



CARE MALAWI SUPPORTING FEMALE HEADED HOUSEHOLDS PROGRAM (P3)

Impact population: Women in very poor, chronically food insecure, highly labor constrained, female headed households.

Goal: Women have a strong asset base, are food secure, actively influencing policy and decision-making, and program delivery systems are transparent and accountable to their needs.

SITUATIONAL ANALYSIS

Malawi is one of the least developed countries in the world. Of a total population of over 12 million, approximately 52% live below the poverty line¹ and about 85% live in rural areas and depend on subsistence agriculture for their livelihood. The country is ranked 160 out of 182 countries on the multi-criteria Human Development Index², and when measuring poverty in terms of income alone, Malawi ranks the 5th poorest country in the world.³

Malawi faces many challenges in trying to move beyond chronic food insecurity, including high population density, decreasing soil fertility, poor transport links to international markets, high rates of HIV/AIDs, and increasing exposure to climate change in the form of droughts and floods. Average per capita income is less than \$160 per year, and over 21% of the population are not able to meet their daily food needs⁴.

Apart from serious economic underdevelopment, low levels of education and poor health continue to frustrate development in Malawi. The country's national literacy rate is 71.8%; with **female literacy estimated at 64.6%**. In addition, 94.8% of all Malawians have less than an upper school education (e.g. have not completed secondary school nor technical school). In health, Malawi has one of the highest **maternal mortality** rates in the world with 18 out of every 1000 women dying while giving birth. Rates of HIV infection are estimated at around 11.8% for the population 15-49 years of age.⁵ As a result average life expectancy is less than 38 years³, and the increasing numbers of orphans and vulnerable children have increased the ratio of dependents living in productive rural households. In terms of **gender equity**, the UN ranks Malawi 134th out of 155 countries on its Gender Disparity Index indicating that only 21 other

1 United Nations, World Food Program, April 2010, <http://www.wfp.org/countries/malawi>

2 UNDP, 2009 Human Development Report. (Note: Statistics used are based on 2007 data)

3 Ibid.

4 World Bank Development Report 2005

5 Ibid

6 ibid

countries in the world have conditions in which the disparities between men and women are greater⁷.

Many households face **chronic food insecurity** in most years due to a combination of socioeconomic macro- and micro-level factors. The reasons for food insecurity are complex, but typically the most vulnerable households are land, labor, input, and/or know-how resource constrained. They may also be affected by HIV/AIDS, disability or age that may explain and/or reinforce their labor and resource constraints. Even households with available land and labor often only have limited access to critical inputs due to poor physical access, poorly functioning input supply markets, and lack of input finance. Further, **poorly functioning governmental extension services** and limited reach of NGO and private sector providers mean these households rarely fully utilize the inputs they do have access to.

The **vulnerability of rural smallholder households** is made worse by acute food insecurity through natural events, such as regular drought and flooding. Poor quality soil is often further degraded due to insufficient inputs and poor husbandry practices.

As guiding frameworks for poverty reduction, the Government of Malawi (GOM) has adopted the 2002 Poverty Reduction Strategy Paper (PRSP) and the 2006 Malawi Growth and Development Strategy (MGDS). Both of these multi-sector, national strategies emphasise the importance of agriculture, food security and integrated rural development to poverty reduction⁸.

The Government of Malawi has made improving food security a cornerstone of its national agenda. In recent years **input subsidies** have been reintroduced, increasing focus on national production by smallholders, and shifting land use towards export crops and higher intensity production of staples for food security. While there remains some debate about the impact and effectiveness of these blunt instruments, the prevailing view is that they have contributed to short-term, macro-level increases in maize production. The main debate centres on food insecurity at the local and household levels, and questions about who is benefiting from these programs, coupled with their high costs, has raised doubts that subsidies alone will achieve the desired goals. Like most other agriculture production and livelihood security projects, the Government of Malawi targets “poor, smallholder farmers”. While widely used and implying a homogeneous set of households with similar characteristics and needs, the term⁹ fails to capture the actual diversity of rural households engaged in agricultural activities in Malawi.

Discriminatory attitudes exist related to women’s participation in agriculture; their voice in society and politics; as well as their inequality and subordination in the household. These underlying causes work together to further subordinate and impoverish women in Malawi. The Constitution specifically provides for equal rights for women, but in everyday rural life, traditional norms and gender roles still predominate. Women often have **limited access to agricultural extension services, training, and credit**. Typically, women work more hours than men and are responsible for all household tasks. Women also bear the extra burden of **caring**

8 Nampota, D. and Moleni, C. Non-Formal Education: An Ingredient for Poverty Reduction in Malawi?

Presentation to the African Partnership Meeting, University of Malawi, Chancellor College, Sept 2-7, 2006.

9 which is often understood to largely encompass the rural economy outside of estate / commercial farms, civil servants, and urban traders

for chronically ill family members. Women often have less access to legal and financial assistance, and wives are often victims of **discriminatory inheritance practices** in which the majority of the estate is taken unlawfully by the deceased husband's family¹⁰. Women's empowerment is a critical element of eliminating poverty and social inequality in Malawi. Regarding women's rights and discrimination, the Women and Law in Southern Africa Research and Educational Trust (WLSA Malawi) reported the following in 2009:

1. The failure to pass any gender related laws submitted to Parliament by the Law Commission is entrenching state-sanctioned discrimination against women
2. A weak public legal aid department is exacerbating the inaccessibility of justice to women
3. Lack of implementation of the Prevention of Domestic Violence Act 2006 is depriving victims of domestic violence of maximum legal protection
4. Women's property rights are insecure due to constitutional ambiguities
5. The proposed HIV/AIDS Bill contains provisions that perpetuate the victimization and stigmatization of women and the infringement of their rights
6. The criminal justice system is hostile towards women
7. Women continue to be the poorest, signaling the weak responsiveness of government's development strategies to women's challenges
8. Maternal mortality rate continues to be staggering and to be triggered by the avoidable cause of unsafe abortion¹¹

Women are often the most disadvantaged in access to inputs, technology, finance and markets, particularly the poorest and most vulnerable women. Female-headed households are in a particularly disadvantageous position relative to their male counterparts, and even women in male-headed households in terms of power, farm size, assets, food security, agricultural productivity and income. For example, the high cost of inputs, especially of fertilizer, prevents resource-poor female-headed households from improving maize self-sufficiency through increased productivity and from producing high-value crops.¹² This lack of access results in these women and their households being unable to move out of subsistence agriculture or inadequate income generating activities, trapping them in a **cycle of vulnerability**. Women derive fewer benefits than men from policy developments and related initiatives, such as the Government of Malawi's (GoM's) Farm Input Subsidy Program (FISP), which does not directly address women smallholder's particular constraints and needs.¹³

For many female headed households the lack of access to inputs, technology, finance and markets is compounded by **additional barriers as a result of discriminatory attitudes, behaviors, and practices**. These include limited access to land and property rights, greater responsibilities for household and subsistence labor, limited control of inputs and proceeds, lower wages, minimal support from government and institutional systems, and limited access to cultivation of higher value crops and agricultural enterprises. In addition, women are often

10 African Women's Alliance for Gender, 2004

11 A Shadow Report To The Malawi Government Sixth Periodic Report On The Implementation Of The Convention On The Elimination Of All Forms Of Discrimination Against Women, Submitted To The Cedaw Committee'S 45th Session, By Women And Law In Southern Africa Research And Educational Trust (WLSA Malawi), Ngo Gender Coordinating Network, 2009

12 'Diversities and Disparities among, Female-Headed Households in Rural Malawi,' prepared by Tsutomu Takane, 2007, Institute of Developing Economies, IDE Paper No. 124, Japan

13 For example, where women work on family farms that can now expand output of cash and staple crops, this may increase the labor required of women but reduce their control over proceeds.

allocated the poorest land for household food crop production. They are at greater risk of suffering from exploitative relationships. They are at greater **risk from disease** and often have the **poorest health status** than other groups, including malnutrition and STDs.

Institutionally, where extension services operate, these are often not gender sensitive and typically target men. Accessing inputs often involves traveling to markets, as does selling production surpluses, which is difficult for women with their multiple household roles. Further barriers to female headed households accessing markets are: **discriminated against/ excluded** from, or have limited participation in, groups/associations (such as farmer's groups, microfinance services and VSL), lack of capital, limited income earning opportunities and lack of experience, knowledge and opportunities. These women often have **high dependency ratios** and do not have the **labor or community support** to assist with child care to enable them to engage in income generating activities. As a result they are often limited to low income generating activities which can be performed from the household.

These women need to participate income earning opportunities that generate more income for the same amount of time, whilst still being able to care for their many dependents. However they lack the capital/asset/material/livestock base as well as the knowledge or skills and power to access these opportunities.

CARE Malawi has undergone a range of field research and program design activities to more clearly define and differentiate the households and individuals commonly grouped under the rubric of 'poor, smallholder farmers'. The LIFT-UP research for Malawi proved extremely useful for this, providing a large set of quantitative and qualitative data from different regions of Malawi (including areas where CARE has and has not worked) to correlate household and individual demographic and social characteristics to participation in a broad range of development interventions aimed at poverty alleviation. It also gathered data on household's own perceptions of the impact of these interventions. The team used an iterative process of modelling, data gathering, and hypothesis testing to refine a working model of the different types of households engaged in rural agriculture. Some of the most important findings included:

- CARE Malawi found that there appear to be a finite number of characteristics that define rural household types, which are based on levels of resources and types of livelihood strategies that form stable equilibrium around which most households cluster at any given point in time¹⁴. Households that fall between these clusters are often 'in transition' from one stable equilibrium to another (due to an intervening factor that disrupted a previous equilibrium state)¹⁵.
- Clusters are defined by a relatively small number of demographic and social factors. The team examined many different variables that might contribute poverty status of households and individuals. This revealed a sub-set of underlying, determinate factors that were alone sufficient to predict the cluster grouping of a given household. The key

¹⁴ It is important to note that the word 'cluster' should not be construed as implying that all households or individuals in the cluster have a specific, homogeneous set of characteristics. Rather within a given cluster there will be a range of values for any given variable, and there were some cluster outliers. The generalizations derived from this clustering effect proved critical to understanding which factors defined the stable equilibrium, and were therefore key potential levers of change.

¹⁵ For example, there are very few households that are headed by single men, except for men who have been recently widowed and are actively seeking to remarry.

factors included: labour-constraint/dependency ratio¹⁶; current asset base; gender composition; and existence of active, chronic illness¹⁷.

- Households and individuals move between clusters through time (either due to an individual leaving their household or combining their household with another, or by an intervening event (shock) that shifts the household from one livelihood and social equilibrium to another).
- The poorest 60% of the population are not evenly distributed amongst clusters (livelihood equilibria)¹⁸. A few clusters account for the majority of households¹⁹.
 - Cluster Type 1: Poor and very poor, non-labour-constrained households with an able-bodied, male adult member (usually a married couple);
 - Cluster Type 2: Very poor and ultra poor, labour-constrained, single-female-headed households.
- Understanding the background of the households and individuals in clusters with fewer households, as well as cluster outliers, proved very important to understanding and defining the potential pathways out of poverty.
- **Different households have different pathways out of change** – there is no one intervention package that will help everyone – but households who moved from a given cluster to another often did so in very similar ways. For example,
 - The few single-female headed households that had successfully transitioned from ultra-poor to well-off status had almost uniformly followed a path where the initial step was accessing capital to start an income-generating activity that allowed them to engage in non-traditional economic activities.
 - Ultra poor single female-headed households (SFHHs) rarely benefited from or participated in any development programs except income transfers. Most SFHHs that moved up (in terms of poverty level) did so through some combination of **long-term transfers** (long being relative – a couple of weeks or months) **and increased access to social support networks.**)
- Households in different clusters are differentially vulnerable to different **shocks**, and are able to differentially benefit from different types of opportunities/interventions. For example very poor, male-headed households primarily dependent on rainfed maize monoculture are more vulnerable to drought or erratic rainfall than similar households with access to irrigation and/or more diversified income-generating activities. Similarly,

16 Dependency ratio is currently measured by the ratio between able-bodied adults between 18-55 to children, elderly, and disabled household members. The field teams discovered that rural communities use a more nuanced system to judge the dependency level of a given household. This system assigns a household member a 'labor value' based on a continuous scale. As such, two teenage boys might equal one adult male, and a healthy, 56-year old woman would equal 0.8 of a 35-year old woman. When communities own perceptions of labor-constraint were considered, the distinction between clusters became more apparent.

17 This is often a euphemism for implied HIV status and included people with non HIV-related chronic illness, and excluded people who were not actively ill.

18 The team didn't closely at households above this level, which included civil servants, NGO workers, urban traders, etc.

19 The team was ultimately not sure what explains this observation. It could be just a reflection of the current level of advancement of households on a development continuum. However, it might also reflect some sort of stable equilibrium of relative household composition and corresponding roles at the community level. For example, if all the households engaged in ganyu (working as day laborers) become own producers or receive an ongoing transfer, does this decrease the livelihood security of other households who relied on this labour pool as part of their livelihood strategy? Common sense and the limited existing data on the effects of transfer programs do suggest that this might be the case, in the absence of other interventions that also mitigate the effects of the transfer on ganyu purchasing households (for example through access to irrigation technology that reduces labor demand relative to production). The project hopes to learn more about this by doing more community-level systems analysis in the future. However, the indication is strong enough to suggest that interventions should target both ganyu suppliers and ganyu purchasers in the same community to avoid simply reversing the roles of the very poor and slightly better off.

only certain clusters are well-placed to benefit from the type of stand-alone agriculture interventions that are most commonly designed for ‘smallholder farmers’ in Malawi. For example, SFHHs often struggle to access agricultural extension services and financial services, which de facto target male-headed households (including women in male-headed households).

- In discussions with households and individuals that had participated in various interventions, it became clear that most interventions failed to sustain improvement long enough for households to be able to move up to a better-off cluster type. The most effective interventions at moving households from one level to another involved either a change in household labor composition²⁰, or ongoing interventions where households and individuals participated over a longer period of time (i.e., either to accumulate assets, gain skills, or build social capital). These interventions were not necessarily more intensive, but they were consistent enough to build momentum from one activity to the next until a tipping point was reached and households could move to a better-off HH cluster status.
- It is important to note that “ongoing interventions” does not necessarily imply more ‘costly’ ones. VSLAs, which have virtually no costs except the HR training costs, were one of the most successful interventions at creating permanent change.

Thus, country office analysis was able to determine which households and individuals had benefited from a range of development interventions, including economic development and agriculture, in rural Malawi, and to identify the characteristics of households (HHs) who were able to access and benefit from different categories of interventions as well as those who were not. The research team then developed a typology of the various factors that allowed households (and particularly women within those HHs) to move from one level of poverty to a better-off position,²¹ or to move from one type of household to another (horizontal movement)²².

This analysis shows that different sub groups have different pathways out of poverty. For example, single female-headed households cannot escape poverty by simply pursuing labor intensive farming even if the space for their participation in agriculture opens up and becomes more equitable, because they lack the labor power. However, they can **develop IGAs and then use the proceeds/profits from these to purchase labor power to be able to pursue farming as an income diversification strategy**. SFHHs have more diverse opportunities as they are **not as heavily constrained by traditional gender roles**. However, a key finding of the research is that women from both male-and female-headed households that were involved in VSLA were able to push traditional gender boundaries more than women acting individually. VSLA-derived farmer’s groups actively undertook activities and controlled assets and resources that would have been confiscated in by husbands or male relatives without the support of the collective network. Also, working in groups that have economic power at the household and community level also helped women to engage with community institutions and power holders (VDCs, chiefs, etc.) on issues of land and water access in ways that individual women cannot. Finally, it was found that by increasing women’s economic power related crops/value chains that are traditionally ‘more

20 Example: Treatment of adults with ART, moving a household member from a net consumer of care and resources to a net provider.

21 Example: SFHHs could improve their economic status by investing in off-farm IGAs

22 Example: Very poor/ultra poor SFHHs were less attractive marriage partners, but after investing in IGAs and improving their economic status SFHHs, some married or attracted male relatives to live with them (e.g. a brother), returning to economic activities practiced by intact households.

open' to women, women increase their ability to negotiate control/influence over crops and value chains where they do not traditionally exercise influence (e.g. tobacco).

In addition to the analysis described above, CARE Malawi had previously conducted an analysis of the **underlying causes of poverty in Malawi** in relation to developing their strategic plan, identifying five key underlying causes of poverty:

1. **Social Exclusion:** Seen in people's inability to fulfill their rights, responsibilities and aspirations as citizens in society due to inequality and discrimination.
2. **Inequitable Access to Resources and Services:** Situations whereby information, services and resources (which are in themselves inadequate) do not reach everyone due to differences in economic, social and political status.
3. **Weak Governance:** The failure of political, formal and informal institutional processes to contribute to poverty reduction.
4. **Gender Inequity:** Social construction of roles and positions that disadvantages one sex, leading to discrimination, exploitation and vulnerability of the disadvantaged sex.
5. **Poor Macro and Micro Economic Environment:** Deterioration of economic opportunities and productivity of the natural resource base, and thereby, the erosion of social and economic capital.

This Program will directly address inequitable access to resources and services, gender inequity and the poor micro-economic environment. However, by working to improve these underlying causes of poverty in Malawi, the Program also will be indirectly contributing to improving social inclusion for women and stronger more equitable governance.

These analytical efforts clearly show that poverty in Malawi has a decidedly female face. About 48% of the individuals living in female-headed households are more likely to be poor compared to 38% of those in male-headed households.²³ CARE Malawi's strategic plan, which is based on the underlying causes of poverty analysis, focuses on key strategic objectives relevant to this impact population, in particular:

1. to reduce vulnerability amongst marginalized women and
2. to achieve sustainable economic empowerment and food and nutrition security for vulnerable household

A deeper **analysis of issues of social stigma, inclusion and exclusion** and how they affect this impact population is required. CARE needs to understand the hierarchy of social order in the communities it works with and the impact this has on its initiatives. In particular, how social order impact economic positions, access to services (especially SRH), resiliency and risk. This should include research on how men view single women with a child/children. **Analysis of how to strengthen the governance and policy environment**, including local, regional and national governance structures, and how it affects or could affect CARE initiatives with this impact population is required. If some of this analysis exists already it needs to be reflected in the strategy document better²⁴.

²³ "Land Reforms in Malawi: Where are we?" Dr. Blessings Chinsinga, The Nation, Malawi, 29 July 2009.

²⁴ Recommendations from the SARMU Regional Program Quality Network Meeting, Malawi May 2010

PROGRAM DESCRIPTION

Impact population statement

Women in very poor, chronically food insecure, highly labor constrained, female headed households.

This could be quite a broad and diverse group. The Program should consider narrowing the impact population statement once it is further into programming.

When P3 was conceptualized it was though the impact population was focusing on the women heading these households, not all the women in those households (for example, the head of household's adult sister, elderly mother, teenage daughter. These groups will however form part of the target population. Recommend re-phrasing the impact population statement to capture this focus.

Impact goal statement

Women have a strong asset base, are food secure, actively influencing policy and decision-making, and program delivery systems are transparent and accountable to their needs.

Recommend removing the delivery systems component of the impact goal. This should be a breakthrough, not the goal.

Impact Population Characteristics

These women have very few or **no productive or material assets**, are highly vulnerable and **socially marginalized**. They often have **low literacy** levels and **lack confidence** to participate in governance and marketing. These women lack sufficient food, clothing and kitchen utensils, live in small houses with no tools or assets, their children do not attend school and have a high prevalence of malnutrition.

Their households have **limited cash flow** and are **highly labor constrained**, both in terms of their ability to generate income for the household but also in terms of a lack of labor to assist in looking after children or the ill (dependant care/high dependency ratios). Their livelihood strategies are highly **risk averse** and short term in nature, and few development interventions are specifically tailored for this group.

Often these women are heading households due to the impact of HIV/AIDS and have been further disadvantaged, marginalized or isolated as a result of traditional marriage systems (*obwera*). Unlike women in the P1 impact group who are motivated by the goal of improving their own lives, the women in P3 are more focused on improving quality of life for their children or future generations (motivated by the hope of bringing their dependents out of the poverty cycle).

Women from female headed households suffer from **social exclusion and stigma** within the community. They rarely participate in decision making forums, have difficulty connecting with

communities and lack social protection. Often they are **cut off from services**, markets, knowledge and information. They are face additional discrimination and are ostracised by both men and women. Such exclusion often prevents these women from accessing opportunities, such as the farm input subsidy program and Village Savings and Loans committees.

The distinct characteristics of social exclusion and limited labour capacity suffered by this group differentiate them from the Program 1 impact population (women in vulnerable, chronically food insecure, rural smallholder households). Interventions designed for Program 1 are not sufficient to reach women from female headed households. These women need significant and improved social support (particularly child care services). They would benefit significantly from VSL membership, the savings from which could be used to invest in assets and productive activities²⁵.

CARE Malawi should conduct a **mapping exercise** to identify this impact population better as this is a new impact population.

Sub groups

1. Single Women

- This sub group includes widows, single mothers and divorced women.
- It includes de jure, abandoned or de facto female headed households.
- It includes married women whose husbands are in the household but are chronically ill, or drunkards or have regular prolonged and uncommunicated absences.

Does this include women in polygamous relationships, where the husband is often absent?

2. Elderly Women

- This sub group will most likely overlap with the first sub group but they have unique characteristics and challenges due to their age and vulnerabilities that warrant identifying them as a separate sub group.
- This sub group will have more difficulty gaining new knowledge and skills, it is less likely they went to school/are literate, they likely have less labor, higher risks such as illness and are less able to run a business or take on complex tasks. Often these women are caring for multiple young orphans.
- The goal for this group is mostly to achieve basic subsistence until older children are able to assist in bringing income into the household.

3. Female Child Headed Households

- This group refers to very young single mothers who have been forced to leave home and are living by themselves. These girls have additional vulnerabilities such as the pressure to marry, lack of knowledge about legal obligations of fathers and inability to further their education.
- This group does not include orphan headed households (which only constitutes approx. 0.2%). They are very difficult to identify and often the management and responsibility of that household has been assumed by someone else (usually a family member), including key decision making and control of assets/land.

²⁵ Findings from SARMU Regional Program Quality Network Meeting, Malawi May 2010

This sub group may not be included in the final strategy and will need further clarification as to its defining characteristics. It may be the case that this group is included in P3 (which will focus on teen mothers as a sub group, regardless of whether they are heading a household or not).

4. Female headed households hosting orphans

- It may be that these women have higher dependency ratios, with clusters of similar age groups amongst dependents which makes them harder to care for. These children may also have additional psycho social support needs.

This sub group may not be included in the final strategy and will need further clarification as to its defining characteristics. These women could be included in the first sub group.

Target population

A key aspect of addressing underlying causes of poverty is being able to influence the relationships between groups. Thus, in addition to the impact population described above, the program will target a broader array of community members and leaders, as well as specific actors and institutional structures at the regional and national level.

- Local and National government
 - Influence policies that level the playing. For example, working with the Ministries of Agriculture, Irrigation, Community Development to create direct linkages between existing extension services and community-based extension facilitators
- Private sector (agricultural and micro-finance)
 - to open up space for female headed household participation in market, value chains, and in gaining access to credit and financing
- Civil society groups and networks (i.e. CISANET)
 - on issues of equity and promotion and protection of women's rights
- Community leaders, village savings and loan committees, and other community actors
 - to promote inclusion of women from female headed households
- Community Facilitators
 - to promote women's participation and place at the table (may include community leaders, merchants/shop owners, civil servants, and youth, etc.), included women from female headed households
- Youth (boys & girls):
 - on issues of improved agriculture practices, natural resource management, education, skills development, gender equity, etc.
- Other members of targeted communities
 - through improved local governance & management of land and water resources In particular men participating in VSLAs on issues of gender equity, fairness, & respect.

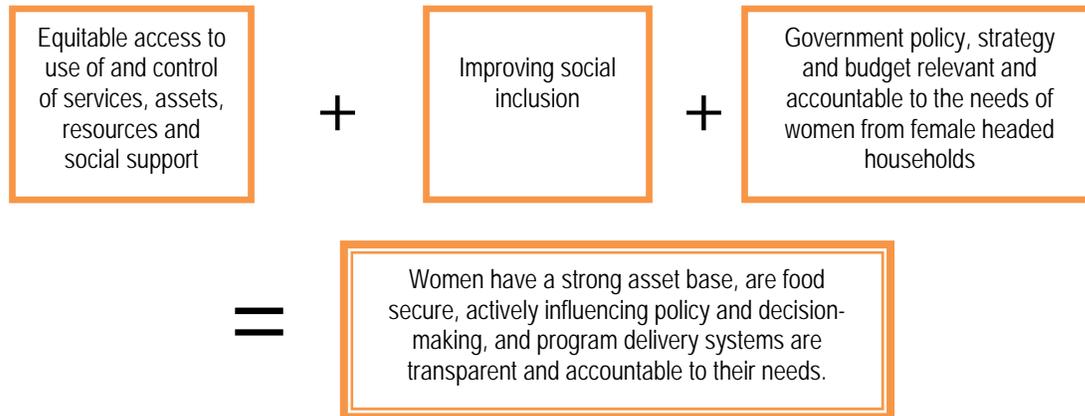
Should other women in female headed households (i.e. not the head) be included in the target population?

THEORY OF CHANGE

Domains of Change

3 domains of change have been identified for this program²⁶:

1. Equitable access to use of and control of services, assets, resources and social support;
2. Improving social inclusion (formal and informal, accessing/implementing supportive policies/strategies); and
3. Government policy, strategy and budget relevant and accountable to the needs of women from female headed households



The previous Theory of Change included a separate domain focused on **risk management**. This was in recognition of the extreme vulnerability of this group to risks (death, disease, theft, weather conditions, changes in market conditions etc). In particular, elderly women heading households and targeting activities/pathways which would better prepare these women to manage and prevent risks. This could have included providing opportunities (education/skills training) to older children in the household, access to VSL, Pension/ elderly benefits, Life insurance, Death benefits and Support from community and government institutions. **This should be considered when finalizing program development** to ensure it is not lost.

Pathways

Identification of pathways of change focussed on how to empower these women to ensure their food security and resilience. Key initiatives for change at the individual level should include social grants, social support (e.g. child care) and social support policy.

Access to services and opportunities will be key pathways (including adult education for functional literacy, sexual and reproductive health services, VSL and other financial services and business development).

²⁶ Findings from the fieldwork conducted at the SARMU Program Quality meeting in Malawi in May 2010 found the previous domains of change did not adequately cater for the social exclusion issues affecting this group and how they can be addressed by CARE. Nor did the previous domains address the importance of the governance and policy context. The previous four domains were collapsed into one and two new domains on social position and enabling environment were added.

Women from FHH should be supported to accumulate assets and capital to enable them to invest in more productive opportunities, manage risks and control productive resources.

Including:

- Initiate/participate in more productive income generating activities (IGAs)
- Asset transfers
- VSL
- Access to credit
- Opportunities to upgrade business/IGA
- Access to low knowledge, low capital business opportunities
- Increased remittances to the household (especially for EFHH)
- Participates in, leads and influences VSL groups
- Livelihood strategies are more resilient
- Women from FHH have engaged access to and engagement with markets

Access to social support will be crucial, as will participation in groups and decision making processes and structures so that these women can influence issues affecting women and their households.

This may include:

- Engagement with decentralized structures
- Influencing and participating in decision making processes
- Access SRH and other health services (including nutrition, STD, ARV, TB and malaria)
- Children in the household are educated/attending quality schools
- Addressing issues of Gender Based Violence
- Establish community support mechanisms (in particular child care)
- Group participation (Civil Society Organisations (district and community level), Village Umbrella Committees, Area Development Committees, Village Development Committees)
- Government of Malawi social support policy
- Transparent and accountable systems, services and policies.
- Social empowerment
- Participating in and contributing to groups
- Older children are still in school/completing primary/secondary education (link to P2)
- Improved social status
- Women from FHH in leadership positions in community organizations and governance structures

Implementing pathways to ensure women from FHH have improved knowledge and skills base to increase income earning potential will be important. This could include:

- VSL
- Education (formal and informal education; Adult education (literacy and numeracy))
- Vocational training (functional/ technical skills)
- Improved self esteem
- Increased knowledge on nutrition, rights and SRH
- Improved knowledge and skill in market functions
- Participating in VSL and other IGAs
- Increased income

Engaging these women in civil society and increasing their visibility in national discourse will also be a significant pathway of change. Initiatives could include advocacy and positive media messaging to build awareness and national consciousness and supporting institutions to be responsive to the needs of these women.

Pathways of change need to be finalized. CARE Malawi should identify examples of women who have moved out of this group to identify other pathways of change.

Other pathways should analyze the policy and regulatory context and identify entry points to improve the enabling environment for these women.

Potential Breakthroughs

- Policy and legal framework promoting rights and responsibilities
- Women from FHH are included in community institutions and decision making processes.
- Child care services are available/social support operationalised
- Increased % in literacy amongst women from FHH
- Women have acquired new knowledge and skills to run a viable business
- % women from FHH who achieve basic food security/meeting daily subsistence needs
- Viable small IGA operationalised
- Basic assets accumulated
- Women from FHH are able to purchase labor (child care, employees, hire men to represent them in the market)
- HH can assume risk
- Service delivery systems are transparent and accountable to the needs of FHH

Breakthroughs need to be prioritized, reduced and finalised.

Risks and assumptions

- Vulnerability to changing weather variations, market fluctuations, illness and other disasters.
- Lack of diversified economy
- Women from FHH may become more attractive to men once they start increasing their income. There may be societal pressure for them to marry and risk their independence and business.
- Upsetting traditional social structures – lack of community and local government support.

More analysis required on risks and assumptions. If this analysis already exists it should be included.

PROGRAM STRATEGY

Key activities

The Program approach is to enable women in the targeted impact group to be able to participate in decision-making concerning their lives and access relevant services through Groups. The key initiative contributing to the implementation of this Program will be the Women in Agriculture Initiative (WIA). WIA will intervene in communities already being targeted by the USAID-funded DICE project (Drought Mitigation through Irrigation and Conservation Agriculture Extension) and previously targeted under the earlier I-LIFE and RIPE projects.

This Program brings together several operational approaches that have each been piloted/proven in other projects implemented by CARE and its partners over recent years (for example through the SMILE, PHASE and SAVE-Up projects:

1. Using Village Savings and Loan Groups (VSLGs) to strengthen women's capacity to develop leadership and group skills, to save and inter-lend, and as a vehicle to increase their involvement in household and community decision-making;
2. Using established and well functioning VSLGs as the basis for establishing group and individual IGAs for vulnerable women;
3. Using clustering and networks of groups to increase production and marketing collaboration between groups; and
4. Using the Village Umbrella Committee model to increase women's engagement in community and district level decision making, and to demand services from district and national level government;²⁷
5. Using support groups to provide social support to marginalized groups, such as female-headed households (SHMILE project).

Integration of these operating models provides a unique opportunity to test and prove the combination in a way that will significantly impact on vulnerable women.

In addition, CARE will utilise a number of proven tools in support of the above:

1. Value-chains analysis to establish the position and the production and market opportunities for vulnerable women;
2. Economic Activity Selection Planning and Management (EASPM) to enable VSLGs to select appropriate income generating activities (IGAs).
3. Participatory Planning, Monitoring and Evaluation to enable vulnerable women to participate in district and sub-district service planning and delivery.
4. Community scorecards to promote the voice of the vulnerable and improve participation and accountability of all community members in development activities;

This Program will directly address inequitable access to resources and services, gender inequity and the poor micro-economic environment. However, by working to improve these underlying causes of poverty in Malawi, the Program also will be indirectly contributing to improving social inclusion for women and stronger more equitable governance.

²⁷ CARE's SMILHE Project pioneered this work

Insert existing research activities which will contribute to P3 strategy/program development

Early stages of implementation will require significant action research, analysis and piloting small activities as this is a new area/impact group for CARE.

Partnerships and networking

Key partnerships for this Program include:

- a) Strengthening CARE Malawi's ongoing partnership with research institutions, such as ICRISAT, the World Fish Centre, and the University of Wisconsin. As a learning lab for CARE, CARE Malawi has made development of action research partnerships a key part of our country strategy. Given the different nature of NGOs and research institutions, these types of partnerships are often awkward. Over the past several years, we've developed a strong understanding of how we can best work together on the ground with research institutions to both improve the quality of development interventions and to contribute to a broader body of knowledge. For example, working with ICRISAT ensures that agriculture extension training reflects the most recent and rigorous technical knowledge from research stations in Malawi and provides a direct link to the broader body of world knowledge. Likewise, because of the ongoing relationship, CARE is able to contribute to the formation of ICRISAT's research agenda, including addressing specific problems of pressing importance for women (i.e. making the research agenda more practical and relevant to ongoing development initiatives).
- b) Strengthening ongoing partnerships with local NGOs, such as SSLPP (livestock) and CISANET (agriculture and food security policy and advocacy). By consistently working with a core group of local partners from one grant to the next, CARE has developed a de facto consortium of collaborating organizations for the implementation of livelihood security and agriculture programs. Because of the ongoing working relationships, partners participate in the design of new programs and have a good understanding of each other's operational capacities and technical expertise, with each partner focused on refining a specific portion of the program strategy and approaches over time.
- c) Developing meaningful relationships with government institutions. CARE Malawi has ongoing partnerships with the collaborating government partners including the Ministry of Agriculture and Food Security (MoAFS), Ministry of Irrigation and Water Development and the Department of Forestry and the Dept. of Community Development (Ministry of Gender, Children and Community Development)
- d) Developing new partnerships with local private sector stakeholders.
- e) CARE will take a consultative approach with communities.

Advocacy

Include specific strategies for advocacy for this program

Geographical focus

The Program targets vulnerable women from female headed households in three rural Districts of Central Region, Malawi.

Further discussions need to be had on initial program focus areas and opportunities for scale.

Synergies with other programs

- There are important linkages with P2, which will focus on teen mothers and providing educational opportunities for girls (which may include the older children in EHH)
- It may be that women from the impact group move into the P1 impact group at some stage (such as EHH when older children assume HH management or when a woman from a FHH re-marries).
- Initiatives addressing SRH will have distinct synergies with all three programs

Specify other synergies and relationships with Programs 1 and 3

LEARNING AND IMPACT MEASUREMENT SYSTEMS

These women may lack time to be involved in community discussions regarding their development needs or may be excluded from participating. This will need to be at the forefront of the minds of CARE staff as they design and implement impact measurement systems for this group. In particular to develop effective tools to identify these women within the community.

ATTACHMENTS

- P3 Theory of Change Summary
- P3 Recommendations from the SARMU Program Quality Meeting for, 17-21 May 2010
- Women in Agriculture proposal, May 2010
- *Underlying causes of livelihood vulnerability and insecurity in Malawi*, CARE Malawi November 2004
- CARE Malawi: Refining impact groups and developing impact goal. 4 February 2010
- CARE Malawi Strategic Plan 2009-2013
 - o Country Office directions/area of focus to impact statements and indicators
 - o CARE Malawi key planning matrix for core indicators
- Program Strategy Development Workshop (P3), 6 May 2010

P3: FEMALE HEADED HOUSEHOLDS THEORY OF CHANGE SUMMARY

IMPACT POPULATION: Women in very poor, chronically food insecure, highly labor constrained, female headed households

GOAL: Women have a strong asset base, are food secure, actively influencing policy and decision-making, and program delivery systems are transparent and accountable to their needs

CHARACTERISTICS	UCP/PROBLEM STATEMENT	
<ul style="list-style-type: none"> - Very few or no productive or material assets, - Highly vulnerable and socially marginalized. - Low literacy levels & lack confidence. - Highly labor constrained (both income generating and carer labor) - High dependency ratios). - Risk averse livelihood strategies - Need significant and improved social support (particularly child care services). <p style="text-align: center;">SUB GROUPS</p> <ul style="list-style-type: none"> - Single women - Elderly women - Female Child Headed Household (?) - FHH hosting orphans (?) 	<ul style="list-style-type: none"> - Low literacy and numeracy - Chronic food insecurity - Highly labor constrained (especially child care) - Lack of sufficient social services - High dependency ratio/tied to the home - Lack of skills or technical know how - Gender inequality - Poor legal and policy framework supporting this impact population - Lack of Capital - Lack of assets - Gender Based Violence, exploitation and discrimination - Lack of community support - Exclusion from income generating activities and groups such as VSL 	
DOMAINS OF CHANGE	PATHWAYS OF CHANGE	MAJOR BREAKTHROUGHS
<ol style="list-style-type: none"> 1. Equitable access to, use of and control of resources and social support 2. Improving social inclusion 3. Government policy, strategy and budget relevant and accountable to the needs of women from female headed households 	<ul style="list-style-type: none"> - Engagement with decentralized structures, social empowerment - Influencing and participating in decision making processes & groups (esp. VSL) - Access SRH and other health services - Children in the HH are educated/attending quality schools - Addressing issues of Gender Based Violence - Establish community support mechanisms (esp. child care) - Transparent and accountable systems, services and policies - Education (literacy, numeracy) and skills training - Increased knowledge on nutrition, rights, SRH, market functions - Access to low knowledge, low capital business opportunities 	<ul style="list-style-type: none"> - Women from FHH are included in community - Policy and legal framework promoting rights & responsibilities - Child care services /social support - Increased % of literate women from FHH - Women have new knowledge & skills to run a business(productive small IGA operationalised) - Achieves basic food security - Government of Malawi social support policy - Accumulation of assets - Able to purchase labor - HH can assume risk - Service delivery systems are

	- Increased income & remittances to the household	transparent and accountable to their needs
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