Who We Are

CARE started operating in Malawi in 1998 currently has a range of projects in the areas of food and nutrition security, education and, sexual, reproductive and maternal health, as well as emergency preparedness and response. Gender Equality, Good Governance and Policy Advocacy are approaches which are used in all of CARE’s projects. CARE is presently operating in the central and southern regions of Malawi, with projects in the districts of Ntcheu, Salima, Dowa, Nkhotakota, Kasungu, Ntchisi, Nsanje, Mwanza, Neno, Balaka, Phalombe and Mulanje.

CARE focuses on working with adolescent girls and resource poor, rural women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. CARE engages men, boys, community leaders and government authorities as allies in changing the economic, social and governance structures that shape the lives of women and girls.

Country Snapshot

<table>
<thead>
<tr>
<th>Population</th>
<th>15.9 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>118, 484 Square Km</td>
</tr>
<tr>
<td>% of People Living Below Poverty line</td>
<td>74%</td>
</tr>
<tr>
<td>Gross National Income Per Capita:</td>
<td>US715</td>
</tr>
<tr>
<td>Gini Coefficient (income disparity)</td>
<td>0.44</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>52 years</td>
</tr>
<tr>
<td>Total Adult Literacy Rate</td>
<td>73</td>
</tr>
<tr>
<td>Access to improved water sources</td>
<td>65%</td>
</tr>
<tr>
<td>% of adolescent girls in marriage:</td>
<td>33%</td>
</tr>
<tr>
<td>Maternal mortality rate per 100, 000 live births</td>
<td>675 per 100, 000</td>
</tr>
<tr>
<td>Under 5 mortality</td>
<td>112</td>
</tr>
<tr>
<td>% of under 5 stunting</td>
<td>47</td>
</tr>
<tr>
<td>% of households owning at least an ITN</td>
<td>57%</td>
</tr>
<tr>
<td>HIV prevalence in 15-49 year olds</td>
<td>10.6%</td>
</tr>
</tbody>
</table>
Our Programming Focus

CARE Malawi’s program strategies were designed from 2008 to 2010 using the findings of a comprehensive analysis of the underlying causes of poverty (UCP) in Malawi to develop program theories of changes that define the impact goals, impact groups, intervention sectors, and key approaches. The program strategies have evolved over time based on learning gained through project implementation, leading to increased integration and innovation in its two programs, one of which focuses on Food and Nutrition Security (FNS) and the other on Adolescent Girls’ Empowerment (AGE).

1. Food and Nutrition Security Program

Impact Goal: Women, who are empowered socially and economically, are able to exercise their rights to access and have control over productive resources and services, and enjoy more diverse and reliable access to income and sufficient nutritious food.

Key Interventions
• Gender dialogues; engaging men and boys
• Village savings and loan
• Adult and financial literacy training
• Community-based climate change adaptation
• Climate smart / nutrition sensitive agriculture
• Post-harvest loss management
• Nutrition education and dietary diversification
• Small-scale irrigation
• Value chain (soya beans and groundnuts) and market linkages
• Disaster risk reduction and resilience building
• Capacity building for farmers, government extension workers, village development committees, community volunteers, etc.
• Advocacy and community mobilization to support women’s empowerment

In making progress towards achieving Food and Nutrition Security, CARE Malawi is

A. Engaging in agriculture as business: 7,000 women farmers in Dowa and Kasungu districts are learning new farming techniques and acquiring business skills through 75 Farmer Field Business Schools. (Pathways-Women in Agriculture Project)

B. Improving income through the introduction of value chains: Producer Groups of women farmers generated 1,564 metric tons of soya bean and groundnut in 2013 and were able to collectively negotiate better prices with buyers and make a profit.

C. Promoting good nutrition practices and dietary diversity: Pregnant and lactating women and children under the age of 5 as well as other members of more than 44,000 VSL households are benefitting from nutritional education through Care Groups and enjoying diverse and rich diets from their backyard gardens.

D. Minimizing Post-Harvest Loss: Leveraging improved local technologies to reduce storage loss of grains for better adoption, community ownership and sustainability. (Post Harvest Loss Reduction and Small Scale Irrigation Project)

E. Preparing for and responding to shocks: 02 Districts and more than 40 Group Village Heads have developed and operationalized disaster contingency plans with support from CARE. (Enhancing Community Resilience Programme) distributed 6,773 metric tons of food aid to 18,956 households (more than 85,000 people) in Dowa, Kasungu and Ntcheu as part of the 2013/14 Government of Malawi emergency response to food insecurity during the lean season.
2. Adolescent Girls’ Empowerment (AGE)

**Impact Goal**: Empowered rural adolescent girls claim their rights and participate equitably in economic, social and political opportunities and have influence in decision-making at all levels.

CARE is committed to empowering adolescent girls from rural areas to claim their rights and participate equitably in opportunities and decision making. These girls have high absenteeism and drop out rates, poor literacy, low rates of transition from primary to secondary school and are discriminated against within their communities based on both their gender and their age. By working with communities and government, CARE Malawi aims to empower adolescent girls to claim their rights and participate equitably in economic, social and political opportunities and have influence in decision-making processes at all levels. CARE believes that by empowering adolescent girls, they will grow up to be active, productive citizens capable and willing to contribute equitably to the achievement of the Government of Malawi’s aspirations for its people.

**Key Interventions and Achievements**
- Life skills and assertiveness training
- Secondary and post-secondary scholarships and material support (books, uniforms, transport and pocket money, sanitary pads)
- Infrastructure (school blocks, female teacher housing, sanitary facilities, library)
- Capacity building for teachers, school management committees, parent-teacher associations, and mother groups
- Advocacy and community mobilization to support girls’ education

Since 2009, **1,200 secondary school girls** have received 4-year scholarships and other support and more than **30,000 girls** have been trained to be assertive, self-confident leaders in their homes, communities and beyond. **23 girls** are currently being supported to pursue post-secondary education in the University of Malawi, Nkhoma College of Nursing, and Loudon Teacher Training College. Construction of **37 female teacher houses**, **9 school blocks**, **154 girl-friendly school sanitary facilities** and **1 library** has been completed.
GOOD GOVERNANCE: 
**Use of COMMUNITY SCORE CARD as a SOCIAL ACCOUNTABILITY TOOL**

**OUTCOMES**
- Knowledge & Voice
- Collective Action
- Accountable & responsive service providers and power holders
- Strengthened communication & relationships
- Increased service availability & utilization
- Improvements in user-centered quality

These have been realized in projects like Maternal Health Alliance Project (MHAP) which was implemented in Ntcheu district.

CSC has achieved the following:
- One of the greatest strengths of the Community Score Card is that it helps build a strong, trusting relationship between service providers and community members.
- Past research shows that this relationship is a critical driver of service utilization and satisfaction.
- The Community Score Card builds mutual accountability, and ensures that solutions to problems are locally relevant, locally supported and feasible to implement.

**CROSSCUTTING PROGRAM AREAS**

**GOOD GOVERNANCE:**

- Facilitated discussions to define/clarify roles and areas of shared responsibility in service delivery, joint action, planning, implementation, monitoring and evaluation.

**GENDER INTEGRATION**

CARE puts gender equality and women’s empowerment at the heart of its programming. Working to achieve this goal implies that there must be a shift in gender norms. In terms of the UNDP HDI Gender Inequality Index, Malawi ranks 131st out of 152 countries, indicating that gender inequality remains a major issue in the country. In strengthening gender equality and women’s voice, CARE Malawi targets 1 million rural women and their families in vulnerable, chronically food insecure, rural smallholder households as well as 500,000 rural adolescent girls aged 10 to 18 years.

CARE’s approaches used in Gender transformative programs include:
- Gender analysis and action planning
- Engaging men and boys
- Women's and adolescent girls' assertiveness and leadership
- Adolescent girls’ education and sexual reproductive health rights (SRHR)
- Women’s economic empowerment using village savings and loan (VSL)
- Women’s empowerment in agriculture using farmer field business schools (FFBS)

CARE Malawi’s gender domains of change include:
- **Division of Labour:** promotes equitable sharing of workloads and reproductive work, including men’s active engagement in care giving, and developing labor-saving tools for women’s work.
- **Household decision making (including finances):** Increase women’s control over household income. Programs promote joint budgeting processes at household level, and promote gender-budgeting and gendered priority-setting processes in community structures.
- **Control over productive assets:** promotes women’s timely access to and equitable control over resources at household, market, and community levels (including natural resources and safety-net assets such as assets-for-work).
- **Access to public spaces and services:** promotes women’s meaningful participation and leadership in community decision-making bodies and male-dominated spaces, in particular agriculture services, market opportunities, and natural resource management and disaster risk management (DRR) committees.
- **Violence and restorative justice:** Incidences of GBV will be monitored for across all purposes.
- **Engagement of men in gender equality.**
CROSSCUTTING PROGRAM AREAS

ADVOCACY

CARE Malawi’s advocacy mission seeks to enhance an active women and girls’ social movement and ensure that government and power holders are responsive to the practical and strategic needs of women and girls.

Women and girls hold very few positions at all levels of governance, and are poorly represented in decision-making processes and in politics. This under representation is a result of women’s lack of awareness of their rights and responsibilities; limited capacity to articulate and act on their needs and aspirations, poor civic organisation and engagement and discriminatory social-cultural factors. CARE seeks to empower women and girls socially, economically and politically by:

i) developing their capacity to participate in and influence policy and decision making processes and;
ii) building a strong social movement built on women’s solidarity, including the participation of men; which will have a multiplier effect in increasing accountability and responsiveness of duty bearers towards women’s and girls’ rights at the community, district, national and international levels.

CARE’s work in advocacy is closely linked to its decision to work more with and through partners as it is widely recognized that advocacy efforts are more successful when done jointly with a number of agencies, or as part of a wider coalition. CARE works closely with other CSOs (both local and international) to identify appropriate advocacy issues related to its focus areas and promote the adoption and implementation of pro-poor policies on those issues. Depending on the nature of issue, CARE works with the relevant networks at nation level e.g. Civil Society Agriculture Network (CISANET), Civil Society network on Climate Change (CISONECC); at District levels, CARE Malawi engages civil society district networks e.g. District Education Networks to engage in advocacy initiatives and influence policy.

KEY EXPECTED PROJECT OUTCOMES

**UBALE:** Vunerable Households increase income; improved nutritional status among pregnant and lactating women and children under the age of two; Communities are empowered to contribute to their own sustainable development; underlying systems and structures sustainably contribute to reducing chronic malnutrition and food insecurity while building resilience.

**GIZ:** Capacities of targeted households in SUN and nutrition sensitive agriculture in Salima district; Coordination and stakeholder involvement in District Nutrition Coordination Committee (DNCC) and District Monitoring and Evaluation Committee (DMEC) and District Civil Society Nutrition platform in SUN activities and nutrition sensitive agriculture enhanced; Lessons learnt, analysed and shared at district through DNCC

**GPSA:** Improved education services for girls and boys living in Malawi in schools.

**ECRP:** The capacity of local authorities, communities and individuals to address the impacts of climate change is increased; increased capacity of communities and individuals to adapt their livelihoods to climate variability and the impacts of climate change; information sharing between stakeholders on DRM and climate change adaptation is strengthened; the capacity of disaster risk reduction and climate change policy and programmes and delivery structures of key Government Ministries and Departments is strengthened.

**PCTFI:** Adolescent girls are inspired to pursue educational goals and opportunities, achieve better learning outcomes and are able to make informed, beneficial life decisions; Adolescent girls are engaged in constructive relationships with their parents, teachers and peers that facilitate the achievement of their educational goals; School environments are conducive for adolescent girls and are accountable for the quality of services delivered; Transformational change in social and cultural norms and in the policy environment to promote and facilitate adolescent girl’s empowerment is achieved.

**EGPAF:** Increase ART/PMTCT retention among HIV positive women; Increase Early Infant diagnosis of HIV coverage; Improved satisfaction of PMTCT/ART Services among HIV Positive women; Improved relationship/trust between service providers and user (specifically HIV Positive clients); Accountability, responsiveness among the health care workers at intervention sites.

**PPRO:** Stabilized or improved food consumption over assistance period for targeted households and/or individuals


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