

**THE AUSTRALIA
AFRICA COMMUNITY
ENGAGEMENT SCHEME
(AACES) PARTNERSHIP
AT A GLANCE**





INTRODUCTION

The Australia Africa Community Engagement Scheme (AACES) has been a five-year partnership between the Australian Government, Australian Non-Government Organisations (NGOs) and African partner organisations. From 2011 until June 2016, the program has worked across eleven countries in Africa (Ethiopian, Ghana, Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe), in three general sectors (food security, maternal and child health and water, sanitation and hygiene) and beyond. The A\$83 million program has focused on empowering women, youth, children, people living with disabilities and others. The scheme has brought significant credit to Australia in Africa.



AACES has been recognised for three distinguishing features;

- The partnership model for managing the program represented best practice, enabling greater impact along with learning and sharing of lessons
- Use of a diversity of strategies including strength-based, rights-based and endogenous development approaches made a significant contribution to both impact and sustainability
- Over 2.3 million poor women and marginalised people were positively impacted, representing substantive Value for Money.

AACES has been governed through a unique and innovative partnership between NGOs and the Department of Foreign Affairs and Trade (DFAT). The partnership has enabled participating organisations to identify and exercise mutual strengths and abilities which have formed a powerful basis for action and

change. A deliberate shift has been made from the usual needs-based dependent relationship and the partner NGOs are diverse in both their approaches and size.

The program has been successful in achieving its objectives. It has delivered outcomes and results that exceeded original targets and expectations. The NGO programs have collectively impacted more than 2.3 million poor women and marginalised people across the eleven countries. Evidence shows extensive change in access to services, resulting in measurable changes in health and well-being for women, children, youth and others in communities.

AACES has influenced development practice across participating Australian NGOs and their partners including empowering women and people with disabilities, increasing use of strengths based, endogenous development and rights based approaches, significantly increasing work around accountability and rights and building capacity within the NGOs to work more effectively across programs within Africa and beyond.

Local and district governments within Africa have taken up lessons and approaches developed in through AACES and are utilising these more widely in their engagement, particularly with marginalised people such as women and people with disability. AACES has, in some situations, influenced change at the national level.

The AACES experience shows that innovative practice can be driven by flexibility and results, not necessarily by funding and resources. Partnerships with a focus on collaboration and cooperation, rather than competition, are useful precursors to risk-taking and learning required for good innovative practice.

AACES has been value for money for the Australian Aid program. NGOs have used a wide range of methods to explore value for money. The overarching outcome framework has allowed NGOs to select their own method of determining value and several NGOs have worked with community men and women to identify and articulate value. They have provided evidence through narratives and stories and where appropriate quantitative data.

AACES PROGRAM FACTS AND FIGURES (2011–16)



2,378,468

people benefitted from AACES programs

1,491,231

were women and girls



1,074,813

people were provided with water sanitation and hygiene services

601,220

were women and girls

371,443

people accessed safe and sustainable water

268,863

people now have appropriate sanitation

202,827

people learned about safe hygiene practices



14,082

people with disability
accessed services



8,062

were women

479,413

people accessed maternal
and child health services



397,030

were women

105,218

children received
life-saving vaccines

31,733

babies were delivered by
skilled birth attendants

297,093

people accessed a modern
family planning method

60,126

people with better awareness
about their reproductive
and health rights



817,933

people experienced improved
agricultural productivity



495,542

were women

132,405

households received farm
inputs such as tools,
seeds and livestock

157,230

households adopted new
and improved agricultural
technologies

157,608

farmers accessed new and
improved agricultural services

254,152

people learned about their
rights to land, food and access
to government services

SUSTAINABLE LIVELIHOODS

In Kenya and Uganda, 6,500 smallholder farmers were reached in the project with 88% women.

(ACTIONAID AUSTRALIA)

In Kenya and Uganda, smallholder farmers recorded significantly increased incomes of between 100 and 3,000%. For example, women in the irrigation scheme in Isiolo, Kenya have increased their incomes from 10 to 300 USD per month.

(ACTIONAID AUSTRALIA)

In Kenya, community members have diversified their sources of income, changing from between one to three income streams to five to ten income streams.

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(ACTIONAID AUSTRALIA)

In Ethiopia, establishment of Community Development Committee (CDC) shops meant that families could purchase basic provisions more cheaply, while CDCs earned income to spend on essential activities, such as taking women in labour to hospital.

(ANGLICAN OVERSEAS AID)

WE-RISE programming resulted in significant increases in availability of household income both through small business income as well as through increased number of income sources (e.g., farm and off-farm income). The percentage of households with 3 or more income sources rose from 65% to 87% in Malawi, 31% to 72% in Tanzania and 25% to 76% in Ethiopia.

(CARE AUSTRALIA)

WE-RISE households in Ethiopia and Malawi experienced an improvement in their food security over the course of the programme; they now consume more diverse foods than at baseline.

(CARE AUSTRALIA)

VSLAs also provided WE-RISE participants with an essential means for accessing credit, particularly in Ethiopia, where the percentage of women accessing loans through VSLAs rose from 10% to 72%

(CARE AUSTRALIA)

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(CARE AUSTRALIA)

WE-RISE households showed improvement in their ability to deal with shocks or stresses such as family illness or loss of income. This was observed in a reduction in coping behaviours which can cause harm (eg borrowing money for food, reducing food intake, consuming seed stock).

(CARE AUSTRALIA)

In Malawi during July 2014-June 2015, despite the country registering a 30% decrease in the staple maize production, AACES participants harvested enough food to avoid any significant 'hunger gap'. Nutrition also improved, for example in Rumphu, Malawi, the Kazuni Health Centre reported a reduction of malnutrition cases in the AACES project areas from 67% at baseline to 20%.

(CARITAS AUSTRALIA)

Village Savings and Loans (VSL) groups were one of the greatest success stories of AACES. For example, in Phalombe, Malawi 900 (844 females, 56 males) new members joined and saved the equivalent of USD55, 000 in the first year and in Rumphu, Malawi 1998 (1450 females, 548 males) new members joined and saved USD68, 000. In Dowa, Malawi 5448 (4564 females, 884 males) members earned an equivalent of USD172 on average for 6 months, compared to USD24 at baseline, enabling payment of school fees, purchase of household assets.

(CARITAS AUSTRALIA)

GENDER EQUALITY AND EMPOWERING WOMEN AND GIRLS

In Mozambique, the project contributed towards improved access to institutional health facilities with the percentage of women who gave birth at a hospital increasing from 64% in 2011 to 72% in 2015.

(ACTION ON POVERTY-AFAP)

In Kenya and Uganda, community members, particularly women, have recorded an increase in assets including land, water, livestock and financial capital. Women have also noted increased participation in decision making within their families and communities.

(ACTIONAID AUSTRALIA)

In Kenya there was a 400% increase in women attending health clinics to give birth (from less than 8% to over 40%)

(ANGLICAN OVERSEAS AID)

"If you look at my hands, they are full of scars I got from beating up my wife. Now I am very ashamed of my past behaviours and I am working hard to ensure other men learn, thanks to the project. We now work with the local police and we have built a strong network of men who discourage gender based violence in the community". Former GB V perpetrator, Mulenga CBO.

(ACTION ON POVERTY-AFAP)

In Ethiopia, there was a substantial increase in men reporting they do not circumcise girls (7% to 56%), plus a complementary increase in the proportion of men who would allow their son to marry an uncircumcised girl (19% to 50%).

(ANGLICAN OVERSEAS AID)

AACES encouraged innovative practices, and for Oxfam this involved developing a tailor-made training program through which women in Zambia gained skills in construction, maintenance of WASH service and business management. Challenging gender stereotypes, women who have participated in this training are now employed in the construction, have been awarded local construction tenders and have been elected to community leadership.

(OXFAM AUSTRALIA)

In Tanzania and Kenya, over 315,236 women and men received sexual and reproductive health (SRH) services. 93% were women and girls. Delivered in areas with limited access to SRH, the impact of these services is estimated to prevent almost 260,000 unintended pregnancies and to save families or the public health system in Kenya and Tanzania over 21 million Australian dollars in direct healthcare spending (e.g. cost of pregnancy and delivery care).

(MARIE STOPES INTERNATIONAL AUSTRALIA)

In Kenya, Uganda and Zimbabwe, gender relations in the home have improved, with a significant reduction in domestic violence and increase in the scope of women's decision-making in their households and communities. Inheritance rights and land rights of women and children are now being protected.

(PLAN INTERNATIONAL AUSTRALIA)

In Kenya, Tanzania, Rwanda and Uganda, Ante Natal Care (ANC) and Post Natal Care (PNC) have increased by more than a third. This means mothers are healthier when they deliver, newborns are more likely to survive and babies are healthier - directly impacting on maternal and child mortality

(WORLD VISION AUSTRALIA)



WATER FOR DEVELOPMENT



In Malawi the project contributed to increase in access to safe water from 47% at baseline to 86% in 2015; access to pit latrines improved from 74% to 95% in 2015 and open defecation reduced from 35% to 4.7% at end of project.

(ACTION ON POVERTY-AFAP)

In South Africa and Zambia, 46,668 people have accessed sustainable and safe water in South Africa and Zambia, of whom 54% were female and 46% male.

(OXFAM AUSTRALIA)

In Ghana, from a Water and Sanitation Management Team Chairman of Okyerekrom, *"This water has come to help us. At first the children go to fetch water half a mile before going to school and they get to school late. Now they will get to school early. Also for our farming, access to water for our sprays was difficult but this will help us. Our wives also had to go fetch water for long before joining us on the farm but now, they will not have to... This new system has really come to help and meet a need for us."*

(WATERAID AUSTRALIA)

In South Africa and Zambia, 177,352 people enhance their human rights awareness, with a focus on rights to water, sanitation and hygiene services.

(OXFAM AUSTRALIA)

In Malawi, the construction of toilets with menstrual hygiene management (MHM) facilities impacted positively on adolescent girls' school attendance. In Chikho 2 primary school, in Ntchisi District in Malawi, adolescent girls' absenteeism rates dropped from 50% at the start of the program to just 5% at the beginning of 2016.

(WATERAID AUSTRALIA)

In Ghana, 45,211 people were reached with improved water and sanitation through the construction of boreholes in communities, and latrines in schools. In Malawi, 21,647 people have gained access to safe water, and 58,394 gained access to improved sanitation facilities both in communities and schools.

(WATERAID AUSTRALIA)

From a Water Users Association Board Member in Malawi: *"... thanks to the project we are not registering any diarrheal outbreaks since the system was rehabilitated dating back to five years ago. The system has really helped in reducing under-five mortality due to reduced incidences of diarrhoea and dysentery. Again, women no longer have to walk long distances to collect water now than before. This has helped them spend the time saved on collecting water on other economic activities such as groundnut farming to boost household incomes."*

(WATERAID AUSTRALIA)

EFFECTIVE GOVERNANCE

In Kenya, Uganda and Zimbabwe, over 38,000 people engaged in rights, good governance and accountability.

(PLAN INTERNATIONAL AUSTRALIA)

“I was shocked to hear that the communities had gone directly to the National government to demand for road infrastructure. Whatever the project is doing, it must keep doing, as this way of working promotes government accountability to communities” Director of Development and Planning – Thyolo District
(ACTION ON POVERTY-AFAP)

In Kenya, Uganda and Zimbabwe, 509 duty bearers (traditional, local level and religious leaders, government officers, health staff, police and teachers) and 714 community volunteers (over 50% women) received training on rights and national laws to provide improved leadership and services to marginalised people.

(PLAN INTERNATIONAL AUSTRALIA)

In Kenya, the identification and training of Community Health workers, in line with the national government Community Health Strategy, established a formal connection between health services and outlying communities.

(ANGLICAN OVERSEAS AID)

World Vision reached over 100,000 direct and indirect beneficiaries, including 897 Community Health Workers (CHWs) who have been trained and are contributing to strengthening national health systems. Governments in Kenya and Tanzania now use the tools and curriculum introduced by World Vision for their CHW programming and policies at the national level.

(WORLD VISION AUSTRALIA)

Through Promoting Rights and Accountabilities in African Communities (PRAAC) in Kenya, Uganda and Zimbabwe, increased knowledge of rights – particularly protection from gender based violence and discrimination – and reporting processes among community members has positively impacted on the accountability of duty bearers and service deliverers, and ultimately their performance in upholding the rights of women, children and young people, and people with disabilities.

(PLAN INTERNATIONAL AUSTRALIA)

Quote from a community member in Mzuzu, Malawi: *“Before the Project, we used to fear. Now we are able and confident to demand our rights and the government staff now listens. In some of the training, government staff attended so we are able to work well together. Previously we did not know who the duty bearers were but now we are able to call them. Previously, development was being imported into the community by the government, now we are able to own our own development whether from government or NGOs. Now the activities are those required by the community.”*

(CARITAS AUSTRALIA)

Using World Vision’s Citizen Voice and Action model, community empowerment has been increased in Kenya, Tanzania, Rwanda and Uganda where there are now more health staff and health facilities are open more hours across all four countries.

(WORLD VISION AUSTRALIA)



PRIVATE SECTOR PARTNERSHIP

Through partnership with the private sector, Marie Stopes Kenya (MSK) established a network of 30 social franchise health clinics in the coast, delivering services to over 59,000 women and men (42% of the total services provided by MSK through AACES). Partnership with existing health professionals delivers strong value for money as well as sustainable outcomes.

(MARIE STOPES INTERNATIONAL AUSTRALIA)

World Vision facilitated the first cash crop in Bamba (Kilifi Province, Coastal Province, Kenya) in 20 years, with poor women now producing and selling chillies to a private producer.

(WORLD VISION AUSTRALIA)

CHILD PROTECTION

In Phalombe, Malawi: After receiving child protection training and forming child protection committees, the committees used radio outreach programs to sensitise the communities and government on child protection issues. As a result 268 children were rescued from child traffickers and 13 culprits jailed. In addition, increases in the reporting of child protection issues were observed in all project locations.

(CARITAS AUSTRALIA)





DISABILITY INCLUSIVE DEVELOPMENT

Prior to AACES, Marie Stopes International (MSI) had not focused on disability inclusive sexual and reproductive health. Through AACES, MSI built relationships with disabled people's organisations and changed their service delivery and information / education materials to better suit the needs of this group. In Kenya, MSK developed the first SRH information booklet in braille. In Tanzania, MSI influenced national government processes, working with the Ministry of Health and local partners to develop a Job Aid for service providers for inclusive reproductive health service delivery through outreach.

(MARIE STOPES INTERNATIONAL AUSTRALIA)

Over 40 of Oxfam's partners in South Africa and Zambia are incorporating disability inclusion in all aspects of their work. This includes organisations that have not been part of AACES that have benefitted through AACES initiated collaborative learning initiatives. In South Africa, disability inclusion was incorporated across food security, child protection, health and disaster risk reduction programs.

(OXFAM AUSTRALIA)

YOUTH ENGAGEMENT

With a focus on youth friendly service delivery, Marie Stopes Tanzania (MST) introduced MSI's first ever two day, youth focused outreach model. Through the introduction of this model, the proportion of youth clients increased from 26% in Y1 to 47% in Y5, compared to 31% at other non-AACES MST outreach teams.

(MARIE STOPES INTERNATIONAL AUSTRALIA)



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