

After a comprehensive analysis of the underlying causes of poverty in Malawi, CARE has identified three specific impact populations who are most vulnerable and affected by the complex dynamics of poverty. These impact populations will form the initial three CARE Malawi programs as part of the shift to a Program approach of operating¹.

One of these groups is *women in very poor, chronically food insecure, highly labor constrained, female-headed households* (Program 3). Since identifying this group CARE Malawi has initiated a series of workshops, field studies, research and analysis to develop a program strategy, including a Theory of Change, to guide the implementation of the program.

In May 2010, CARE Malawi hosted the Southern Africa Regional Program Quality Network workshop. Participants included representatives from CARE Country Offices across the region, as well as from CARE UK and CARE USA. During this workshop CARE Malawi shared its draft program strategies so the Network could evaluate coherence and relevance of current program approaches for each theory of change and the underlying analysis. Teams travelled to field locations to meet impact population representatives and provided specific recommendations for CARE Malawi to strengthen their draft strategies and progress program development.



Interviews with women from Dowa district

Methodology

The team assessing this program visited a community in Dowa district and interviewed four groups: CARE staff and community workers; Village Savings & Loans committees; community members who are not participating in Village Savings and Loans; and Village Umbrella Committee members². The aim of the interviews was to explore family, asset and income situations and how they impact on access to services or interventions (issues of exclusion). Findings were then evaluated to determine characteristics of ultra-poor female-headed households and identify opportunities, barriers and pathways of change.

Observations

No women from female headed households attended the interviews. Lack of participation was most likely a combination of insufficient time to participate, and exclusion from these kinds of social forums, which is representative of the key barriers for these women.

Instead the team interviewed other women from the community about the impact population. Interviews confirmed women from female headed households have significant labour constraints, limited cash flow and high dependencies (children and chronically ill household members), all of which prevent them from participating in more productive income-generating activities. They live “hand to mouth” from a diversified income base, including farming, casual labour, trading and livestock management. The women were described as lacking sufficient food, clothing and kitchen utensils, live in small houses with no tools or assets, their children do not attend school and have a

¹ A program is a coherent set of initiatives by CARE and its allies that involves a long term commitment to specific marginalized and vulnerable groups to achieve lasting impact at broad scale on underlying causes of poverty and social injustice. This goes beyond the scope of projects to achieve positive changes in human conditions, in social positions and the enabling environment.

² Village Umbrella Committees consist of representatives from all local committees and institutions at the village-level.

high prevalence of malnutrition. It was confirmed this impact population would benefit significantly from VSL membership, the savings from which could be used to invest in assets and productive activities.

Interviews demonstrated that 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 team confirmed this is a relevant impact population, which suffers from distinct characteristics of social exclusion and limited labour capacity which differentiates it 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.

Recommendations for the Theory of Change

The team recommended the Program rephrase the impact population definition to articulate the distinguishing characteristics of this population from the Program 1 population (both use the description “chronically food insecure”). They also recommended removing improvements in service delivery from the program goal, as it was considered that should be a breakthrough, not the goal.

The findings from the field work demonstrated the existing domains of change did not adequately cater for the social exclusion of this group and how it can be addressed in CARE’s program. Nor did the domains address the importance of the governance and policy context. The four domains of change were collapsed into one and **new domains** on social position and enabling environment were added³. It was recommended CARE conduct a deeper **analysis of issues of social inclusion and exclusion** and how to strengthen the **governance and policy environment** and how it affects CARE initiatives with this impact population. If some of this analysis exists already it needs to be reflected in the strategy document better. The new domains removed the focus on **risk management** - this will need to be considered further and integrated into pathways where appropriate. The team recommended CARE Malawi conduct a **mapping exercise** to identify this impact population better as this is a new impact population for CARE Malawi.

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

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. It was recommended CARE Malawi **identify examples** of women who have moved out of this group to identify other pathways of change.

³ Proposed new domains: Equitable access to use of and control of services, assets, resources and social support; Improving social inclusion (formal and informal, accessing/implementing supportive policies/strategies); and Government policy, strategy and budget relevant and accountable to the needs of P3.