the percentage of resources allocated to agriculture in the project area. The outcomes of this study will be used to influence legislation and policy.

The outbreak of African swine fever in **Malawi** led to the loss of some pigs. AFAP's partner, Concern Universal, collaborated with key players including the Department of Agriculture, local leaders and communities on a response. This included awareness-raising meetings about the disease. As a result of this coordinated effort, further spread of the disease was prevented and no additional cases have been reported in the project area.

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

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



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

Working in Partnership

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

Country partnerships

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

Sectoral and programmatic partnerships

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



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

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

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

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

¹⁶ The scrap book is a tool used to track advocacy activities, such as meetings, research, or events undertaken to influence advocacy. This will then be monitored periodically to review progress or result of those activities.

Working with other stakeholders

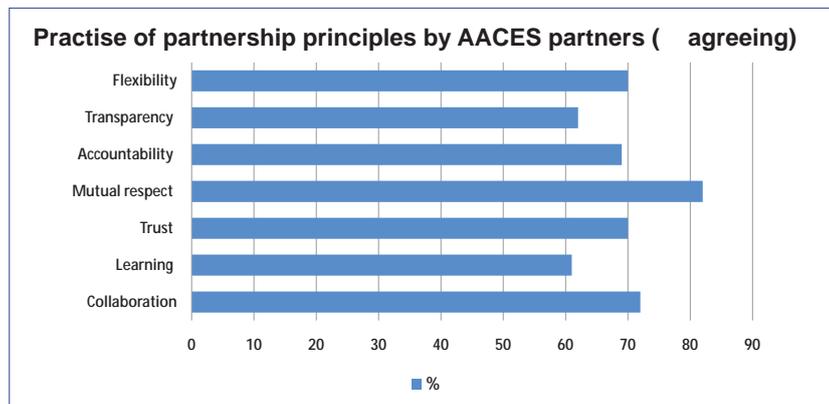
Partnerships under AACES go beyond program partners. NGOs collaborated with external partners to share practices and resources and influence policy. In **Rwanda**, World Vision, which is the only AACES NGO operating in the country, established a relationship with CARE Rwanda that has allowed them to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

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

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

AACES 2013 partnership survey

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



6

Increasing the Australian Public's Development Awareness



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

Increasing the Australian Public's Development Awareness

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

Photography exhibition and panel discussion

To celebrate World Food Day, ActionAid partnered with AFAP to host *posing unger apturing So utions*, a one-week community event incorporating a photo competition, gallery exhibition and panel discussion in Sydney. A photo competition, which formed the core of outreach activities, was publicised online in July 2012 and submissions were made directly to the website. The website then became a portal to explore multiple dimensions of food insecurity. Visitors were given the opportunity to vote for their favourite photo-story.

The winner's photographs were displayed in an exhibition formally launched on World Food Day (16 October 2012). Following the exhibition, a food panel discussion was held on the ways in which local cooperatives can assist to address the global food crisis. The Lord Mayor of Sydney launched the exhibition and Tracey Spicer (ActionAid Australia Ambassador and prominent journalist) convened the food panel. More than 200 people attended the events throughout the week.

Engaging the community on maternal health

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

Public events and speaking opportunities

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

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

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

The Go Bare Initiative

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

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

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

A group of participants who participated in the CARE and Marie Stopes International 'Go Bare' initiative in Australia.
Photo by Susy McFarlane / Marie Stopes International



Global poverty: teacher's toolkit

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

Giant toilet tour

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

School visits

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

The internet and social media

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

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

CARE has a dedicated AACES program area on its website, and publishes blogs on the AACES program, including human interest stories and major program highlights such as the *AA S Annual Report 2012-2013*.



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

Learning for Good Practice

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

Informing Australian Government policy and programs

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

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

Reflection meetings

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

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

Peer learning activities

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

Other ways of sharing experiences included the development of an internal communication and learning platform. NGOs have been using the AACES Yammer¹⁷ platform to share resources and communicate lessons more widely. Several learning groups have been formed covering AACES priority sectors and cross-cutting topics. The maternal and child health group on the Yammer platform has more than 40 members who regularly post and share resources.

Field visits

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

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

¹⁷Yammer is an enterprise social network used for private communication within organisations.

KEY LESSONS LEARNED

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

Community empowerment

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

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

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

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

¹⁸The Maasai are a Nilotic ethnic group of semi-nomadic people inhabiting Kenya and northern Tanzania.

¹⁹The Afar are an ethnic group in the Horn of Africa. They primarily live in the Afar Region of Ethiopia and in northern Djibouti, although some also inhabit the southern point of Eritrea. Afars speak the Afar language, which is part of the Cushitic branch of the Afro-Asiatic family.

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

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

Partnerships

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

Disability inclusiveness

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

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



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

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

THE AACES INNOVATIONS FUND

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

Financials



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

Financials

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

Figure 1: AACES expenditure by sector

AACES expenditure by sector 2012–13

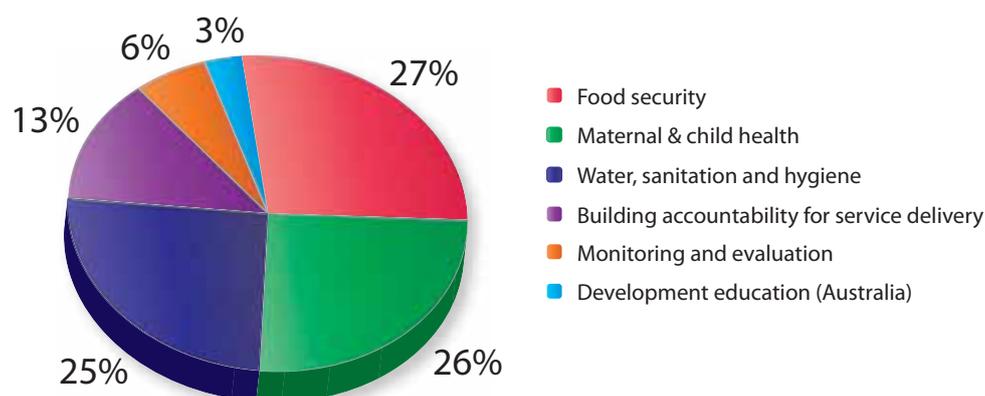
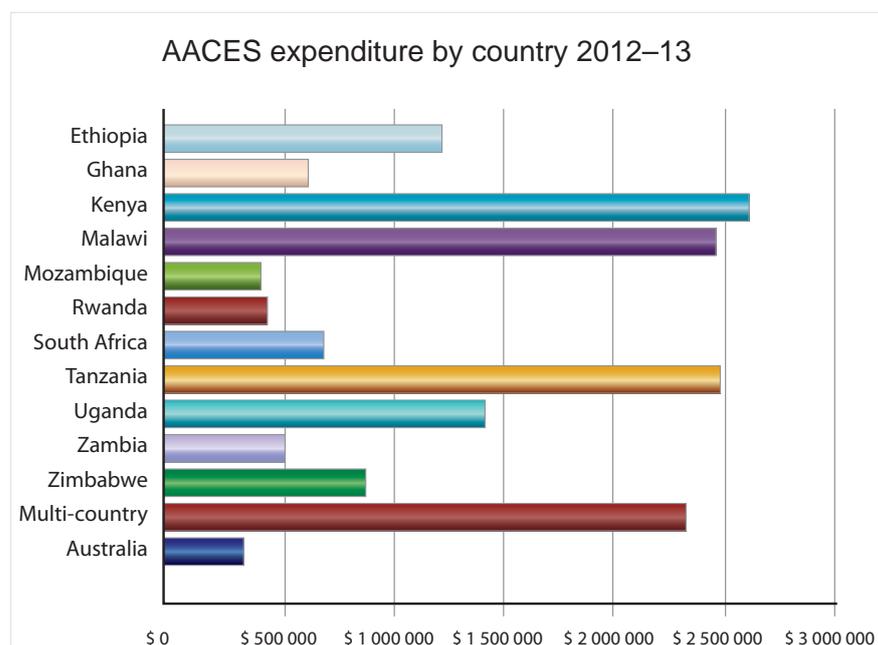


Table 1: Year two actual expenditure by sector

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

Figure 2: AACES expenditure by country



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

Table 2: Year two actual expenditure by country

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



A nomadic pastoralist in the Afar region in Ethiopia.
Photo by Kate Holt / AOA

Conclusion and Looking Forward

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

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

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

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

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

Annex: List of AACES NGOs

AUSTRALIAN NGO	COUNTRY	AFRICAN PARTNER	SECTOR
ActionAid Australia	Kenya	ActionAid International Kenya	Food Security
	Uganda	ActionAid International Uganda	Food Security
Australian Foundation for the Peoples of Asia and the Pacific Ltd (AFAP)	Mozambique	Concern Universal Mozambique	MCH, WASH, Food Security
	Malawi	Concern Universal Malawi	WASH, Food Security
	Zimbabwe	Community Technology Development Trust	MCH, Food Security, WASH
Anglican Overseas Aid (with Nossal Institute and Australian Volunteers International)	Kenya	Mothers Union of the Anglican Church	MCH
	Ethiopia	Afar Pastoralist Development Association	MCH
CARE Australia	Ethiopia	CARE Ethiopia and SoS Sahel – Ethiopia	Food Security
	Malawi	Mponela AIDS Information Counselling Centre and CARE Malawi	Food Security
	Tanzania	CARE Tanzania	Food Security
Caritas Australia	Malawi	CADECOM – Malawi, Lilongwe, Blantyre and Mzuzu	WASH, Food Security
	Tanzania	Caritas Tanzania, Mbulu, Mahenge and Ifakara	Food Security, WASH
Marie Stopes International Australia	Kenya	Marie Stopes Kenya	MCH
	Tanzania	Marie Stopes Tanzania	MCH
Oxfam Australia	South Africa	Maputaland Development and Information Centre in South Africa, Save the Children KZN, Fancy Stitch, Tholulwazi Uzivikile, WozaMoya, Resources Aimed at the Prevention of Child Abuse, Community Based Rehabilitation Education and Training for Empowerment in South Africa and Comprehensive Health Care Trust	WASH
	Zambia	Peoples Participation Services, Keepers Zambia Foundation, Mongu Trades Training Institute, Mongu Municipal Council, Kaoma District Council, and Ministries of Education and Health in both districts	WASH
Plan International Australia	Kenya	Plan International Kenya	MCH
	Uganda	Plan International Uganda	Food Security
	Zimbabwe	Plan International Zimbabwe, Musasa and St Peter's Community Care Program	MCH
WaterAid Australia	Ghana	WaterAid Ghana	WASH
	Malawi	WaterAid Malawi	WASH
	Tanzania	WaterAid Tanzania	WASH
World Vision Australia	Kenya	World Vision Kenya	MCH
	Uganda	World Vision Uganda	MCH
	Rwanda	World Vision Rwanda	MCH
	Tanzania	World Vision Tanzania	MCH

Back cover photos:

Top: Members of junior farmer field school in Mwingi, Eastern Kenya on their parent's millet farm.
Photo by Douglas Waudu / AACES Resource Facility

Left: Young people in Kibrashi, Tanzania, involved in World Vision's citizen voice and action, an approach that aims to improve accountability from the government and service providers in order to improve service delivery to the public.
Photo by Douglas Waudu / AACES Resource Facility

Centre: A young mother with her baby after visiting the clinic for postnatal counselling in Kilindi district, Tanzania.
Photo by Douglas Waudu / AACES Resource Facility

Right: A young boy washes his hands after visiting the latrine in South Africa.
Photo by Matthew Willman / Oxfam

