



**Australian Government**  
**Department of Foreign Affairs and Trade**

**Australian  
Aid** 



# **ANCP: STORIES OF SIGNIFICANT CHANGE**

December 2019

# INTRODUCTION



Act for Peace Pakistan. *Credit: Community World Service Asia*



World Vision Australia - PNG. *Credit: World Vision Australia*



Oxfam Australia - Vanuatu. *Credit: Sarah Doyle*

Front cover: CARE Australia – Zimbabwe. *Credit: Timothy Buckley*

The ANCP is a unique global program that supports trusted Australian-based international development NGOs (ANGOs) through flexible annual grants for effective development projects overseas. It is the key partnership between ANGOs and the Department of Foreign Affairs and Trade (DFAT).

The ANCP enables over 50 accredited ANGOs to deliver locally led development projects in over 50 countries. Projects are delivered across a range of sectors including education, health, water and sanitation, food security and civil society strengthening and where it may be difficult for bilateral and regional programs to be delivered. This allows Australia to build relationships in new areas and to be involved in long-term programming outside the bilateral footprint.

In 2019, ANCP NGOs trialed the use of Stories of Significant Change (SSC) to demonstrate long-term development outcomes not currently captured through annual reporting. SSCs are short, retrospective and evidence-rich narratives that describe a significant ANCP ANGO or project achievement that aligns with an ANCP intermediate outcome.

SSCs will be used to:

- Report on ANCP progress as part of DFAT's annual reporting process
- Support lesson sharing during ANCP's Annual Learning Event
- Generate communications products for DFAT, ANGO and external audiences
- Inform selection of topics for deeper analysis such as thematic reviews.

# ANCP AT A GLANCE 2018-19



**\$132.5 million budget**  
 \$131.8 million in grants to ANGOs  
 +  
**Additional \$40.4 million**  
 NGO contributions



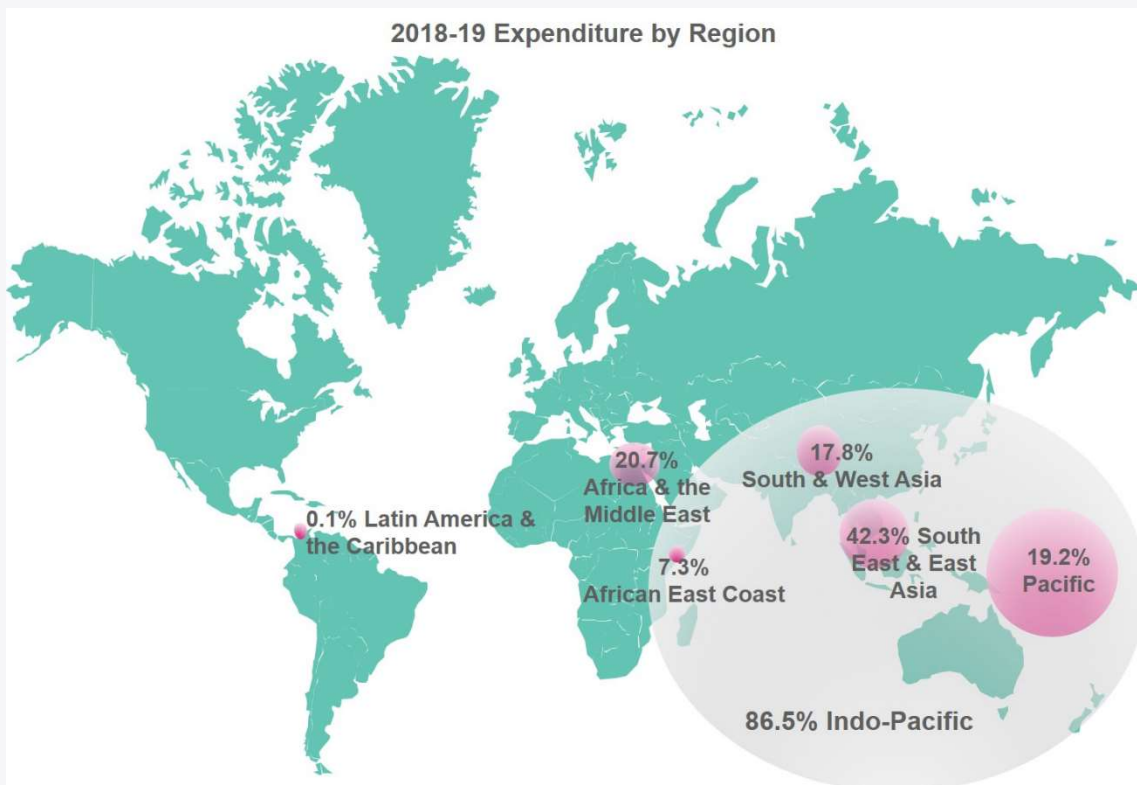
57 Accredited Australian NGOs worked with over 2000 implementing partners



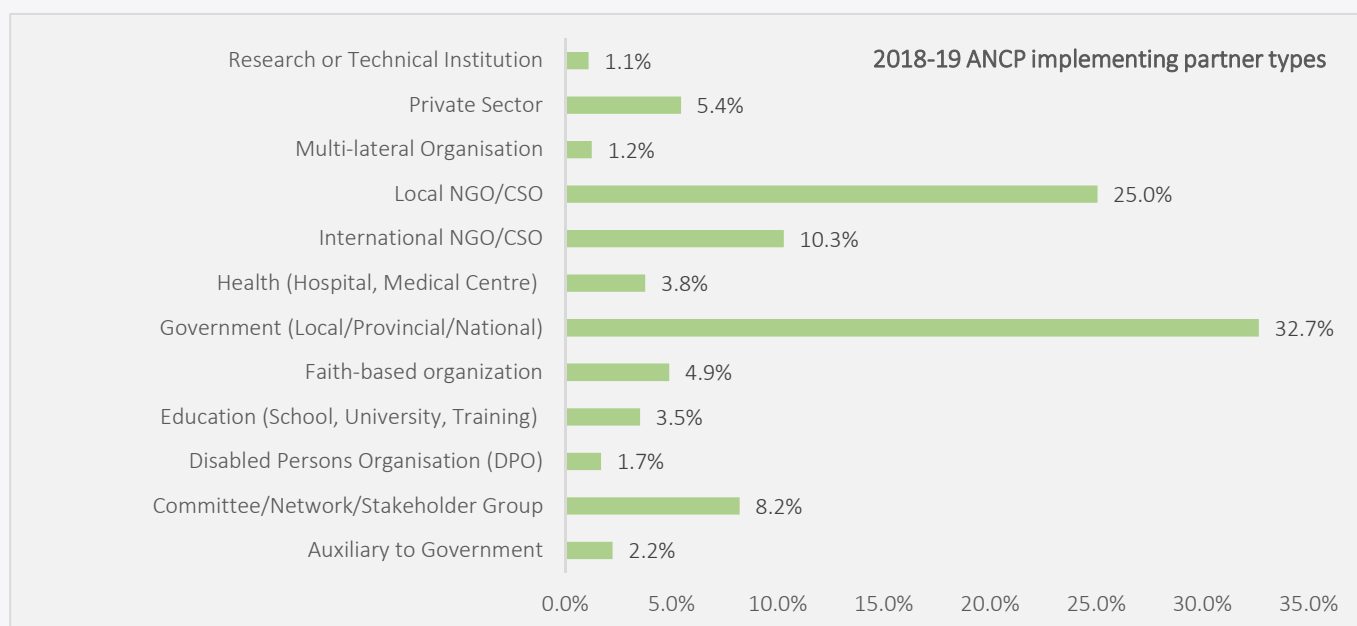
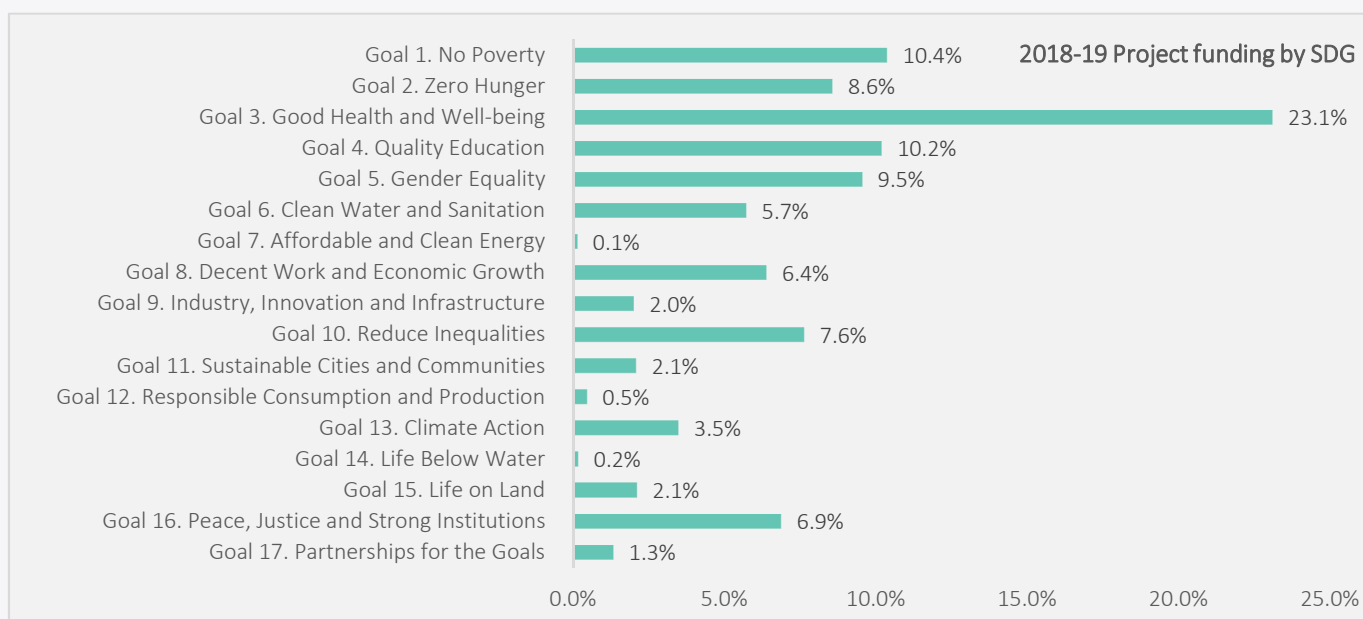
Over 19 million beneficiaries  
 58 per cent women & girls  
 8.6 per cent people with disability



451 projects  
 57 countries  
 86.5 per cent expenditure in the Indo-Pacific



## Making a difference through diverse partners



## Accreditation

Fourteen (14) accreditation reviews were completed in 2018-19. DFAT provided three NGOs with technical assistance to help prepare for accreditation – all three were new applicants seeking to apply.

- **Eight scheduled reaccreditations:** six full and one base – one was upgraded to full, one applicant for full was downgraded to base and one withdrew following the Desk Assessment
- **Two unscheduled applications to upgrade from base to full:** both successful
- **four new applicants for accreditation:** one applicant successful at base, another successful at full and two applicants were unsuccessful.

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# WOMEN CLAIM THEIR LEADERSHIP IN MANAGING NATURAL RESOURCES

*ANCP provides flexibility to trial new ideas.*

Mineral exploration and mining are seen as key drivers of economic growth and socioeconomic development in Kenya. In Taita Taveta county however, reports indicated that the impact of mining operations was not gender neutral. Studies found that failure to consult with women when negotiating a community’s free, prior and informed consent to develop a mining project, access to land, compensation and royalties disempowers women, and can disrupt traditional decision-making structures.

The payment of compensation and royalties to men ‘on behalf of’ families and communities denied women access to, and control over, the financial benefits of mining. This encouraged women’s economic dependence on men, disempowering them, skewing gender relations or exacerbating existing inequalities. Additionally, women-headed households often did not receive payments if they did not have a male representative. Loss of land and displacement led to loss of livelihoods and increased work burdens for women in providing for their families.

In project locations, at the time of the baseline studies, men dominated elected leadership positions at all levels, hence women’s voices were rarely heard in decision-making spaces. Therefore, the main issue to address was the lack of decision-making power and control women and their mining-affected communities had over natural resources including land.

In Taita Taveta County women were starting to be organised and active in lower level structures of civil society organisations and community groups allowing for embryonic leadership skills to be developed. However, in both the formal mining sector and the artisanal mining sector, there were no organised women’s groups pursuing their individual or collective rights.

Weak and insecure land rights for women were leading to additional rights violations by the extractives industry and putting women in a weak position in negotiations around land. Poor community organising put women at a disadvantage when trying to receive the benefits from the sector. Communities were losing their access to land due to a lack of consent and disregard for the principle of free, prior and informed consent. It was common for mining companies, on the advice of local and provincial administrators, to approach elderly (men) who often conceded land on behalf of the entire family, rendering women invisible in land transactions regarding mining.

In specific circumstances, where women enjoyed rights to traditional land, these rights were often disregarded by mining companies and women and their children were displaced. Without representation of women in natural resource administrative structures, there was limited opportunities for women to have a voice on these issues that mattered most to them, their children and their local environments.



ANCP Project: Accelerating Women Leadership in Natural Resource Management Structures.

## Taking action: Increasing women's capacity to claim and protect their rights

ActionAid's approach aimed to increase women's capacity to claim and protect their rights in the extractive sector and to assist women to mobilise and take collective action to negotiate improved policy and practice.

The activities involved:

- the development and strengthening of democratic assemblies led by women to gather and articulate the demands and aspirations of community women using participatory methodologies;
- holding of awareness raising meetings on policies, programs and opportunities for women at the local, provincial, national and regional levels;
- supporting communities in mining sites to engage governments and mining companies during a national conference on oil, gas and mining;
- training of women artisanal miners on prospecting and value addition in collaboration with Taita Taveta University; and
- a regional exchange visit to Uganda to strengthen women's solidarity and share learning.

## Witnessing change: women in leadership, gender norms challenged

In the mining affected communities where ActionAid and its partner Taita Taveta Human Rights Watch (TTHRW) have been working, women are taking leadership positions at local, county and national levels. Through awareness raising activities and training, women have become more aware of their rights on natural resources. In some instances, women who have been attending training are now working in the mines.

After receiving training through ANCP funding, three women involved in the project have been elected to the Community Development Agreement Committees, six to Land and Adjunct Committees and two elected as Chairs to Artisanal Mining Groups in Taita Taveta. Members of the Dawida Tuweta Artisanal Miners Association are now women. Originally, this county level artisanal miner's association was established by the Deputy Governor without the participation of women. Three of the five executive are now young women.

Land ownership is a significant issue for women as formal acknowledgment of land ownership not only gives women confidence but also ensures mining companies must consult with them on matters that affect their land and how mining benefits flow onto them and their families. While the two-thirds gender rule was introduced in the Kenyan Constitution in 2010, the uptake in areas where there has been no community education has been low. In Taita Taveta county the uptake of the law is around 300 title deeds having women's names on them.

Men targeted with information and awareness develop a positive attitude towards women's leadership. There were 134 men trained as part of this ANCP project in human rights training. This training has had a big impact on men and has assisted in changing deeply held gender practices and beliefs. Men are supporting their wives to have their names on title deeds and understanding the benefits of this. In the past women were not allowed to obtain title deeds because of culture and tradition.



Maria Khumalo was given a house so a mining company could occupy her land. Her community alleges the mine promised them compensation and jobs, which never materialised. *Credit: Oupa Nkosi/ActionAid*

Change in these complex situations is often slow and difficult to attribute to one project. However, the election of at least three women to the Community Development Agreement Committees was directly due to the training from this ANCP project along with the strengthening of women’s groups and their increased ability to articulate their demands.

At this stage in the project (year two of three) it is already clear that individual women and men have benefitted along with their communities. It should be noted that whole communities generally benefit from change when women’s social and economic conditions change. This is true for the change seen in this project.

*“This change is a great revolution in Taita Taveta, it has changed my life and way of living. I am able to provide for my family” – Treasurer, Upendo Disability Mining Group.*

With their increased understanding of relevant laws and policies regarding land ownership, thanks to the training through ANCP, women have been able to develop charters of demands giving them the motivation, protection, confidence and vision to lead in negotiations with mining companies and government. This ensures the financial and employment benefits of mining reach them directly through incomes and jobs while ensuring minimal environmental and social impact.

### Contributions and considerations

The flexible funding of the ANCP allowed us to focus on a core part of the ActionAid theory of change in these mining affected communities that gave women the knowledge of their rights and empowered them to use this knowledge to gain leadership positions. Other contributing factors included the movement of women and the vision set in motion by the Kilimanjaro moment in 2016. This helped women to collectively come to a greater understanding of current national policies, such as the equality in land rights policy, and food and water rights, which are allowed for in the constitution. The support of key stakeholders also contributed to the change including the National Environment Management Authority; the Area Senator; the County Assembly Committee on Land, Environment and Mining; and the State Department of Mining.

### Methodology

Data collection methods involved both primary and secondary sources of evidence. Stories were collected directly from women and men involved in project activities, both through focus group discussions and key informant interviews.





## TRANSFORMATIVE CHANGE THROUGH ACTION DRIVEN BY PEOPLE WITH DISABILITY

*ANCP provides flexibility to trial new ideas. ANGOs, with in-country partners, deliver effective development programs with a focus on Gender Equality and Social Inclusion.*

In 2006, the Government of Nepal released its National Policy and Plan of Action on Disability. It adopted ‘the long term objective of establishing inclusive, obstacle free and rights-based society for people with disability, and to include them in the mainstream of national development’ through measures including free and subsidised access to government services and social security payments.

Australian Lutheran World Service’s (ALWS) key implementing partner, Lutheran World Federation – World Service (LWF – WS), has development and humanitarian programs in more than 25 countries, reaching more than 2.7 million people annually. ALWS directly supports various LWF Country Programs, including LWF Nepal, and supports capacity building initiatives across LWF globally.

The key issue ALWS faced was limited capacity of partners and networks (including LWF Nepal) in delivering disability inclusive programming. In response to Australia’s release of its disability-inclusive development strategy ‘Development for All’ in 2009, ALWS took stock of the capacity of its partners and wider networks to mainstream disability in development work. ALWS noted that LWF-WS did not have a Disability Inclusion policy or guidance documents for how its Country Programs should approach disability inclusion.

In Nepal specifically, the issue LWF Nepal responded to was that the National Policy and Plan of Action on Disability was regularly not implemented as local government staff often lacked awareness of the policy.

Bhar Deb Mahato, a resident of Joshipur Rural Municipality, shared that people called him derogatory names related to his disability and he was unwelcome at social functions. “There was no place for us. All of us people with disability were living in isolation and we had nowhere to express our feelings. We had to live as others wanted.” Family members of people with disability also experienced social stigma.



ANCP Projects: Capacity Building for Disability Inclusive Development, and Civil Society Strengthening and Empowering Communities (CSSEC): Nepal.

### Taking action: disability-focused interventions

ALWS developed the ANCP project ‘Capacity Building for Disability Inclusive Development’, which began in 2012, utilising technical support from CBM Australia and local Disabled People’s Organisations (DPO) to train and support a network of ‘Disability Champions’ from each of the Organisations/Country Programs in AZEECON (Asian regional network for LWF and LWF-associated programs) as well as work with LWF at the global level. From their involvement in this project, the LWF Nepal disability champion and his colleagues saw opportunities to better mainstream disability inclusion in their existing ANCP project, Civil Society Strengthening and Empowering Communities (CSSEC).

By the end of 2014, six out of 30 Human Rights Defenders (HRDs) for the project in the West were people with disability, and people with disability were targeted for participation in the project's existing Transformative Education Program. Through their human rights training and work with communities, HRDs identified specific issues that needed tackling to address the discrimination against people with disability in the region. With this input from HRDs, LWF Nepal, with technical support from local DPO, Holistic Disability Development Society Nepal (HDDSN), designed a pilot project of intensive disability-focused interventions in their working areas in Kailali, which ALWS supported initially with funding from the Capacity Building for Disability Inclusive Development ANCP project.



Janaprakash Secondary School, Joshipur. *Permission has been granted by the children and their parents in this photo for the photo to be taken and used. Credit: Keshab Poudel.*

The initial stage of interventions involved district-wide, door-to-door data collection to get an accurate understanding of the number, needs and situation of people with disability in Kailali. This informed a series of public campaigns to support people with disability to register for their disability ID card or have their existing card re-classified to the appropriate level.

Training, led by HDDSN's members, was delivered for local government and school staff to provide information about types of disability, the national disability policy, the services and resources that people with disability are entitled to through this policy, appropriate language to use when speaking about disability and the barriers that people with disability face in the region.

Livelihood support, an existing aspect of the CSSEC project, targeted people with disability to access entrepreneurship skills training and technical and material start-up support for their small businesses such as mobile phone repair, snack shops, tailoring and masonry. Cooperatives that had been established and supported through the CSSEC project were provided with training, which led to members voting to reduce the membership fees and interest rates for people with disability and set targets for membership of people with disability.

Local DPOs were supported to establish or re-activate with technical and material support from the project and local government offices. DPOs successfully lobbied local government to allocate funding, office space and space to DPOs and disability-inclusive activities.

After the pilot's first year, ALWS shifted the funding and reporting from the Capacity Building for Disability Inclusive Development Project into the CSSEC project. The flexibility of ANCP funding allowed ALWS to take a highly organic and effective approach to capacity building and strengthening disability inclusion in supported projects. This flexibility meant the design of both ANCP projects could be adjusted year by year based on lessons learnt from the previous year and feedback from training participants and project stakeholders.

Being able to select different indicators in different years of the project allowed for project changes in response to the needs and priorities of ALWS' partners, and to encompass the Kailali pilot into the Capacity Building for Disability Inclusive Development project. The ability to roll over funds and ANCP's acceptance of delayed or changed activities meant that there was space to 'fail' and learn from challenges; postponement

of a planned regional training for LWF programs in East Africa meant funds could be transferred towards improving disability inclusion in Kailali.

Hari Aswathi, Regional Program Coordinator for the West at the time, reflected that understanding DFAT's and ALWS' priority on disability inclusion helped to "sharpen ourselves and go deeper into the issues of disability inclusive development" and that the opportunity to pilot disability interventions in one district provided the results, confidence and buy-in to scale up and spread the approach across the whole LWF Nepal program.

### **Witnessing change: improved quality of life, more inclusive attitudes and behaviours**

Changes in Kailali were achieved in the social, physical and economic quality of life of people with disability, as well as in attitudes, behaviours and actions of other members of the community, particularly those in positions of influence such as government, schools and cooperatives. Change has been reported by multiple stakeholders and is perceived as likely to be sustained. Sustainability strategies included organisational disability-inclusive training and support through a peer network, and project engagement with local institutions such as government, schools, DPOs and cooperatives.

Within the district of Kailali there are 12,580 residents with disability and more than 2,500 live within the working areas of Lutheran World Federation and DBS. Prior to the project (2016), only 288 of these people had Disability ID Cards, and now through registration camps and advocacy to local government, 1,472 people have Disability ID entitling them to services and subsidies.

Since 2016, nine DPOs have been formed with a total of 1,567 members. Prior to the project there were only two, with a total of 44 members. Assistive devices were provided to 259 people, 200 people with disability have accessed the district-level help desk, and 660 staff from schools, government offices and local NGOs have been trained on disability and disability mainstreaming.

Prior to the project, the five Cooperatives in the Kailali project area had only 15 members with disability. Currently, the membership of people with disability has risen to 111, i.e. a membership rate of 5.5 per cent (compared to 1.4 per cent in 2016). In 2019, 68 people with disability accessed a loan (for livelihood activities) through their Cooperative at a subsidised interest rate, compared to only eight loans to people with disability in 2016. An additional 100 people with disability have been supported to establish successful enterprises through the project.

Surveying in 2019 of various stakeholders elicited ratings of how they perceived various aspects of disability inclusion in their community prior to the project (2016) and at present (2019). All stakeholders surveyed perceived improvements across all areas of inclusion. Community members, both with and without a disability, perceived the greatest changes in the realms of:

- community support for people with disability,
- decreasing levels of discrimination against people with disability, and
- improved economic situation for people with disability.

The perceived changes from (pre-project) to 2019 (present) were larger for people with disability who were members of DPOs compared to those who were not DPO members.

All institutions surveyed said they felt improvements made over the past three years would be maintained or would continue improving in the future, noting the disability-inclusive policies and practices of other local institutions (government, NGOs, cooperatives, schools, DPOs) were reinforcers of each other's changes.

Following the pilot in Kailali, similar activities have taken place in the five other working areas of the CSSEC project. Across the whole program so far, LWF have linked with three District-level DPOs, established 22 new

Rural Municipality-level DPOs, trained 44 Human Rights Defenders with disability and held 17 awareness raising events for 450 local government staff. The involvement of people with disability across the CSSEC project has risen from 0.03 per cent in 2012 to 14 per cent in 2018. Across the AZEECON network, similar changes in organisational- and programmatic-level disability inclusion have taken place.

### Considerations and contributions

A key factor contributing to the change is legislation in Nepal that was used as the key advocacy tool for change. In Kailali, one other set of NGOs was addressing disability inclusion at the time of the pilot project – Humanity International and their implementing partner, Nepal National Social Welfare Association (NNSWA). Digo Bikash Samaj (LWF local partner) and NNSWA collaborated and signed an MoU in 2016.

The three-tier federal government structure which is being gradually put into place across the country provided a unique opportunity to provide information and support to newly elected local government officials, improving the likelihood that their governance and decision-making will be disability-inclusive.

*“The last three years have been a very memorable period for us – to establish the rights of people with disability as equal members of society, and access entitlements from local levels of government. By forming Disabled People’s Organisations we are now more organised and able to raise our concerns collectively”*

*Kalep Singh Badayak, chair of Shrijanesheel DPO of Joshipur Rural Municipality, Kailali District, Nepal.*

## LEARNING

ALWS has learnt that capacity building of partners has strong results when matching training and resources with the flexibility for partners to explore how and when they can most appropriately and realistically apply their learning to the contexts in which they work. ALWS also learnt that the

engagement of people with disability and their organisations at all stages of capacity building, project design and implementation is imperative for effective disability inclusion.

### Methodology

Surveys and organisational self-assessments developed in consultation with CBM Australia. Surveys and interview methodology developed collaboratively by ALWS, LWF Nepal and HDDSN and administered by the chair of HDDSN and an independent consultant/ journalist. Data used for this story includes:

ALWS monitoring reports

Reporting from LWF Nepal and DBS

Data from the Government of Nepal

Organisational self-assessments (verified by desk reviews) from ALWS’ direct and indirect partners in the AZEECON network

ALWS and LWF staff interviews

Interviews/case studies and surveying of stakeholders in Kailali, including:

- five government staff,
- five school staff,
- five cooperative management committees,
- five DPO executive members, and
- community members with (50) and without (20) a disability)

## MBEREKO+MEN: TRANSFORMING MEN'S ROLES, CARE AND SUPPORT FOR FAMILY HEALTH IN RURAL ZIMBABWE

*ANGOs, with in-country partners, deliver effective development programs with a focus on Gender Equality and Social Inclusion.*

Maternal and infant mortality are disproportionately high in Mutasa District of Zimbabwe. This district has the highest infant mortality rate in Manicaland province, at 87 deaths per 1,000 live births, substantially higher than the national average of 55 deaths per 1,000 live births. Improving maternal and child health requires consistent uptake of essential health services over the first 1,000 days from conception to the child's second birthday. Despite the known positive influence of male involvement upon family health seeking and outcomes, no effective models for male engagement in maternal and child health had been implemented or tested in this highly affected District.



ANCP Project: Mbereko+Men: Tackling barriers to accessing Maternal, Newborn and Child Health (MNCH) Services in Rural Zimbabwe

The Mbereko+Men project sought to address poor maternal and infant outcomes in the first 1,000 days in Mutasa District by focussing on tackling geographic, cultural and resource barriers to families accessing Maternal, Newborn and Child Health (MNCH) and Prevention of Parent to Child Transmission of HIV and Syphilis (PPTCT) at rural health-centres. Importantly a component of the Mbereko+Men Model focused on the need for male engagement to support family health and increase utilisation of multiple maternal and child services.

### Taking action: Increasing male engagement in maternal, newborn and child health

The Project focused on significantly increasing the uptake of health services among 1,600 mother-baby pairs along an integrated continuum of care at eight selected rural health clinics (RHCs), through the formation of Mbereko Women's Empowerment Groups and increasing male engagement in MNCH through Men's Dialogue Forums.

Over 480 Men's Community Dialogue Forums were held over 24 months with men 'in their spaces' including community 'hang outs' (villages, churches, beer halls) and places of work (timber estates, mines and farms). These dialogues intended to increase men's capacity to support family health and women's decision-making.

From 2016 to 2018, over 1,500 men participated in community dialogues. Myths, misconceptions and traditional gender roles were explored. Each meeting concluded with the development of a consensus-based commitment or 'action resolution' by men to support family health. These were incorporated into community-held Men's Family Health Charters, which were then produced and distributed to each man as evidence of his continued commitment to the resolutions.

## Witnessing change: shared decision making, family health service uptake, male involvement

The Mbereko+Men project has been an effective model for engaging men and women in a conservative, rural population in Zimbabwe in transformative dialogues regarding family health, gender roles, and support for improved service uptake.

Over 1,500 men participated in 30 discussion groups, facilitated in a range of settings. During these dialogue forums, men were encouraged to explore prevailing cultural norms surrounding men's roles in supporting their partners and family health. For many men who previously described being 'left out' of family health discussions, this was transformational.

A thematic analysis of Men's Family Health Charters highlighted common shared commitments among men's discussion groups for shared decision-making, couple and family health service uptake, increased male involvement in the home, and open discussion about sex, HIV prevention and treatment, and family planning.



Old Mutare Granch B men during meeting. Credit: Burnet

Community survey data documented statistically significant changes in Mbereko+ Men intervention communities across multiple indicators including male partner assistance with domestic chores, food preparation during pregnancy and confidence to engage in childcare. Importantly, significant changes were also reported by women surveyed in the quality of their relationships and support from male partners, including increases in male partner encouragement to rest in pregnancy, engagement in antenatal care and ability to discuss worries.

Central to the evidence and importance of transformational change from survey findings was the statistically significant decrease of women's reported experience of violence and victimisation by their male partners in intervention districts from the baseline.

Comparison of health service uptake of Mbereko mothers versus Zimbabwe Demographic Health Survey 2015 shows higher rates of facility delivery and mother baby pairs receiving post-natal care following delivery compared to the general population. There was also a 100 per cent increase in the number of male partners that were HIV tested (increase from 100 partners (2015) to 240 partners (2018)).

The strong evidence of program impact has translated to change outcomes beyond the communities of Mutasa. Mbereko+Men evidence was presented through the District, Provincial and National health system forums. The Zimbabwean Ministry of Health and Child Care (MOHCC) adopted the model as a key strategy for male engagement in its *National Plan for the Elimination of Mother to Child Transmission of HIV and Syphilis in Zimbabwe (2018-2022)*.

Additionally, evidence of the approach has been presented at numerous regional and international scientific conferences, making a significant contribution to the evidence-base on effective strategies for male engagement.

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*"In this pregnancy, I accompanied her to the clinic and witnessed labour. I have since realized how precious my wife is to me and now understand that I need to be there supporting her during and after pregnancy."*

*Mr Muchirahondo, Mbereko Man, Mutsikwi Village, Zongoro Clinic*

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## Witnessing change: Unexpected consequences

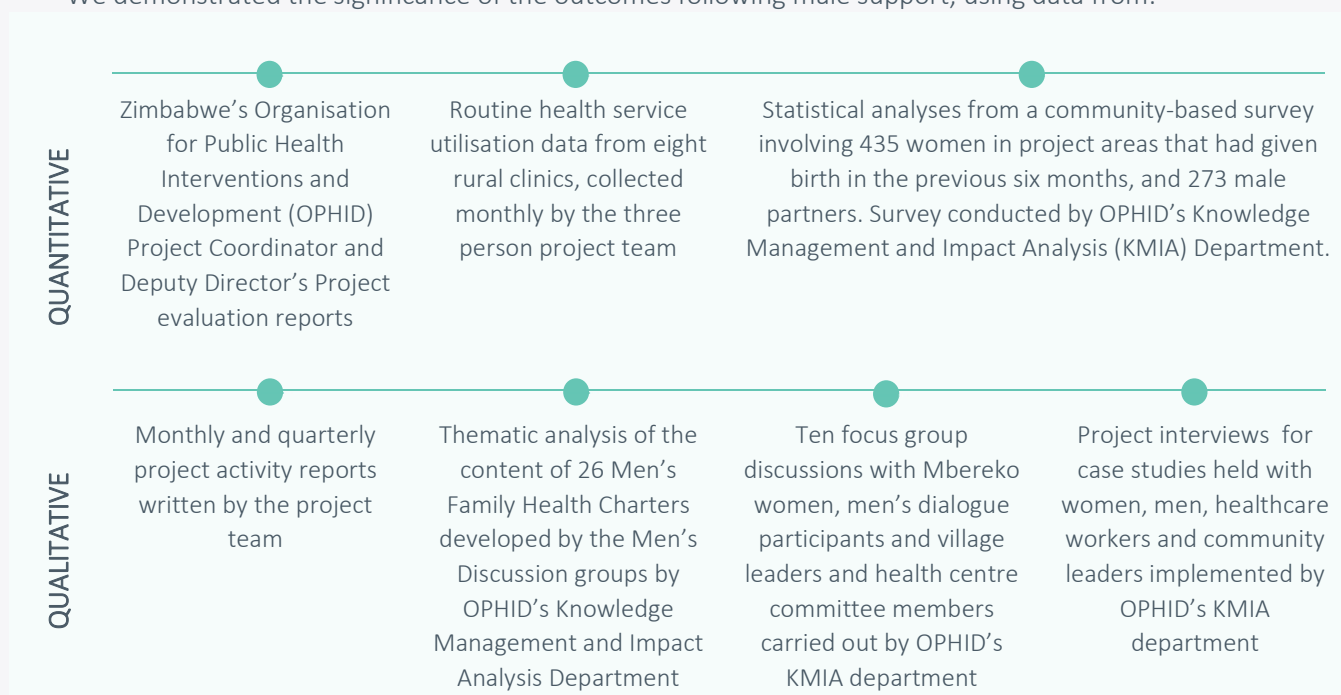
Gender transformative approaches actively examine, question, and change rigid gender norms and imbalances of power. While Mbereko+Men actively sought to support men to critically explore harmful gender norms and men's role in family health, the large reported reduction in the level of gender-based violence so early in the project was unexpected. Focus Group Discussions (FGD) revealed that this was because men and women are now trusting each other and have learnt to communicate in their sexual relationships.

Community Based Survey findings highlighted multiple items of male partner support, e.g. assistance with food preparation, household chores, financial support and child care that were significantly associated with improvements reported in maternal mental health outcomes.

The positive impact of Mbereko+Men for bringing about substantive and rapid transformative change in male and female relationships and reported domestic violence was substantiated by both participant reports and community leadership.

## Methodology

We demonstrated the significance of the outcomes following male support, using data from:



## Considerations and contributions

As an inclusive, multi-component model engaging all levels from individual to community and systems-level changes, the Mbereko + Men model actively engaged with other key stakeholder groups that contributed to the observed changes and will enhance sustainability of change processes in participating communities and health facilities.

- Australian NGO Cooperation Program:** enabled Burnet (through our in-country partner OPHID) to build on OPHID's intricate local knowledge of the evidence-based Mbereko Model (Women's Support Groups) and trial a gender synchronised and responsive Mbereko + Men project. The

flexibility of the funding model allowed project outputs to adapt to real-time lessons to deliver truly inclusive community development outcomes in a very challenging context.

- **OPHID Families and Communities for the Elimination of HIV (FACE-HIV) Program:** The Mbereko+Men project was leveraged on OPHID's FACE-HIV program supported by the President's Emergency Plan For AIDS Relief/USAID, which supports HIV care and treatment at all health facilities in Manicaland Province, including Mutasa District. This leveraging allowed fair share of organisational overheads and levels of effort of the OPHID Deputy Executive Director, KMIA Director and support staff. There was also the inevitable cross-fertilization of information and ideas.
- **Ministry of Health and Child Care:** OPHID and partners continue to pursue funding to further support MOHCC with the further roll out of Mbereko + Men projects in Zimbabwe, in line with the current Plan for Elimination of Mother to Child Transmission of HIV and Syphilis in Zimbabwe (2018-2022).
- **Health System Strengthening & Health Centre Committees (HCCs):** HCCs emphasised that the Mbereko Intervention has not only improved community health but also strengthened the health facility. This has been by increased funds received at the facility through the Result Based Financing program due to increases in service uptake including institutional delivery and early ANC booking.
- **Health Care Worker Engagement with Communities:** Through participation in Mbereko activities, both men and women described improved relationships with health care workers at their local facilities due to the project.
- **Community Leadership:** The traditional leadership have embraced the Mbereko+Men project and have elected to continue the messaging around the Family Charters at village meetings after OPHID withdraws. They are also keen to support the work of the Village Health Workers in facilitating the Mbereko women's empowerment meetings.

## LEARNING

By spending meaningful time at the initiation of the project sensitising community leadership, particularly the traditional leadership (chief, village headmen, local government councillors, and businessmen, many of whom were also members of the Health Centre Committees) enabled us to deal

with the sensitivities of navigating a patriarchal society. This flexibility also allowed us to tailor the project to the particular expressed needs and priorities of each community.

We appealed to all men that as head of the family, an important part of their role was to safeguard their family's access to MNCH services. Men well understood the high rates of maternal and infant mortality in the district, which motivated their commitment to the project. We enlisted community leaders to mobilise men to attend the dialogue forums and deliver key messages at village meetings. Resolutions from these meetings were later incorporated in the Men's Family Health Charters.

With men's 'buy in' change was rapid. As men made changes in their families, it had a positive impact on their self-esteem, encouraging them to regularly attend the dialogue forums. This ownership was also very important for the sustainability of the project after the exit of OPHID, when various men, usually community leaders such as headmen, assumed the leadership to continue dialogues and Mbereko+Men transformational messages village meetings.

By implementing this multi-component model that provided men direct access to knowledge on MNCH, we were able to transform men's roles for care and support to their families in a patriarchal, poor, conservative, rural community in Zimbabwe in just 24 months of implementation.



## DISABILITY PROGRAMS BRING PEOPLE OUT OF POVERTY

ANGOs, with in-country partners, deliver effective development programs with a focus on Gender Equality and Social Inclusion.

In India, the government provides many services and schemes that are theoretically available for all households to tap into at local level. However, CBM's experience in many parts of India is that people with disabilities and their households are often left behind in these local development processes. Many are still caught in a cycle of poverty and disability. The Parivartan project (meaning 'the change') hence sought to improve the economic and social outcomes for people with disabilities and their families.

CBM supports Community Based Inclusive Development (CBID) programs that aim to eliminate barriers to development by addressing the stigma and causes of disability, linking people with disabilities to services and programs, and working with service providers to improve the quality of their services to people with disabilities. There is also an expectation that the families of people with disability will be economically better off.

To understand if this is the case, CBM Australia explored whether there was significant economic change for participants in the Parivartan project, a CBID project undertaken by Naujhil Integrated Rural Project for Health and Development (NIRPHAD), in rural Uttar Pradesh, India. The project is supported by CBM Australia and DFAT's Australian NGO Cooperation Program (ANCP).



ANCP Project: Promoting Sustainable Livelihoods and Inclusive Development in Uttar Pradesh.

### Taking action: creating links between people and government

The Parivartan project links people with disabilities and their households with local government and the many schemes and services available through national policies and plans. This begins with ensuring that people with disabilities have access to assistive devices, rehabilitation support, health care and education. Project staff support people with disabilities, who in this project area are often illiterate, to fill out forms, submit applications and navigate complex systems to access government entitlements and pensions.

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*"In the last one to two years, my family is doing better. We are selling buffalo milk in the village and earning money. My son is also working. Nirphad [CBM's partner] is assisting me with a revolving fund"*

*Rajendra - Small holding farmer with a moderate disability.*

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Self-help groups are established and supported by the project and seed funding is provided for members to access through revolving loans. These loans give women and men with disability the opportunity to develop their own small businesses that are viable in the local context, such as dress-making and petty shops.

In many of CBM Australia's programs, the focus was on documenting social changes through case studies and stories of individuals or small groups (specifically areas like reduction of stigma, empowerment, or how people were engaged in livelihood opportunities), rather than on

collecting rigorous quantitative data showing the economic impact of our programs. Community Based Inclusive Development was promoted as an effective strategy for moving people out of poverty but longitudinal studies are needed to evidence this.

### **Witnessing change: greater access, change in community attitudes, improved economic situations**

Survey results show that, generally, poor rural families with disability are moving out of poverty through social organising and the facilitation of access to services. Over 70 per cent of people said that community attitudes and support to people with disability had changed significantly since 2015. This result was expected. As was the confirmation that the household economic situation of almost half of the families surveyed had improved since 2015.

In 2018, fewer families fell into the category of 'extremely poor', which shows that people are moving out of extreme poverty. This is new evidence that CBID programs have not collected before. Local partners have reported that this is significant given the levels of poverty in this regional location where people, and especially households with disability, are generally caught in a cycle of poverty and disability.

In 2015, 50 per cent of families accessed government schemes, now this is 70 per cent. In 2015, 46 per cent of people received the disability pension, now this is 61 per cent. Expenditure on education has doubled. Forty per cent of families say their ability to save has improved and more have loans from banks, rather than money lenders, which shows that they are being recognised as credit-worthy customers. In 2015, only 35 per cent of households had an individual toilet. Now it is 57 per cent.

In 2015, 20 per cent of families had a drinking water tap at home, this is now 34 per cent. Since 2015, 43 per cent of households have acquired a cell phone and 13 per cent have bought a motorbike. These are all indicators that people with disability are moving out of poverty, due to the support of a CBID approach, which is connecting them with government services and support that they generally would have no idea how to access.

Of those involved in self-help groups, 95 per cent of members said their economic and social situation had improved, and 70 per cent said discriminatory attitudes had reduced significantly.

However, it was not positive for all participants. Around 25 per cent of families felt that their situation had worsened. One in three families with a person with a severe disability felt things had gotten worse and 24 per cent of people with disabilities did not have a job. This figure has not changed since 2015. These indicate future focus areas for consideration in the project as it continues, having a greater focus on people with more complex disability.

### **Methodology**

- Survey developed and conducted by enumerators from the Delhi School of Social Work (DSSW).
- In 2015, a baseline survey was undertaken of 250 people from households that included a person with disability.
- The survey was refined then repeated, in 2018 with the same households.
  - smaller set of questions that were better indicators of economic change
  - More stratified sampling with different types of impairment and methodology.
- Comparative analysis of baseline and endline surveys completed.
- *Interpretations from stakeholder workshops held to discuss analysis findings- 2018.*
- *Notes from CBID Global Advisors meeting- 2019.*

## Considerations and contributions

Whilst the change relates to the economic situation of families directly connected to the Parivartan project, it must be interpreted as being in the context of a government that was already developing opportunities for the poor to tap into. Much of the work of the project is about linking people to schemes and initiatives, and this has resulted in the change.

During the survey period, the Indian Government introduced a range of schemes and concessions aimed at the rural poor – the national skills development scheme (Ujjwala), LPG gas concessions and the distribution of LED lights, the Clean India campaign, the MNERGA (food for work) scheme, the Education of All initiative, as well as road schemes. There was also an increased push for banks to adopt a Corporate Social Responsibility focus.

Prime Minister Modi has been increasingly talking about social issues including disability. Project staff have reflected that raising the profile of disability nationally trickles down to government officials locally, and impacts the way they interact with people with disabilities and their families.

In the weeks prior to the 2018 survey, there were hailstorms that destroyed crops and a poor potato harvest. This would generally have had a negative impact on people's perceptions of well-being, however despite these events, people reported improved economic situation overall.



Madhan (centre) received prosthesis through a CBM partner and is now in school and promoting rights of children with disabilities in his local community.  
*Credit: CBM Australia*

## LEARNING

We learned from the findings that:

- CBID improves both economic and social status of people with disabilities and their families.
- Effective local advocacy and access to existing government services is facilitated by supporting people with disabilities in self-help groups and linking them to Disabled People's Organisations.
- Sustainable change occurs through connections with mainstream financial services.
- People with more severe disability were not doing as well economically as those with milder disability. This collection of quantitative data confirms previous assumptions and allows extra focus and effort on targeting this group of people and their families within our program, and advocating to other CBID programs to do the same.

## SPORT FOR DEVELOPMENT: CHILDREN AND YOUTH INSPIRING POSITIVE SOCIAL CHANGE

*ANCP provides flexibility to trial new ideas.*

The 2018 United Nations Youth Strategy recognises that young people represent an immense and valuable potential for the development of their countries. However, it also notes that young people in many parts of the world are ‘facing great challenges and risks, disproportionately carried by girls and young women’.

In countries where ChildFund Australia works, including Laos, Vietnam, Philippines and Timor Leste, many young people are socially and politically excluded; often lacking the life skills to make positive decisions when facing risks and cope with the challenges of a rapidly changing world.

Moreover, in project locations, young people face additional, interconnected barriers of poverty, ethnicity, and extremely limited access to services and development opportunities. All of which combine to further marginalise young people and exacerbate vulnerabilities, particularly for adolescent girls.

Traditional gender norms combined with imbalances in power relations negatively impact girls’ self-confidence, sense of worth and self-determination. Consequently, millions of girls in the region are coerced into unsafe or unwanted sex or marriage, placing them at risk of unintended pregnancies, unsafe abortions, sexually transmitted infections and dangerous childbirth. Negative social norms also contribute to high rates of violence against women across the region.

Recognising the challenges involved in engaging young people in meaningful participation over a sustained period to achieve development outcomes, ChildFund Australia drew on global expertise, to develop an innovative Sport for Development program designed to equip children and youth with important life skills to overcome challenges and inspire positive social change in their communities. In developing a credible Sport for Development initiative, ChildFund placed a high importance on establishing strategic partnerships with national, regional and global sporting bodies.

An external evaluation found the program to be ‘amongst some of the best in the world for connecting sport and development outcomes. There are significant impacts in quantitative indicators that connect to resilience, leadership, community connection, gender inclusion and safeguarding.’

### Taking action: Sport as a vehicle for development

First, ChildFund Australia undertook a pilot in Laos, involving four sports (soccer, volleyball, sepak takraw and tag rugby). Tag rugby showed the most potential due to the sport being largely unknown and therefore non-



ANCP Project: Life Skills through Sport – ChildFund Pass It Back Regional project

gendered, inclusive of children (especially girls) who had never had the opportunity to play organised sport before. In addition, the Lao Rugby Federation demonstrated a commitment to the project during the pilot. Informed by the pilot ChildFund Australia developed the ChildFund Pass It Back program, using tag rugby as a platform to engage children and youth as well as challenge social structures and power dynamics in a non-threatening way – by fostering inclusive social norms and positive, gender diverse role models.

Through ANCP funding, ChildFund Australia was able to invest in four key aspects of the Program:

**1. Developing a structured, integrated life skills and tag rugby curriculum for young people (11-16 years)**, using a playbased, experiential learning methodology designed to engage participants in critical thinking, problem solving and decision making on topics that are personally relevant to them. The curriculum includes four modules: Gender; Planning for the Future; Feeling Safe (preventing violence); and Being Healthy (sexual reproductive health and rights).

**2. Training and support for community-based youth coaches** (predominately 16-25 years; with a 50 per cent female target) to deliver the curriculum, facilitate life skills sessions, lead sport coaching and officiating, first-aid, event management – as well as transferable skills around communication, negotiation and problem solving. This peer learning model ensures the curriculum is delivered in relevant languages and is contextually relevant to children in these communities.

**3. Establishing partnerships with World Rugby, Asia Rugby and National Rugby Governing Bodies** to: maximise the quality of sport content; ensure development impacts are lasting and replicable through leveraging existing national networks; and access powerful, world-wide communication platforms to advocate for children’s rights and the opportunities around Sport for Development.

**4. Developing comprehensive Measuring Change tools and protocols** from the outset to produce data to inform the continuous evolution of the Program, and gather evidence to promote partner trust, secure funding, and advocate for change. As well as providing training and support for community-based coaches to play an integral role in data collection, and thereby enhancing the participation of young people, particularly females, in project cycle management.



ChildFund Pass It Back participants celebrating, Nonghet District, Laos.  
*Credit: Lao Rugby Federation*

### **Witnessing change: Youth learning, building resilience, inspiring positive social change**

In 2018-19, 6,673 children and 228 community-based youth coaches participated in the Program. Over 50 per cent of the participants and coaches are female - a world-first for entry-level rugby programs. Program data shows levels of learning across each of the four modules.

More broadly, quantitative and qualitative data highlights how young people are not only learning, but also applying critical social and emotional competencies that are helping them to make informed decisions, solve problems, communicate effectively, build healthy relationships, and manage changes in their lives.

These young people are also beginning to change perceptions of those in their community. An independent gender assessment in 2018-19 found ChildFund Pass It Back’s ‘approach and achievements make it a best

practice example of transformative gender programming...[The Program] challenges restrictive gender norms by offering pathways for leadership for women and men, through the coaching program. Coaches are recognised and appreciated in their communities, and women gain respect through their contribution and achievements. Women coaches are also role models for other young women.'

The coach development process has not only given youth 'a chance to develop and use new skills sets, it can change the way they see themselves and the way they perceive their value to the community...[The Program] connects peers for social support where they can learn to challenge norms and stereotypes while being encouraged by positive role models.' There have also been important changes amongst the male participants. Fifteen year-old male participant Thanh notes: "[At] school, Chuan and other boys would often tease the girls. But after the game, they stopped doing this. I was happy as my friends, the girls, are better than us, the boys...As we play together, I hope we can learn things from each other."

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*"Before...I thought women could only stay home, taking care of household chores. But the program made me change, and helped me to realise I can also be a leader, just like men..."*

*This is something I could never have imagine...I felt like I had done something meaningful for children, the community, and for myself as well."*

*Female Youth Coach.*

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### Longer-term impacts

Driven by the coaches, the Program has supported them in establishing community-based clubs that will provide opportunities for young people to continue sport activities and maintain supportive networks beyond the life of the Program. In Vietnam coaches successfully established five clubs officially registered with local government. Considering the context in Vietnam, this is a unique achievement by local youth. These young people have also undertaken initiatives independent of the program, including; attending a UNESCO workshop overseas to share their experiences; engaging in the Young South Asian Leadership Initiative; and applying for funding to expand their work in their communities.

Partnering with, and strengthening, National Rugby Governing Bodies has also led to positive, longer-term institutional change. As highlighted in an external evaluation, the Program has led to improved safeguarding policies and practices that 'meet international best practice standards...[and] are likely to become embedded and continue to safeguard children for years to come, with the potential to spread to other sports codes and through wider society.'

For the Lao Rugby Federation, improved safeguarding practices, along with stronger financial management systems and access to evidence demonstrating the Program's effectiveness, has enabled the Federation to secure funding to expand the Program independently of ChildFund Australia, as well as retain children in rugby activities, maintaining vital connections to community beyond their involvement in the Program.

On a global level, the Program's effectiveness in combining life skills learning and sport has resulted in world-wide recognition, and ChildFund being awarded World Rugby's principal charity partnership for Rugby World Cup 2019. This partnership has in turn allowed the program to leverage additional individual and corporate support for the program, further extending reach and impact.

### Considerations and contributions

ANCP was the main contributor in providing ChildFund Australia with the initial flexibility to trial a new idea and support its evolution. From the development, piloting, monitoring, evaluation, adaptation and rolling-out a new approach to working effectively with young people on social inclusion, gender equity and

contributing to positive social change. ANCP support enabled ChildFund Australia to build the ChildFund Pass It Back program and a body of evidence to a stage that has led to successfully attracting other funding sources and partners to expand and sustain the Program.

Partnerships with World Rugby, Asia Rugby and National Sports Bodies have also been crucial in contributing to this change. These partnerships are: maximising the quality of sport content; ensuring development impacts are lasting and replicable through leveraging existing national networks; accessing powerful, world-wide communication platforms to advocate for children’s rights; securing funding to expand ChildFund Pass It Back; and, ultimately, equipping more young people with essential life skills to make informed decisions contributing to inclusive, just and equitable societies.

## LEARNING

While ChildFund Australia has significant experience working with partners, in the first stages of developing the ChildFund Pass It Back program, the organisation initially underestimated the skills, resources and time required to build respectful and mutually beneficial partnerships with sporting bodies.

ChildFund Australia learned first-hand that such partnerships rely heavily on strong knowledge around sports federations operations, and requires specific skills to engage in this space.

In developing a credible Sport for Development program, ChildFund Australia learned the importance of understanding and respecting sporting bodies have independent mandates and capabilities and it is unreasonable to expect any one stakeholder can achieve high level development outcomes through sport. This approach is supported by DFAT’s new Australian Sports Partnerships Program, which ‘recognises that stronger outcomes can be achieved by mobilising the best assets of both development and sports actors to deliver on shared priorities’.

### Methodology

Evidence was drawn from the Program’s established measuring change tools and protocols, which take a participatory approach to engage children and youth in articulating their experiences, knowledge, skills and attitudes. Gender inclusive approaches are also used to affirmatively explore the different experiences of and benefits to, both girls and boys. Both quantitative and qualitative data is collected:

<p>●</p> <p>Registration forms and attendance records (all children participating in the project)</p>	<p>●</p> <p>Coach and Player Learning surveys (baseline and endline, approx. 65 per cent of all children and 100 per cent of coaches)</p>	<p>●</p> <p>Coach journal entries (all coaches)</p>	<p>●</p> <p>Most significant change stories (109 in FY18-19)</p> <p>Case studies (60 in FY18-19)</p> <p>Season impact reports (seven in FY18-19)</p>	<p><b>External evaluations and reports</b></p> <p>●</p> <p>Three independent evaluation reports focused on Overall program; Gender; Safeguarding</p>		<p>●</p> <p>UNICEF’s 2019 research report ‘Understanding the evidence for child-focused sport for development’ which features the ChildFund Pass It Back program</p>
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## CERVICAL CANCER PREVENTION IN THE SOLOMON ISLANDS

*ANGOs strengthen the capacity of in-country partners and civil society more broadly. ANGOs maintain quality relationships with in-country partners.*

Cervical cancer is the fourth most frequently diagnosed cancer and the fourth leading cause of cancer death in women, with an estimated 570,000 cases and 311,000 deaths in 2018 worldwide. Cervical cancer is one of the most preventable and treatable forms of cancer if detected early and managed effectively. Cervical screening saves women's lives, however screening is not routinely available in most Pacific nations, including in the Solomon Islands.

In the Solomon Islands women are dying of cervical cancer at up to 11 times the rate of Australian women. In March 2015, the Solomon Islands Ministry of Health and Medical Services (MHMS) invited Family Planning Australia to support the development of a cervical cancer prevention strategy and to assist the National Reproductive Health team to plan, implement and evaluate a cervical screening pilot project using a same-day 'screen and treat' approach using VIA and cryotherapy.



ANCP Project: Increasing cervical cancer screening in the Solomon Islands

### Taking action: cervical cancer screening and treatment pilot program

During 2015-18, Family Planning Australia worked with the Solomon Islands MHMS to develop and implement a cervical cancer screening and treatment pilot program. The Solomon Islands Nursing Council supported the development of a credentialing process that ensured cryotherapy was included in the scope of practice for nurses and midwives. Family Planning Australia provided training to all participating clinical sites and clinicians.

### Witnessing change: expansion of screening services

By 2018, screening services were being provided at 11 clinical sites in two provinces of the Solomon Islands. Family Planning Australia undertook an evaluation of the pilot project to determine the feasibility of the same-day 'screen and treat' methods for cervical cancer prevention in the Solomon Islands.

Following completion of the evaluation in 2018, findings were presented at an in-country stakeholder meeting in May 2019. As a result of the pilot project, the Solomon Islands MHMS agreed to scale up the program in 2019-20 towards national implementation of a National Cervical Cancer Screening Program and committed to eradicating cervical cancer in the country. This is documented in a Consensus Statement, signed by the Permanent Secretary of the Solomon Islands MHMS.

*"I have lots of friends in the village who need to know about this check"*

*Woman screened, 28 years old*



The following excerpt is taken from the Statement:

*“Having seen the success of low-cost and highly effective screening through visual inspection with acetic acid (VIA) and treatment with cryotherapy in the pilot project in Honiara, Guadalcanal Plains and Isabel Province, we call on all stakeholders, led by the Ministry of Health and Medical Services (MHMS), to support and contribute to the rollout of VIA and cryotherapy throughout the country”* (Consensus Statement, 2019).

The government contributed AUD\$40,000 towards this in 2019, and made a similar funding commitment for 2020.

As there is currently no national cervical cancer program in the Solomon Islands, scaling up the current pilot project towards full national rollout will ensure that all women have access to cervical screening and timely treatment. This will save lives, improve health outcomes, and contribute to achievement of the SDGs (goals 3 and 5 in particular).



Family Planning Australia trainer provides instruction on cervical cancer screening. *Credit: Family Planning Australia*

### Considerations and contributions

Factors contributing to the success of the project and commitment towards national rollout included:

- Commitment from the Solomon Islands MHMS and other participating organisations and services
- Meaningful engagement with partners and key stakeholders, including the MHMS and Solomon Islands Nursing Council
- Dedication of participating clinicians and the enthusiasm and commitment from the local Project Nurse
- Commitment of the project team and organisations managing and coordinating the project
- Appropriate community engagement and raising awareness about the project through relevant and culturally appropriate strategies, including via churches, social media, community organisations, radio and word of mouth

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*“I would still very much like the screening program to go out to the province(s) and for us in the Solomon Islands I think it's the way forward for us now at this current time... having nurses, well-trained nurses, to actually do it in the province(s), we would detect abnormalities early, treat them early and prevent mothers dying from cervical cancer”*

*Stakeholder interview; NRH/MHMS*

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## LEARNING

The importance of having a strong monitoring and evaluating framework cannot be underestimated, in addition to quality assurance and quality control in order to determine project effectiveness and ensure quality of care. Although these were in place over the pilot project period, several learnings were made throughout to improve these. Increased oversight of clinical data collection methods, and more frequent monitoring and quality control visits to screening nurses, would have contributed to more robust data collection from the start of the pilot project. These aspects improved throughout project implementation.

As we move into the next phase of the scale up, having a strong monitoring and evaluation framework in place, including at the service provision and clinic level, will be imperative to the continued success of the project. This will include regular monitoring visits to assess and support clinician service provision (including counselling, screening, treatment provision, documentation of patient data, and referral processes) as well as assessing facilities, equipment and supplies.

Family Planning Australia will work with the in-country Project Nurse to develop a checklist to more formally guide these monitoring visits and document an action plan following each visit. The Project Nurse will provide ongoing support to screening nurses, including in relation to any areas discussed at the monitoring visit and the agreed action plan. Family Planning Australia will also explore tools using smartphone technology that may provide additional support to screening nurses and the Project Nurse.



Local trainer provides information to community on cervical cancer. Credit: Family Planning Australia

## Methodology

Family Planning Australia **trip reports**, written by Project Coordinator/Nurse Educators following in-country monitoring visits

Tabulated **clinic data**

**Post-screening Interviews** with women, conducted by Project Nurse (August-October 2017)

**End-of-project interviews** conducted by FPA Nurse Educators with stakeholders and participating clinicians (including directors, managers, nurses and midwives from government offices, national hospital, and other participating organisations)

Notes from **stakeholder meeting** held in May 2019 taken by FPA attendee

**Consensus statement** among stakeholders (drafted from stakeholder meeting to confirm agreements reached)

## WOMEN'S LEADERSHIP IN LOCAL FINANCE AND AGRICULTURE

*ANGOs, with in-country partners, deliver effective development programs with a focus on Gender Equality and Social Inclusion.*

The Ugandan Government has prioritised agriculture as a key opportunity to strengthen the economy—particularly through commercialisation of agriculture. The Uganda 2040 Vision emphasizes increasing production, productivity, value chains, access to critical farm inputs, improving markets and value additions and increasing institutional capacity of the sector.

However there has been a lack of coordination at the District and Sub-County level, meaning that Agricultural Officers employed to carry out agricultural extension education have not been coordinated effectively with related initiatives such as distribution of farm inputs, supporting improved technologies, or exploring marketing and value-chains. Often government staff have had no regular connection with rural farmers or had no budget to enable travel.

There is limited financing for agriculture as both the government and financial institution are not providing the funds, due to a combined lack of funds and high risks associated with agriculture. The gap for the target communities was particularly accessing loans that are low-interest and low-risk (i.e. granted based upon people's savings history).

The lack of access to loans in Uganda, especially for smallholder farmers, creates a vicious cycle where farmers cannot invest in their farming business and make it more profitable. This is exacerbated for the most vulnerable such as single mothers, grandmothers who are primary carers for their grandchildren, those with the lowest education, and the lowest capital base. Most farmers therefore can only produce low-quality produce, selling produce in raw forms at farm gate due to a lack of storage facilities (leaving them at the whim of severe market fluctuations) and no exploration of collective marketing or value-addition.

Lower yields and lower quality of produce means both less food to eat at the household level, and less to sell. In 2015, about 40 per cent of households reported going without adequate food for at least four months in the year (less than two meals per day). At this time, a previous ANCP funded project, run by International Needs (IN) Uganda in partnership with IN Australia (INA), set the foundation for improving agricultural practices and investing more in agriculture across the project area.

Farmers Associations were established, along with Village Savings and Loan Associations (VSLAs), which are connected to their local Farmers Association. Initial connections were made between Farmers Associations and government extension workers: to connect them to government-funded training and farming inputs. The project evaluation in 2018 showed only six per cent of households had to go without adequate food during the lean period: significantly improved from 40 per cent in 2015.

This ANCP-funded Project focuses on ensuring the Farmers Associations and VSLAs are sustainable.



ANCP Project: AgriBusiness for Community Development

## Taking action: Village, Savings & Loan Associations

One component of the project has been to set up 24 VSLAs and linking in a further 31 VSLAs in the target communities. These groups receive training on leadership, financial literacy, book-keeping and credit management. VSLAs are also linked to financial institutions to ensure savings are kept secure. The Project has also established 10 local Farmers Associations, registering them as CBOs and linking them to government agricultural extension services. These Farmer Associations are directly connected to the VSLAs and manage credit facilities, with top-performing FAs accessing project loans.

This has set up a way to mobilise funds in communities who were previously seen as unengaged with the monetary economy – VSLAs set up a formal way of saving for communities, in a way that helps people without bank accounts set up goals, track their savings and be motivated within a group. The 2015 baseline showed that 60 per cent of households were saving their money at home and this shifted to just 3 per cent at the end of the project. Those holding an account with a financial institution had also increased in the project from 25 per cent at baseline to 59 per cent at endline.



Improved knowledge on agricultural practices gained through the project have enabled this local farmer to invest in her agricultural business. *Credit: Krystal Navez-John, INA.*

These communities now have access to agricultural finance, which has never before been the case. In 2018-19, 645 farmers (60 per cent female) accessed farm inputs through agricultural loans. Additional farmers accessed farm inputs through government lobbying – which has been made possible through the project establishing Farmers Associations and linkages with government.

Loans are leading to more productive businesses, females being more engaged in household decisions and vulnerable households seeing significant increases in household income – 2018 evaluation showed household incomes grew 5 times the amount recorded at baseline 4 years prior. Thus, households are more food secure (food security increased from 28 per cent to 97 per cent) and are increasingly able to meet the health and education needs of their children.

## Witnessing change: women's inclusion and engagement

A key method of ensuring VSLAs and Farmer Associations are sustainable and targeting the most vulnerable is by investing in women. In 2018-19, farmer leaders were trained in agribusiness incubation, agricultural value chain and supported to go on a study tour, over 53 per cent of leaders trained were women, which is significant when leadership has traditionally been held by males.

This has been a trend in the ANCP project, and something which is increasingly so. For instance, the 2018 evaluation showed every Farmer Association had a minimum of two women among the Executives, whereas there were none at baseline in these types of structures.

This phase of the project has had more gender explicit objectives: ensuring the outcome and outputs themselves have specific targets for female participation. This has created a mind-set amongst project staff that female empowerment along with structural sustainability is core to the project outcomes in this phase.

The drive to include all women equally in all project activities and outcomes has meant radical shifts for the most vulnerable women in the communities. Project staff explain single mothers are often very engaged, and others from the most poor category because “this additional support as loans is more taken by the most vulnerable women because other men and women see this amount as small, but it is so helpful for these vulnerable women who see it as a very great opportunity. They are able to start small ... small investments – progress slowly by slowly.”

VSLA membership shows this inclusion clearly: 65 per cent of members are women (1,334 female; 721 male). The project aims to target all groups including older women such as grandmothers who often take care of many young children. 17.5 per cent of VSLA members are aged over 55 years, showing they are being included. Project staff explain, “older women have proved to be very much interested, with the little we have for they value it very much.” – the majority of VLSA members are aged 26-55 years which are the main productive years (73 per cent of VSLA members) - “people are are faced with bigger challenges so the age brackets 40s, 50s, 60s – are appreciative of any efforts coming to help them”.

The Project Staff have explained that there have been significant changes in communities: hearing the voice of women much more than before; seeing women in leadership leading to increased self-esteem for women and increased respect from men for women in their families and communities, which in turn has led to more collaborative household decision making.

### Considerations and contributions

The government Agricultural Extension Officers are now engaging more frequently with rural farmers, primarily because there are now organised Farmer Associations (connected to local level VSLAs) for them to engage. As one of the Project Staff reported “When you look at how the government official wants to access communities, they go through the VSLAs. That’s why they are coming to register them. As we keep on supporting them, the government is also using them to get to those communities so they can give more support to them. Sub-county’s governments provide farm inputs to farmers (such as seeds, farm tools). It’s easy to reach people through VSLAs because they are well organised. They lobby for more farm inputs as a group too.”

This project and the previous phase have been solely funded by our ANCP grant in conjunction with match funding (raised through INA appeals to our donor base).

### Methodology

This process involved:

- reviewing the independently conducted baseline and evaluation reports (2015 and 2018) from the previous phase of this Project
- adding the updated figures from the most recent project reports from FY18-19
- Focus Group Discussion amongst the whole project team. Questions asked explored the changes indicated through baseline, evaluation and project reports on this chosen issue
  - why and how changes had come about
  - who in particular was benefiting (and who was not)
  - what higher level outcomes were stemming from (or likely to stem from) these changes.

*The ANCP Project Design was also used to demonstrate the project’s focus and reflect why the project team has supported and reported on certain significant changes.*

Justine Galibo is a Chairperson of Balikuddembe VSLA under Buikwe Multipurpose Farmers Association. She takes care of four grandchildren. Her savings group has 30 members including 21 women with total savings of \$3,360 AUD. All her grandchildren are attending school. Justine has taken a loan to invest into her farming business and repaid it within six months, and recently asked to be recommended for another loan, which she was granted. Justine has diversified farming and has multiple income sources now, compared to only one previously. She is a highly respected leader of her VSLA.

## LEARNING

- Clear gender targets in outcomes and outputs do help in driving a focus towards gender outcomes.
- Quotas gently enforced in leadership worked effectively in this situation and raised the profile of women in the community, and raised in their self-esteem. Measuring self-esteem and social connectedness are two indicators to measure in economic development projects, which involve collectives/associations, *alongside* improvements in income and food security.
- There is a space for associations providing smaller sized loans. These are appropriate with the most vulnerable as they expose them to lower risk and also appeal to the most vulnerable, more than the more powerful (to avoid the more powerful taking the lions share of loans).
- Connecting savings and loans groups only in investment in agriculture keeps the focus narrow and is appropriate in areas with significant numbers working in agriculture. It also provides an organised group of farmers for local government to connect more easily with to provide ongoing support.



Justine Galibo. *Credit: Krystal Navez-John, INA.*

It takes many years to establish these groups and strengthen them to ensure their long-term sustainability. This phase of the project is entirely focused on strengthening VSLAs and Farmers Associations. The previous three year and two year projects were both establishing groups, starting training and setting up relationships between VSLAs, Farmers Associations and local government especially agricultural extension workers.

## STRENGTHENING MOBILITY DEVICE SERVICES IN THE PACIFIC

*ANCP provides flexibility to trial new ideas. ANGOs strengthen the capacity of in-country partners and civil society more broadly.*

Rehabilitation and assistive technology (AT) services play an important role in ensuring healthy populations and as an enabler for inclusion and participation for people with disabilities, chronic health conditions and the elderly. Rehabilitation and AT are recognised as a pre-condition for the realisation of rights for persons with disabilities; a component of Universal Health Coverage; and support the Sustainable Development Goals aspirations.

Equitable and affordable access to rehabilitation and AT requires health system strengthening including investment in human resources, infrastructure and recurrent budget allocations. A barrier to progress in increasing access to disability related services is a lack of data and therefore evidence of the need for and impact these services can have.

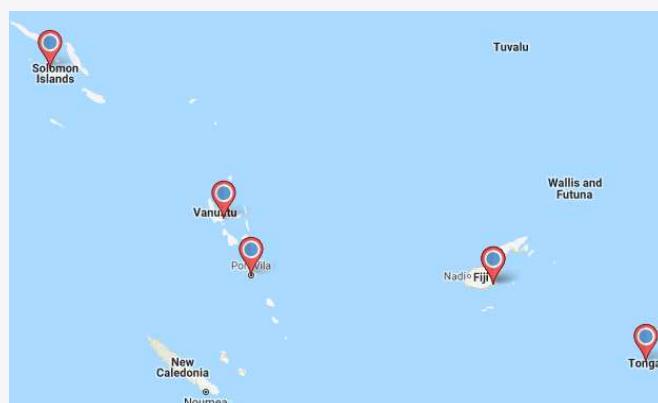
In less resourced developing country contexts, health services necessarily focus on well-evidenced priorities. An absence of quality data makes it difficult for champions of rehabilitation and AT services to advocate for resources.

Barriers to service-level data collection and use by rehabilitation and AT services in developing country contexts are multiple, including:

- insufficient personnel, and in particular administrative support staff;
- lack of practical systems; low priority within health systems of rehabilitation and AT provision, resulting in this aspect of health service delivery rarely being included in electronic Health Information Systems;
- lack of computer and internet access; and
- lack of knowledge, information and training in data entry, analysis and use of data.

At the beginning of the Strengthening Mobility Device Services in the Pacific project, data collection and use by service partners would best be described as ad-hoc. Of eight service provider partners, only three were systematically collecting service data. Of these, each were collecting data relevant only to devices from one particular donor, using an excel file and a limited range of data fields.

Each reported difficulties with data accuracy and reporting and there was no verifiable information regarding the number of service users included in these data systems. Four services were reportedly having difficulties with repeat donations of wheelchairs due to a lack of donor reporting.



ANCP Project: Strengthening Mobility Device Services in the Pacific

## Taking action: Building capacity

Over three years, Strengthening Mobility Device Services in the Pacific worked with eight service providers in five Pacific Island countries to build their capacity to deliver local services providing mobility devices (wheelchairs, prosthetics, orthotics and walking aids).

The ANCP provided sufficient flexibility to test out iterations of a data system these services could readily use to register their service users; and track and report on the services they provide to each individual. Taking into consideration the identified barriers to data collection and use, activities were:

- A master database inclusive of a dashboard and scripted reports, and service forms (registration, assessment, follow up) were developed. The master was then customised for each country in consultation with service managers and personnel. In Fiji and Vanuatu, where there are multiple service providers, service forms were introduced to all service providers. Data collected via these forms fed into a central database hosted by one organisation.
- Customising enabled a high degree of relevance of the data for each service and alignment with the data requirements of their stakeholders including government, donors and development partners. Common data sets across all countries enabled pooling of de-identified data with regional benefits.
- Individual and group training was provided for all service partner managers and personnel. Topics included the purpose of data collection; issues of privacy and ethical management of personal information; using data to inform service management; as well as skills training in data collection, data entry, generating and sharing reports.

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*“In my role as service manager the database supports properly reporting back to the department of health in PNG, provide monthly report to LDS Charities, really helped me in terms of reports to people that require reports, and in day to day work, talking about wheelchair services with colleagues and other staff, keeping track of work that we are doing”*

*Almah Kuambu, service manager, National Orthotics and Prosthetics Service, PNG*

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Charlie, 29, is a musician and active member of his national disabled persons organisation. A broken wheelchair meant he was unable to leave home for 2-3 months. When the Solomon Islands national rehabilitation service was re-stocked following improved reporting to their wheelchair donor, Charlie’s mobility was restored.

The iterative process enabled successive changes to be made as partners’ experience with the data system grew and they became increasingly specific about their requirements. When interviewed, one partner manager (physiotherapy department, Vanuatu) noted: “It was a process of trial and error now it is working well and we continue to improve... I believe that we will continue to improve (the data system) and make it more easy and accessible”.

## Witnessing change: improvements to data collection and accuracy

By end June 2019, 4,103 service users were recorded across five countries. All partners scored 100 per cent in capturing data in the eight data collection fields used for analysis.



Charlie. Credit: Motivation Australia



Analysis of the databases provide evidence of a high degree of accuracy, with an average of 97 per cent of completion of data fields across gender, age and location.

There is also good evidence of data use for reporting. Services are using the more accurate and detailed data about service users they now have to inform service management and address service equity. Partners facing no further donations of wheelchairs at the beginning of the project have all now received at least one further container of mobility devices. There is high confidence this will continue.

### Longer-term impacts

Evidence suggests that use of data to advocate for resource (budget) allocation is emerging. During interviews, three service managers gave examples of using data to advocate for their services. The data system has contributed to an increase in the number of people accessing mobility devices through resumption of donations and new support for one partner. These increases are more likely to be sustained as services have increased capacity to track and report to donors.

There is less evidence that increased reporting and strengthened advocacy has resulted in increased support, resources or funding for services from national governments. When interviewed, all partners expressed commitment to sustain their data system; with the most frequently cited possible barrier being staffing the data entry role.

### Considerations and contributions

Project inputs were well supported by the priority partners placed on data. All partners committed to spending the time needed to plan their database, trial and provide feedback, and allocate staff time to training and mentoring activities. While the ANCP was the predominant funder, Motivation Australia acknowledges contributions to the data system development from the WHO Country Office in the Solomon Islands and the Latter-day Saints Charities.

## LEARNING

MA was pleased through the interview process to hear partners were comfortable with the iterative process

we used to develop the data system (and thank them for their patience in this). We understood this to be necessary for a number of reasons; however working on this SSC triggered us to seek feedback on the process, which was valuable learning. We experienced difficulties in encapsulating our baseline data as this was done retrospectively.

Although we have documentation from project visits during the design phase and first year of the project which provides a narrative of the status of data systems, there was not a systematic process of 'measuring' the status for the purpose of end of project comparisons. Information is therefore almost completely in a narrative format and required time from one of our team to review multiple documents to find evidence. While not new learning, this is something we will definitely consider more carefully in the future.

### Methodology

To establish a retrospective baseline of data collection and use by service managers to manage, report on, or advocate for their services; MA staff:

- Reviewed project documents and baseline service capacity assessments from the project design phase and/or first year of the project.
- Analysed data systems used by partners between 2016-17, capturing information about data tools, level of detail and accuracy (eight specified fields).

MA staff repeated the above analysis, focused this time on project documents from the final year of the project, and analysis of data systems in use by partners as of June 2019.

A report of an externally facilitated project evaluation workshop was reviewed for all references by partners of the data system development.

Phone interviews with five partners were conducted to elicit their perspectives on the process, outputs and impact of strengthening of their data systems.

Circulation of a draft to partners

In-house verification (using the SSC rubric) of the whole MA team (including non-programme staff)



## LEVERAGING BLOCKCHAIN TECHNOLOGY IN VANUATU

*ANCP provides flexibility to trial new ideas. ANCP supports continuous improvement and learning in program delivery. ANCP delivers value for money programming. ANGOs support locally led development processes*

The use of Community-Inclusive Cash and Voucher (CVA) in the Pacific is relatively new. However since 2015 Oxfam has been trialling new approaches, raising awareness and building evidence for its use. In 2015, Oxfam employed voucher-based assistance to cyclone-affected households in Vanuatu and has since led several preparedness initiatives, including national Feasibility Assessments in Vanuatu and Solomon Islands to pinpoint where cash and voucher approaches are most likely to be successful. In 2018-19 Oxfam successfully implemented the region's first multi-purpose cash grant program to assist volcano evacuees in Vanuatu.

In 2019, Oxfam, and private sector partners Sempo and Consensys, successfully trialled the first delivery of block-chain-powered CVA in the Pacific region. It is a global first in terms of using co-design processes to bring blockchain technology to the community level and represents a unique test case for participatory product iteration; localised ownership and delivery, and the leveraging of community-level micro economies and ecosystems to enable inclusion and functionality. UnBlocked Cash is enabled by the participation of community-level vendors who play a direct role in micro-economic recovery and development. It is a blend of humanitarian preparedness, digital financial inclusion, and locally-integrated block-chain innovation.

CVA is often reliant on the presence of financial service providers (FSP). However, FSP penetration into rural/remote areas in the Pacific is limited. Cashing out a cheque or voucher therefore requires an additional investment of time and resources by program participants that they often cannot afford. Financial reconciliation, reporting and monitoring in current CVA programs is also complex and time-consuming. Ensuring transparency and the effective use of funds requires specialised human resource capacity. Ensuring rigorous financial controls and reporting also require long set-up times.

Limited financial infrastructure, access to specialised capacity and long set up times all represent barriers to the successful implementation of CVA in the Pacific. This then limits the ability to deliver locally led processes with remote villages, community stakeholders and local businesses often excluded during the design and delivery of programs.

This pilot sought to address these barriers by using advanced technology to develop a faster, more transparent and cheaper way to deliver cash and voucher assistance in a way that is localised and that lowers existing capacity barriers for communities and NGOs.

### Taking action: developing block-chain solutions

To test how these barriers could be overcome Oxfam Australia and Oxfam Vanuatu formed an internally-



ANCP Project: Un-Blocked Cash: opportunities to scale blockchain for social good in the Indo-Pacific

funded multi-disciplinary team dubbed 'OxLabs' through which an initial block-chain solution was developed. A testing and development period followed with teams in Vanuatu providing feedback on the architecture of the solution, operating requirements and selection of communities in 'high feasibility' locations.

This initial work was carried forward with ANCP funding. Sempo worked with Oxfam field teams in communities to raise awareness and select vendors and recipients at the community level, with preference for small community-based vendors and recipients typically marginalised from assistance distribution processes. Through this engagement a dashboard platform and vendor app were co-designed with local staff and communities. This community-embedded technological iteration process is considered exceptional at a global level and was instrumental in obtaining a high level of acceptance and participation from the 29 vendors, local leaders, community organisations and 187 recipients.

The 'live' pilot was conducted in April/May 2019. Two communities engaged in a registration day and 'shopping week' where recipients could redeem 4,000 VUV (\$50 AUD) through local vendors. Through the use of block-chain the registration and distribution processes, which can take over an hour, were merged and completed within 6 minutes or less for each recipient; after which they could shop instantly rather than having to cash out with a FSP.

Vendors were trained to use a simple smartphone application to accept payments in the form of an easy to use, tap-and-pay card system. This mechanism was selected to account for limited digital and financial literacy of recipients. Despite nearly 30 per cent of vendors being unfamiliar with smartphones, training enabled frictionless use of the application and minimal complaints and/or technical difficulties. Vendors were all present within communities and sold a variety of goods including fresh foods, non-perishables, hygiene items, electricity and phone credits, and other goods and services, such as education (e.g. one vendor was a community school, accepting school fee payments).



Piloting the blockchain platform: Fast, electronic funds delivered straight onto a pre-paid cash card, to assist people during humanitarian emergencies. *Credit: Keith Parsons/OxfamAUS*

Oxfam staff were able to monitor all transactions in real time, with visibility over recipient balances, use of funds according to purchase categories, as well as vendor transaction amounts and volumes. This enabled rapid contact with recipients and vendors; resulting in dramatically reduced timeframes for programme troubleshooting and adjustments, as well as community communication and accountability in responding to complaints.

The accuracy and speed of payments to vendors increased thanks to live account balances accessible by Oxfam finance staff. Vendors were reimbursed for items sold at the end of the week – within days of the last 'shopping' day. All vendors in Mele Maat were paid by Oxfam into a local bank account whilst in Pango nearly all (14 out of 17) vendors were paid out in cash by one 'super vendor'. This evolution of the payment process overcame the challenge that vendors (similar to recipients) faced accessing FSPs. For the smallest vendors that operate on a weekly cash flow basis, the speed and ease with which they could be paid was critical to support their businesses. Ease of use of card payments at vendor selling points was evidenced by over 1,500 transactions completed successfully over a two-week period – indicating that recipients were using their cards often, and at multiple vendors, spreading their cash benefits across the community economy.

Post distribution monitoring interviews and focus groups were conducted in both communities with all vendors and over 90 per cent of recipients. Results were highly positive and reinforced ease of use and access compared to existing assistance modalities, as well as a high preference to receive this form of assistance in the future. Feedback from local staff was also similarly high.

### Witnessing change: Blockchain for Social Good

The pilot resulted in a significant acceleration in the process of delivering CVA, demonstrating faster programme set-up timeframes, streamlined monitoring, reporting, financial accounting, expenditure tracking and payments to vendors due to live transaction tracking. This translated into more community engagement and led to a robust, localised application being embedded in a community-engaged project approach.

It is likely that Oxfam will continue to employ this modality in Vanuatu and where feasible will integrate the technology into preparedness activities in the Pacific region. The provision of ANCP funds enabled Oxfam to move forward in addressing CVA issues that the organisation had made progress on but not resolved in previous projects.

These issues – limited capacity of local stakeholders, limited financial services infrastructure, expensive field monitoring, lengthy financial reconciliation and reporting time – were evident in recent interventions. They have now been notably reduced thanks to the opportunity to engage communities in testing new ideas and in leveraging technology.

In addition to gains in cost reduction, increased speed and ease of delivering, this pilot has provided an opportunity to document innovation and learning that has progressed thinking more broadly in the humanitarian sector. This is only the second global case of blockchain being used to deliver cash entitlements to communities in hazard-prone contexts. However it is a 'global first' in that it was co-developed and adapted for local use by a community and is the first to consult communities directly in how the technology should be designed.

This has garnered international attention as a unique case of where block-chain technology has engaged directly with communities in a remote developing country environment. The pilot has also generated a body of evidence and media engagement that has captured the interest of the humanitarian sector, the financial services sector and the global 'Blockchain for Social Good' community. There is now a keen level of interest from additional donors, stakeholders in the blockchain space, and Oxfam offices in other Pacific countries to test and utilise the approach in other contexts.

The cost-efficiency gains of the system also represent improvements in value for money. Firstly, the cost per transaction is lower than that offered by existing financial service providers in the region and does not incur any additional overhead costs due to platform automation of

### Methodology

- Oxfam Video: [Future of Cash Transfers in Vanuatu](#), 2019
- Vanuatu Cash Transfer [Feasibility Study](#) 2019
- Post Distribution Monitoring and Endline Assessments, 2019 (unpublished) - Multi-purpose Grants to Volcano-Affected Families in Vanuatu
- Oxfam [Transaction Monitoring](#), 2019 (unpublished) - live dashboard, permissioned access at: [oxfam.sempo.ai](http://oxfam.sempo.ai)
- Oxfam Registrations and On-site Monitoring, UnBlocked Cash Pilot, 2019 (unpublished) – conducted by Oxfam Vanuatu staff at community level
- Oxfam Post-Distribution Monitoring, UnBlocked Cash Pilot, 2019 (unpublished) - household surveys, FGDs, and KIIs
- Consensus Video and technical [Case Study](#), 2019 – Completed by Consensus on the pilot process and effectiveness of using Ethereum blockchain to enable and track payment transactions
- Unblocked Cash Research Report, 2019 – Conducted by an external consultant to provide high level, consolidated evaluation of results from all existing internal data sources
- Key learnings report, 2019 – Completed by Sempo on the pilot process
- Key informant interviews, Vanuatu Country Office, 2019 – with key staff involved in the delivery of the pilot

transaction tracking; in the previous CVA response, this task was outsourced to a local accounting firm on a fee-for-service basis.

More impressively, the automated account updates for vendors on the dashboard required only one finance staff member to check vendor balances and issue payment, with no additional reconciliation required. This payment timeframe with paper vouchers in 2015 was over a month, and typically an additional team of 3-4 finance staff were required to complete this task.

The speed and facility of payment to vendors is also a 'significant' change; vendors were able to be paid on a weekly rather than monthly basis enabling smaller vendors operating on a weekly cash flow basis to engage in the program. Furthermore, digital literacy and digital inclusion has been established during the pilot and remains a benefit to communities after the completion of the pilot. 30 per cent of vendors had never used a smartphone prior to the pilot and there has been a 70 per cent increase in digital literacy and capacity to use this technology as a result of the training received in the pilot.

Oxfam's partnership with Sempo, as a third party payments provider, is not exclusive and was deliberately set up in this way. This enables local partners, once familiar with the app and payment platform, to establish relationships directly with Sempo. Oxfam hopes this will boost the potential for local ownership/localisation of this CVA tool. Additionally the non-propriety and open source nature of the technology also represents value for money; allowing local responders, other ANGOs and governments to benefit from this investment. This will further reduce costs and capacity barriers, particularly for local stakeholders, and the ease of use will prove conducive to greater adoption of CVA as a preferred assistance modality. The further evolution of the system is subject to funding and Phase II piloting with ANCP 2019-2020 funds.

### Considerations and contributions

The private sector has played a key role in the pilot's success. Consensys, as the world's largest blockchain venture studio, has provided technical expertise and access to global events and partners in the blockchain industry and the 'Blockchain for Social Good' sector. The partnership with Sempo, a small Australia tech startup, has demonstrated the value-add of NGOs working closely to pair field-level community expertise with specialist skills in the private sector, in a way that enhances the effectiveness and visibility of both industries.

The engagement of the Reserve Bank of Vanuatu (RBV) was also key in driving the success of the pilot and Oxfam in Vanuatu has now been included in the National Financial Inclusion Task Force and will demonstrate UnBlocked Cash at the National Financial Inclusion Exposition. In addition discussions are ongoing with RBV on the enhanced reporting and compliance the platform provides in terms of local anti-money laundering legislation, as well as further opportunities to integrate this solution into ongoing financial inclusion work – specifically, as an option to introduce low-cost, digital financial inclusion products to Vanuatu.

## LEARNING

The UnBlocked Cash model must still be tested at larger scale and with assumptions and components that would allow for the platform to be used at scale in Vanuatu, and the Pacific region. Some of these additional components, such as testing in additional islands, with the inclusion of civil society partners to enable e-voucher delivery remotely and in multiple communities concurrently, have been added to the Phase II pilot with ANCP funds in 2019-2020. Learning and community engagement modules to systematise the manner in which the technology remains community inclusive in each delivery instance also need to be developed to ensure community participation, voice, and choice remains embedded in the implementation process.

## NO LONGER AFRAID TO BE A FATHER

*ANGOs, with in-country partners, deliver effective development programs with a focus on Gender Equality and Social Inclusion.*

There is an abundance of global evidence that demonstrates that male involvement improves Maternal, Newborn and Child Health (MNCH) outcomes. Research into the influence of husbands and fathers on health-related behaviours suggest that building men's knowledge regarding maternal and child health may be beneficial in terms of care-seeking for pregnancy and birth, infant feeding practices, childhood immunisation, and care seeking for childhood illness

However, in Vanuatu culture, responsibility for feeding and positive health behaviours for children often lies with mothers. Fathers have a substantial impact on child development, wellbeing, and family functioning and therefore are critical in any intervention in reducing stunting rates in children under five in Vanuatu.

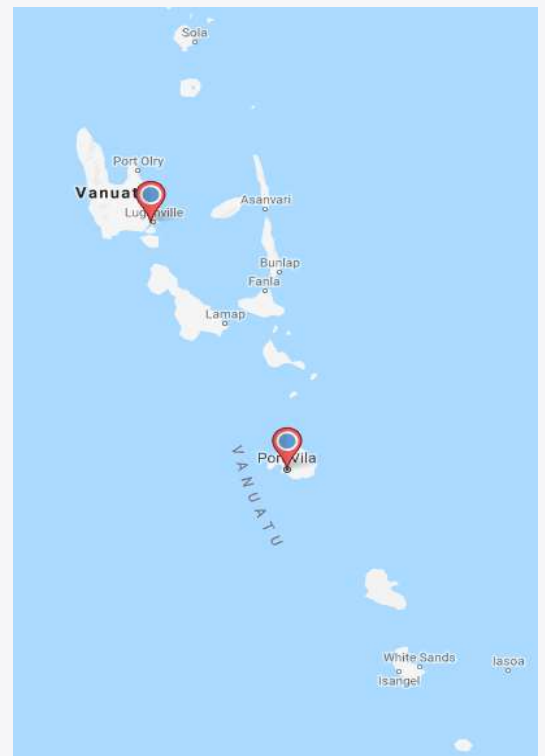
However, the engagement of fathers in the first 1,000 days of a child's life has its challenges due to traditional gender roles. Men perceive their roles in child health and nutrition to be providing for basic needs (shelter and food) and may also play with children or help to bathe their children, yet men traditionally never feed their children.

There is social pressure to maintain these distinct gendered roles, and a mentality exists that shames men who participate in 'women's work'. There is somewhat of a social expectation that young fathers go 'walk about' in their spare time and 'enjoy their lives'. This is compared to 'staying at home' and helping their family.

Ismael was chosen to be part of the 'Stories of Significant Change' process due to his enthusiasm and high level of engagement in the project. When the program first commenced in Paunangisu, there were two other fathers facilitating peer support group activities at the other side of the community. In the area where Ismael lived, there were no fathers willing to take on the role of lead facilitator.

Prompted and encouraged by his wife, Ismael reached out to Save the Children staff, and nominated himself for this role due to his interest in the First 1000 Days program and desire to see the community adopt positive practices in parenting and health behaviour.

Ismael has always been a leader in his community and despite his young age, he is looked up to by others and is seen as a role model. If community elders are not present at certain events, Ismael often takes that leadership role. Due to this, once Ismael took on the role of lead facilitator, the support group was able to commence with engagement from fathers in the community.



ANCP Project: First 1,000 Days Vanuatu

Like most of his peers, Ismael's mother was his primary caregiver when he was young and he received very little support from his father. His father was uninvolved in parenting and was absent much of the time. His parents prescribed to the traditional gender roles of their society and as he said, his father only assisted in domestic 'work that a woman can't do' such as cutting firewood and working in the garden. He was taught that taking care of a baby was strictly a mother's role.

Before starting the program, Ismael confesses he too aligned with these traditionally male roles and responsibilities and would often use his spare time to go drinking kava with friends while his wife, Amanda, stayed home looking after their daughter.

Through the baseline survey for the First 1000 Days program, men reported high levels of involvement and decision making in their health seeking and purchasing decisions, yet knowledge of MNCH was low. Also, less than half of the mothers reported that someone accompanied them to antenatal appointments.

### **Taking action: The First 1000 Days program**

The First 1000 Days program aims to reduce stunting among children under five in Vanuatu by increasing knowledge, skills and confidence on maternal and infant feeding. This program is being implemented in the provinces of Shefa and Sanma, with appropriate communities being identified based on criteria that considers need and feasibility of implementation.

The program utilises peer-to-peer relationships to share knowledge and information, with lead facilitators being chosen and trained by Save the Children in evidence based approaches to MNCH. These lead facilitators are mothers, fathers and grandmothers in their communities who then conduct support groups for their own peers.

While Ismael was always a leader in his community, being able to take on the role of lead facilitator has allowed him to increase his skills, knowledge and motivation in the areas of maternal and infant feeding through training and mentoring provided by Save the Children. These tools have allowed him to confidently engage with other fathers in his community in improving their involvement in their child's feeding and health.

### **Witnessing change: committed fatherhood**

Ismael has enthusiastically embraced the information from the First 1000 Days program and become a committed father and partner. Ismael admitted that previously he has lacked involvement in parenting, and that before taking part in the program, he was not thinking about how this could affect his son's future. He notes that 'it is a big difference between before and now'.

Their family environment and division of labour has noticeably changed through his active attempt to be more involved. The most noticeable change for him was his attitude and way of thinking: 'when I joined the group, I learnt a lot of things and I changed some of my attitude'.



Ismael and his family. *Credit: Save the Children.*

He believes that he has learned from the faults of his father and recognises that what his 'father was doing was not right'. He is committed to break the cycle of strict gender roles regarding parenting, and genuinely wants to help and spend time with his wife.

Whilst Ismael knows that changes in his behaviour are benefitting his wife and child, he admits that there are difficulties in changing behaviour. His biggest discomfort in the process was not the work itself, but instead battling the perception that he was performing an activity outside of his gender role. He says the best example is washing clothes. "The first time I washed I thought this was woman's work' but he realised he needed to 'step forward and wash for my family". He notes that he must constantly continue to actively question himself but says "I am trying my best to change".

Ismael's wife Amanda was very influential in his decision to participate. He listened to the information she had been receiving at her mother's support group and became interested to know more. Amanda knows that many other women are still struggling to have their partners engage with the program and with parenting to the same level as Ismael.

She admits that "when I see he is changing, I feel that I am happy and I feel that I am a lucky mother to have a father at home who understands his role and who is changed." Likewise, Ismael's 'Uncle' Willie says he recognises the positive effect the behaviour change is having: "I see he is helping his wife and his child, and he works hard to find food. They work together to help their child."

Ismael has positively benefited from this change himself, and admits that previously, he was 'afraid to be a father' and afraid of having so many responsibilities. He lacked confidence in himself and his abilities. However, now he asserts that he wants to be ready for the birth and raising of his upcoming baby. He is ready to take the responsibility of being a father seriously and believes he finally understands the weight of this. "For the first one I wasn't too good, but now I am trying to change totally to play a role as a father".

Ismael acknowledges that the social part of his life has dramatically changed. Whilst he used to spend a great deal of his spare time with friends drinking kava, he now chooses to 'stay at home'. He has also taken on a mentor role with other young fathers. He understands their fears of responsibility and their gendered expectations and believes that 'a lot of men are interested to learn things that they never knew'.

From Amanda's perspective, she is proud to see that Ismael is influencing many other fathers to take on their responsibilities and make changes. It is a gradual process, but she notes that "a lot of them are abandoning their old habits".

The program and behaviour change appear to have caused disruption in the cyclical effect of strict gender roles – at least in this family. Ismael wants his changed attitude and the actions he has learned to continue into the next generation. This couple have gone beyond the training, and have embedded a deep sense of respect, support, partnership and shared responsibility.

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*"The first time I washed I thought this was woman's work. [But now] I know I need to step forward and wash ... I am trying to change totally to play a role as a father"*

*- Ismael*

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### Considerations and contributions

No other INGOs are currently implementing neonatal, maternal or child health programs in targeted communities. The Health Centre nurse (an employee of Shefa Provincial Health, coordinated by the Ministry of Health) had run previous awareness programs around nutrition, however she noted that father's engagement with perinatal, neonatal and infant health and nutrition had increased since the introduction of the First 1000 Days program.



The Health Centre nurse was a strong advocate for the program within Paunangisu and helped to share information about the purpose and benefits of becoming involved with the Peer Support Group meetings.

Support was also provided through the local Agricultural Field Assistant, an employee of the Department of Agriculture. As part of his role, he provided training to fathers on crop planting and maintenance to improve crop diversity and yield in local food gardens.

## Methodology

Identify focal point for interview through field staff recommendations

Approach interview subject and community stakeholders for consent to participate

Stakeholders include focal point's wife, his mother, village health worker, two peers (young fathers), and a chief representative from the community

Include community stakeholders to gain multi-faceted perspective on the behaviour and attitude changes observed as resulting from the primary subject's engagement with the First 1,000 Days program

Conduct one-on-one semi-structured interviews with each stakeholder by First 1000 days staff

Interviews were audio-recorded, then transcribed and translated from Bislama to English

Undertake spot-check to confirm accurate translation of interviews.

## SHOWING US THE ROAD: GROUP BASED DEVELOPMENT IN NEPAL

*ANGO's, with in-country partners, deliver effective development programs with a focus on gender equality and social inclusion.*

The district of Nuwakot, north of Kathmandu, is hilly and the communities are spread out in numerous deep valleys and on steep hillsides, which brings difficulty in access, transport and agricultural cultivation. Before the project, the primary mode of transport between villages was by foot and there was no electricity in any of the villages.

The district centre is located in the western part of the district, separated from the project area by a range of hills and rivers, which meant that to access government offices it was at least full day's walk, or a vehicle journey via Kathmandu and back out into the hills via a different route. The time required for this travel meant that the target villages were largely ignored by government staff, officials and services. The hillsides of Nuwakot, as well as preventing access to markets, education and other resources, are also prone to landslides and flooding.

The communities of Nuwakot are a mixture of ethnic groups, who at the start of the project had very little community structure, few resources or facilities, or means of meeting together or collaborating on community projects. They faced a range of interrelated issues.

Facilities were few in number, with only one newly constructed Primary Health Centre, one secondary high school, and health outreach clinics in less than one third of all the ward level communities.

Of the 2,945 households in the project area, only 696 had toilets, and migration was a key source of income to supplement food deficit periods. Food insecurity was a result of poor soils, inefficient farming techniques, a lack of irrigation, and no coordination between farmers. Poverty and the need to supplement local food sources also resulted in human trafficking. A lack of health services was matched by low levels of health awareness and sanitation.

Alongside this lack of basic needs was the marginalisation of women, people with disabilities and people from low castes. Literacy was very low, especially among women and young girls. Women had no access to community decision-making, had no means to organise themselves, experienced disadvantage in education, nutrition, healthcare and economic freedom.

### Taking action: economic, social and cultural empowerment

TEAR Australia, and Share & Care Nepal (SCN) sought to address these issues through three main areas of intervention: economic, social and cultural empowerment.



ANCP Project: Nepal Group-based Rural Community Development Program

To achieve empowerment in these areas some contributing factors were addressed:

- Build the status and abilities of women in the community to play an equal part in community development.
- Lack of health awareness and practice compounded by a lack of quality health services, drinking water and toilets in the working area.
- Raise the level of basic education and literacy among adults, particularly women, and support the improvement of formal education for children.
- Reduce reliance on subsistence agriculture and improve farming practices.
- Reduce environmental risks and improve natural disaster preparedness

SCN's approach was based on the theory that empowerment can be achieved through people working together in groups. When knowledgeable and well-led groups actively engage with one another, and with the systems around them, they can bring about long-term change in a range of areas within their communities.

ANCP and TEAR Australia jointly funded the project from its inception, over 6 years of this project, and for the past two years of the new phase in different communities. Project activities focused on developing and strengthening community structures: Women's Action Groups, Farmers' Action Groups, Women's Networks, and Women's Co-operatives. The first cycle of the project also strengthened Health Post Management Committees, ran non-formal education/literacy classes, and provided material support to government schools to improve the quality of facilities offered to students.

#### **Witnessing change: Given a voice in the community**

Throughout the project 5,434 women, members of marginalised castes and people with disabilities have participated and now have a voice in government, and are able to access funding, government schemes and services to improve their livelihoods and well-being. Socially the power within the communities has been altered as women and people from previously marginalised castes have been given a voice and practical ways of contributing to decision-making, planning and working for change.

Seven women trained through the project have taken up positions as elected representatives at different levels of government, and are using the skills and their understanding of development gained through the project, to secure support for community-driven initiatives, and increase the role of women in decision-making. One women's network obtained a grant to provide sewing training, materials and sewing machines for 18 women.

The 2019 evaluation reflects that the greatest and most obvious change has been in the situation of women within the communities. Women stated that through the 51 women's groups, five Women's Networks and three Women's cooperatives, they now participate equally in social activities, are able to claim and enjoy their rights, and are invited and able to speak at community functions and meetings.

It was common in both the mid-term and end of project evaluations for women to talk about the benefits of working together and the support provided to each other. Others talked about how much help it is just to be able to discuss things together, and how group members were helping each other, particularly in times of trouble.

The project has left their villages but groups have exercised initiative and planning and made connections with other service providers. The two women's co-operatives ended the project with 90 members and have continued to operate. The co-operatives started co-operative shops, from which they sell seeds, fertilisers,

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*"Share and Care has shown us the road and helped us find out what resources were available to us."*

*(Quote not attributed)*

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and agricultural equipment to both members and non-members. They are also working to develop market linkages to improve the selling of members' livestock and agricultural produce.

As a result of the livelihood development, 54 per cent of households are now self-sufficient in their food production for 12 months of the year. In 2011, less than one third of small-holder agricultural households in Nepal experienced food security.

Other groups also continue to operate and are active in their communities. Farmers' Groups have set up milk and agricultural collection centres to engage in collective marketing and improve the prices they obtain from their produce. One Drinking Water Users' group has installed four new taps and extended their drinking water scheme since the project left their village after registering with the local government office and receiving grants and technical support from the Drinking Water Office.

People with disabilities are included to a greater extent in the communities than previously, and now know how to access their rights and schemes that are available to them. There are now 317 people with disabilities who have registered with the government and now able to access their disability pensions according to their classification of disability, plus other benefits. A Disabled People's Network has also been formed and they represent people with disabilities to the government and have made a submission for budget support for additional services. Livelihood support to 30 people with disabilities has resulted in them developing agricultural businesses that provide them an additional NPR15,000 - NPR30,000 (AUD\$190 - AUD\$380) income per month.

Health benefits have also been realised through the life of the project. An example is that at the project's commencement only 696 of 2,945 households had toilets but now every household has and uses their own toilet, enabling the area to be declared Open Defecation Free by the Government of Nepal.

The communities and community groups that exist are now linked in with service providers, primarily the Nepal Government at Provincial and 'Gaupalika' (Rural Municipality) levels. They have been able to access funding, resources, subsidies and materials from the different government ministries, and are able to put forward their case for support at annual planning and budgeting meetings. The significance of the change is strengthened as such evidence suggests that the change is sustainable as groups utilise the skills and linkages that were developed through the project.

### Considerations and contributions

Some external factors played a significant role in shaping the changes that have occurred. The first was the Nepal earthquake of April 2015. This was a significant disruptor within the community and the project.

After the earthquake, Share and Care led an emergency response that further strengthened their relationship with the communities. After the initial response activities that were separately funded, ANCP continued to provide funding to the project as it included elements to help the communities recover their livelihoods.



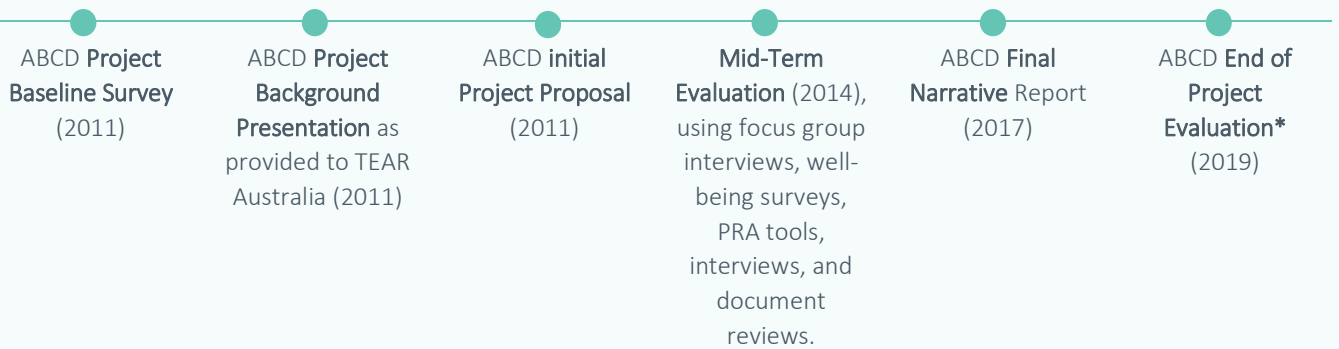
Ratna Gurung of Khankung Women's Action Group now has 200 chickens.  
*Credit: Share & Care Nepal*

During the time of the project, a new federal system of government was instituted, and the newly empowered and financed local governments have begun to demonstrate their activity by building roads across the hills, and increase and (mostly!) improve access to markets, services and improve communication. Electricity has also been delivered throughout the area, greatly increasing the period of the day in which people can meet, study, and learn.

The new government structure has increased local representation and authority, and people trained through Share and Care’s work have taken up positions as elected representatives at different levels of government. They are using those skills and their understanding of development to gain support for community-driven initiatives and increase the role of women in decision-making.

## Methodology

A range of qualitative and quantitative data collection methods were used, but key sources were:



\*This evaluation was carried out to determine and identify the changes that were sustainable and how the communities had taken the project’s inputs and adapted or used them to further the group and communities’ development initiatives. The evaluation utilised various Participatory Rural Appraisal (PRA) tools, community surveys, individual and group-based interviews and observation techniques.

## LEARNING

making at a broader level.

The main lesson has been how a group-based approach to development enables communities to develop skills and awareness, and develops confidence within communities to be able to access rights, improve inclusion, improve well-being and livelihoods, and influence decision-making at a broader level. By creating opportunities for people to gain confidence, exercise their voice and work together, a greater level of inclusion and connectedness can be created. By matching this confidence with skills and access to resources, improvements are seen in people’s well-being, livelihoods, health and ability to determine their future. This also brings about changes in participation, and benefits that extend beyond the project participants to the broader community.

The stories of these communities also show how effective development increases communities’ ability to recover from disasters (the Nepal earthquake).

## ACKNOWLEDGEMENTS

DFAT would like to thank the ANCP NGOs who participated in this pilot, through sharing your stories of significant change or reviewing the stories of your peers. We appreciate your enthusiasm, patience and your willingness to partner with us as we worked through the process to arrive at this publication – a testament to the hard work of you and your in-country partners.

Your stories demonstrate the flexibility and wide-ranging impact of the Australian NGO Cooperation Program: 57 accredited Australian NGOs are making a difference to the lives of more than 19 million people globally through supporting community-based projects that have a direct and tangible impact on reducing poverty.



We would also like to thank Clear Horizon for working with us to develop the pilot, validate the data plans and undertake the verification panels for the SSCs. Again their collaboration and openness to tweaking the model to the intricacies of the ANCP will result in a more refined process in 2020.