



International Institute for Research & Development

**IMPACT EVALUATION OF THE SOS FAMILY STRENGTHENING
PROGRAMME (FSP) IN T/A TSABANGO, LILONGWE**



REPORT

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TO

THE NATIONAL DIRECTOR

SOS CHILDREN'S VILLAGES OF MALAWI TRUST

P.O BOX 2359

AREA 9, LILONGWE

January 2008

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ACKNOWLEDGEMENTS

The Study Team would like to thank all the staff of SOS Malawi, Lilongwe especially those at the Social Centre who took their time to contribute to the evaluation exercise. We also thank SOS partners working in the Tsabango area and the entire Tsabango community for providing useful input into the program evaluation. The exercise would have been difficult without the involvement of community leaders in the area. These leaders assisted very much in that they organized their subjects for the study team during the process of data collection.

The SOS Social Centre provided logistical support to the study team throughout the study exercise (from planning to field work). Special recognition is hereby made of Alexander Nguwo, The Social Centre Facility Head for providing the necessary technical and logistical support during the period of the study. The team also thanks all Social Centre field staff who worked hand in hand with Mr Nguwo to arrange field visits and guide us through all field work. To all of you, we acknowledge your support.

The evaluation was commissioned and funded by SOS Malawi. This funding support is also hereby recognized. Special vote of thanks goes to The National Director for exercising his wisdom to allow this important exercise to take place with the view to improve the Family Strengthening Program in Tsabango.

Finally but not least, we applaud our research team for the hard work and commitment they rendered. We thank you sincerely for your excellent performance during the study exercise.

It is sincerely hoped that this evaluation report contains accurate information that is in line with the terms of reference of the Family Strengthening Program in Tsabango. Should there be any errors, it is the sole responsibility of the Study Team.

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January 2008

EXECUTIVE SUMMARY

Malawi is ranked as one of the poorest countries in the world with more than 50% of the households living below the poverty line. The poverty situation is compounded by high HIV prevalence which leaves the Government of Malawi deeply concerned about the situation of orphans in the country. As a result of HIV pandemic and other natural causes, family structures are being disrupted. The continuing high levels of HIV infections further imply that the HIV and AIDS pandemic will continue to exert more social and economic pressures on children, families and communities.

Realizing the problem of orphan hood and child abandonment, SOS initiated a family strengthening program with the aim of assisting orphaned and other vulnerable children in Tsabango area in Lilongwe. The purpose of the initiative is to create a conducive environment for orphans and other vulnerable children to grow in. This program has been part of SOS's strategic plan since 2003.

An evaluation was, therefore, conducted with an aim of assessing the impact of the SOS's Family Strengthening Program interventions on the lives of the children, families and communities that are targeted in T/A Tsabango. The evaluation team examined the capacity of families to provide appropriate care and protection for their children, assessed the community's self reliance in supporting vulnerable children and families and examined the commitment and capacity of the program partners in preventing the children from losing the care of their families

Methodology: The impact assessment was conducted using a combination of methods which included a household survey, a community survey (focus group discussions) and individual interviews with beneficiaries. The tools used included a household questionnaire, a semi structured checklist for the focus group discussions and an another household questionnaire captured information on the key thematic areas as follows; (i) Food and Nutrition Security, (ii) HIV and AIDS and (iii) Education, and (iv) Psychosocial support, .

Three types of questionnaires, targeting households, youths and the underfive children were developed, which were then used to collect data on various socio-economic aspects of the households, youths and the under-five. A total of 112 households from four selected villages were selected for the household survey. In addition to the household survey, underfive-children were assessed in terms of their nutritional status. The information from the questionnaires was complemented with information collected from 8 focus group discussions that were held with the Village development Committees, home based care volunteers and people living with HIV and AIDS.

KEY STUDY FINDINGS

Demographic and socio economic characteristics: About 30 percent of the households that were interviewed during the survey were female headed, and only half of the household heads were married. The average age of heads of households was 48 years while the average household size was 5.3 persons per household. Illiteracy levels were high in the study area with a substantial proportion of the heads of households (43%) reporting that they had never attended school, while about 29% and 23% of the household heads, had attended lower primary and senior primary education, respectively. With regards to occupation, the results conform to a priori expectation in that being peri-urban communities the involvement in full time agriculture is limited.

Agriculture : The mean land holding size for the study area is 1.28 acres, which is about half of a hectare. In terms of land distribution, 21 percent of the households reported that they were landless. There were significant differences in land holding between villages with some villages having more land than others. In general the households can be described as land poor with the majority (>90%) owning less than a hectare of land.

Maize is the major crop grown by 79 percent of the households that practice agriculture. Other important crops include beans and bambara nuts. Almost half of the households from Ngwenya and Chimutu villages did not grow any crops.

SOS support for agriculture: SOS has supported a number of households in the community with agricultural inputs. About half of the households reported receiving fertilizer and seed from SOS. Such results are evidence of a commendable effort by SOS family strengthening program, which aims, among others at improving household food security among beneficiary households and making families self reliant. The introduction of community gardens by SOS is one of the outstanding contributions of SOS towards food security. Community gardens are managed by the village development committee and the proceeds from the gardens are shared between community members. The community garden initiative has been appreciated by almost all communities that participate in the initiative.

Livestock ownership: About two thirds of households reported keeping some livestock. Results further indicate that livestock ownership is dominated by rearing of poultry- chickens in particular. Other livestock kept include goats and guinea fowls. It was learnt that SOS had supported some communities with livestock and was in the process of scaling up the programs. For example SOS provided communities with 20 goats. I was also learnt that SOS collaborated with

the ministry of agriculture to provide training on livestock management for some communities.

Food Security: The food security situation for households in the study area remains bad. By December this year, which is the critical month of the year, all households will have run out of the staple food. These findings suggest a high vulnerability of households to food insecurity and poverty in the catchment area, which have a direct bearing on child development as households remain food insecure. From the food security point of view, it can be concluded that households are not self reliant and thus they lack the capacity to take care of orphans in a conducive environment. Further, households lack sustainable coping strategies as shown by the large proportion that rely on begging from friends and other people. The general perception among households was that SOS had contributed to improvement in food security, despite the current food insecurity situation.

Water and sanitation: The majority reported that they were drinking safe water from either, the tap, boreholes, or protected wells. The proportion of households having access to safe drinking water in the catchment area (~100%) improved significantly from the baseline implying that SOS initiatives have had a significant impact in the area in terms of improving access to water.

SOS has supported communities with the construction boreholes as well as a number of protected water wells to the extent that this reduced significantly, the distance to water sources from households. SOS trained some communities in the area in water management as well; however the need for further training in water management and sanitation was expressed by a number of beneficiaries. .

Healthcare services: SOS has also been providing health care services through the clinic at the SOS Village, Lilongwe. Further SOS runs a mobile clinic, and provides training to Home Based Care (HBC) volunteers. SOS has also established partnerships with other community based organizations (CBOs) who are active in the area of home based care. The communities expressed feelings that such initiatives have enhanced their capacity to respond to the needs of orphans and vulnerable children.

SOS also provides consulting service for its clients on anti-retroviral therapy in collaboration with partners and volunteers. However, SOS's intervention in the area of health provision is hampered by the long distances that families have to travel to access health care. Some respondents have to walk up to 15 kilometres to get to a clinic. Further, SOS's community health interventions are limited by

too few medical staff and a dysfunctional working relationship with some of its partners such as, *Paradiso*.

SOS intervenes in psychosocial support for the family: SOS has provided psycho-social training for households supporting children. The training has been highly relevant, effective, and efficient. Many of the households that took part in the study report high levels of child support. Such households are prioritizing children needs to ensure that children are provided with a conducive environment for their development. The parents/care givers reported high levels of parent-child bonding as evidenced by for example, the sharing all meals. However, this training has been provided to a limited number of households.

Education support: Through its Family Strengthening, SOS supports pupils and students at three levels of education and these are primary level, secondary level and tertiary level. There are also some students at the SOS Vocational Centre who are under the FSP. SOS has supported children in different ways including supplies of school stationery, food and clothes among others. In addition, primary school pupils and secondary school students are also assisted with school uniforms and fees, respectively. Secondary school students and those doing tertiary education are also provided with transport and pocket money. Vocational students and tertiary students are also given fees. In some cases, the students are provided with money for rent. The support that the children are getting has had a big impact on them. According to the findings, the class performance of most of the children has improved. On the other hand, the behaviour for some pupils has improved since they started getting support from SOS. The positive impact that has been seen is an indication that the educational support is effective.

Impact on School Drop out: In spite of the support they get, the evaluation has revealed that some students drop out of school for their own reasons. One of the reasons leading to drop out according to the evaluation is community and peer pressure. Some students, particularly those in secondary school are pressurized to dropout of school so that they get married. As for primary school pupils, the decision to drop out comes as a result of failure by their old grannies to take good care of the children. Therefore, the children drop out to take care of their grannies.

Relevance of SOS Family strengthening Interventions: The study results have revealed that communities find all interventions implemented by SOS through the Family Strengthening program to be highly relevant, but insufficient in some cases. The evaluation has, for example revealed that the educational support that

the pupils and students are getting is relevant in that it is responding to the needs of the orphans and vulnerable children. Without this support, the beneficiaries of the support would not be in school. The food security support is one example of very relevant initiatives, but also one of the programs where people strongly feel that the support is not high enough as households were demanding for more fertilizer and seed.

1 INTRODUCTION

Poverty is the main development problem confronting the government of Malawi today, and for the past 4 decades. It is estimated that about half (55%) of Malawi's population lives below the poverty line. The life expectancy at birth is one of the lowest in Africa estimated to be 39.8 years for males, and 40.6 years for females. Malnutrition is the most widespread with 49 percent of children reported to be stunted (Ministry of Gender, 2003). The poverty situation is also compounded by the high prevalence of HIV /AIDS. According to WHO (2004) there are 900,000 Malawians living with HIV between the ages of 15 and 49, with an adult infection rate of 14.2%. World Health Organization (WHO) (2004), further reports that, in 2003, 84,000 people died from AIDS in Malawi.

The epidemic has a significant effect on the number of vulnerable children resulting from orphan hood. According to the Malawi National Task Force on Orphans, cited in Brigitte (2007), an orphan is defined as any child who has lost one or both of their parents and is under the age of 18. Brigitte reports that there are currently 1.4 million orphans, a number equal to 25% of the population of 0-to-14-year-olds in Malawi. Of the entire population of youth in 2000, 4.9% had a deceased mother, 8.3% had a deceased father, 1.9% had lost both parents, and 11.3% had lost either a mother or a father. Guarcello , et.al (2004) note that this orphan rate is the highest in the Sub Saharan Africa region alongside those of Zambia and Zimbabwe. Guarcello et, al. also note that most of the rise in the population of orphans is attributed to HIV/AIDS.

Orphans belong to the groups known as "orphans and vulnerable children," or OVC. According to Brigitte (2007) this group (OVC) is defined as children that have one or more of the following characteristics: have parents or caregivers who are ill or dying; do not have parents; do not have family; do not have a home; are traumatized; live in an area with high HIV prevalence or proximity to high-risk behaviors; live on the street; are in jail or prison; are exploited or abused; are discriminated against or are at risk of social exclusion.

A family is an important institution which determines the direction of child development and it makes a difference in the academic and social lives of children and youth. It is for this reason that some community-based social service organizations tend to design and implement family-strengthening programs. Caspe and lopez (2006) rightly note that a family-strengthening program promotes family involvement in children's development and is a "deliberate and sustained effort to ensure that parents have the necessary opportunities, relationships, networks and support to raise their children successfully".

When children lose parents, they are at risk of losing the vital support needed for their development. Left without a mother, and often without both parents, children may become dependent on extended family members or the wider community which may not provide them the support equivalent to the support they would get from the biological parents. As a response to the problem, the government of Malawi in collaboration with NGOs and other faith based organizations is implementing a number of programs aimed at improving the living conditions of orphans and vulnerable children.

The SOS Children's Villages of Malawi Trust is one of the organizations which support orphans and other vulnerable children through its Family Strengthening Program (FSP). Realizing the problem of orphan hood and child abandonment, SOS Children's Villages of Malawi Trust put this program in place with the aim of assisting those children who have already lost their parents and those who are on the verge of being abandoned by their parents due to poverty and other reasons. This program has been part of SOS Children's Village Organization International's strategic plan since 2003.

The SOS Children's Villages of Malawi Trust in collaboration with its partners implements its family Strengthening Programs in Mzuzu, Lilongwe and Blantyre. The purpose of the Family Strengthening Program is to enable children who are at risk of losing the care of their family to grow within a caring family environment. The SOS Children's Villages of Malawi Trust works directly with families and communities to empower them to effectively protect and care for their children, in cooperation with local authorities and other service providers.

SOS Children's Villages of Malawi Trust launched the FSP in Tsabango Area in Lilongwe in 2003. Tsabango is one of the areas with very high numbers of orphans and vulnerable children. SOS is implementing this program in collaboration with the communities in this area and other community based organizations and government ministries. The focus of the FSP in Tsabango area is to support the children at three levels.

The first level involves giving the orphans and other vulnerable children direct support in form of food, education and other essential services. According to the working document for FSPs, the "Family Strengthening Programs Manual for the SOS Children's Village Organization" released in January 2007, the Family Strengthening Program in Tsabango also focuses on the second level, which aims at building the family's capacity so that they are able to take care of their children and orphans. This family service is tailored to support families to build their capacity to protect and care for their children. This includes supporting care-givers to develop their parenting knowledge and skills; to secure a stable source

of resources (e.g. income and food production) to provide for their Children's development needs now and in the future; and to manage their resources efficiently. These services reach children through their families.

The third level of support is at community level. The community services are aimed at strengthening support systems for vulnerable children and their families within the community. In particular, support is given to community members (from the target group, relevant service-providers or other concerned members of the community) to self-organize so that they are able to develop and sustain their own responses to the needs of vulnerable children and their families. The idea is that the community should sustain the efforts started by the SOS FSP. These services reach children through their communities.

Since the inception of the Tsabango project, no study has been conducted to provide a detailed understanding of the impact and relevance of the Family Strengthening Program in the area and this study aims at filling this gap.

1.1 Evaluation Objectives

1.1.1 Main Objective

The main objective of the evaluation was to assess the impact of the SOS's Family Strengthening Programme interventions on the lives of the children, families and communities that are targeted in T/A Tsabango.

1.1.2 Specific objectives

The specific objectives of the evaluation were as follows:

1. To examine the impact of the programme interventions on the quality of life of the children due to their access to essential services
2. To assess the capacity of families to provide appropriate care and protection for their children
3. To assess the community's self reliance in supporting vulnerable children and families
4. To examine the commitment and capacity of the programme partners in preventing the children from losing the care of their families
5. To determine the relevance, effectiveness , efficiency and sustainability of the programme in the area.

1.1.3 Organization of the Report

Section one provides the introduction in which the evaluation objectives and methodology are described. A detailed description of the survey design, including methods of data collection, analysis and the limitations of the study are also presented in this section. Section two presents a description of the family strengthening program in Tsabango, the overall objectives of the program, its management structures and human resources.

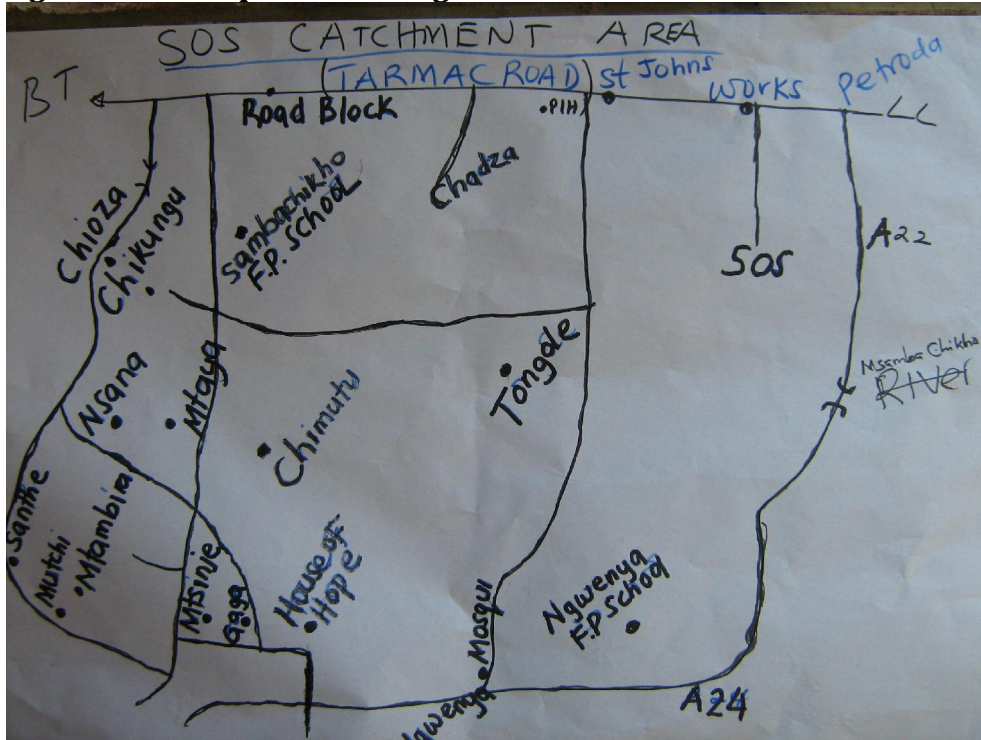
Section three presents study findings, with a focus on , targeting , access to Essential Services and Facilities, Care giver capacity building Support, Empowerment of Participant Communities and Establishment & development of Partners/Networks. The section further discusses the Relevance, Effectiveness, Efficiency and Sustainability of the program. Lessons learnt, conclusions and recommendations are presented in section four.

1.2 Evaluation Process and Methodology

The study area and data collection methods

The area under study, Tsabango, is located in Lilongwe district in Traditional Authority Tsabango. Figure 1 depicts a sketch map of the catchment area within which the SOS Family strengthening program is implemented.

Figure 1: Sketch map for the Tsubango SOS Catchment Area



The assessment used secondary and primary sources of information. A combination of qualitative and quantitative data collection techniques were employed to capture the required information. Quantitative information was collected through a household survey, and a nutrition survey, where as qualitative information was collected through key informant interviews, focus group discussions and participatory resource mapping. Trends analysis was conducted by using historical diagrams and seasonal calendars. Through this, it was possible to assess perceptions of the society with regards to SOS contributions to them over the years.

1.3 Sampling

The survey targeted a random sample of households in Traditional Area Tsubango receiving support from the Lilongwe FSP. The respondents included household care givers and children under their care. Other information providers included project committees, home based care volunteers, people living with HIV and AIDS, water committees, VCD members, FSP partners & SOS FSP staff, SOS National Office staff

1.3.1 Household survey

A combination of random and two stage cluster sampling techniques were employed to select households that were going to participate in the survey. A standard statistical procedure was used in determining the representative sample size. A sampling frame containing a list of all villages of TA Tsabango with the corresponding populations was obtained from the SOS social centre.

The first stage involved a selection of 4 villages from a total of 12 villages in the study area representing 25% of the villages. Using this procedure, the following villages were selected: Ngwenya, Chimutu, Nsana and Santhe

Once the villages were selected, the next task was to select a representative sample of households that participated in SOS Programs from each village. In order to ensure representation at village level, a minimum 20 households and a maximum of 38 households were selected per village. This led to a total sample of 112 households which represents about 30% of the households in selected villages. The summary of the clusters, and number of households interviewed in each cluster is presented in Table 1.

Table 1: Distribution of sampled households in Tsabango

Village	Sampled households
Ngwenya	25
Chimutu	25
Nsana	38
Santhe	24
Total	112

Source: SOS- FSP household survey (September 2007)

1.3.2 Nutrition survey

In addition to the household survey, a nutrition survey was conducted focusing on the under-five children. The purpose of the nutrition survey was to assess the impact of SOS nutrition programs on the nutritional status of children in the impact area. The survey involved the collection of anthropometric data and feeding habits of the under-five children in the area. Anthropometric measurements were taken for 80 under-five children from families that participate in SOS programs

1.3.3 Focus group discussions and key informant interviews

Focus group discussions were held with SOS beneficiaries of various types of support in each village. The groups included, people living with HIV/AIDS, Village Development Committees (VDCs), water committees, HBC volunteers, school going children, students in vocational and tertiary institutions. The issues covered during discussions included all the thematic areas that are covered by SOS with a major emphasis on food security, water and sanitation, education and psychosocial support. Key informant interviews were held with SOS partners, such as the ministry of education; ministry of agriculture and a community based organizations such as Paradiso.

Survey personnel

The survey team comprised the following:

- 5 enumerators
- 1 field coordinators
- 3 researchers
- 1 driver
- 2 data entry clerks
-

Pre-survey training

A 2-day comprehensive training of enumerators was conducted at IIRD offices in Lilongwe prior to the survey. The specific objectives of the training were:

- To enable the survey personnel to understand why the evaluation was being carried out
- To discuss the study methodology
- To acquaint the survey personnel with the survey tools and instruments
- To impart data collection techniques to the enumerators

The survey tools were discussed in detail, including the chichewa (local language) translations since the survey was to be conducted in vernacular.

1.4 Limitations of the Evaluation

The major limitation of this study is that we failed to visit all the villages in the impact area due to financial constraints which may imply that we might have missed out some equally important information regarding the impact of the program initiatives. Nonetheless the sample sizes for the household and nutrition surveys in this study sufficiently represent the villages visited. More

over, focus group discussions and key informant interviews provided insights about the general performance of the program

2 PROGRAMME DESCRIPTION

2.1 Description of the program and the study area

Tsabango area has 12 villages in which a total of 806 households are beneficiaries of the FSP. The total number of children who are on the FSP in this area is 1718. Out of the 12 villages, Ngwenya and Gaga villages record the highest number of orphans which stand at 16.8% and 13.7% respectively while Santhe and Chioza have the lowest numbers of orphans at 2.6 and 2.8 respectively. It has also been noted that Ngwenya and Mtambira villages have the highest (15.6%) and lowest (2.8%) number of household beneficiaries respectively. (See table below)

Table showing number of households and orphans on FSP

Village	Households on FSP	Orphans on FSP
Ngwenya	126	289
Chadza	103	225
Tongole	100	196
Gaga	96	236
Nsana	90	167
Chimutu	85	210
Chikungu	80	133
Mtsinje	27	57
Mutchi	27	56
Chioza	25	49
Santhe	24	45
Mtambira	23	55
Totals	806	1718

There are differences in the number of households in the villages because of the differences in the sizes of the villages and the number of vulnerable households.

Tsabango area is mainly peri urban and rural and the 2003 baseline survey found out that most of the household beneficiaries (29%) in this area rely on subsistence farming for their livelihoods followed by formal employment and petty trading at 18.3% and 12.9% respectively. The survey also found out that the main crops

that are grown include maize, vegetables, beans, ground nuts, soya beans and sweet potatoes. These crops are grown mainly for consumption purposes.

In education, most of the beneficiary households in Tsabango area have low or no education at all. According to the survey, a bigger proportion (40%) registered standard 1-5 as their highest education level with 31% indicating that they had no education at all.

The baseline survey also indicates that the level of sanitation in Tsabango area was low with some households sharing sanitation facilities. Some of the sanitation facilities in this area were found to be in very poor condition and others were not functioning at all.

2.2 Programme's Overall Objectives

The SOS FSP in Tsabango area has the following broad objectives:

- (1) To ensure that children have access to essential services
- (2) To ensure that participating families have the capacity to protect and care for their children
- (3) To ensure that communities have the capacity to respond effectively to children at risk of abandonment

Programme's Specific Objectives

The broad objectives are broken down to specific objectives as follows: For broad objective (1), the specific objectives are to ensure that children have access to

- (1) Food and nutrition
- (2) Educational support
- (3) Improved living conditions

For broad objective (2), the specific objectives are to ensure that caregivers receive:

- (1) Health support
- (2) Psychosocial support

The specific objective from broad objective (3) is to make sure that community structures are available

Programme's activities

There are a number of activities that have taken place in order to achieve the programme objectives. (refer to table below)

Programme intervention	Activity(ies)
Food security	370 households benefited from farm input programme. 60 households were given 10 chickens each for income generation. 20 households were given a goat each for income generation.
Education	138 secondary and tertiary students are being supported with school fees and other materials. 1177 primary school pupils are being supported in form of writing materials and uniforms.
Improved living conditions	Sunk a borehole in Santhe village. Trained water committees in the villages on sanitation issues and how to maintain the boreholes. 50 people were trained in ecosanitation.
Health Support	176 caregivers are on home based care
Psychosocial support	24 households were given psychosocial training. 176 patients were provided with psychosocial support
Community structures	12 VDCs were activated through meetings 12 water committees were formed

2.3 Applied Planning, Monitoring and Evaluation Process

Planning is done by the Facility Head together with other members of staff, other stakeholders and community committees. The planning, in part involves the process of identifying the beneficiary households and determining what should be done to assist them. The identification process starts with the VDCs which assess certain households to determine their vulnerability. Among other things, the VDCs look at whether a household is keeping an orphan(s) or not and whether it is able to support the orphan(s) or not. The identified households are then sent to the Project Management Committees headed by the chiefs who in turn send the names of the households to the Social Centre Facility Head for further assessment which is done by field workers. These field workers use

forms to fill in the details for all the households that have qualified to be beneficiaries. This information is sent to the Admissions Committee which also assesses the households before the National Director approves.

Monitoring of the activities is done in different ways and one of them is the use of VDC forms. In these forms, the VDCs make a follow up of the activities and indicate the progress of the activities. These reports are sent to the SOS Social Centre Facility Head monthly. The progress of the activities is also monitored through regular follow up visits to the communities by the Social Center staff. However, there are no specific time intervals for these visits. SOS partners also assist in the monitoring process of the activities. These partners visit the activities that they are involved in to check progress and assist where necessary. The partners include the Ministry of Agriculture through their Field Assistant, the Ministry of Health through Health surveillance Assistants and other CBOs and NGOs as discussed in the later sections of this report.

The evaluation of the Tsabango FSP is done through quarterly meetings chaired by the Facility Head. During these meetings all the information collected in the monitoring process is gathered and analyzed to determine the successes and failures of the programme. These quarterly evaluation meetings give guidance on how the programme's activities should proceed. All partners and stakeholders are invited to these meetings.

2.4 Management Structures of the Programme

The Tsabango SOS FSP has the following management structure: At the top, there is the National Director who is the overall manager of all the projects under SOS Children's Villages of Malawi Trust. The project that is directly involved with the FSP is the Social Centre that is managed by the Facility Head. The Social Centre Facility Head in consultation with other staff members and stakeholders is responsible for the planning, monitoring and evaluation of the FSP activities in Tsabango area. At community level, there is the Project Management Committee in each of the twelve villages where the FSP is in operation. The committee comprises the Chief, VDC chair and VDC secretary. This committee works hand in hand with the Project Head on different issues including planning, monitoring and evaluation of the activities. Under the Project Management Committee, there is the VDC in each of the villages. The VDCs report to the Project Management Committee. There are some other smaller committees that report to the VDCs. These committees include Village Health Committees and Borehole Committees. There are also community volunteers who are involved in providing direct assistance to the beneficiaries of the FSP in Tsabango area.

2.5 Overview of the Human Resources Allocation

The work force at the Social Centre is headed by the Facility Head. There are also two field workers, one of whom is a community nurse. In addition to these members of staff, there is an accounts person, a driver and a general handy.

3 FINDINGS

3.1 Targeting

3.1.1 Household socioeconomic and demographic statistics

This section presents details of the survey findings, focusing on key demographic characteristics of households. The survey statistics are for households receiving support from SOS Family strengthening program.

Table 2 presents different demographic characteristics of the household heads in the study population. About 30% of the households that were interviewed during the survey were female headed. The incidence of female-headed households in the sample is higher than the national figure of 28% reported in the 1998 Population and Housing Census (NSO, 2001). This can be attributed to the fact that the SOS family strengthening programs also targets single parents and female headed households which increases the probability of sampling female headed households.

Marital status and household size

With regards to the marital status, the majority (50%) were widowed while 38 percent and 8 percent were married and unmarried, respectively. The average age of heads of households was 48 years. About two thirds of the heads of households were more than 40 years old, with about 80 percent within the economically active age group of 21-64.

The average household size for the study area was 5.3 persons per household. This is higher than the national average of 4.4 persons per household (NSO, 2001). The mean age of the household heads was 44.4 years. With regard to age

distribution, about 80% of the household heads are within the economically active age group of 20 to 60 years.

Dependency ratio

Table 2 also shows dependency ratios by village among households receiving support from SOS Family Strengthening Program. A dependency ratio is defined as a ratio of the number of persons in the household outside the economically active population to prime-age adults (children under 15 or adults over 64 years of age). For example a dependency ratio of 0.4 implies that there are 4 dependents for every 10 working-age persons. This statistic provides an indication of the level of responsibility of economically active persons in providing for dependants. The national dependency ratio as reported by the National Statistical office is 1.1 - , thus every 10 working persons are supporting 11 dependents.

The average dependency ratio for the SOS FSP participants is 1.04, implying, that every 10 working persons are supporting 10 dependents which is the same as the national average. There was no baseline information to compare with so as to assess whether or not this has changed. Households from Ngwenya village had the highest dependency ratio of 1.57.

Table 2: Demographic Characteristics of SOS FSP participants by village

Characteristic	Village				Total (n=102)
	Ngwenya (n=23)	Chimutu (n=21)	Nsana (n=37)	Santhe (n=21)	
Sex of household head (%)					
Male	26.09	35.00	50.00	42.86	39.80
Female	73.91	65.00	50.00	57.14	60.20
Marital status					
Unmarried	8.70	20.00	5.88		8.16
Married	26.09	25.00	50.00	33.33	35.71
Widow/widower	56.52	50.00	44.12	66.67	53.06
Divorced		5.00			1.02
Separated	8.70				2.04
Age of household head					
Less than 20	9	5		11	6
21-30	18	16	3	5	10
31-40	23	21	17	5	17
41-50	14	11	34	26	22
51-60	27	32	31	16	27

61-64	5		3		2
Greater than 64	5	16	10	37	16
Average age	44.28	45.11	50.93	50.58	48.07
Household size					
1 person			3	4	2
2-3 persons	10	36	13	17	19
4-5 persons	20	28	37	35	31
6-10 persons	65	36	47	43	47
> 10 persons	5				1
Average hh size	6.3	4.8	5.5	4.7	5.4
Dependency ratio	1.57	0.65	0.97	1.14	1.04
Category of household head (%)					
Orphan	36.84	15.00	20.00	14.29	21.05
Chronically ill	31.58	10.00	17.14	19.05	18.95
Uncle/Aunt	5.26	25.00	25.71	4.76	16.84
Granny	26.32	50.00	37.14	61.90	43.16

Source: SOS impact evaluation survey, October 2007

Education and occupation

The education level and occupation of heads of households for SOS participants are presented in Table 3. Results indicate that the majority of household heads (46%) among FSP participants had never attended school, while about 28% and 22% of the household heads, had attended lower primary and senior primary education, respectively. Since 4 years of primary education is considered the minimum level required to enable one acquire lasting literacy, it implies that nearly two thirds of household heads in the program are illiterate. The illiteracy situation is in line with what the baseline survey found. Village level statistics show marked differences in literacy. For example, a larger proportion of the household heads from Nsana (54%) had never attended primary education against 35%, 50% and 42% for Ngwenya Chimutu and Santhe, respectively. In the study causes of illiteracy were not investigated. However it could be argued that illiteracy is mainly related to poverty. Poor households, constrained by the need for immediate survival, are unlikely to invest in long term return investments such as education.

The high levels of illiteracy in the area are a cause for worry as illiterate communities may find it difficult to understand the significance of some well intended innovations, and this may eventually make it difficult for the Family strengthening Programs implemented by SOS to achieve their intended

objectives. SOS should, therefore, consider, putting extra emphasis on literacy programs in the intervention area.

The occupation of household heads is an important indicator and sometimes determinant of the household economic status. The study reveals that, half of the heads of households (53%) were full time farmers. There are marked occupational differences between villages due to the differences in the location of villages. Ngwenya and Chimutu being peri-urban communities reported a significantly lower proportion of households participating in agriculture (less than 40 percent) than Nsana and Santhe where more than two thirds of household heads were reported to be full time farmers. Peri-urban villages were mainly characterized by households with an active participation in non-agricultural activities such as petty trading, and the provision of casual labor (*ganyu*) as their source of livelihood.

The occupational differences between semi-urban and rural villages point to the need for SOS FSP to selectively implement programs that can enhance the performance of existing livelihood strategies, instead of introducing uniform or blanket interventions for the whole intervention area. For example the promotion of agriculture for food security will have a greater impact among farming communities in rural villages such as Santhe where communities have land resources and are already engaged in agriculture, while such programs will have a limited impact if they are promoted among the land constrained urban communities where non-agricultural activities are a major source of livelihood.

Table 3: Education and occupation of household head among households supported by SOS

Characteristic	Village				Total (n=102)
	Ngwenya (n=23)	Chimutu (n=21)	Nsana (n=37)	Santhe (n=21)	
Level of education					
Never attended	35	50	53	42	46
Junior primary	22	20	32	37	28
Senior primary	39	25	9	21	22
Secondary	4	5			2
Main occupation					
Agriculture	39	20	65	80	53
Small trader	35	25	6		15
Unemployed		10	15	5	8
No agriculture day labourer	9	10			4

Agric. day laborer			3	10	3
Builder	4	5	3		3
Retired			10		2
Large trader			4		1

Source: SOS impact evaluation survey, October 2007

Religion and tribe of communities

Results on the religion and tribe of heads of households in the intervention area are presented in Table 4. More than 90 percent were Christians while only 7 percent were reported to be Muslims. Roman Catholics were the majority (30 %), followed by African Abraham (19%) Aaron(15%) and CCAP (14%). While SOS may not be directly involved in religious issues, a thorough understanding of the beliefs and values in the intervention area is an important prerequisite to the success of most community programs.

With regards to tribes, the majority are Chewas (88%). However, the peri-urban nature of Ngwenya village makes it relatively more mixed in terms of tribes than the other villages. In Ngwenya, other than chewas (35%), other frequently reported tribes include Ngonis (20%), Yaos (25%) and Tumbuka (5%).

Table 4 Religion and tribe of the head of household for households FSP households

Characteristic	Village				Total (n=102)
	Ngwenya (n=23)	Chimutu (n=21)	Nsana (n=37)	Santhe (n=21)	
Religion of household head (%)					
Roman catholic	10.0	40.0	30.0	36.4	30.0
African Abraham	25.0	28.0	12.1	13.6	19.0
Aaron	0	12.0	21.2	22.7	15.0
CCAP	25.0	12.0	12.1	9.1	14.0
Islam	35.0	0	0	0	7.0

Assemblies of God	0	0	12.1	0	4.0
Zion	0	0	6.1	4.5	3.0
Church of Christ	0	0	0	9.1	2.0
New apostolic	0	4.0	0	4.5	2.0
Seventh day	0	0	3.0	0	1.0
Revival faith	0	4.0	0	0	1.0
Vision heaven temple	5.0	0	0	0	1.0
Dutch	0	0	3.0	0	1.0
Tribe (%)					
Chewa	35.0	88.0	100.0	100.0	84.9
Ngoni	20.0	4.0	0	0	4.7
Yao	25.0	0	0	0	4.7
Tumbuka	5.0	0	0	0	0.9
Lomwe	0	4.0	0	0	0.9
Nyanja	15.0	4.0	0	0	3.8

Source SOS impact evaluation survey, October 2007

3.2 Agriculture and Food Security

Food security is one of the thematic areas on which SOS has focussed its attention. The major aim of the Food security program is to ensure that households have enough food to last them through out the year. The specific objective of the food security program is to improve the farmer's access to inputs such as fertilizer and seed and to link farmers with agricultural extension workers. In this regard the project is meant to be implemented in collaboration with the ministry of Agriculture. This section describes the situation with regards to access to land , fertilizer and other inputs among program participants and assesses the extent to which the SOS FSP has contributed to the current situation. Through the program, 370 households benefited from farm input programme, 60 households were given 10 chickens each for income generation while 20 households were given a goat each for income generation.

3.2.1 Land Holding Size for households under FSP support

Land is an important determinant of household food security in agrarian economies such as Malawi. Lack of land can lead to immense poverty and in some cases destitution. Table 6 shows land holding size by location. The average land holding size for the study area is 1.27 acres, which is about half of a hectare. SOS supported households in Ngwenya village reported much smaller land holdings (0.48 acres) than those from the other villages, largely due to the peri-urban environment in which they live.

In poverty assessments, households with land holding sizes of less than 1.5 hectares are considered poor, among other criteria. From these figures, it is clear

that these households are land poor, and given the low technology usage in agriculture, the opportunities to produce adequate food for the households for the entire year can be said to be minimal.

In terms of land distribution, more than half of the households supported by SOS reported land holding sizes of less than one hectare. Such land holding sizes are smaller than the national level where it is reported that over half of Malawian rural households cultivate/own less than one hectare while one-quarter cultivate/own less than 0.5 hectare. About 21 percent of the households reported that they were landless. More households in Ngwenya (50%) and Chimutu (44%) were landless, compared against Nsana (3%) and Santhe (4%). It was not possible to compare land availability between the current and the baseline situation.

In order to address the land problem, SOS has offered part of its land at the centre to be used by the landless households for growing communal maize. This is a very commendable effort by SOS as it enables households that would otherwise never participate in agriculture to do so and benefit by sharing the harvest from the gardens. The provision of community gardens implies that 21 percent of households (the landless) who would never have participated in agriculture now participate.

Table 5: Land holding characteristics of SOS supported households by village

Land holding category	Group village				Total (n=102)
	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	
Land holding size groups (hectares)					
Landless	50	44	3	4	21
Less than 0.5acres	15	8	13		9
0.5 -1acres	25	28	29	29	28
1 – 2 acres	5	16	26	63	28
2-3 acres	5	4	18	4	9
3-4 acres			5		2
4-5 acres			5		2
Average total land (acres)	0.48	0.87	1.81	1.60	1.27

Source: SOS survey (October 2007)

3.2.2 Crops grown

The types of crops grown are presented in Table 7. The Table presents the crops that were grown by individual households and does not include crops (mainly maize) that were grown at community gardens. Maize is the major crop by SOS participating households grown by 79% of the households. Other important

crops include beans and bambara nuts. Results further show that a significant proportion of households from Ngwenya (43%) and Chimutu (33%) villages did not grow any crops on individual gardens mainly because they were landless.

These findings suggest an over-dependency of households on maize which is in line with the national situation. However the lack of crop diversification in the intervention area can also be attributed to the land constraints faced by households. SOS can still support the growing of other crops such as beans which can easily be intercropped in maize gardens. Crops that can not be intercropped with maize, such as cassava are not options for diversification under such land constrained conditions.

With regards to the varieties, households reported growing both local and hybrid maize varieties although more households (74%) grew hybrid varieties than those that grew local varieties (26%). The use of improved varieties in the study area is higher than national average of 45 percent reported in the integrated household Survey (HIS 2, 2005). The high use of improved varieties among SOS program participants might partly be attributed to SOS efforts through the Food security program in which SOS distributed improved seeds to its beneficiaries. The use of improved seed is likely to lead to high yields and consequently food security. Although hybrid seed is expensive and may always require fertilizer, it is difficult for households in this area to revert to local varieties if they lack hybrid seed as their small holdings require that they practice intensive agriculture (which involves the intensive use of high value inputs) in order to meet their annual food requirements.

Table 6: Types of crops grown by SOS program participants

Characteristic	Village				Total (n=102)
	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	
Crops grown (%)					
None	43.48	33.33	2.70	4.76	18.63
Maize	56.52	61.90	94.59	95.24	79.41
Beans		4.76			0.98
Bambara nuts			2.70		0.98
Varieties of Maize grown					
Local maize	8.33	35.71	18.92	36.36	24.71
Hybrid variety	91.67	64.29	78.38	63.64	74.12

Source SOS survey (October 2007)

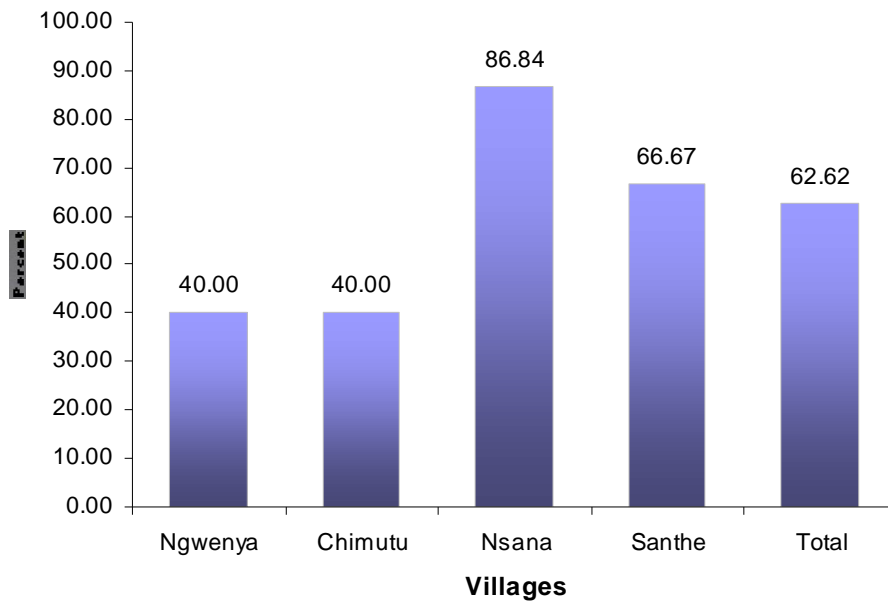
Further, results indicate that a good proportion of households that grew maize also applied fertilizer to their gardens. As indicated in Figure 3 the proportion of households that reported applying fertilizer was higher (62%) than the national

average of 40 percent reported in IHS2. The improved use of fertilizer among the beneficiaries is partly due to SOS initiative that allowed FSP participants to get fertilizer. Due to the lack of baseline data on fertilizer use, it was not possible to compare the fertilizer use patterns with the baseline.

Figure 2: SOS providing fertilizer to FSP participating households



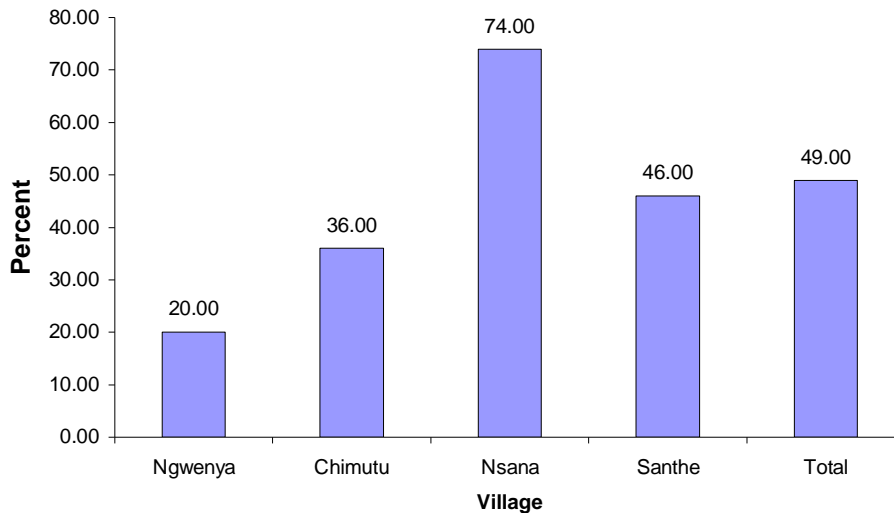
Figure 3: Proportion of households that applied fertilizer to their maize gardens



3.2.3 SOS support for food production and sources of agricultural inputs

As indicated in Figure 4, about half of the respondents, all of whom were FSP participating households, indicated that they received agricultural inputs in the form of seed or fertilizer from SOS. Such results are evidence of a commendable effort by SOS family strengthening programs, which aims, among others at improving household food security among beneficiary households. The differences in proportions of households receiving inputs across the villages can be attributed to the land constraints faced by households, particularly, for households in Ngwenya, and Chimutu whose participation in agriculture is limited.

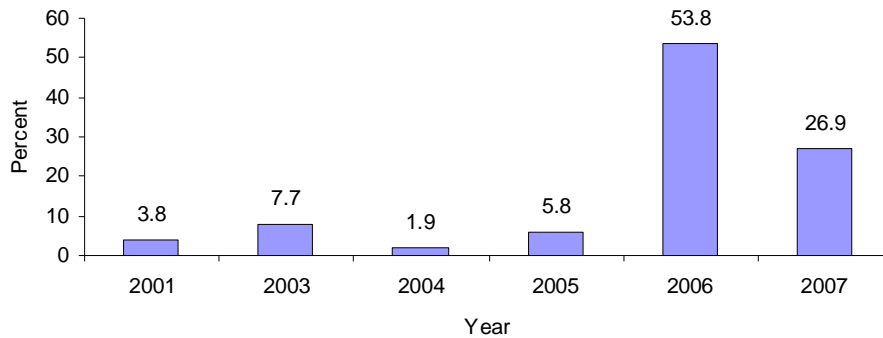
Figure 4: Proportion of households that received agricultural inputs from SOS in 2006/2007 season



The evaluation team noted that SOS provided fertilizer and seed to a number of households in the impact area (370 households). With regards to the year when household started receiving or received inputs from SOS, the results in Figure 5 show that the majority of households (53%) received agricultural inputs from SOS in 2006. A much smaller proportion of households (27%) indicated that SOS supported them with agricultural inputs in 2007. While the provision of agricultural inputs either through credit or otherwise, to input constrained-households is a key strategy for improving household food security for such households, it is important for SOS to design strategies for sustainability as a way of empowering households.

The results further suggest that SOS has been slowly increasing the amounts of inputs as indicated by the increasing trends in the number of households receiving such inputs over the years. This continued support is particularly commendable because households will benefit significantly from the program if they are supported for at least 3-5 years. It was noted that the program targeted new households each year, but continued to support old participants as well. In fact almost all households reported that they experienced improvements in food security as a result of SOS support. Further, focus group discussions revealed that the level of self support among the beneficiaries remained low due to the high poverty levels.

Figure 5: Year when households received agricultural inputs from SOS



In the catchment, area there is virtually no reported cases of winter or *dimba* (low lands) cropping. This implies that households have to solely rely on the rainy season for crop production. The lack of *dimba* cultivation in the catchment area can be attributed to the land constraints.

3.2.4 Community gardens

Community gardens have been promoted in the communities and each community has a community garden managed by the village development committee. It was learnt that SOS had provided land where the communities cultivated community gardens. It was further learnt that communities appreciate the community gardens initiative as they were able to directly benefit from the program through the harvest they got from the gardens. Figure 6 indicates some of the harvest from community gardens in 2007.

Households appreciated the contribution of community gardens to household food security; however, they raised a number of issues which they thought were constraints to the successful implementation of community gardens as follows:

Long distance to SOS: The communities felt that the distance to SOS where the gardens are located is too far. The distance was usually more than 4 kilometres. As a result most households participating in community gardens find it difficult to consistently monitor their crop. However there is no potential solution to the long distance problem.

Figure 6: Maize harvested from a community garden



Lack of inputs: The communities felt that although they received some inputs from SOS such as fertilizer, the inputs were not enough for the piece of land. It was noted that the gardens were usually one acre in size, but SOS only provided one bag of basal dressing fertilizer and one bag of top dressing fertilizer which is lower than the recommended fertilizer application rates. While the study team did not have the opportunity to assess the size of gardens, it is important for SOS to explore ways of promoting the adoption of recommended fertilizer application rates in the area, particularly in community gardens. This can be done with the help of experts such as the agricultural extension workers from the ministry of agriculture.

Theft at community gardens: Theft was reported in a number of community gardens. It was reported that, theft was mainly due to the destruction of a security fence at SOS by thieves. This was reported as one of the potential sources of discouragement in participation in their community garden. SOS can however assist participants by improving on the security situation of the garden. Site observations by the consultants revealed that a larger portion of the fence where community gardens are located has been vandalized and broken making it easy for any one to move in and out of the community maize gardens.

3.2.5 Livestock and asset ownership

As depicted in Table 8, about two thirds of households reported keeping some livestock. Results further indicate that livestock ownership is dominated by rearing of poultry- chickens in particular. Other livestock kept include goats and guinea fowls.

It was noted that SOS had supported some households with goats. This is a commendable initiative because livestock can improve household's access to high quality protein. In times of need, households may also sell livestock to raise money for purchasing foodstuffs and farm inputs. However, from the figures in the table, it can also be deduced that ownership of livestock is very low, and thus, indicating that the households' wealth status is very low if measured by ownership of livestock.

Table 7: Livestock and asset ownership among FSP participants

Parameter	Villages				Total (n=102)
	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	
Livestock rearing					
Yes	63.2	66.7	64.9	69.6	66.0
No	36.8	33.3	35.1	30.4	34.0
Type of livestock kept					
Chickens	50.0	43.8	45.8	43.8	45.6
Goats	33.3	37.5	37.5	37.5	36.8
Guinea fowl	16.7	18.8	16.7	18.8	17.6
Household asset ownership					
Radio	25.0	24.0	18.4	20.8	21.5
Blankets	66.7	69.6	57.1	68.2	64.3
Clothes	100.0	100.0	100.0	100.0	100.0
Sleeping mat	61.1	60.9	51.4	59.1	57.1
Mattress	27.8	26.1	22.9	27.3	25.5

Source: Impact evaluation, October 2007

3.2.5.1 Support for livestock production

It was learnt that SOS had supported some communities with livestock and was in the process of scaling up the programs. About 60 households were given 10 chickens each for income generation. SOS also supported 20 households with a goat each for food and income generation. The livestock are to be managed as a

revolving fund such that upon reproduction, the young livestock is shared to the other members of the community. It was further reported that about six goats had given birth while one had died. Discussions with households that received the livestock indicated that while they had not started benefiting fully from the livestock, they expected high returns once the livestock increase in number. The distribution of such livestock is commendable; however it should be accompanied with training for farmers, particularly where exotic livestock breeds are provided. In this regard, it was learnt that SOS was planning to collaborate with the ministry of agriculture to provide training on livestock management for some communities.

3.2.5.2 Delay of community livestock farming

The need for diversification away from crops was reported to be high among the SOS FSP participants. Communities wanted to diversify away from maize community gardens by starting livestock farming. As a result, they felt that the livestock program was not being implemented as fast as required. Because of this, there is urgent need for SOS to link these communities to appropriate institutions such as land O' lakes that can help them to start livestock farming as soon as possible considering that the communities have limited sources of income.

3.2.6 Asset ownership

Ownership of assets was also assessed in this study as a way of understanding household capacities to care for the vulnerable children and the general household's economic status. Households in the intervention area are poor with a very narrow asset base which makes them vulnerable to any household economic shock. Only 21 percent of households had valuable assets such as radio, an indication that the majority remain poor.

In order for households to build a strong asset base, SOS has to sensitize and support communities with non-farm income generating activities so that they generate money required to buy such assets. Such assets can later be sold when ever a crisis occurs and thus smoothing consumption. For such an initiative to be a success, SOS has to start encouraging households to participate in non-farm income generating activities, through improved access to financial services such as credit as well as savings.

3.2.7 Food Security

Food security is defined as access to sufficient, safe and nutritious food that meets dietary needs, food preference for an active and health life by all people in a household and at all times in a socially and environmentally acceptable manner, , (Malawi Government, 2002).

Food security in Malawi is mainly defined in terms of maize availability. In the study area, respondents were asked whether or not they still had maize reserves in stock from the 2006/07 harvest. More than 90 percent reported to be food insecure, (had depleted food stocks) at the time of the survey. This is not surprising considering that most households in the area are land constrained. Respondents were also asked when they run out of food or when they expected to run out of food stocks.

Figure 7: Cumulative distribution of SOS FSP households that run out of food at each month in the year

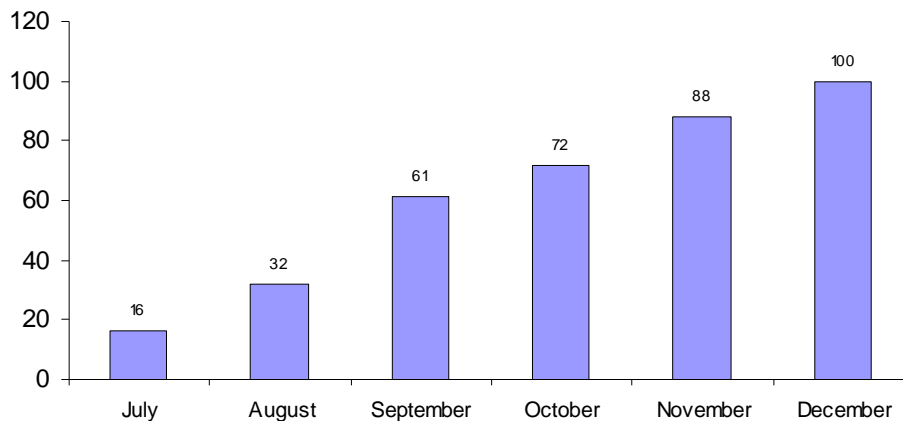


Figure 7 depicts a cumulative proportion of households running out of food stocks each month. As indicated, by December which is the critical month of the year, all households will have run out of the staple food. This is a very critical situation when considered in the light that nationwide, Malawi experienced a bumper yield in 2006/2007.

These findings suggest a high vulnerability of households to food insecurity and poverty among SOS FSP participants which has a direct bearing on child development. Nonetheless, despite such high levels of food insecurity in the area, there is potential to improve the food security further by improving their income levels through non-farm income generating activities.

As a result of food insecurity and the narrow economic base in the catchment area, most households resort to very extreme and unsustainable coping strategies such as begging food from friends and relatives. There is urgent need to support income diversification into non-farm economic activities in the area if food security is to be achieved.

3.3 Income sources

Due to lack of financial capital, participation in non-farm income generating activities remains low. Most households (70%) reported that they did not participate in any non-farm economic activity. The most frequently reported forms of non-farm income sources include casual labour (27%), remittances (18%), beer sales (12%) and selling locally baked bread (*mandas*) (2%). Other less frequently reported forms of IGAs include charcoal selling, fish selling, firewood selling and selling vegetables.

3.4 Support from SOS on non-farm income generating activities

The respondents were asked whether or not they had received any support from SOS related to their non-farm income generating activities (IGAs). The majority (75%) indicated that although they were in urgent need of support, they did not receive any support from SOS.

Since SOS is not a financial institution, it is important that efforts are stepped up to link households to financial institutions that are operating in the area to ensure their increased access to financial services. Most credit in Malawi is administered to groups with a joint liability clause, as such; SOS may have to focus on strengthening group cohesion through the provision of initial training in group dynamics to the potential beneficiaries. Group cohesion is a prerequisite to successful group loan repayment in group loans.

3.5 Nutrition evaluation

According to the Malawi Demography and Health Survey 2004, 48% of children under the age of 5 years are nutritionally stunted while 22% are under weight (NSO and ORC Macro, 2005). In the 2005/2006 growing season, Malawi faced a severe food deficit. This crisis was considered to be the worst in a decade. The severe food deficit was attributed to various factors that included intermittent rainfall during the critical months of crop production, lack or inadequate inputs due to high input prices and low purchasing power by communities which made it difficult for households to procure food that was available on the market

The situation of food insecurity was further aggravated by scarcity of maize at the Agricultural Development and Marketing Corporation (ADMARC), where maize was sold at a higher price than the normal one. This led to a reduction in the number of people accessing food and an increase in malnutrition rates among household members. The increase in malnutrition rates resulted in a 14.4% increase in admissions at the Nutritional Rehabilitation Units (NRUs) in October 2005 compared to the same month in the previous year, 2004.

It was from this background that SOS initiated family strengthening program which among others encompassed nutrition support component to mitigate effects of the food crisis and malnutrition and promote resilience of the communities to similar future shocks.

3.5.1 Methodology on nutritional Evaluation

The nutrition assessment focused on the presence or absence of stunting, wasting, oedema and other forms of illnesses. The methodology for nutrition assessment is summarized in Table 9. In this study nutrition and anthropometric information was taken from 80 under-five children in the study area.

Table 8: Methodology for nutritional Evaluation

Age:	This was recorded in months. The exact date of birth was recorded and validated by the health passport.
Weight:	Was measured with the child in light clothing without shoes using a 25kg Salter scale to the nearest 100g. The accuracy of the scale was checked each day and before new measurements were taken by adjusting the scales accordingly.
Height/length	This was measured with the child bareheaded and barefoot using a height/length board. Measurements were taken in centimeters and recorded to the nearest 0.1cm. Length of any child under 2 years (< 85cm) was measured while the child was lying down and children above 2 years (>85cm) were

	measured while standing upright.
Mid Upper Arm Circumference (MUAC)	MUAC in children were measured on the left arm to the nearest 0.1cm at the middle point between the elbow and the shoulder while the arm was relaxed. This was taken in all children above 12months of age.
Oedema	Thumb pressure was applied to the top part of both feet of the children for 3 seconds. If a thumbprint remained on release of thumb on both feet then the child was recorded as having nutritional oedema.
All vaccination	For all children information on all vaccination was determined from health passport
Morbidity Status	Child caretakers were asked on any disease the child might have suffered from in the previous 2 weeks prior to the survey.
complementary feeding	Complementary feeding practices were assessed in youngest children 6 – 59 months of age. The feeding practices included preparation of special meals and frequency of consumption of complementary foods.

3.6 Analysis, output indicators and their definitions

3.6.1 Weight for Height (wt/ht) and Height for Age (ht/age)

Acute malnutrition is estimated from the weight for height index (wt/ht) combined with the presence of oedema. Chronic malnutrition is estimated from the height for age index (ht/age). These indices are then compared to the National Centre for Health Statistics (NCHS), references (NCHS, 1977; NCHS growth curves for children aged 0-18 years (United States Vital Health Statistics. 165, 11-74). The indices are expressed both in Z-Scores and as a % of the reference median. The expression of results in Z- Scores has true statistical value and allows for inter-study and international comparison. The % of the reference median is more commonly used to identify children for feeding programmes and is considered a more reliable indicator of mortality.

Malnutrition in Z-Scores:

- Global Acute Malnutrition (GAM); wt-for-ht <-2 Z-Scores and/or oedema
- Severe Acute Malnutrition (SAM); wt-for-ht <-3 Z-Scores and/or oedema
- Global Chronic Malnutrition (GCM); ht-for-age <-2 Z-scores
- Severe Chronic Malnutrition (SCM); ht-for-age <-3 Z-Scores

Mid Upper Arm Circumference (MUAC)

MUAC is a useful tool for rapid screening of children at high risk of mortality. MUAC changes only marginally between 12-59 months (75-110cm in height) and therefore does not need to be related to age. It is a reliable indicator of the muscular status of the child and mainly used to identify those with a high risk of mortality. The cut-off points vary according to agency and country, for this survey the following cut-off points were used.

For Children 12 -59.9 months:

- MUAC ≥ 13.5 cm: satisfactory nutritional status
- MUAC ≥ 12.5 cm and < 13.5 cm; low risk of mortality, moderate risk of malnutrition
- MUAC ≥ 12.0 cm and < 12.5 cm; low risk of mortality, high risk of malnutrition
- MUAC ≥ 11.0 cm and < 12.0 cm; moderate risk of mortality, high risk of malnutrition
- MUAC < 11.0 cm; severe risk of mortality, severe malnutrition

Vaccination coverage:

Children aged 0-59 months and above were eligible for assessing all vaccination coverage based on health passport:

$$\frac{\text{Number of children with vaccination recorded on health card} \times 100}{\text{Number of children aged 0 -59 months}}$$

Morbidity

The prevalence of diarrhea (passing of three or more loose watery stool within 24 hours), acute respiratory infections (cough with difficulty breathing) and Malaria (fever and chills) were estimated from the number of reported cases of each illness over the two weeks prior to the survey as follows:

$$\text{Prevalence of Disease} = \frac{\text{Number of children reporting the diseases} \times 100}{\text{Number of children surveyed}}$$

3.6.2 Infant and Young Child Care and complementary Feeding Practices

Infant and young child care and feeding practices are some of the important determinants of child health and nutritional status. Good nutrition is the cornerstone for survival, health and development for current and future

generations. Well-nourished children perform better in school and grow into healthy adults. The pattern of infant feeding has an important influence on the health of the child. Feeding practices are the underlying determinants of a child's nutritional status. Poor nutritional status in young children exposes them to the risk of illness, malnutrition and death. Table 10 shows the distribution of youngest children that were assessed by age and sex

As can be seen from Table 10, there were slightly more boys in the sample than girls. However, there were no significant differences in the distribution of youngest children in the four villages surveyed.

Complementary feeding

Meal frequency is one of the determinants of nutritional status of household members, particularly young children. It is also a reflection of household food security. A reduction in meal frequency is a common practice among households during periods of food shortages and can be an indication that households are experiencing food insecurity.

Table 9: Sex of under five children assessed

Sex of youngest child		
	N	%
Male	45	57.7
Female	33	42.3

Source: SOS impact evaluation, October, 2007

Table 11 presents information on the types of foods and frequency of feeding the youngest child the previous day before the survey. The majority of under- five children (89.2%) for FSP participants from the three villages received food three times a day, the day before survey. There were no significant differences in the frequency of meals between villages. There were no baseline statistics to compare with to assess whether or not there was an improvement in the feeding habit due to SOS interventions. However, considering that children generally need to be fed at least four times a day in addition to frequent breast feeds, (Malawi Government 1998) the results suggest that all children in the surveyed areas were underfed.

Table 10: Complementary feeding of youngest child

Parameter	Name of village				
	Ngwenya	Chimutu	Nsana	Santhe	Total
Times child received food previous day (%)					
Twice	14.3	10.0	9.1	11.1	10.8
Three times	85.7	90.0	90.9	88.9	89.2
Prepared special meals for youngest children previous day	33.3	30.0	30.0	33.3	31.4
Special meal composition prepared					
Staples (cereals, roots, tubers, plantains)	95.0	92.0	94.4	91.7	93.4
Fruits	5.0	8.0	5.3	8.3	6.5
Reasons for not preparing special meal					
No food available	50.0	57.1	42.9	50.0	50.0

Source: SOS impact evaluation, October, 2007

Cereals, roots, tubers and fruits were the most frequently eaten food types. The results suggest that there is an opportunity for these households to improve their dietary diversified food intake and eventually improving nutritional status of the under-five children and household members. Half of the population in the study area did not prepare special meal for the youngest children because most households were food insecure.

3.6.3 Characteristics of the Children eligible for assessment

Nutrition assessment was based on anthropometric data of children aged 6 to 59 months. Table 12 summarizes the gender distribution of the children in the standard age groups for nutritional assessments.

Table 11: Distribution of age and sex of 6-59 months old children

Age (months)	Male		Female		Total		Ratio
	'n	%	N	%	N	%	M:F
6-17	19	24.4	15	19.2	34	43.6	1.3
18-29	12	15.4	6	7.7	18	23.1	2.0
30-41	10	12.8	7	9.0	17	21.8	1.4
42-53	3	3.8	4	5.1	7	9.0	0.8
54-59	1	1.3	1	1.3	2	2.6	1.0
Total	45	57.7	33	42.3	78	100.1	1.4

Source: SOS impact evaluation, October, 2007

Except for age group 18-29 months; all the age groups were well represented. There were fewer children in the older age group, a finding consistent with findings reported in similar surveys in Malawi. The older under-five children are likely to live with other relations away from the biological parents some due to loss of one of the biological parents or as per our tradition.

3.6.4 Prevalence of malnutrition

Results on the prevalence of malnutrition are presented in Table 13. The results show that the prevalence of global acute malnutrition (GAM) was 1.3% .This is much lower than the national figure of 5.2% as reported in the Malawi Demographic and Health Survey 2004 (NSO and ORC Macro 2005). The prevalence of underweight was 19.2% which is slightly lower than the reported national figures of 22%. Prevalence of stunting was 41 % which is slightly lower than the national figures that stunting is at 48. There were no baseline value to compare with, but the findings suggest the need for a more intensive nutrition program in the area.

Table 12: Prevalence of malnutrition by age

Age Category (Months)	Wasting			Underweight levels		Stunting levels		
	% Normal (- 2WHZ)	% Moderate (>=-3 WHZ and <-2WHZ)	% Severe (<-3 WHZ and/or oedema)	% normal (- 2 WAZ)	% moderate and Severe (<-3WAZ and >-3<-2)	% normal (- 2HAZ)	% moderate (>-3<-2 HAZ)	Severe (<-3 HAZ)
6-17	43.6% n=34	0% N=0	0% n=0	39.7% n=31	3.8% n=3	28.2% n=22	11.5% n=9	3.8% n=3
18-29	21.8% n=17	1.3% N=1	0% n=0	16.7% n=13	6.4% n=5	12.8% n=10	7.7% n=6	2.6% n=2
30-41	21.8% n=17	0% N=0	0% n=0	15.4% n=12	6.4% n=5	12.8% n=10	3.8% n=3	5.1% n=4
42-53	9.0% n=7	0% N=0	0% n=0	6.4% n=5	2.6% n=2	3.8% n=3	2.6% n=2	2.6% n=2
54-59	2.6% n=2	0% N=0	0% n=0	1.3% n=1	1.3% n=1	1.3% n=1	1.3% n=1	0% N=0
Total	98.7% n=77	1.3% N=1	0% n=0	79.5% n=62	19.2% n=15	59.0 n=46	26.9% n=21	14.1 n=11

Source: SOS impact evaluation, October, 2007

Oedema levels

In the surveyed villages there were no cases of oedema. The presence of Oedema in a population implies that more children are at risk of malnutrition. Such indicators may be used as a warning so that assistance particularly during the lean periods can be provided to the affected population especially women headed households.

Mid Upper Arm Circumference (MUAC)

MUAC is another indicator of malnutrition which was used to assess the nutritional status of children aged 12 to 59.9 months. It is used for screening

children for enrolment into feeding programmes. Use of MUAC tends to underestimate rates of malnutrition especially WHZ but is fast and easy to measure. This makes it suitable for rapid nutrition assessment for relief programs. The distribution of MUAC is presented in Table 14.

Table 13: Distribution of MUAC by age in children 6-59 months

Age in months	12.0-12.4cm		12.5-<13.5cm		>13.5cm	
	N	%	n	%	n	%
6-17months	1	1.3	2	2.6	14	17.9
18-29months	0	0.0	1	1.3	17	21.8
30-41months	1	1.3	0	0.0	16	20.5
42-53monthths	0	0.0	0	0.0	7	9.0
54-59months	0	0.0	0	0.0	2	2.6
Total	2	2.6	3	3.9	56	71.8

Source: SOS impact evaluation, October, 2007

When MUAC is used, global malnutrition is defined as MUAC <12.5 cm in this case (2.6%) and severe malnutrition is defined as MUAC <11.0 cm. From Table it can be observed that prevalence of malnutrition measured by MUAC was low in the study area. This means that using MUAC almost all the children have a satisfactory nutritional status.

Morbidity

Frequent illnesses and inadequate dietary intake are the two immediate causes of malnutrition. Frequent illnesses in infants and young children compromise their health and retard growth. Vitamin A deficiency is one of the micronutrient disorders of public health concern in Malawi and it is one of the common complications of measles. Immunisation against common childhood illnesses and supplementation of micronutrients such as vitamin A promotes good health and proper growth. A total of 77 under five children who had health passports were used to come up with valid information. Information on proportion of children who received immunisation against different diseases is presented in Table 15.

Table 14: Immunization of children again common infections

Vaccine		
	n	%
BCG	75	97.4
BCG scar	75	97.4
Polio 0	43	55.8
Polio 1	69	89.6
Polio 2	62	80.5
Polio 3	63	81.8
DPT 1	69	89.6
DPT 2	66	85.7
DPT 3	58	75.3
Measles	39	50.6
Fully immunised	62	80.4

Source: SOS impact evaluation, October, 2007

Coverage of measles vaccination is the lowest. One of the contributing factors to this low coverage is that most of the children were under age. However, 80.4% of children had health cards which provided reliable evidence to confirm that the children had been vaccinated. These results imply that at every opportunity, messages of importance and advantages of children receiving vaccination should be disseminated to mothers and care givers. Full immunisation against the six major childhood illnesses (tuberculosis, diphtheria, pertussis, tetanus, polio and measles) was reported by 64% which is still lower than expected. According to NSO and MACRO, ORC, 2004, 95% of the children received polio 1 and DPT 1. Comparison with estimates of coverage of specific vaccines based on the 1992 and 2000 MDHS data show that the immunization coverage for children has declined over time. There were no baseline figures to compare against on nutrition assessment because no baseline survey was conducted at the initiation of the project.

3.6.5 Relevance and effectiveness of the nutrition support

We find the nutrition support to be highly relevant to the area. It was noted that the nutrition support was designed in response to the 2005-2006 food deficits, a crisis that was considered to be the worst in a decade and its focus was to reduce the high prevalence of acute malnutrition. The project was therefore appropriate because it was designed in a manner that was meant to assist in reducing malnutrition among the affected communities. Further, the project was designed based on established facts such as high rates of acute malnutrition and morbidity, and thus it was relevant.

However the project will have to be better strengthened through linkages with other stakeholders to ensure continuity and sustainability. Although short term nutrition improvement strategies such as NRUs are good, in the long term there is need to build strong economic bases for the communities in the area as a way of improving food security and hence nutrition status.

It was noted that the project also used Health Surveillance assistants and Community Based Organisation volunteers that were already working in the communities. The promotion of chicken production ensured the connectedness of the project to address the long term problems such as high rates of stunting. The involvement of other stakeholders in implementation of the project may further ensure that long term and interconnected problems are sorted out.

Malnutrition is normally associated with unfair food distribution. Freedom from hunger is a human right and it is stipulated in Article 25 of the United Nations Declaration on Human Rights. It is therefore pleasing that children and women who are among the vulnerable groups to malnutrition were targeted in the project. Most beneficiaries and key informants expressed satisfaction that the coverage of the project activities was fairly distributed.

3.7 Access to Essential Services and Facilities

3.7.1 Health and sanitation

This section presents details of the evaluation findings, focusing on health and sanitation of beneficiaries in T/A Tsabango area under the Family Strengthening Programme. An earlier baseline study conducted by Jere of Quality Consulting Partners for SOS Children's Village Malawi Trust found that sanitation in the area is not good and that there is need to improve the situation.

In this study, health and sanitation activities include an evaluation of sources of water and distances to beneficiaries' nearest drinking water source in metres. Further, the consultants evaluated distances to clinics and the availability of drugs for beneficiaries of the FSP. The consultants also conducted a focus group discussion with members of two community-based organizations that work in the area of health.

3.7.1.1 Access to Water

Access to safe drinking water is one of the Millennium Development Goals (MDGs) and Malawi Poverty Reduction Strategy target as it has an impact on nutritional status, morbidity and mortality. Table 16 shows the proportion of FSP households that have access to different water sources. The majority (61.7%) reported that they drink tap water, while 22.4% and 15.9% reported that they drink water from boreholes and protected wells, respectively. The proportion of households with access to safe drinking water in the catchment area is higher than the national average of 66% reported in the IHS 2. This is also an improvement from 88% reported in the baseline survey mentioned earlier. It is important to note that the Family Strengthening Programme (FSP) did not provide these taps. The taps are provided by the Lilongwe Water Board and residents of these areas accessing water from the taps pay a fee per bucket.

Table: 15. FSP households' access to water sources

Water source	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
Taps	60	64	57.9	66.7	61.7
Borehole	25	20	23.7	20.8	22.4
Protected Well	15	16	18.4	12.5	15.9

Source: Impact evaluation, October 2007

It was noted that sustainability of these tap water sources is not a question that should be addressed by the FSP because the Lilongwe Water Board which owns the taps for commercial purposes is responsible for maintaining and sustaining the taps and water supply.

Perhaps of more relevance to the FSP (and this study) are the boreholes and protected well that are in the area. As noted in Table 8, overall 22.4 percent of respondents reported drinking water from boreholes. Figure 8 shows one of the boreholes constructed by SOS in Santhe Village.

Figure 8 One of the many boreholes constructed by SOS in Santhe Village



Source: Impact evaluation, October 2007

The boreholes are a vital source of free water for poor and vulnerable households targeted by the FSP. The Family Strengthening Programme has ensured that the communities will be able to maintain and sustain the boreholes as a source of water supply through the training it provided to the water committees. This is a very commendable effort by the program. Aside from the boreholes, SOS is actively involved in the facilitation of the construction of protected shallow wells as sources of water of the communities. Such wells are constructed by the communities who provide labour and bricks while SOS provides them with cement and other materials requiring financial resources. Figure 9 indicates one of the shallow wells constructed with support from SOS.

Figure 9: A shallow well constructed with support from SOS



Source: Impact evaluation, October 2007

Distance to Water Sources: The distance to water sources is shown in Table 17. Overall, 43percent of respondents reported that their water source was less than 100 meters from their homes. Another 40.2 percent of the respondents indicated that they lived within 500 meters from the water sources. Only 16.8 percent lived within 200 meters from the water source. Some differences with regards to distance to water sources were observed between villages.

Table 16: Distance to water sources for FSP participants

Distance	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
Less than 100 meters	50	44	39.5	41.7	43
101-200 meters	15	16	15.8	20.8	16.8
201-500 meters	35	40	44.7	37.5	40.2

Source: Impact evaluation, October 2007

With such short distances to water sources, the water situation looks good for the area. It appears that access to water is not a very critical problem with 40.2% respondents living within less than 50 metres of a water source. Since the water sources vary and the quality of the water cannot be easily determined, it is only proper that future interventions should focus on water management at the household level.

3.7.2 Training in Borehole Maintenance and Water Management

The Family Strengthening Programme has ensured that the communities will be able to maintain and sustain the boreholes as a source of water supply through the training in maintaining the boreholes. Participants were drawn from Chikungu, Nsana, and Santhe areas. In total, 33 individuals were trained – ten from each of the three areas and three chiefs. Most of the individuals were drawn from the village development committees. The trainees were trained in leadership, health education and borehole maintenance. In in-depth discussion with some of the people who received training in borehole maintenance respondents revealed the usefulness of the training. For example appreciating the usefulness of the training, *Mrs Banda says: “The training helped to acquire knowledge on how to maintain the borehole. If it breaks down I am here to ensure that it starts running again. In fact, the training enabled us to acquire skills that help us to ensure that potential problems are detected and dealt with before the borehole breaks down.*

Consistent with the notion that the training provided was effective, *Mr Phiri of Ngwenya village says “I work with the people who use this borehole to ensure that it does not break down. I see myself as an advisor to them on the use of the borehole. If we all cooperate, there is no reason why this borehole should not serve for a long time.*

Miss Nyoni concurs with the other beneficiaries and says *“It is our goal that SOS should not be involved any more in the maintenance and management of this borehole They have done their part . . . we must now do our part. We must find a way to raise money for spare parts, if needed.*

It is apparent that the FSP has taken the right direction in training respondents in borehole maintenance. The FSP should continue to provide such training and to train a wider group of people. In training these respondents, the FSP hoped that they would in turn pass on the knowledge gained to others in their areas. It is important that people should not only have access to water but they also should know how to manage the water. Apparently, the FSP’s water management

training programme is already bearing fruits as evidenced by perceived reduction in water borne diseases in the three areas. A village chief in Nsana, concurs with this notion and says *“I have noticed a reduction in water borne diseases ever since we started telling our people about the goodness of properly managing water we use. . . I think that people are more careful in handling water . . . there are few diseases that are water borne which we get during this period”*.

The consulting team also sought views from some members of the Village development committees. Emphasizing the need for sustainable management of the water sources, a village development committee member said *“It is not just a matter of the boreholes being close to us . . . We must take care of the water in the households in order to ensure that we are healthy. The reduction in water borne diseases is not just by accident . . . we are taking the lessons we learnt seriously and implement them at home. That is why the diseases have reduced.*

These observations suggest that those trained certainly view the sustained use of boreholes and the consequent reduction of water borne diseases in their areas as a result of their access to good quality water and the training they underwent.

3.7.3 Clinics and Drugs

As indicated in Table 18, the vast majority of FSP participants (89.7%) live within 10 Kilometers of a health clinic. The average distance to a health centre was 10.2 Kilometres. There were no marked differences in access to the health centres between the four villages. Further, it was reported that all clinics were constructed and funded by government. However, SOS Children’s Village of Malawi Trust has been sensitizing communities on the need to visit health centres when sick. The FSP, in particular, has been running mobile clinics in the area.

Table 17: Distance to clinic

Distance	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
1-10 km	90	88	92	87.5	89.7
11-15 km	10.3	12	7.9	12.5	10.3

Source: Impact evaluation, October 2007

These findings suggest that many people live far away from the clinics, which makes it difficult for very ill patients, the chronically sick and those without transport to access health services. Interventions in this area should provide residents with some form of transport that could be communally operated to move the chronically sick, elderly and bedridden to the clinics with relative ease. Such transportation may include bicycle ambulances. Ideally, the villagers

should have access to emergency services including ambulance services. But this is not normally the case. Thus while bicycle ambulances are not the ideal form of transport, they can fill the gap existing due to lack of emergency services in these areas. Further, bicycles ambulances can be maintained and operated with relative ease by these communities. They do not demand much input for operation and maintenance (as compared to cars). In addition the FSP should consider providing a regular mobile clinic service. While there are government clinics in these areas, we have already noted in the paragraph above that distances to these clinics are long. Therefore, mobile clinic service will be a good complement to the current the government clinics.

Clinic Visits and Availability of Drugs: Overall, 41.1% of the respondents in the study reported having visited a health centre three months prior to the study. No significant differences in visits to the health centre were observed among the villages. Three explanations can be advanced:

1. People may not be visiting the clinics because they do not have transport.
2. People may not be visiting the clinics because they do not have money to pay for the medication that maybe prescribed.
3. People may not be visiting the clinics because they do not have faith in the clinics.

With regards to the SOS clinic, the respondents were pleased with their last visit because they were able to receive the medication they sought. Overall, 88% of the respondents reported that the health centre provided them with the appropriate drugs for their illness. Ngwenya reported the greatest satisfaction with 90.9% of the respondents indicating affirmative on the appropriateness of the drugs provided while Chimutu, Nsana, and Santhe reported 86.7%, 89.5%, and 86.7% respectively.

The availability of drugs is a critical issue not only in the area under study but also the entire country. Factors affecting access to drugs also include the cost of such drugs and where to find them. The problem becomes even more complicated with regard to the bedridden and chronically ill because they cannot go to work to earn money needed for buying these medicines. The Family Strengthening Programme has taken steps to alleviate this problem through the provision of community boxes. The SOS FSP should also be commended for the Home-based Care programme carried out in conjunction with some community-based organisations like Paradiso which provide free medicines to the vulnerable. The FSP has placed medical boxes in the trust of the volunteers in the communities. There are two keys to each of the boxes, all of which are kept by different individuals. The boxes can only be opened in the presence of these two people. All medicines removed from the box are recorded in a register and the beneficiary's own register. By cross-checking the beneficiary's register and the register kept with the box, the FSP field personnel are able to do a quick audit to

make sure that the medicine has not been misused before replenishing the boxes. However, as will be noted in Section 5.7, the boxes are not being replenished regularly.

Sources of Information about HIV/AIDS: Table 19 illustrates the sources of information for HIV/AIDS for respondents. The majority (44.8%) reported that they receive information on HIV/AIDS from the SOS family Strengthening Program, an indication of the significance of FSP initiatives in the area with regards to the provision of HIV/AIDS information. The other frequently cited sources of information include government (35.6%), radio (17.2%) and World Vision (2.3%).

Table 18: Sources of HIV/AIDS information among FSP participants

Source	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
SOS	33.3	50	44.8	50	44.8
Government	38.9	35	34.5	35	35.6
Radio	22.2	15	17.2	15	17.2
WorldVision	5.6		3.4		2.3

Source: Impact evaluation, October 2007

In in-depth interviews, respondents mentioned some of the benefits accruing from this information. Mrs Kamwendo is one of the FSP participants in Ngwenya and she says “*I have always been aware of preventive methods. But SOS’s information acts as a constant reminder to me and it is always there with me. In fact we can never have enough information about HIV/AIDS considering that the effects of the disease are there with us everyday. From the information I learn how to treat those living with HIV/AIDS . . . to know that they are just as human as I am*”. These sentiments suggest that the FSP program has contributed towards reducing the stigma against HIV/AIDS

Appreciating the need for HIV/AIDS awareness initiatives, Mr Nkoma says “*We have a new generation among us. They too need to be informed about the dangers of HIV/AIDS. SOS information is useful for informing and educating my wards of these dangers. For me I am constantly reminded not only to be careful but also to do a VCT if I begin to feel as though there is something wrong with my body*”.

Thus it would appear that apart from merely providing information about the disease, FSP participants appreciate SOS Children’s Village Malawi Trust efforts for teaching them how to relate to those living with the virus. The information is also important for reminding people of the need to do a VCT. These findings suggest that FSP is doing a commendable job in providing information on

HIV/AIDS in the study area. The FSP has to continue providing this kind of information as a way of preventing the spread of HIV and AIDS and training communities of the negative effects of discriminating against HIV positive people.

3.7.4 Care for those Living with HIV/AIDS

Table 20 shows that overall, 16.8% of respondents care for someone living with HIV/AIDS. The highest number of respondents caring for people living with HIV/AIDS is in Ngwenya village (20%). Chimutu, Nsana and Santhe each reported 16%, 15.8% and 16.7%.

Table 19: The proportion of FSP participants caring for HIV/AIDS patients

Whether cares	Ngwenya (n=23)	Chimutu (n=21)	Nsana (n=37)	Santhe (n=21)	Total (n=102)
Yes	20	16	15.8	16.7	16.8
No	80	84	84.2	83.3	83.2

Source: Impact evaluation, October 2007

The FSP provides various forms of support to those taking care of people living with HIV/AIDS as follows:

1. Essential foods including Likuni Phala, Maize, cooking oil and beans.
2. Medical support including provision of medical care and medicine from drug boxes placed within the community.
3. Essential physical care provided by SOS FSP trained and supported community-based volunteers including bathing the sick, cleaning the house for them and generally keeping them company and providing essential social support.

An assessment of the quality and satisfaction of the support received from SOS was done by asking the beneficiaries whether they were satisfied with the support. Table 21 indicates perceptions on the adequacy of support among care givers receiving support from the FSP. 44% indicated that they are satisfied with support they receive from the FSP. The highest level of satisfaction was reported at Ngwenya village where 60% of respondents indicated that the support they receive from the FSP in caring for those living with HIV/AIDS is adequate. The respondents at Nsana village were also satisfied with the FSP support with 50% indicating that they think that support from the FSP is adequate. However, compared to Ngwenya and Nsana, Chimutu and Santhe villages indicated low levels of satisfaction with the FSP's assistance in caring for those living with HIV/AIDS.

Table 20: Adequacy of SOS support for those caring for HIV/AIDS patients

Whether adequate	Ngwenya	Chimutu	Msana	Santhe	Total
Not Adequate	40	66.7	50	66.7	56
Adequate	60	33.3	50	33.3	44

Source: Impact evaluation, October 2007

While respondents did not reveal explicit reasons for satisfaction or dissatisfaction with the FSP, some reasons can be suggested as revealed by statements the respondents made in focus group discussions. For example in Ngwenya one respondent told the consultants:

“SOS helped me acquire skills which in turn helped me to take better care of the sick in this household. It helps that we are so close to town. I have some relatives close to town who were able to supplement the support I was receiving from SOS so that even though we had a difficult time taking care of the sick, we were able to appreciate SOS’s help because it complemented what we received from our relatives”.

It would appear that satisfaction was linked to the ability to complement the FSP’s support with opportunities available with proximity to the city. This can be supported by comments coming from some respondents in Chimutu and Santhe which are further away from the city. One respondent remarked:

“It is difficult to help yourself in this village. We are closed to any opportunity (commercial) especially now that I am caring for the sick. SOS helps but I wish they could do more. I can’t leave the village because of the sick one’.

3.7.5 SOS Medical Personnel Perceptions on the Service They Provide

In- depth interviews with medical personnel (both the FSP and government) raised issues of concern that affect the way they carry out their duties of outreach to the community. The concerns presented here are issues that the Family Strengthening Programme will need to look into and rectify.

Medical personnel were concerned that they do not visit the communities sufficiently to administer TB shots, do surveillance and follow-up on treatment.

Medical personnel further reported that problem of limited personnel means that sometimes a period as long as a month to two months can elapse before personnel go into the community to carry out these activities.

With regards to the above problems, the consultants noted that while the Family Strengthening Programme also has a home-based care component, there are certain specialized tasks that can only be carried out by trained and qualified medical personnel. Thus the presence of SOS medical personnel in the community cannot be altogether eliminated. The Home-based care volunteers provide a crucial and essential service in the Family Strengthening Program. But they still need the advice of SOS medical personnel from time to time. There can be no doubt that the home based care volunteers are an important element of the health programme in the FSP. In fact they guarantee the sustainability of the health programme. But regular and consistent support is essential to ensure that the volunteers do not slacken or neglect problems which they feel not competent to handle.

3.8 PSYCHOSOCIAL SUPPORT

3.8.1 Training in Psychosocial Support

The psychosocial training arose as a result of demands from communities who felt that orphans and needy children were not being properly cared for and that some of the needs bordered on the lack of psychosocial understanding and training. Having observed that house mothers at the SOS Children's Village have been trained in child care skills and that they are able to properly take care of the institutionalized children at the SOS Children's Village Malawi Trust village, community leaders (i.e. village development committee members and traditional leaders) decided to ask the FSP to provide similar training to beneficiaries of the FSP who are caring for orphans and needy children. Thus the training was demand driven.

The training targeted households taking care of orphans and needy children. More specifically, it targeted granny headed, child headed, and uncle/aunt headed households. The purpose was to provide child care training essential for these households. Some of the problems that community leaders specifically mentioned that gave rise to the training include:

1. Inadequate psychosocial care towards the orphans/needy children.
2. General, day to day interaction between orphans/needy children with their guardians. Specifically, this includes the need to integrate the child in the household and not to say things that could cause a sense of exclusion for the child.
3. Stigmatization and discrimination against orphans and needy children in the community.
4. Leaders also noted that the parents and the guardians did not have skills that would enable them to bond with orphans and needy children brought into their households.
5. Generally, the community needed skills to help those who are taking care of people living with HIV/AIDS.

Thus the objectives according to the training manual were:

1. To sensitize both children and community not to stigmatize needy children and orphans.
2. To sensitize parents on the bonding needs of children.
3. To help parents and the communities understand their role in the education of the child (including orphans and the needy).
4. To help the communities understand the need to support households that are caring for orphans and people living with HIV/AIDS.

The training programme was facilitated by the FSP field staff. This was essential because in the end it ensured that all households were met by people who knew them and understood their needs. Further, this is viewed as part of the FSP field staff's normal day to day duty of helping these household.

In this study, the findings with regard to psychosocial training are mixed and difficult to interpret. It appears that overall SOS FSP's psychosocial support training has reached very few people in its catchment area. As indicated in Table 22, of all those surveyed, 90.7% indicated that they had not received training in psychosocial support. Respondents in Ngwenya and Nsana all indicated by 92.3% that they had not received psychosocial support training while respondents in Chimutu and Santhe indicated by 89.5% and 88.2% respectively that they had not received such training. This means that overall only 9.3% of respondents have received such training.

Table 21: Respondents receiving training in psychosocial support

Whether received training	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
Yes	7.7	10.5	11.8	10.5	9.3
No	92.3	89.5	88.2	89.5	90.7

Source: Impact evaluation, October 2007

However, paradoxical to the above findings, the study also found strong indications of benefits that can only accrue for psychosocial training. These findings are described in the sections below.

3.8.2 Behaviour of Children/Wards

Overall, children remained well-behaved with 81.3% of respondents indicating that they experienced no troublesome behavior from their children or wards like defiant/avoidance of authority, running away or staying out late in the seven days prior to the study. Respondents expressing the most dissatisfaction with their children or wards were mostly in Santhe and Chimutu with both areas reporting 20.8% and 20% of parental dissatisfaction. Ngwenya and Nsana reported 15% and 18.4% dissatisfaction with children/ward behaviour. All those respondents who reported dissatisfaction with their children/wards' behaviour dealt with such behaviour by "shouting" at the child.

With regards to covert misbehaviour such as lying, damaging property or stealing, again overall, children displayed generally good behaviour. Overall, 95% of respondents indicated that their children/wards did not exhibit such

behavior. Where such behavior was exhibited, Chimutu reported the highest incidents of such behaviour with 8.7% of the respondents indicating that their children/wards had behaved in such a manner. Ngwenya, Nsana and Santhe indicated that such behaviour occurred by 5.3%, 2.8% and 4.5%. In all incidents when such behaviour was reported, it only occurred once in the seven days prior to the survey.

With regards to minor aggression like bullying and teasing, or physical fighting with others, 80% of respondents reported that such behaviour had not occurred in the seven days prior to the study taking place. Santhe reported the highest incidences of such behaviour with 22.7% of respondents indicating that such behaviour had indeed taken place in the seven days prior to the study. Chimutu was a close second with 21.7%. In Nsana, 19.4% of respondents reported that their children/wards were involved in such minor aggressive behavior. Ngwenya reported the lowest incidence of such behaviors with 15.8% indicating that their children/wards had engaged in such behavior (see Table 23). All respondents indicated that their children/wards have respect for their parents or children.

Table 22: Child misbehavior and its occurrences

	Overt misbehaviour	Covert misbehaviour	Bullying and Teasing
Ngwenya	15	5.3	15.8
Chimutu	20	8.7	21.7
Nsana	18.4	2.8	19.4
Santhe	20.8	4.5	22.7
Overall	18.6	5.3	20

Source: Impact evaluation, October 2007

Factors leading to the good behavior for the children may be rooted in the culture and the community in which these children are being raised while others may be intrinsic to parenting itself. These finer points of parenting, culture and community must be upheld in SOS FSP parental/parenting support service.

Training in psychosocial support is important for mental balance of those people who have to deal daily with stress and pressure. Considering the positive results that are explained in the preceding paragraphs (and also mindful of the negative findings reported in 6.1) the FSP needs to re-run the course. In this regard, SOS Children's Village Malawi Trust must consider a re-evaluation of the course content to identify areas that need strengthening. The training course must be offered again in a strengthened appropriate version.

3.8.3 Parent-Guardian/Children-Ward Bonding

As indicated in Table 24 the respondents reported that they spent time with their children. Overall, 92.5% of the respondents spend time with their children/wards sharing stories and just talking. Very few respondents do not spend time at all with the children/ward. Only 3.7% of the respondents indicated that they do not spend time with their children. Even though, spending quality time with children/wards differed from area to area, the difference was not startling. All percentages were 90% or above (Ngwenya, 90%; Chimutu, 92%; Nsana, 94.7%; and 91.7%). Some respondents indicated that they sometimes spend quality time with their children/wards. These, like those who do not spend time with their children/wards at all are in minority. Only 3.7% of the respondents indicated that they sometimes spend time with their children. Percentages with regards to individual areas ranged from 2.6% for Nsana, 4% for Chimutu, 4.2% for Santhe, to 5% for Ngwenya .

Table 23: Proportion of FSP participants spending time with children/wards

Whether spends time with wards	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
Yes	90	92	94.7	91.7%	92.5
No	5	4	2.6	4.2	3.7
Sometimes	5	4	2.7	4.1	3.8

Source: Impact evaluation, October 2007

Child-parent bonding can also be strengthened through sharing of meals. As indicated in Table 17, 77.6% of the FSP participants indicated that they eat all their meals with their children/wards. Percentages of respondents taking all meals together ranged from 75% at Santhe, 76% at Chimutu, 78.9% at Nsana, and 80% at Ngwenya. Overall, those respondents who do not eat all meals with their children/wards indicate by 18.7% that they try to eat at least 4 meals with their children/wards. Overall, respondents spend ample time telling stories about family experiences and history. Only 37.9% reported doing that two times a week, while 24.1% reported telling stories to their children six times a week. With regards to other activities, the majority of respondents do not engage in overtly entertaining activities with their children/ward. Overall, 67.4% indicated that they do not sing songs or dance with their children/wards while 28.4% indicated that they do this once a week.

Table 24: Proportion of parents sharing meals with children and frequency

Frequency of sharing meals	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
Four times	15	20	18.4	20.8	18.7
Five times	5	4	2.6	4.2	3.7
Seven times	80	76	78.9	75	77.6

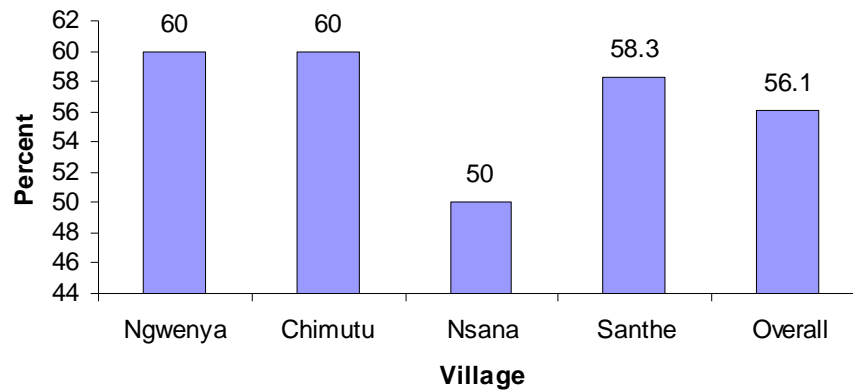
Source: Impact evaluation, October 2007

The constant presence of parents/guardian in a child's life is important. It provides mental and emotional balance and reassurance for the child and strengthens the child -parent bonding. However, SOS Children's Village Malawi Trust's future training should also emphasize that guardian/ward bonding goes beyond merely spending quality time together and eating meals together. Parents/guardians should be encouraged to set aside time to tell stories, sing and play games with their children/wards. The telling of stories and singing used to be an essential feature of family bonding in the pre-colonial (pre-modern) Malawi. Thus to ask parents/guardians to do this, is not to introduce a strange concept in family life. Rather it is a mere revival of what used to be intrinsic to family life in Malawi.

3.8.4 Parental Interest in Children/Wards' Schoolwork

Generally, respondents are interested in their children/wards work. But the interest is only a borderline between interest and disinterest and may not be enough for them to sufficiently support their children/wards in their school work. As indicated in Figure 10, 56.1% of the respondents monitor the performance of their children/wards. Another 43.9% of the respondents do not monitor at all.

Figure 10: proportion respondents monitoring children /wards school performance



In this study, the evaluation team also assessed the extent to which children's performance was monitored. As indicated in Table 18, Overall, 43.9% of the respondents reported looking at the children/wards books twice a week, another 30.8% examines the books once a week and more importantly another 15% examines the books seven times a week while another 3.7% and 6.5% examine the books five and six times a week (see Table 26 below).

Table 25: Respondents monitoring children/wards school performance per week

Frequency of monitoring	Ngwenya (n=23)	Chimutu (n=21)	Msana (n=37)	Santhe (n=21)	Total (n=102)
Once	35	28	31.6	29.2	30.8
Twice	40	40	50	41.7	43.9
Five times	5	4	2.6	4.2	3.7
Six times	5	8	5.3	8.3	6.5
Seven times	15	20	10.5	16.7	15

Source: Impact evaluation, October 2007

This situation is not healthy for the educational development of the children as it shows that most parents are not showing any interest in the education of their children. It should be borne in mind that children will acquire an understanding of the importance of schooling when they see their parents going through their school work. Parents' lack of interest may lead to the children becoming demotivated. This may lead to irregular school attendance by the children which may eventually end up in the children dropping out of school completely. Therefore, there is need for the FSP to organize campaigns in order to sensitise the parents and those people keeping orphans on the importance of making proper follow-ups of their children's' education. Of course, the levels of literacy

also affects the way care givers are likely to assist the child in his/her school. It is, therefore, very likely that parents who are literate will show more interest in checking their ward's work than those parents who are not literate.

3.9 The Effectiveness of the FSP and Self-Reliance at Household Level

3.9.1 Self-reliant households and Child Support

In this section we capture respondents' perceptions on self reliance and then discuss this based on the observations made by the consulting team. We define a self reliant household as one that is able to meet its basic needs with minimum or no external support. Typically, self reliant households are food secure throughout the year and can meet most of their basic requirements such as housing, payment of health as well as non-food materials required for the basic normal functioning of a household.

There are 806 households in the programme. In 2007, the FSP has weaned 12 households from the programme. However, even as the programme weans households, more households enter the programme. In in-depth interviews, FSP personnel revealed that a self-reliant community is one that devises plans for the continuation of programmes initiated by the FSP or other service providers so that the programmes do not die even when the FSP has run to its conclusion. Thus with regard to the water supply and management programme, all the communities have already come up with fund raising programmes that make it possible for them to buy spares and repair the boreholes without seeking assistance from FSP or any other service provider.

Similarly self-reliant households are those that are able to devise plans and successfully implement those plans to support the child without any outside assistance. Thus, initially households should be able to devise a plan for household improvement and child care which the FSP would support for an appropriate period. The household would then be weaned from the programme after it shows signs of being able to implement that programme without outside help. Considering that the FSP bases its definition of self-reliance on the ability to devise and implement plans out of poverty, it is clear that their work is sustainable.

The proportion of households reporting self-sufficiency is presented in Table 27. Of all the respondents interviewed, only 29% indicated that their households are self-reliant. The overwhelming majority (71%) indicated that their households are not self-reliant. The least self-reliant households were observed in Nsana

(21%) and Ngwenya (30%), Santhe and Chimutu registered 33% and 36% of the households as self-sufficient, respectively. We were unable to compare these results with the baseline because such information was not collected during the baseline. Nonetheless, these findings are consistent with what was reported earlier under the food security section where it was noted that due to land constraints, most FSP beneficiaries are food insecure. Although, community gardens have been established, the size of these gardens is not large enough to provide adequate food to the communities. This is more worrying if considered in the limelight of the large household's sizes in the catchment area.

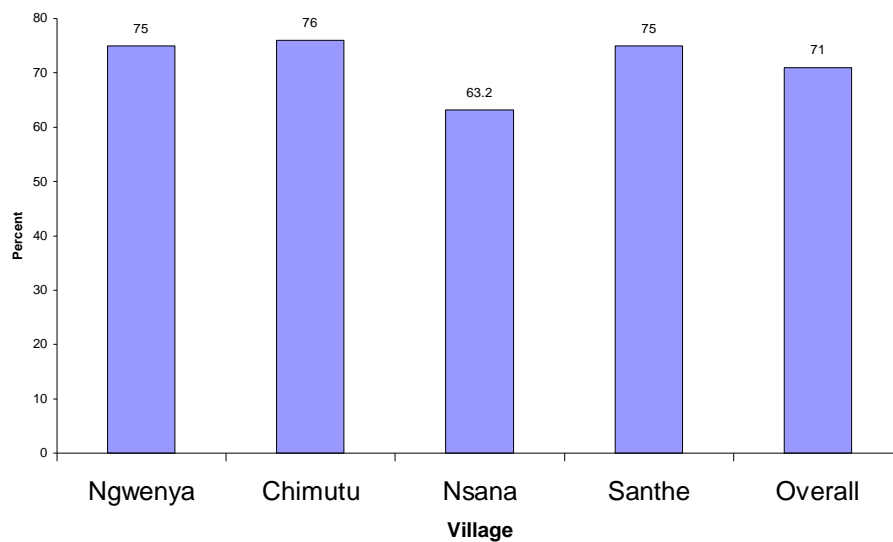
Table 26 proportion of households (%) reporting that they are self reliant

	Ngwenya	Chimutu	Nsana	Santhe	Overall
Self Reliant	30	36	21.1	33.3	29%
Not Self Reliant	70	64	78.9	66.7	71%

Source: Impact evaluation, October 2007

However, overall, respondents strive to provide basic resources for their children/wards with 71% of respondents indicating that they provide such resources for their children/wards (See Figure 11). That parents/guardians thrive to give children what they need for food and schooling materials may be an indication that households are more self-reliant than they want to admit or are aware of. This may imply that the earlier responses on household self reliance were exaggerated due to the respondent's anticipation for assistance.

Figure 11: proportion of households reporting that the meet basic needs of their children



It is not surprising that Nsana reported the lowest (63%) ability to provide resources for children considering that they also indicated the least self-reliant households. Ngwenya (75%), Chimutu (76%), and Santhe (75%) revealed almost uniform abilities (or lack of abilities) to provide such basic resources. For those making basic provisions for their families, the most resources went to the provision of clothes with 43.4% of respondents striving to clothe their children/wards.

Even though government phased out fees at the primary school level, parents still have to meet other requirement including the general purpose fund and books for the pupils. The cost of these continues to rise with the rest of other essential commodities. For some parents, especially those who have to care for a large number of children (including their own, orphans and other dependents), these costs can be quite high.

3.9.2 Beneficiaries' Satisfaction with the FSP

Respondents were generally satisfied with the FSP. Overall, 56.1% of the respondents reported that they were satisfied with the FSP. Another 36.4% were very satisfied with FSP. Only 7.5% were not satisfied with the programme. The greatest levels of dissatisfaction were registered at Ngwenya were 10% of the

respondent indicated that they were not satisfied followed by respondents at Santhe (8.3%), Chimutu (8%), and Nsana (5.3%) (See Table 28 below).

Table 27: Satisfaction with FSP

	Ngwenya	Chimutu	Nsana	Santhe	Overall
Very Satisfied	30	40	34.2	41.7	36.4
Satisfied	60	52	60.5	50	56.1
Not Satisfied	10	8.3	8	5.3	7.5

Source: Impact evaluation, October 2007

One way of reading the above findings is to note that FSP maybe too inward looking and does not provide beneficiaries with skills to look elsewhere for assistance where the FSP does not cover such needs. The FSP should let beneficiaries know that they are free to look elsewhere for help if SOS is not in a position to assist them. More important, in its programmes, the SOS Children's Village Malawi Trust must emphasize the temporary nature of the help they are offering. Beneficiaries should understand that the programmes are intended to help them learn "how to fish" in order that they should take care of themselves and their dependents in the future.

Respondents felt the programme was effective even though their lives had not changed much. Overall, 66.4% (see Table 21 of the respondents indicated that their lives had not changed for the better after joining the programme. They indicated that life had basically remained the same. More startling were the 22.4% who indicated that they have become poorer since joining the programme. Only 11.2% of the respondents indicated that they were now better off as a result of joining the programme. Through in-depth interviews and focus group discussions, consultants were able to identify some of the reasons why respondents felt that they had become poorer. It ought to be noted that none of the reasons given found fault with the FSP; rather most of the reasons reflected on the general state of the national economy. For example one respondent stated:

"The prices of commodities have gone up and I cannot afford to meet the daily needs of my household during certain days of the month".

Another said:

"I wish my status could change. I wish I could realize more from the sell of my crops. But every year I find that I have to grow more in order to realize the money I need to meet the bare minimum of what I need".

Yet another stated:

"I cannot fault SOS for my predicament . . . they have helped. It is just that everyone is getting poorer every year".

For those who felt better off, there was nothing but gratitude towards the FSP as indicated in the remarks of some beneficiaries below:

“SOS is heaven sent . . . they have managed to help identify our needs and they are advising us on how we can get out of this poverty”.

Another one remarked:

“SOS is helping my household out of poverty. I have devised a plan which I am implementing with SOS’s help. Hopefully, by next year I will be weaned from the programme and I will proudly support my household without any help from anyone”.

Another states:

“Perhaps government ought to learn from what SOS is doing for us”.

Taking the preceding discussion and comments from beneficiaries as an example, the FSP appears to be facing the classical dilemma of helping people out of poverty while at the same time making certain that beneficiaries understand that they are not supposed to be dependent on her. While beneficiaries refuse to acknowledge the positive impact of the FSP, the benefits of the programme are seen clearly in the ability of the households to provide for their wards who go to school.

Table 28: Perceived changes of households after entering the FSP

	Ngwenya	Chimutu	Nsana	Santhe	Overall
Better off now	10	16	7.9	12.5	11.2
Remained the same	70	64	63.2	70.8	66.4
Become poorer	20	20	28.9	16.7	22.4

Source: Impact evaluation, October 2007

58.5% of the respondents indicated that overall, the FSP has helped to ease the burden of caring for orphans in grandparent headed households. 26.4% felt that that the programmes have reduced food shortage in grandparents headed home while 7.5% of the respondents thought the FSP had improved its service to beneficiaries by providing blankets for households headed by grandparents which are taking care of orphans. All respondents agreed that the programmes were greatly felt and appreciated in the provision of food to orphans and vulnerable children.

Table 29: real benefits of SOS programs

	Ease the caring of orphans	Reducing food shortages	Remove biasness	Should provide blankets
Ngwenya	55.6	22.2	11.1	11.1
Chimutu	58.3	25	8.3	8.3
Nsana	65	25	5	5

Santhe	50	33.3	8.3	8.3
Overall	58.5	26.4	7.5	7.5

Source: Impact evaluation, October 2007

While the findings presented in the above paragraphs and the one preceding it may seem contradictory at best and discouraging at worst, it is important to note that FSP programme officers should understand that beneficiaries will never be fully satisfied with the assistance they receive. Thus the FSP programme officers should take great satisfaction in the 58.5% who indicate that the programme has greatly eased the burden of caring for orphans and the 26.4% who note that the programmes have greatly reduced food shortages. Again, the SOS FSP should emphasize to its beneficiaries that its programmes are meant to help them take better care of themselves and their children rather than make them dependent on her.

Considering the above, it is not surprising that 60% of the respondents want the FSP to improve its food provision programmes. Respondents (21.1%) would like to see the FSP strengthening its clothes provision programmes. Another 5% would like to see the FSP providing loans for income generating activities. (See Table 31).

Table 30: Required Improvements of SOS programmes as perceived by respondents

	Provision of Food	Provision of Clothes	Provision of Loans
Ngwenya	52.6	21.1	5.3
Chimutu	60.9	21.7	8.7
Nsana	63.9	19.4	2.8
Santhe	59.1	27.3	4.5
Overall	59.1	22.4	5.3

Source: Impact evaluation, October 2007

While these maybe the perceived needs of the FSP beneficiaries, it is important that the programme should examine these in light of its objectives. Some of these may not lie within FSP objectives and programme outcomes. However, these are felt needs expressed by the FSP beneficiaries. Thus SOS will do well to improve on those that are within its mission objectives.

3.10 Property Inheritance and Orphan Care and Exploitation

Table 32 shows responses on property inheritance in the area. About 45 percent of respondents indicated that the off-springs of the deceased people take

responsibility of the deceased property. Another 38.3% of the respondents indicated that the male relatives of the deceased usually take responsibility of the deceased's property while another 16.8% of the respondents indicated that the spouse of the deceased takes responsibility of the deceased property.

An explanation of the male relatives' behavior could lie in the malignant evil of greed. It would be remiss not to mention that in this regard, the FSP has done its part. However, repeated reminders to the community are one way of getting rid of the problem and shaming those who are involved in this evil act. Nonetheless, due to lack of baseline data it is difficult to attribute such behavior to the FSP initiative.

Table 31: Property inheritance

	Ngwenya	Chimutu	Nsana	Santhe	Overall
Off-springs	40	48	42.1	50	44.9
The spouse	15	20	13.2	20.8	16.8
Male relatives	45	32	44.7	29.2	38.3

Source: Impact evaluation, October 2007

The processes that lead to inheritance of deceased property may lie strongly in the culture and community of people. However, some of them are not beneficial to the offspring left behind by the deceased. While it is encouraging that this study has revealed that for the major part, off-springs inherit deceased property, there is still strong evidence of relatives from the male side of the family grabbing property. Another concern is that the percentage of people who inherit their deceased spouse's property is very low. While traditional ways of inheriting property may have worked and served people well in the past, times and custom have changed. The FSP should educate people in its catchment area to seriously consider the immediate family of the deceased.

Only 18.7% of the respondents indicated that they write wills while the overwhelming majority of them (81.3%) do not write wills. This is an improvement from the baseline scenario in which it was reported that no households wrote wills. The improvement could be attributed to the FSP. The general notion among respondents was that people do not share property before the owner of the property has passed away. Results further indicate that 51.6% of respondents reported that parents actually appoint guardians for their children before they die. In cases where there are no close relatives to take care of orphans, the respondents revealed by 80% that the community does not appoint

guardians to take care of such orphans. In such a situation, the close relatives of the deceased inherit the responsibility of taking care of the orphans. These are usually brothers or sisters of the deceased. However, nowadays with the AIDS scourge taking away people in mid life and younger, the grandparents are increasingly taking on the responsibility of taking care of orphans as indicated by the number of grandparent headed households in the FSP in section of this report.

The FSP should consider educating people in its catchment areas to write wills. Wills make it possible for the deceased property to go to the rightful people. Lack of education, jealousy and poverty are some of the factors that fuel property grabbing cases. Some people believe that what belonged to their blood relations is theirs. Such belief goes hand in hand with the feeling that the off-spring of the deceased should not become wealthy on the property of their brother/sister while they themselves remain in poverty. In addition, other people would like to accumulate wealth out of other people's efforts. Creating awareness about the ability of the will to prevent property grabbing can make orphans and the widowed more secure.

The SOS Children's Village Malawi Trust has already taken steps to fill in the above gap. It has entered into working partnership with the Department of Social Welfare in the Ministry of Gender and Child Development. The department deals with paralegal issues surrounding the child. The SOS is also in a task force with District Labour Office which deals with paralegal issues with regards to child labour. Thus the FSP is able to draw on the legal knowledge of these offices. What remains is for the FSP to reinforce its information and education campaign regarding the writing of simple wills to the grassroots in its programme.

While respondents by an overall percentage of 82.5% indicated that orphans are not exploited, it is of major concern that 17.5% thought that orphans are exploited. The percentage of respondents indicating thus was largest at Nsana (24.3%) followed by Santhe (17.4%), Chimutu (16.7%) and Ngwenya (5.3%) (see Table 33 below).

The study did not uncover or experience serious overt forms of orphan exploitation. But the study was informed by respondents of a number of instances and forms of orphan/child exploitation. These include:

1. Use of derogatory language against orphans.
2. The occasional beating as a form of unjustified punishment.
3. Asking the orphan to stay at home to take care of other children or sending him/her to the maize mill instead of allowing him/her to go to school.

4. Asking the orphan to do more work than is necessary thus interfering with the orphan's ability to do school work.

Table 32: Exploitation of Orphans

	Ngwenya	Chimutu	Nsana	Santhe	Overall
Exploited	5.3	16.7	24.3	17.4	17.5
Not exploited	94.7	83.3	75.7	82.6	82.5

Source: Impact evaluation, October 2007

Orphans are among the most vulnerable of people. It is important for SOS to continue not only assisting orphans but also educating people not to exploit orphans. There is need to further ascertain what are considered acts of exploitation and what are not in order to properly educate people about orphan exploitation.

3.11 EDUCATION

This section presents details of the evaluation findings, focusing on the education of orphans and vulnerable children in T/A Tsabango area under the Family Strengthening Program. The emphasis in this section is on primary school education, secondary school education and tertiary education.

Tsabango area has primary schools, secondary schools and tertiary institutions. However, it is important at this stage to note that not all schools and educational institutions in this area have children who are sponsored by SOS under the Family Strengthening Program. At the same time, there are other students from this area who are being supported by SOS in institutions that are not within Tsabango area such as Natural Resources College, Namitete Technical College, Lilongwe Technical College and Malawi College of Accountancy.

The constitution of Malawi recognizes that all persons are entitled to education. It is the wish of the government of Malawi to make education accessible to all its citizens. This is one of the reasons why the government made primary education compulsory and free. However, it may not be possible for government to provide all the resources that everyone needs to get educated. At the same time, there are other families that do not have the capacity to take care of their children's educational needs. To make matters worse, there are orphans and other vulnerable children who may not have any form of educational support. This is where organizations such as SOS and others come in to assist. The assistance may be given directly to the children themselves or through the families that take care of the children. The aim behind the assistance is to change the lives of the

children through education bearing in mind that education is the back bone of any meaningful development.

3.11.1 Primary Education support

Primary school education is the foundation of one's future education. Therefore the type of one's primary education will determine one's final educational destination. In Tsabango area, children under the SOS FSP attend their primary education in three schools and these are Mchitanjiru, Ngwenya and Msambachikho primary schools. Out of these three schools, only two were visited. However, it is worth noting that the bulk of these children attend school at Mchitanjiru Primary School.

The evaluation exercise revealed that the primary schools had knowledge about the direct support that the children get from the FSP and that this support is appreciated very much by the children. The program assists the pupils with school materials such as uniforms, pens and notebooks. See Figure

This assistance is appropriate and relevant as it enables pupils who would otherwise be out of school to have an education. While appreciating what SOS is doing to assist the pupils, it was noted that the support that these children get is not adequate as these materials run out while schools are in progress.

It was also noted that these children get indirect support from FSP through the people they are living with. An example on this is the food support which the households that keep orphans and other vulnerable children get. This support is also appropriate in the sense that the children go to school after being well fed. This may contribute to the pupils' class attendance and performance in the way that they will be learning comfortably and with maximum concentration.

At Mchitanjiru Primary School there is a resource centre that was constructed by the community with the assistance from SOS. This resource centre houses a library for use by the whole community around Mchitanjiru Primary School. (see Figure 12)

While this support is for the whole community, it has a significant bearing on the education of the children who are supported by SOS because they live in the communities around the resource centre. On supporting the children through the community, SOS also assisted in the building of two teachers' houses at the same school. This is a big contribution to the children's education in that it reduced the housing problems for the teachers at the school

Figure 12 Community resource Centre constructed under SOS support



In this way, SOS with its Family Strengthening Program supports the primary education of the orphans and other vulnerable children at three levels; directly to the children, indirectly through the parents or guardians and also indirectly through community empowerment.

3.11.2 Impact of the support for primary education

3.11.2.1 Pupils class performance

The researchers' intention was to go through progress reports for SOS pupils' in selected schools over a period of two or more years to determine the level of performance for the pupils. However it was not possible to do so as the reports were not available. In some schools, only a few reports for two terms were available for assessment.

Table 34 shows that there was general improvement on the performance of standard 6 pupils for terms 1 and 2 for the year 2007. This class has a total enrollment of 58 pupils. Only three pupils (Jenifer Zingeni, Lufina Jadon and Patricia Master) showed a decline in their performance from term 1 to term 2. This shows that about 67% of SOS pupils improved their performance over the two terms. The support that the pupils get from SOS may have played a role in the improvement of the pupils' class performance though it could be difficult to prove this as there might be other factors playing a role. There could be a

number of reasons for the decline in performance of the two pupils some of them could be absenteeism and lack of concentration in class.

Table 33: Standard 6 SOS-supported pupils' performance for term 1 and 2 at Mchitanjiru primary school

Pupil's Name	Class position Term 1	Class position Term 2
Jenifer Zingeni	3	17
Lufina Jadon	6	19
Blessings Benjamin	22	11
Yakobe Levious	25	16
Maloseni Master	27	26
Patricia Master	31	46
Debora Robert	38	12
Killness Samalani	39	2
Susana Killion	47	18

Source: Impact evaluation, October 2007

The school management noted that some pupils had dropped out although there were no statistics of the number of pupils who had dropped out. However FSP project staff records show that there was no one who had dropped out of school. The school authorities also indicated that one of the reasons for the pupils' dropping out was that most of them are staying with grandmothers who are unable to adequately support the children. As a result, the pupils assume the role of bread-winners for their families. Eventually they drop out of school to take care of their old grannies.

3.11.3 Behaviour

The evaluation found out that most pupils who are sponsored by SOS have shown a great improvement in their behavior. This is shown by the fact that no any case of misbehavior was reported by the management of the schools that were visited. The school management attributed this to the constant counseling of the SOS-sponsored children by the teachers.

3.11.4 Secondary School Education Support

As already indicated elsewhere, secondary schools students under the FSP in Tsabango attend school both within and outside Tsabango area. Some of these schools are: Mchitanjiru Community Day Secondary School, Minga Community Day Secondary School, Tsabango Community Day Secondary School, Kang'oma Community Day Secondary School, Mitundu Secondary School, SOS HG Secondary School, Chipasula Night Secondary School, Kaliyeka Community Day Secondary School, Mvera Girls Secondary School and St. Michaels Girls Secondary School. Only five of the seven schools within Tsabango were visited by the evaluation team.

The evaluation revealed that there are many forms of support that students in secondary schools get from SOS. Depending on the type of secondary school (Day or Boarding), students are provided with fees, blankets, pens, notebooks, transport money, pocket money, uniforms, clothes and shoes (see Figure 4).

Figure 13: Student receiving support (blankets) from SOS



Teachers in the schools that were visited said that the support that the students get is not adequate for the needs of the students. This in the long run has a negative impact on the performance of the students in that they absent themselves from classes to look for money which they can use to buy school necessities. This sentiment was also expressed by some of the students who were interviewed. While concurring with the above assertion, the FSP project staff indicated that some of the support items such as school stationery are supposed to supplement what the students get from their schools and that it was not possible for the students to be provided with everything.

3.11.5 Impact of the support on Students class performance

As was the case with primary schools, none of the secondary schools provided the researchers with students' progress records. At one of the schools, the headmaster said that the progress reports had been taken by the national examining board. All in all, this shows that there is poor record keeping in many schools. However, the teachers expressed their delight that the support has improved students' class performance and the progress reports that were sourced from SOS Social Centre show that the performance of many students was good though it was difficult to tell whether the students were improving because the reports were just for one term. A sample of the students and their performance is presented in Table 35.

Table 34 : Secondary school Student's performance

School Name	Student name	class	Total class enrolment	Term	Student position in class
Likuni Girls Secondary School	Lenatta Zacharia	Form 1B	133	3 2007	32
Mitundu Secondary School	Ishmael Jubeki	Form 1B	62	1 2007	4
St Michael's Girls Secondary School	Edna Tambala	Form 4B	132	1 2007	69
	Ruth Banda	Form 4A	120	2 2007	11
Mchinji Secondary School	Wilfred Mpangeni	Form 3A	-	1 2007	54
Nkhamenya Girls Secondary School	Christina Mpangeni	Form 4West	59	1 2007	35
Mvera Girls Secondary School	Martha Kanyemba	Form 3	74	1 2007	11
Kang'oma Secondary School	Ackim Kanongwa	Form 3	58	2 2006	4
	Patrick Ledera	Form 3	58	2 2006	16
	Andrew Banda	Form 3	58	2 2006	22
	Patrick Masoma	Form 3	58	2 2006	8
	Mussa Chimsimbo	Form 3	58	2 2006	1
Mchitanjiru Secondary School	Bertha Nkhoma	Form 3	30	3 2005	3

	Francis Banda	Form 3	30	3 2005	17
	Sam Pofera	Form 1	105	3 2005	29
	Govert Chabwera	Form 1	105	3 2005	35
	Jailosi Pondani	Form 1	105	3 2005	62
	Ashan Makoloni	Form 1	105	3 2005	65
	Grevasio	Form 1	105	3 2005	62
Namitete Secondary School	Kadammanja Fabiawo	Form 2	186	2 2005	23
Kaliyeka Community Day Secondary School	George Makha	Form 2	68	2 2005	39
	Peter Manderera	Form 2	68	2 2005	31
SOS Secondary School	Nicholas Wazili	Form 4B	40	2 2005	5
	Victor Chipula	Form 4B	40	2 2005	37

As the table above shows, many students are doing well in their classes though there are still some students whose performance is not encouraging.

3.11.6 Student Behaviour and Motivation

The support that the students get especially fees has ensured that the students are not sent home due to nonpayment of fees. This, on its own has motivated the students to attend classes without being worried. It was also generally noted that there was no behaviour problems from SOS-supported students in the schools.

3.11.7 School Drop out

Many schools that were visited did not have records on the number of SOS sponsored students that had dropped out of school. The only school that had a record of school drop out was Mchitanjiru Community Day Secondary School. This is the only secondary school that has the highest number of SOS students. The total enrolment as at the beginning of the year 2007 was 36. However, two students dropped out of school on their own. It was discovered that some students decide to drop out due to peer pressure. Some of their colleagues who had not gone far with school may discourage them from attending classes and encourage them to get married.

3.11.8 Tertiary and Vocational Education

SOS has students in tertiary institutions such as Catholic University, Natural Resources College, Malawi College of Accountancy and Lilongwe Technical College. The SOS Vocational Centre is another institution where some students go to acquire skills in different trades and programs such as brick laying, electrical installation, tailoring, carpentry, agriculture, information technology, hotel and catering. This centre enrolls not only those who have completed secondary school education but also anyone who is willing to get the training in a field of their choice. Students at this vocational centre venture into different activities after graduation. Some opt to get formal employment in organizations and government departments while others prefer self employment by using the skills gained to start businesses.

3.11.9 Student support at the SOS Vocational Centre

As was the case with other institutions that the evaluation team visited, it was revealed that SOS-supported students at the vocational center most importantly get support in form of fees. In addition to the fees that SOS pays for them, those who are being trained in tailoring and carpentry are provided with equipment and capital after their studies so that they can do their own things. However, some students complained that they were not being provided with all the school requirements and that they had to fend for themselves to get other needs. The Acting Facility Head cleared this issue by indicating that the responsibility of the FSP is not to provide everything to its beneficiaries.

3.11.10 Performance of SOS sponsored students at the vocational centre

Students at the vocational centre attend many courses. However, to give an insight into the performance of SOS students at the centre, the evaluation team only analyzed results for Agriculture because it was the only course with more SOS students. The summary of the results is presented in the table below.

Table 35: Summary of student results in agriculture at SOS Vocational school

	Total Distinctions	Total Credits	Total Passes	Total Failures
SOS Students (5 in total)	4	8	0	3
Non SOS Students (32 in total)	43	30	15	0
	Distinction %	Credit %	Pass %	Failure %
SOS Students	27	53	0	20
Non SOS Students	59	34	17	0

Figure 14 Comparisons of the performance of SOS Students with the performance of non SOS students in the 2007 Agriculture examination

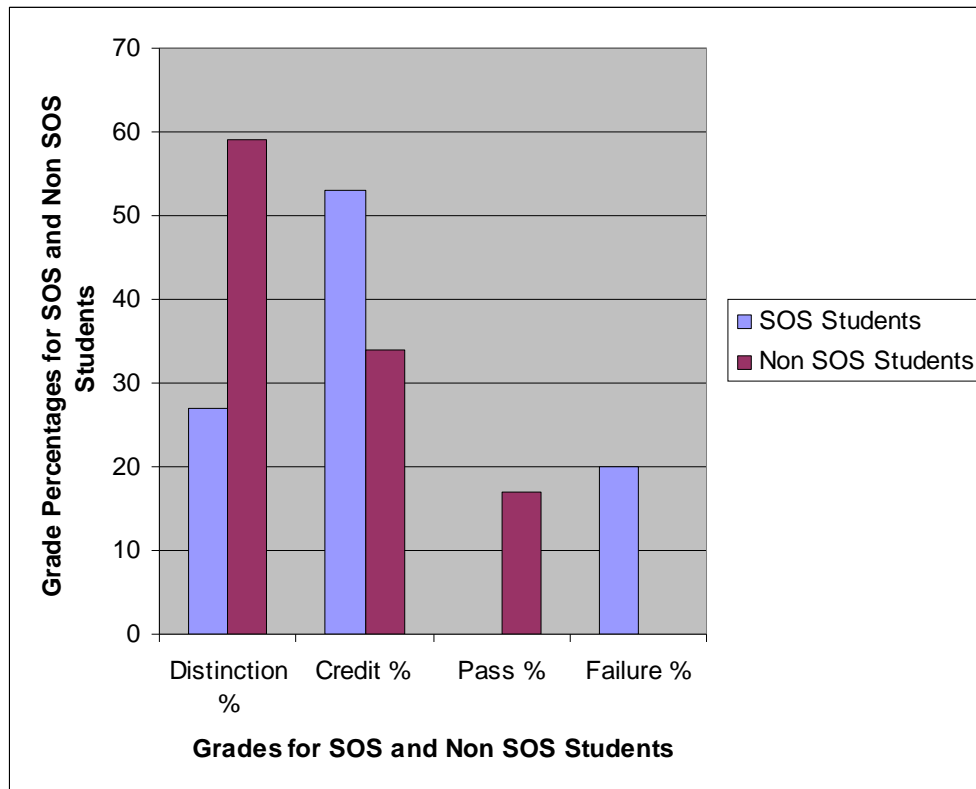


Figure 14 compares the performance of SOS students to the performance of non SOS students in Certificate in Agriculture at SOS Vocational Centre. As it can be seen from the graph, a higher percentage of non SOS students scored more distinctions than SOS students. At the same time, there is a high percentage of failures for SOS students while there is no any failure for non SOS students. This, in general shows that non SOS students are performing better than SOS students in this course although there are some SOS-sponsored students who are doing better than others. According to the FSP project staff, one contributing factor to this situation could be the fact that Agriculture is mainly an academic subject and most of the SOS-sponsored students had not done much of secondary school education. However there could be other reasons for the difference in performance.

Box 1: Interview with Amos Chiuta, a student at NRC

Amos Chiuta is an orphan who lives in a female headed household. He is doing his second year at Natural Resources College. During his first year, at that college, he was being supported by his father who later passed away leaving the responsibility of Amos's education in the hands of his mother. This responsibility proved too much for the mother and that is when SOS came in. Amos gets support from SOS in the form of rent, fees, groceries, stationary and clothes. SOS also provides Amos with free photocopying services of school notes and handouts. The support he gets from SOS has motivated him to work hard in class because he takes this as an opportunity for him to complete his education which would not have been possible if SOS had not come in to assist him. He however, expressed concern that the support he gets does not reach him in good time. This is especially the case with rentals which sometimes creates unnecessary anxiety in him which may affect his performance in class.

The family profile of AMOS**FAMILY PROFILE FOR AMOS CHIUTA – ID. NO. 1907**

GANIZANI –	1983
AMOS -	1985
EMILY –	1987
JAMES –	1989
ETHEL –	1992
MAGRET –	1994

Amos Chiuta is a boy of 22 years of age born in 1985. He is the fourth son in the family of 8 children. He started his primary school in 1993 at Mbvunguti Primary School where he was selected to Chipasula Secondary school. He passed his Junior Certificate of Education and then Malawi Schools Certificate of Education with good grades respectively. He was getting his support from his father who was working as a Motor Vehicle Mechanic at a certain company.

3.12 Establishment & development of Partners/Networks

SOS is in partnership with a number of government organizations, community based organizations and non-governmental organizations in Tsabango area. This partnership is aimed at helping SOS to achieve the objectives of its FSP. This section looks at some of the organizations that the evaluation team managed to talk to. The focus will be on what the organizations are involved in, the problems they face in carrying out their duties and their relationship with SOS.

3.12.1 Ministry of Agriculture

This ministry of agriculture works with SOS through an Agriculture Extension worker whose work involves training farmers on modern methods of farming such as Sasakawa or one by one planting, maximizing land use, application of fertilizer, demonstrating to farmers some methods of farming using the communal garden, witnessing the distribution of farm inputs, coordinating with the veterinary office to vaccinate goats and organizing field days within particular areas and also between areas. Plans are also underway to train the communities in conservation farming because it reduces work load especially for

busy people and those who are not in good health. Conservation farming is where farmers use chemicals to prevent the growth of weeds in the garden.

A discussion with the extension worker revealed that the partnership between the Ministry of Agriculture and SOS has increased yields in Tsabango area in general especially between 2005 and 2007 because people have adopted modern methods of farming. However, it was not possible to get the statistics about the increase in yields.

Although there is good cooperation between SOS and the Ministry of Agriculture there are other things which should be looked into to sustain the partnership. As a civil servant, the extension worker gets a salary from government. However, it should be understood that sometimes his programs are affected by SOS activities which need his attention. Therefore there is need for SOS to look into the issue of providing an allowance or some-kind of incentive for the extra work that extension worker does in the area.

3.12.2 Ministry of Health

The Ministry of Health works with SOS through Health Surveillance Assistants (HSAs). These HSAs provide under five clinic services, antenatal services, organize outreaches and make follow-ups for TB patients in the communities among other activities.

3.12.3 Community Based Organisations

According to the Social Centre staff, there are three NGOS and community based organizations that SOS is working with in this area. These are Paradiso, House of Hope Orphanage (HoH) and the Light House of Kamuzu Central hospital. Discussions with these organizations revealed a lot about what they are doing in this area and also about their relationship with SOS.

Case Study: Paradiso

In a focus group discussion with members of a Community-based organization called Paradiso, the consultants sought to learn how members of Paradiso understood their arrangement and partnership with SOS Children's Village Malawi Trust. The following came out:

1. SOS Children's Village Malawi Trust will regularly provide training to Paradiso volunteers.
2. SOS Children's Village Malawi Trust will provide transport for essential activities jointly organised by Paradiso and SOS Children's Village Malawi Trust.
3. Paradiso will work with SOS Children's Village Malawi Trust's outreach nurse on home-based care activities and provide guidance and advice.
4. Paradiso will work with SOS Children's Village Malawi Trust in identifying beneficiaries of the SOS Children's Village Malawi Trust FSP programmes.
5. SOS Children's Village Malawi Trust will regularly provide medicines to chronically ill beneficiaries in Paradiso's catchment area.

However, Paradiso members expressed concern regarding a number of issues including:

1. The consultation fee that those on ARTs are required to pay to SOS Children's Village Malawi Trust.
2. Paradiso members also expressed concern with the rate at which the Home Based Care drug boxes are replenished. The consultants learned that in some cases a long period elapses before the boxes are replenished. In some cases, the boxes have never been replenished at all.

Paradiso has contributed towards the Family Strengthening Programme by providing additional volunteers who have been instrumental in strengthening the home-based care programme. They have also proved themselves essential in the HIV/AIDS information dissemination initiatives that the FSP has been a part of.

House of Hope Orphanage (HoH)

This is another community based organization that operates in Tsabango area. This organization mainly focuses on assisting orphans and other vulnerable children in the area. It started working with SOS in 2002. HoH. This orphanage has a nursery school, primary school and also provides after school care to orphans and other vulnerable children. *After school, care* is mainly concerned

with giving the children psychosocial care by involving them in several activities such as drama, games, Bible study and others. They also attend English lessons that are offered by volunteers. All these are done so that the children are kept busy and in this way they are prevented from indulging themselves in delinquent activities.

House of Hope also works hand in hand with the VDCs in Tsabango area to identify children who need assistance and sometimes such children are referred to SOS for assessment so that they may be cared for by them.

There is a symbiotic relationship between SOS and House of Hope. To begin with, HoH has a building which SOS uses for free for its meetings and distribution of food to the communities. On the other hand, HoH benefits through SOS clinic services at the orphanage where children at HoH pay a very minimal fee of K10. The clinic is conducted once every fortnight.

In spite of the positives above, an interview with the Director of the orphanage showed that there is no any official MOU between SOS and HoH. As such there is need to have one which should be regularly monitored. The interview also revealed that many people in the area do not know that SOS and HoH are two different organizations because they both deal with orphans. Therefore it would be helpful to enlighten the communities about the difference between SOS and HoH so that the two are not mixed.

Light House

This is one of the non-governmental organizations that work with SOS in Tsabango area. This organization works with SOS in home based care services through its Ndife Amodzi Program. Through this program, home based care volunteers have been trained. These volunteers carry out the following number of activities including counseling the patients, and providing medication for minor ailments. A discussion with some project staff revealed that the working relationship between SOS and Light House is very cordial.

4 Evaluation

Sustainability of the Family Strengthening Program

While the evaluation has shown that the FSP has had a positive impact on the lives of orphans and other vulnerable children in the different thematic areas, it would be difficult to say that all the activities would continue even after SOS has pulled out its support because on the whole most of the households are poor as reflected in their economic characteristics. One thematic area where sustainability may take long to be achieved is food security. Although SOS is striving to improve the communities' economic base by among other things providing some households with goats and chickens to assist in the generation of income for buying farm inputs, it seems this support is not adequate and it may take a long time for the households to be economically independent. This means that after SOS has pulled out, the households would require alternative source of support. SOS can do this by linking the households to relevant institutions such as the lending institutions and other specialist organizations involved in agriculture. The high repayment rates for the credit program are a good signal of the potential sustainability of the program once the households are linked to appropriate financial institutions.

In the area of health, sustainability is guaranteed because of the partnerships that SOS has with the CBOs working in the Tsabango and a nearby government clinic which would continue providing home based care services and medical drugs respectively even after the pulling out of SOS. The same is the case for water and sanitation where the communities will not have problems in managing their water sources because of the existence of water committees which were trained on how to look after the boreholes and fix them when they break down. These committees have already come up with fund raising programmes that make it possible for them to buy spares and repair the boreholes without seeking assistance from FSP or any other service provider. While it may be difficult to talk about sustainability in the area of education at the moment, it is envisaged that after the children have completed their education, they will be self supported and may eventually start supporting others in their households. So far, there is one graduate from the VTC who is supporting her family after completing a course in tailoring.

Participating children and access to essential services

The evaluation has also shown that the FSP has enabled the participating children to have access to essential services for their healthy development. The program has helped children to have access to food and nutrition through the

provision of maize, beans and other food stuffs. The provision of farm inputs to the families that take care of the children also ensures that the children have access to food. With the help of the extension worker from the Ministry of Agriculture, this initiative has improved the households' food situation. The program has also made education to be accessible to the children by providing them with educational support in the form of educational materials, fees, uniforms and other forms of support. Apart from enabling children to have access to the two discussed essential services above, the FSP has also made sure that the children have access to improved living conditions through accessibility to safe water and good sanitation. Boreholes have been sunk in three villages to ensure that there is safe water for the communities where the children live. At the same time, communities have been taught on proper waste disposal to make sure that the communities and the children live healthy lives.

Participant families

The FSP has strived to empower participant families to build their capacity to protect and care for their children. Realising that it is only a healthy family that can properly take care of its children, some care givers are on home based care due to chronic illnesses. They are being provided with treatment and nutritional supplements. The aim of this initiative is to bring the care givers back to normal health so that they can look after their children effectively. The other way of building capacity of the families to protect and care for their children is by providing psychosocial support to the families. This support is crucial in that the families are equipped with skills on proper parenting.

The FSP has also made sure that the communities have the capacity to respond effectively to the children at risk of abandonment. This is done through the community structures which are directly involved in the activities of the FSP. Such structures include village development committees which among other things are responsible for the identification of households and children for the FSP. Other committees that were established to respond to the plight of orphans and other vulnerable children are Home Based care Volunteers Committee, Project Management Committees and Community Based Management Committees on water and sanitation.

Relevance

On the whole, the FSP in Tsabango area is focused on the right target group. The children under the FSP are only those that are orphaned or are vulnerable in other ways. The demographic characteristics of the households under the FSP

show that the households have high levels of poverty. With such a situation, children in these households are at high risk of abandonment. Therefore the FSP is very relevant in this area as it ensures that the orphans and other vulnerable children are taken care of.

For Example, we find the food security and nutrition support to be highly relevant to the area. It was noted that the nutrition support was designed in response to the 2005-2006 food deficits, a crisis that was considered to be the worst in a decade and its focus was to reduce the high prevalence of acute malnutrition. The project was therefore appropriate because it was designed in a manner that was meant to assist in reducing malnutrition among the affected communities. Further, the project was designed based on established facts such as high rates of acute malnutrition and morbidity, and thus it was relevant.

Effectiveness

To a larger extent, the FSP objectives are being attained though there are different levels of attainment. There are high levels of attainment in the areas of education support and food security. As the evaluation has revealed, the education support has had a positive impact on the behaviour, class performance and school attendance for most children. At the same time, the support going towards food security has led to increased yields for the households. Also on water and sanitation, through the FSP the communities have access to clean water which has greatly reduced the incidents of waterborne diseases. Even in the area of health, most of the care givers on home based care have reported great improvements in their lives such that they are able to properly take care of their children. However, more needs to be done to psychosocial support because very few households have been reached out and its impact is not very clear.

Stakeholders' involvement and partnerships

The Evaluation has established that the FSP involves its stakeholders especially the local communities at all levels. As indicated elsewhere in this report, the communities and local authorities are part and parcel of the planning, monitoring and evaluation process. This ensures that the specific needs of the beneficiaries are captured and addressed appropriately. It also enhances the communities' understanding of the FSP

The importance of partners in the implementation of the Tsabango FSP cannot be overemphasized. There are a lot of partners who are working hand in hand with

SOS to make sure that the FSP is successful. The partners include government ministries, CBOs and nongovernmental organizations working in different thematic areas. For example, the ministry of agriculture is assisting in the implementation of the FSP through an extension worker whose duties among other things are to teach farmers modern methods of farming as one way of improving food security in the area. The ministry of health also plays a big role through its Health Surveillance Assistants who work together with the FSP medical staff in the Tsabango area. Other ministries that are in partnership with SOS are Ministry of Education and Ministry of Women and Child Welfare.

The only NGO that works with SOS in the FSP is Light House. This organization works with SOS in home based care services through its Ndife Amodzi Program. Through this program, SOS home based care volunteers have been trained on traditional remedies for different conditions related to HIV and AIDS. Light House staff visit SOS volunteers every Monday of the week.

House of Hope Orphanage (HoH) is another community based organization that operates in Tsabango area in addition to Paradiso. This organization mainly focuses on assisting orphans and other vulnerable children in different ways including educating them. It also works hand in hand with the VDCs in Tsabango area to identify children who need assistance and sometimes such children are referred to SOS for assessment so that they may be cared for by them.

5 CONCLUSION

The evaluation has revealed that SOS made significant contributions in all the interventions being implemented in the area. Through the project, beneficiaries felt that they saw improvements in the food security situation, although more needs to be done to further improve the situation. The beneficiaries also felt that prevalence of malnutrition had improved although malnutrition levels remained high. SOS interventions in the thematic areas of water and sanitation, education, health and HIV/AIDS and psychosocial support have led to significant positive impacts in the lives of the households under the FSP. For example on health support, a lot of beneficiaries who were chronically ill reported that their health status had greatly improved as a result of the FSP and that now they are able to take proper care of their children.

Lessons Learnt

There are a number of commendable aspects of the FSP in Tsabango which would ensure the success of the program and these are listed below:

Education

The evaluation team found out that the FSP project staff pay regular visits to the schools to find out how the children are doing. This is important because it makes it easier for the project staff to make follow-ups on the problems that the children face.

Food security and nutrition

The introduction of training in manure production by the communities will ensure that the households do not use a lot of money to buy fertilizer when SOS pulls out its support in the near future. This is the right direction in ensuring that the food security program is sustainable and what is needed is just to intensify the trainings.

Realising the fact that the FSP will not be in Tsabango forever, it is commendable to note that some of the households were provided with poultry and goats for income generation. This endeavor could also ensure that the households sustain themselves.

Water and Sanitation

It is also good to note that water and sanitation committees were trained to make sure that the boreholes are being used properly and that the communities are able to fix them when they break down. This is one way of empowering the communities to take ownership and manage their facilities.

Partnerships

SOS should be commended for establishing relationships with all line ministries and CBOs involved in the different thematic areas of its program. These ministries and organizations are central to the implementation of the FSP.

The other lesson that can be drawn for the FSP is the involvement of the communities in the activities of the program. It is good to note that the communities where the beneficiaries of the program live are involved fully at all stages of the program from planning to evaluation. This ensures that the program is fully accepted and understood by the communities.

5.1 Recommendations

Despite the significant achievement that the Family Strengthening program has made, there are some areas where SOS needs to improve or adjust in order for the program to achieve the intended goals and maximum impact on the beneficiaries. The following is a list of proposed recommendations

Food security and Nutrition

1. Although respondents felt that the food security situation for the communities had slightly improved with support from SOS, the incidence of food insecurity remains high. It is recommended that SOS has to strengthen collaboration with other institutions such as the ministry of agriculture and NGOs working in the area of food security to help improve the food security situation in the area.
2. The lack of adequate land for most households, who also have no formal employment, is extremely worrying. While appreciating the complexity of land issues, it may be helpful if SOS on behalf of the landless beneficiaries, started an initiative or a process of linking the landless in Tsabango to the current Community Based Land Development Program under the Ministry of land and housing through which the landless are being relocated into areas where government has bought land is redistributing it to the landless
3. SOS has to enhance the training of the Community health workers and village volunteers on the job and provision of growth monitoring and nutrition surveillance equipments and a recipe book for cooking lessons using locally available foods. This would assist communities to continue with the activities that were initiated by the project.
4. Incorporation of crop diversification especially vegetable production and chicken rearing in the project area has a potential to strengthen the project's capacity to reduce malnutrition and improve nutritional status of children and other household members on a sustainable long term basis. This would also provide a lump some improvement in households that are headed by women, orphans and grannies.
5. It is also recommended that apart from giving soya flour to beneficiaries and promoting vegetable and chicken production, soya production and processing should be included in similar types of projects so that beneficiaries are able to prepare their own soya flour which may be

consumed by all household members and improve their nutritional status to ensure sustainability.

6. It is recommended that communities should be taught the dietary guidelines found in “Nutrition Facts for Malawian Families” to be used for teaching nutrition in Malawi on the recommended quantities of food that households should keep to last the whole year and also that there are six food groups.

Psychosocial support

7. Psychosocial is an integral part of any Family Strengthening Program. It has been noted that although the program has been initiated, most households have not yet received training, and the level of awareness on psychosocial support remain low. Therefore, it is recommended that SOS should consider scaling up its training and sensitization on psychosocial to wider community.

Water and Sanitation

8. The programme should consider enhancing its water management training at community level to ensure proper management of the water resources being constructed in the community.

Partnerships with CBOs and other organisations

9. The programme should consider signing memorandum of understanding (MOU) with other organisations especially community-based organisations and revisiting the MOUs from time to time to make sure that there is good working relationship between SOS and its partners

Education Support

10. Children should be encouraged to remain in school after enrolling. This can be done through civic education initiatives targeting parents and guardians of the children including the children themselves. The civic education should focus on the importance of educating children, bearing in mind that some parents and guardians may not have gone far with school.

- 11 One of the things which were noted was that secondary schools are not involved in decisions about student recruitment. These decisions are made by VDCs in consultation with SOS. It would be better to involve the schools in this exercise to make sure that the right students are recruited. One way of doing this would be through entrance examinations which could be administered by the schools.
- 12 SOS should make proper follow-ups on all the students' class performance. This could be done by putting in place a proper system of keeping students' performance records. This would in turn help to identify students who are not doing well so that something could be done. Therefore there is need for SOS and the schools to work in close collaboration on this issue.
- 13 SOS should make sure that the support to the children is always timely. This will help to avoid unnecessary anxiety on the part of the students. For example, a student who has not been provided with school stationery on time would not concentrate in class but will be thinking of the problem at hand. This may in turn negatively affect his class performance.
- 14 Some schools also organize summer classes for those students who are willing to attend. Students attending these classes are required to pay a certain fee. These summer classes are very important because they give the students an opportunity to catch up in their weak areas. Teachers discovered that SOS-sponsored students are unable to attend these classes due to lack of money. It would be very helpful therefore if there was some money for these students to use during summer classes and other eventualities.

Health

- 15 It would help if SOS can provide residents with some form of transport that could be communally operated to move the chronically sick, elderly and bedridden to the clinics with relative ease. Such transportation may include bicycle ambulances. Ideally, the villagers should have access to emergency services including ambulance services. But this is not normally the case. Thus while bicycle ambulances are not the ideal form of transport, they can fill the gap existing due to lack of emergency services in these areas. Further, bicycles ambulances can be maintained and operated with relative ease by these communities. They do not demand much input for operation and maintenance (as compared to cars). In

addition the FSP should consider providing a regular mobile clinic service.

- 16 The home based care volunteers indicated that the community drug boxes are not being replenished regularly. This is a worrisome situation as patients may not have access to the drugs when they need them. SOS should therefore make sure that replenishment of the drugs is done on a regular basis.
- 17 The evaluation findings show that the FSP is doing a commendable job in providing information on HIV/AIDS in the study area. The FSP has to continue with providing this kind of information as a way of preventing the spread of HI virus and teaching people how to relate to those who are living with the virus

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