Atiphunzitsa kuwedza nsomba
Taught how to fish

Evaluation of

The Hunger Project in Majete, Malawi

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By

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Contents

Executive summary

The lively, engaging and interesting interviews with all those involved with the epicentre strategy in Majete have led to four main conclusions and resulting recommendations for THP and Dioraphte:

1) **The involvement of THP with several communities living around the Majete Wildlife Park led to positive changes in the lives of individuals and their community**, when assessed qualitatively.
   - Health: Health access and use improves when a health centre is opened. Use also increases because of the work of animators trained by THP. Health status of the community might have improved because of health education. Quality of health services is not guaranteed.
   - Food security: The farm input loans system with communal benefits contributed to increased food security for the communities. Benefits of THP interventions being reinvested.
   - The communities interviewed also pointed out changes in the position of women when involved with the epicentre strategy.
2) **THP and the Majete Park are closely connected.** Communities perceive THP as being given to them by African Parks to reduce poaching and other depletion of the park. THP and AP work together on different projects. However, the community outreach programme of AP operates independently of THP and cooperation once THP leaves will depend on the communities' capacity to partner with AP.
3) **These results are enabled by the unique delivery model of the Hunger Project**. The most important components seem to be: a) Long term presence and support, b) Active and visible THP team in Majete, c) Strong community participation, d) Mix of soft and hard inputs, e) Physical structure. THP monitoring and evaluation offers room for improvement.
4) **Whether the current THP model of community-led development and its results are sustainable, only time can tell**. The income-generation strategy for the epicentre warrants more attention. The health centres being physically attached to the epicentres carry the risk of undermining the epicentre strategy and its sustainability.

Recommendations to THP

1. Improve the efficiency of monitoring and evaluation by collecting less but more useful and informative information (e.g. following individuals over time).
2. Remain faithful to the THP philosophy: no handouts but tools being the strength of the strategy.
3. Pay due attention to the strategy towards self-reliance, including income-generation capacity and expectations.
4. Reconsider the link between the epicentre and health centre: a public health centre that stands alone, close but not attached to the epicentre, might be a better option,
5. Assess the environmental footprint of the epicentre strategy, including the environmental impact of the epicentre building.

Recommendations to Dioraphte

1. Continue the long-standing support for the epicentres started up (M1-M5), as it is through such longer-term commitment that Dioraphte contributes to the epicentre strategy's success.
2. Consider funding at least 1 more epicentre, but up north and not in Chikwawa, to symbolically cover the whole of the Majete park and allow experimentation with the epicentre approach in a different context,
3. Only continue funding THP activities in the Majete area if this is accompanied by solid research. Such research should concentrate on the working mechanisms that are unique to THP, such as the process towards a 'mindshift' and the epicentre structure. Such insight is valuable for THP internal learning but also to convince others of its success.

Acronyms

AEO	Agriculture Extension Officer
ANC	Antenatal Care
AP	African Parks Conservation
CBO	Community-based organisation
DHO	District Health Officer
EPO	Epicentre Programme Officer
FGD	Focus Group Discussion
FS	Food Security
GVH	Group Village Headman/woman
HSA	Health Surveillance Assistant
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
SACCO	Savings and Credit Cooperative Organization
THP	The Hunger Project
THP-Mw	The Hunger Project Malawi
THP-NL	The Hunger Project Netherlands
THP-USA	The Hunger Project USA/Global Office
VH	Village Headman/woman
VCA	Vision Commitment Action
VSL	Village, Savings and Loans
WASH	Water, Sanitation, Hygiene

Introduction to the report

This is the report of an external evaluation of The Hunger Project's work in Majete, Malawi, commissioned by the funder the Dioraphte Foundation. The evaluation was conducted in May 2018 by an international expert team. It is a qualitative evaluation, based on interviews and focus group discussions in 3 of the 4 epicentres in the Majete Area. This final version takes into account the comments received on the first draft from Dioraphte and THP.

The team is thankful to all those who contributed to the evaluation with their valuable insights and information. The evaluation is, however, independent and external. As discussed in Annex 1 special effort has been made to reduce possible biases in the information collected (e.g. due to the reliance on THP Malawi for organising the field visits).

Chapter 1

The report starts off with the history of the cooperation between Dioraphte and The Hunger Project in Majete, which started 8 years ago now (chapter 1). Next follows a description of the theory of change of The Hunger Project and the way in which this is managed, including the division of labour between THP Malawi, THP the Netherlands and THP Global.

Chapter 2

The evaluation focused on the results in the areas of health (chapter 2.2) and food security (chapter 2.3), but also captured some other results (such as secondary benefits to the community, gender relations and environmental impact). Five features of the THP delivery model seem to have contributed to these results (chapter 2.5).

Chapter 3

All the epicentres visited are still ongoing, though in different phases. M5 has just started clearing the grounds for building the epicentre, M3 has completed the epicentre and awaits the opening of the health centre, and M1 has almost reached self-reliance. It is thus too soon to be able to assess whether self-reliance, as the ultimate goal of the THP approach, is possible. The evaluation therefore assesses the systems that are in place to promote sustainability (chapter 3.2) and the remaining challenges (chapter 3.3).

Chapter 4

From all this information follow 5 main conclusions and recommendations to THP as well as Dioraphte. The evaluation team hopes to contribute with this evaluation some useful insights for all those involved.

For further questions or clarifications, please contact Phil Compernolle, philcompernolle@hotmail.com

1. The Hunger Project in Majete, Malawi

1.1. History of Dioraphte and The Hunger Project

Dioraphte has been funding The Hunger Project since 2002:

- First as the predecessor Liberty Foundation through general support, since 2004 for epicentres in Africa and since 2007 in Malawi (up to 2008).
- Secondly, another predecessor of Dioraphte, MusartE Foundation, provided support for The Hunger Project's work in Majete between 2011 and 2015. Initially this happened through an intermediary foundation, African Villages Foundation,[1] but since 2014 support went directly to The Hunger Project.
- When Dioraphte merged with other foundations in 2015,[2] the funding for The Hunger Project in Majete was continued up to date.

The Hunger Project in Majete received over €3.7 million in total between 2011 and 2017, for 5 epicentres. Apart from The Hunger Project, Dioraphte has also supported other activities and organisations in the Majete area, among them **Majete Malaria Project**, in which malaria prevention interventions and research are combined (since 2014).[i] The research is conducted by the University of Malawi, with Wageningen University and the University of Amsterdam from the Netherlands. African Parks and THP are considered partners in the project.[ii]

Over the past few years, THP has submitted several requests for multiannual funding (most recently for 2018-2025). However, Dioraphte has always declined these requests. Dioraphte has not committed to funding all 8 planned epicentres but assesses the continuation of its support periodically.

There is now a moment of such assessment. Dioraphte's management and board have visited Majete on several occasions, with the most recent visit in November 2017. This evaluation, conducted by a team of independent evaluators, is expected to provide additional information to inform a decision on continued support for epicentres 4 and 5 and possible start of epicentres 6, 7 and 8.[iii]

1.2. History of support to communities around Majete

The Majete Wildlife Reserve (Majete in short) was established to preserve the natural environment in Chikwawa district in the south of Malawi. The wildlife and natural environment in this area was hard hit by the influx of refugees fleeing the civil war in Mozambique between 1977 and 1992. Majete lies mostly in Chikwawa district but borders Mwanza, Neno and Blantyre districts.

Majete was originally managed by the Malawian government, but in 2003 management responsibilities were handed over to the African Parks Foundation (AP).[3] AP is now responsible for the funding and management of Majete, including recovering the wildlife and nature and involving the community in nature conservation. AP obtained the right to engage in commercial tourism activities in the park for

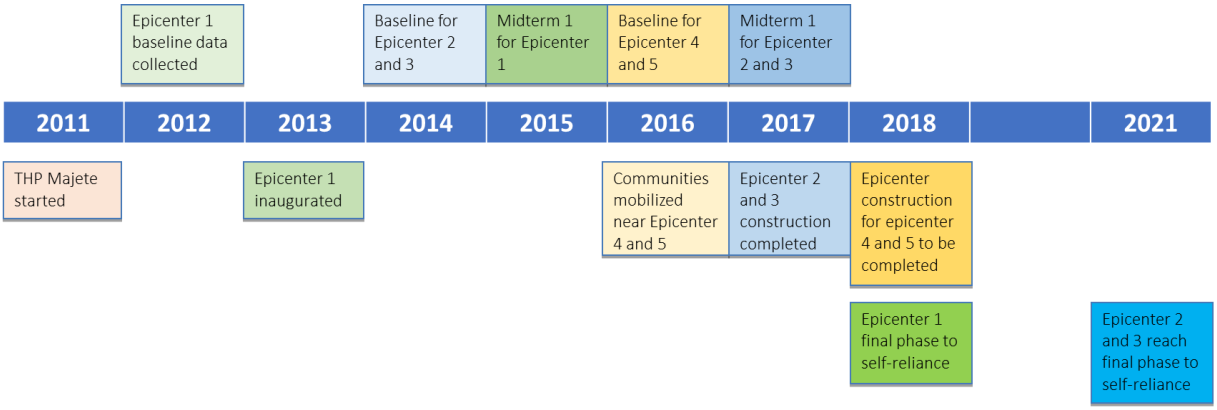
[1] This foundation was closely linked to the predecessors of Dioraphte, as it had been established by the then chairman of the board. Ultimately this conflict of interest (among others) led to change of board. Support for Majete, however, remained.
[2] Dioraphte exists since 2002, but was merged in 2015 with the Foundations Liberty, Dijkverzwaring, and Continuendo MusartE.
[3] AP was founded in 2000 by a group of conservationists (among which from the Netherlands) and aims to manage 20 parks by 2020. There are now 13 parks, of which 3 in Malawi. https://www.african-parks.org/

25 years but relies mostly on donor funding for its activities (both conservation and community extension).

The predecessor of Dioraphte was one of such donors of African Parks: they first funded the fencing-off of the Majete Park and then complemented that funding with a support programme for the communities (additional to the extension and environmental education programme of African Parks itself). For the community programme they requested a proposal from THP in 2010, who had been active in Malawi since 1999 but not yet in the Majete area.

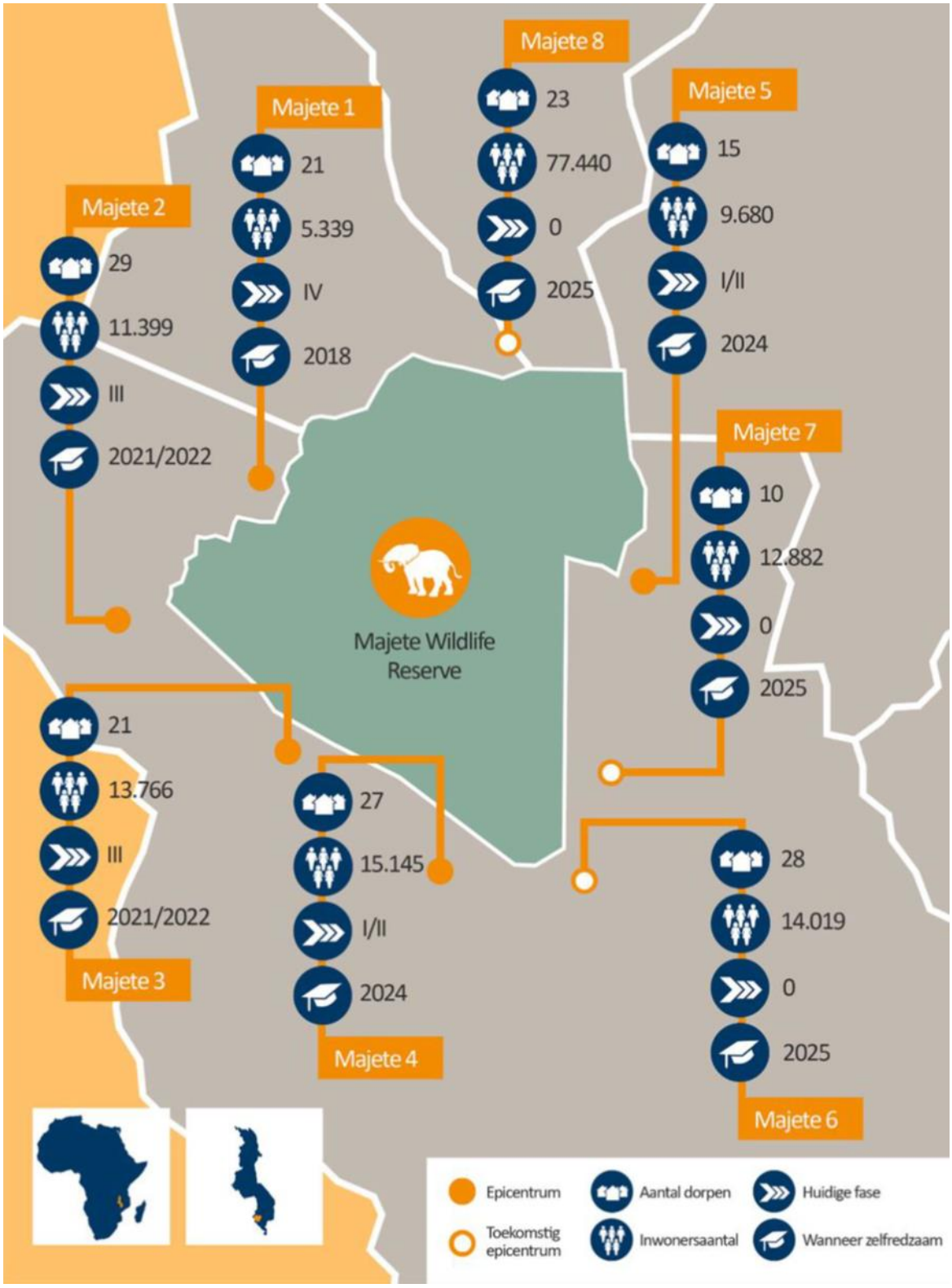
Dioraphte has by now supported 5 of the initially proposed 8 epicentres.[iv] These epicentres are each in different phases on their path towards self-reliance (see next section, 2.3), as illustrated by figure 1. Epicentres Chibwalizo (1), Chiphale (2), and Muonda (3) have a completed building, while Tombondera (4) and Kandeu (5) are currently being built. Epicentre 1 is about to enter the final phase towards self-reliance and should be 'finished' around 2020. As such The Hunger Project now covers 118 villages of the 282 villages around Majete Wildlife Reserve, see figure 2. [v]

Figure 1. Timeline THP Epicentres 1, 3, 5



THP works closely with AP. As will be discussed here below (section 3.4.2), THP adds to the scale of community development in the Majete area, and has introduced a specific approach of community-*led* development. However, without THP, there would still be the community extension activities of AP. AP runs its own, independent community extension programme (of about US$ 60.000 per year excluding salaries), supporting community-based organisations in the areas of education (scholarships), income generation activities (with sales linked to African Parks) and infrastructure (e.g. classrooms, boreholes). The CBOs are represented in the Majete Wildlife Reserve Association (MWRA), which also oversees the use of the funding generated through the community campsite (about US$ 15.000 per year).

Figure 2. Epicentres[vi]



1.3. Theory of change THP Majete

The vision of THP is 'A world where every women, man and child leads a healthy, fulfilling life of self-reliance and dignity'. Its mission is 'to end hunger and poverty by pioneering sustainable, grassroots, women-centred strategies and advocating for their widespread adoption in countries throughout the world'.[vii] In the Majete area, THP is referred to as 'conqueror of hunger and poverty'[4], as shown in the picture.

The target group of The Hunger Project in Majete are the communities surrounding the Majete Wildlife Park. The location determines the presence of THP rather than the needs as these communities are not necessarily the poorest in the area. However, in the implementation of the epicentre strategy, committees are encouraged to target the poor. For example, according to the FGD in M1, the goats programme started distributing among those identified by the community as most vulnerable (see box 7).[5] The evaluation showed how the epicentre benefits different types of people (regarding socio-economic class for example), both poorer, more despondent people (like Inet, box 7) as well as less poor and more resourceful people (like Efina, box 6). Such a balance is probably important to engage the whole community together.

The symbol of the epicentre strategy is the physical epicentre structure, located in between a group of 10 to 25 villages. The community contributes to the centre with time and resources, for example they supply the bricks and clear the grounds. One of the community leaders provides the land on which the epicentre is built. THP funds the construction and other materials for building and refurbishment.

The epicentre provides access to various social services, such as a nursery school, library, vocational training and literacy classes, and a food bank. There is representation of the microfinance bank Tadala[6] Savings and Credit Cooperative Organization (SACCO), which was originally part of THP Malawi but operates independently since 2014. The epicentre building also houses a health facility, built by the community with THP but subsequently operated by government as part of the national health system.

[4] *N'thetsa Njala Ndi Umphawi* in Chikwawa
[5] It is recognised that in that case the nurse from M1 was an unlikely candidate to have been given goats, but it was the epicentre committee that decided to do so nevertheless (perhaps for other valid reasons – not discussed).
[6] Tadala means we are blessed in vernacular-Chichewa

The epicentre strategy consists of four distinct phases set out over a period of eight years, as depicted in figure 3.

Figure 3. Phases in the Epicenter strategy

	Phase 1		Phase 2		Phase 3		Phase 4	
Years	1	2	3	4	5	6	7	8
Focus	**Mobilisation**		**Construction**		**Programme implementation**		**Transition to self-reliance**	
	• VCA workshops • Animators • Leadership • Community projects • Village Savings and Loans		• Contributions of land, material and labour • Building • Demonstration plots • Tadala SACCO		• Food and nutrition security • Health • Adult Literacy Early childhood education • Water and sanitation, hygiene		• Epicentre income generation • Leadership transition • Transition of epicentre to CBO	

In the first phase, partners are mobilized to participate in so-called Vision Commitment Action (VCA) workshops, in which the community builds a vision for their future. Committed individuals are elected to the Epicentre Committee, as well as several thematic sub-committees (e.g. on health, women empowerment, food security). In each village, animators are recruited (based on experience and motivation) for each of the themes. They receive special training to ensure they can strengthen their fellow community members by passing on this knowledge on subjects such as malaria, farming techniques, sanitation and hygiene. A selection of animators takes part in the sub-committees. While the community is thus mobilized and collaborating, THP launces community-led action projects.

This first phase is expected to increase the community's agency through changing their mindset. It lays the foundation for what is to become the slogan of the community:

1	Mindset change	1	*Kusintha maganizo*
3	Leadership	2	*Utsogoleri wabwino*
2	Vision	3	*Masomphenya*
4	Commitment	4	*Kudzipereka*
5	Action	5	*Kugwira ntchito ndi manja athu*

The second phase commences after approximately two years, when the epicentre can be built. Once the construction of the L-shaped epicentre is complete, phase three, the program implementation phase, can begin. This phase is estimated to take three years and includes the implementation of all program aspects: health and nutrition, education, food security, microfinance, women's empowerment program, environment, and advocacy, awareness and alliances. Epicentre committees are trained in governance and accountability and encourage to partner with other civil society groups.

The final fourth phase focuses on the transition to self-reliance, which takes two years. During this phase, the epicentre receives less staff support from THP, mainly the EPO salary and 4 monitoring visits. THP does support the community in their engagement with third parties (e.g. other NGOs, government) and with the setup of the new governance structure (organizational development technical advice). After these two years, the epicentre should have reached self-reliance and continue the community-led development process without THP.

Figure 4. Self-reliance according to the epicenter strategy of THP

An epicenter that has reached sustainable self-reliance exhibits:

- Effective, gender-balanced and fully trained epicenter leadership, with democratic processes and transparency;
- A strong Women's Empowerment Program;
- Access to basic services, including healthcare, education, clean water, agricultural tools, and microfinance savings and credit opportunities; and
- Epicenter income, with revenues that cover all expenses and a self-reliant microfinance institution.

1.4. Management THP Majete

1.4.1. THP Malawi

Interviews and observations for this evaluation confirmed that THP Malawi keeps a close watch on the implementation of the epicentre strategy in Majete. Programme managers, located at the head offices in Lilongwe, frequently visit the epicentres in Majete and are in close contact with the epicentre programme officers in the field. Programme managers provide both practical and content support, e.g. they conduct or supervise training of animators and community members. THP Malawi has one member of staff that is dedicated to monitoring and evaluation, under supervision of the M&E director from the global office.

While this evaluation is not designed to unearth fraud or corrupt practices (e.g. no financial reviews), corruption is an unavoidable topic given the way in which it has become engrained in the Malawian society (see box 1). In that respect, it is for now more important to note that THP Malawi has acted upon incidences of corruption in THP Majete, than to delve into the details of these cases. Corrupt EPOs were caught (in M1 and M2) and have been removed, after which there was a reshuffling of epicentre programme officers to make sure the trust of the communities and subsequent programme implementation were restored. It is, moreover, significant that the communities supported by THP themselves do not accept corruption or theft in the programme and act upon it (for example, acting upon family members selling off goats or bicycles of animators).

Box 1. Challenge of endemic corruption in Malawi

Malawi's corruption rapidly increased, with its score in the Corruption Perception Index declining from 41% in 2012 to 31% in 2017.[7] Despite ongoing public-sector reforms[viii], resumption of IMF and World Bank macro-economic support programmes and conviction of corrupt government official of the so-called Cash Gate scandal[ix], corruption in Malawi remains widespread. Political leadership's commitment to fight corruption has been limited. Efforts to make the Anti-Corruption Bureau an effective and independent corruption-fighting body have proven futile and deliberately hindered by inadequate resource allocation and suspected political influence.

The growing culture of corruption in Malawi is having profound effects. Corruption deters external investment in Malawi and diverts public resources from social investments and protection of the poor. Corruption is increasingly engrained throughout society, at all levels and sectors. To receive a public service (e.g. electricity, health care), you either have to be well connected or pay a bribe, which is out of reach for poor people, such as the communities THP works with.

1.4.2. Division of labour

The Hunger Project is an international organisation with headquarters in New York and activities in 22 countries, among which THP Netherlands and THP Malawi. In the THP Majete programme, funded by Dioraphte, all three THP offices are involved. In short, the division of labour between Malawi, the Netherlands and the global office is depicted in table 1.[x]

Table 1. Division of labour THP

THP	Focus		Core functions	2017 budget allocation[xi]
THP Malawi	Program country	Programme implementation and management	Reporting for funder Quarterly monitoring Planning and budgeting	91%
THP Netherlands	Fundraising country	Funder relations and grant oversight	Review of reporting / planning of THP Malawi Submission of reports to funder Including consolidated M&E data in reports Country visits (at least 1 p.a.) Funder relationship management	4%
THP USA	Global Office	Country oversight	Review and consolidation of M&E data Global strategy development	5%

[7] Botswana, Africa's least corrupt country, scores 60%.
https://www.transparency.org/news/feature/corruption_perceptions_index_2017

This way of working is how THP works as an international organisation.[xii] Both THP Malawi and THP Netherlands noted the importance of having extra dedicated capacity for donor relations and the effectiveness of doing so from the Netherlands rather than Malawi. According to them, THP Netherlands would have more information and capacity to fulfil donors' reporting requirements (including more rapid access to donors), allowing THP Malawi to focus on what they do best, which is concentrating on THP activities in Malawi. THP Malawi compared funding Malawi directly to funding farmers directly rather through funding THP: focusing on the individual farmer (or THP country offices) would miss out on policy development, learning how to support the farmer and burden the farmer with a lot of administration.

However, this division being part and parcel of THP does not mean it cannot be more efficient, in particularly regarding the information flow from the field (Majete) through the organisation (and eventually to the funder). The evaluators noted that useful information for both THP and the funder was not shared (in reports),[8] while a lot of the information that was shared seemed of limited value for all parties (with value being determined by the extent to which information is used to improve the programme and its funding).

Moreover, box 2 and annex 2 describe some of the challenges of the THP M&E system. Though the team appreciates the effort invested in this M&E and the continuous improvements to the system, there quantitative data proved difficult to use for this evaluation.

It would require a different type of investigation to delve into this matter (organisation review[9]) but some points of attention, which could improve the efficiency of the division of labour, emerged from this evaluation:

- Effectiveness of reporting requirements of Dioraphte:
    - Does the funder obtain the information it requires and uses? Is the information of sufficient quality and timely?
    - Are the reporting/funding requirements no undue burden on the organisation (e.g. timing, frequency and funder-specific information requests)?
    - What are options for multi-annual funding matching Dioraphte's longstanding involvement with the epicentres?
- Effectiveness of monitoring and evaluation of THP (closely related to the role of THP Global):
    - Does THP collect the right information at proportional costs and efforts?
    - Does THP use this information to learn and share lessons across the organisation (and with supporters), with which both strategy and programme implementation are continuously improved?

[8] For example, reasons for shifts in human resources in the Majete area or context-sensitive discussion of the challenges of electricity

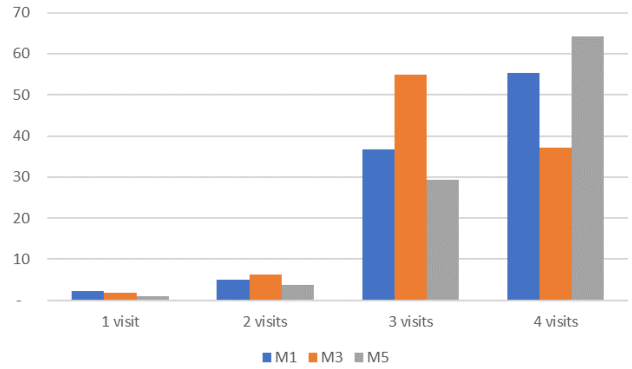
[9] An organization review would assess the organisational performance of the THP, focusing on the relevance and effectiveness of its management, by considering aspects of the organisation's capacity, motivation and external environment.

Box 2. THP M&E data

This evaluation report relies on qualitative data collected through interviews. THP's M&E data was used sparsely because it raised too many questions, while a more elaborate exploration of the data was unfortunately beyond the scope of this evaluation.

For example, regarding outcome indicators: Full coverage of births attended by health care professionals at 100% in M5, even without having a health centre or training, seems questionable. The data on antenatal coverage and visits is equally high (compared to national averages and other epicentres). As figure 5 illustrates, M1, the only one with a functioning health centre does not perform better than M5 without a health centre, which seems to indicate towards anomalies of the data collected by THP.

Figure 5. Antenatal visits[10]



Output data has been quoted in this report but also needs to be interpreted with care. The values for 'people trained', for example, seemed too large compared to estimated population sizes (as measured by the Malawi National Statistics Office). The M&E officer of THP-Malawi explained that 'people trained' are not the number of individuals trained but rather the number of people in a training multiplied by the number of trainings. The number of 'people trained' is thus too high because of the possibility of people attending a training more than once (which is an issue about data as well as programme implementation). Moreover, the number of people per training is also rather high (too high for effective training) and varies between epicentres (from 39 in M1 to 51 in M5 and 54 in M3). This might be the result of 'training' including large community meetings as well as workshops and training (according to THP NL).

It is important to note, however, that THP is working on the improvement of its elaborate M&E system. For example, according to the Malawi M&E Officer, THP is developing a system to follow beneficiaries over time. Also, the collection of data for outcome evaluations is thought to have improved since its first pilot in M1 in 2012.

[10] Majete 1 (Midterm – 2015), Majete 3 (Midterm – 2017), Majete 5 (Baseline 2016)

2. Results

2.1. Progress

As discussed in the first section of the report, the evaluation deliberately visited three Majete epicentres in different phases towards resilience: from M5 where the earth was being prepared for building while training took place under the trees, to M3 where the epicentre stood strong, but the health centre still had to be opened to M1, which enters in the final stage of the programme.

Assessing progression in results using the quantitative THP monitoring data is unfortunately not possible because of data limitations mainly insufficient comparable data per epicentre, as explained in more detail in annex 2).

The expected progression was, however, evident from the qualitative evaluation: results deepen, and communities clearly increase their capacities, including internalisation of the mindshift that THP envisages. This is not just evident from the way in which the THP-Mw slogan comes up in focus group discussions: in M5 people spontaneously mention aspects of the philosophy, while in M3 and M1 informants sang out the slogans loudly and proudly, without need for prompting.

Activity builds up as the programme develops in each epicentre. For example, according to THP monitoring data,[xiii] in total from the start of the activities in each epicentre up to end of 2017, 1.948 workshops were held in M1 (by THP and animators) with 75.027 people trained (both animators and partners).[11] In M3 this amounts to 1.290 workshops with 69.039 people trained, while in M5 there have been up to now 263 workshops with 13.291 trainees (for 2017 only).

M1 stands as an example for other epicentres, since the community was able to donate grain to government for distribution in other areas that suffered from floods in 2015.[xiv] Visitors come from other epicentres in Malawi, but also from Mozambique[12] and even from the Malawian government (Ministry of Gender, Children and Community Development).

Access to energy seriously limits progress in all epicentres. M1 makes use of solar panels for its epicentre, including the health facility. These are, however, not sufficient to power the maize mill, on which the epicentre relies for self-reliance. It is also insufficient to properly operate the health centre. For example, a gas tank is used for the cold store for vaccines. Not only is it a serious risk that this tank stands in a badly ventilated room inside the centre rather than being attached to the outside. This gas tank is shared between the cold store and other purposes such as the sterilisation pot for medical equipment. The health facility staff has been resourceful in developing a system in which the cold store is transported to a nearby government clinic once a week to be plugged in, while in the meanwhile the sterilisation pot can be operated. This clearly poses a serious health risk.

Gaining access to electricity is a long process in Malawi, even with the efforts made by THP-Mw. Even for homeowners in the cities, it takes more than a year to get access to electricity, despite there being an existing electricity grid, which is not the case for the epicentres around Majete. For M1 it has been particularly hard, because of the location of the epicentre being in Chikwawa but relatively close to

[11] See box 2 for a discussion of the data.

[12] Specific interest on community involvement in relation to wildlife and nature conservation.

Mwanza (still over 25 km), which required THP-Mw to negotiate with Electricity Supply Commission of Malawi (ESCOM) regional office.

The choice of energy source should fit with the THP philosophy and ultimate objective of self-reliance. At the moment, solar panels are not the solution for the existing epicentres. Experience in M1 shows that solar panels, as of now, provide insufficient energy to operate the health facility properly. Solar power is more difficult and expensive to maintain by the community (technical skills, maintenance and repair costs). Moreover, solar power for the epicentre would not provide the secondary benefits of the area having access to electricity, which benefits not just the epicentre building but whole villages surrounding the epicentre. Access to the electricity grid literally puts a place on the map, brings it to the attention of different stakeholders (governmental and non-governmental), even with the power outages that are common in all of Africa. Electricity now seems worth waiting for, though in the meanwhile other (temporary) solutions could be explored that fulfil the THP objective of self-reliance. A mix of energy sources might be most reliable/effective (depending on costs).

2.2. Health

2.2.1. Introduction

The following outcome indicators, used by THP to assess progress in the health area, have been assessed qualitatively. We did not check exact numbers, but discussed these indicators in interviews, focus group discussions and observations in the field.

The indicators that were thus assessed are a combination of access to health services (6b) and use of health services (2d and 6.2) as mentioned in the table here below which lists the THP indicators for the health area.[xv] To these, we added the extent to which the communities around the epicentres experienced, according to themselves, improved health outcomes. Comprehensive knowledge of HIV/AIDS was not included as interview topic as it would require more in-depth assessment, which was not possible under the scope of this evaluation.

Table 2. THP indicators for health area

Progress towards improved access to and use of health resources	*Interview topic?*
outcome 2d Proportion of births attended by licensed health care professional	√
outcome 6b Operational health unit in epicentre	√
outcome 6c Proportion of population 15+ with comprehensive correct knowledge of HIV/AIDS	x
impact 6.2 Proportion of individuals using clinics/health workers during illness	√

Box 3. Health in Malawi

The healthcare system in Malawi faces various challenges: shortage of essential medical products and technologies, high vacancy rates for human resources for health, inadequate medical equipment and infrastructure; parallel data reporting systems. This is partly because of low investment in the health sector. Malawi has the lowest per capita investment in health in Southern Africa, at US$ 39 against the regional average of US$ 229.[xvi] Moreover, it is highly dependent on external resources (more than 50% on average and over 90% for HIV/AIDS).[xvii] Nevertheless, Malawi is the only country that offers **free public healthcare** in the entire region.

Malawi has a low life expectancy at birth of 63.9 years.[xviii] The country has made gains in reduction of under-five and infant mortality and maternal mortality, though these remain among the highest in Sub-Saharan Africa.[xix] 37% of children under age 5 are stunted (short for their age); 3% are wasted (thin for their height); 12% are underweight (thin for their age) and 5% are over-weight (heavy for their height).[xx] Under-five mortality and infant mortality rate is 63/1000 and 42/1000, respectively. Maternal mortality declined from 675/100,000 in 2010 to 439/100,000 in 2016. Neonatal Mortality, however, was estimated at 27/1000 live births in 2016; down from 31/1000 live births in 2010.[xxi]

22% of children under age 5 had a diarrheal episode in the 2 weeks before the 2015/16 Malawi Demographic Health Survey. This is an increase from 18% of the children who experienced diarrheal episode according to the 2010 survey.[xxii] Poor sanitation practices and improper storage of drinking water commonly lead to diarrheal diseases such as cholera. In Malawi, 80% of the population has access to an improved source of drinking water, but that leaves about 4 million people who still lack access to safe water. Additionally, only 6% of the population has access to an improved sanitation facility.[xxiii]

Malaria is endemic throughout Malawi and is a major public health problem with an estimated 6 million cases occurring annually. [xxiv] It is a leading cause of morbidity and mortality in children under five years and pregnant women. Malaria accounts for over 30% of outpatient visits. Mortality due to malaria has reduced, however, as demonstrated by a reduction of malaria case fatality rate from 46% in 2011 to 24% in 2014, representing a reduction of 50%. However, several districts still record high incidence and case fatality rates.
The percentage of households in Malawi that own at least one Insecticide Treated Net increased from 27% in 2004 to 57% in 2010 but did not change thereafter between 2010 and 2015/16. Among children under age 5, ITN use did increase from 39% in 2010 to 43% in 2015/16. Among pregnant women, ITN use increased from 35% in 2010 to 44% in 2015/16.

HIV prevalence among adults in Malawi (15-49 year) has declined steadily from 16.4% in 1999 to 10.6% in 2010 and slightly to 8.8% in 2015 (last estimate).[xxv] According to UNAIDS,[xxvi] Malawi had 36.000 new HIV infections and 24.000 AIDS-related deaths in 2016. Geographically, HIV prevalence is lowest in Central region (4.4%), seconded by Northern region (4.6%) and highest in Southern region (9.2%). Overall, HIV prevalence is highest among urban women (17.8%).[xxvii] There were 1.0 million people living with HIV in 2016, among whom 66% were accessing antiretroviral therapy. Among pregnant women living with HIV, 84% were accessing treatment or prophylaxis to prevent transmission of HIV to their children. An estimated 4.300 children were newly infected with HIV due to mother-to-child transmission.

2.2.2. Access to quality health care

Access to health services improves automatically when a health centre is opened, as is now the case in M1. In absence of a health centre, the communities travel far to access health services. This is so even in the case of M3, where the epicentre is relatively close to the Chapananga government health centre (6 km from the epicentre).

According to THP Malawi, the building of the health centres happens in dialogue with government. Where there is an existing health facility near the epicentre, and accessible to the communities around the centre, THP has chosen to refurbish the existing one rather than building a new one (e.g. M4).[13] Such choices are made together with the District Health Office (DHO) at the planning phase for each epicentre (e.g. for the Nchalo epicentre THP and the DHO signed a MoU). The DHO also signs off on the building plans and inspects the building process. Nevertheless, in an interview with the DHO of Chikwawa, the suggestion was raised that there was at times insufficient alignment with government health planning. This is an effort that must be undertaken repeatedly to cover for staff changes at the DHO.

It is important to note that the epicentre health facility becomes a national health facility, rather than a privately owned/run health facility, and the quality of services will thus depend on the national standards, with all its challenges as described in box 3 here above. THP-Malawi, in close cooperation with the epicentre communities, provide facilities with basic equipment and staff houses, after which the health centre management, including staffing, supplies and maintenance, is handed over to the Malawian government (District Council and the District Health Office).

The epicentre community has limited influence on the quality of health services, even though the epicentre strategy does include capacity building regarding government relations and access to decision-makers. The epicentre strategy, for example, includes cooperation with the Health Centre Advisory Committee (HCAC), a community-committee that each Malawian health centre has and that is mandated to monitor service delivery including use of medical supplies and drugs. But their functioning is in general challenging.

For example, in M1 the Group Village Head was seen to be actively lobbying the DHO for the return of the ambulance,[14] however, this was not appreciated by the DHO who considered it a matter to be discussed with the health facility staff rather than the community. Moreover, a government health employee noted that the health facility is seen as a government responsibility so even a self-reliant community will not see it as its task to maintain.

As such, having a government health centre so closely attached to the community's epicentre risks undermining the THP philosophy, which is so carefully transmitted to the communities throughout the different phases of the epicentre strategy. This point does by no means question the relevance of having access to health care for the communities. However, it questions the close relationship, even physical attachment, between the epicentre that is by, from and for the community and the health centre on which the community has very limited control. In the Malawian context, with severe limitations in the health sector, the THP philosophy of individual and community agency and self-reliance, cannot be applied to a significant part of the epicentre structure, i.e. the health facility.

[13] For M2 THP chose for a new health centre because the close-by one was difficult to reach for communities on the other side of the river.

[14] A long story told quickly: an Australian funder of THP donated an ambulance to M1. This ambulance was unsuitable for the area, so the DHO promised to replace it with a 4x4 ambulance to operate from the health centre at M1. The epicentre leadership gave the DHO the keys for the car until they came back with the replacement, which they did eventually. However, very soon after that the DHO came to pick up the 4x4 ambulance for service. Since then both ambulances remain in hands of the DHO and have been seen in use elsewhere rather than still being serviced (according to the community). The M1 community strongly feels it is 'their' ambulance but are rather powerless to get it back.

For example, even in epicentre M1, where THP is still very active and the Majete Malaria Project has an office, there are insufficient bed nets in the maternity ward. The community, trained by both these parties on the importance of such bed nets, has limited power to address this risk. It is in this way that the health facility being a physical part of the epicentre risks undermining the work and philosophy of THP.

2.2.3. Use of health care services

Use of health care services almost automatically increases when there is a health centre in the vicinity providing access to free services (apart from transportation and other out-of-pocket costs for patients and their families). This is the case in M1 and hopefully soon in M3 and later in M5.

Health facilities are, however, quickly overloaded and the quality of services is not guaranteed, with stockouts and limited availability of medicines and other health products such as condoms. For example, both in M1 and M3, there were no bed nets in the maternity ward. The health staff of M1 reported drug stockouts already 2 weeks after delivery.

The proportion of births attended by licensed health care professional is high in every epicentre regardless of the phase it is in and whether a health facility has been built, according to THP outcome data (M1: 98% M3: 99% M5:100%, with on average 90% for Malawi as a whole in 2016).[xxviii] If this proportion has increased due to THP could not be ascertained.[15] Having access to a health facility does not necessarily imply attendance by a licensed health care professional. At M1, for example, there is only one nurse for the whole facility (though extra staff is expected shortly), so it is imaginable that not all births can be attended.

Similarly, antenatal coverage is high according to THP data (M1: 99%, M3: 100%, M5:98%, but comparable to the on average 95% women making at least one ANC visit during pregnancy for Malawi as a whole in 2016.[xxix]. While in Malawi as a whole, only 51% of women have four or more ANC visits, in the epicentres this lies between 37% in M3 and 64% in M5.

From the focus group discussions with communities in M3 and M5 emerges another important change in antenatal health use that is not captured in the data. Informants report that because of THP training women go **earlier for the visits** now, preferably in the first trimester of the pregnancy, and sometimes even accompanied by their husbands.[16]

Use of health services seems to have increased because of the efforts of the animators, trained and encouraged by THP, regardless of whether the health centre attached to the epicentre is operational. These animators provide their communities in the villages with information that is said to have increased the use of health care services. For example, people now recognize the signs of malaria and know that there is a cure, whereas before many people thought these symptoms were a type of witchcraft or bad luck for which there was no cure apart from traditional medicine. People have now also been informed of the benefits of HIV testing and counselling, in particularly the availability of ART. Health officials interviewed report that this has led to an increase in the uptake of HTC by women in particular.

[15] See Box 2 for a discussion of the data.
[16] M5, M3

2.2.4. Health status

According to those interviewed, the community felt their health did improve and the epicentre strategy contributed to that. According to members of the community, less children suffered from malaria now because it was recognised as such, and they sought treatment earlier. Moreover, home improvements promoted by THP animators (in close cooperation with the Majete Malaria Project) might also have led to less malaria cases.[xxx] Similarly, improvements in hygiene standards through hand washing and building latrines promoted by the WASH animators, combined with access to clean drinking water through the boreholes provided by THP, might well have had an impact on prevalence of diseases such as diarrhoea. An escape of a cholera epidemic was mentioned in several focus group discussions. In all epicentres evaluated, the community was now so convinced of the benefits of latrines that the relevant committees had decided to punish people without latrine by withdrawing access to health services. Box 4 illustrates the impact of latrines.

According to those interviewed, the effect of the epicentre strategy on HIV/AIDS will most likely happen through increased testing and uptake of ART as result from awareness raising by THP animators on the availability and benefits of such health services. There is, however, no data to confirm such an effect.

Box 4. Private investment in latrines – the story of Irene Makandi

Irene Makandi is from Golombe Village (TA Chapananga), one of the villages, within the impact area of Majete 1, near the road. When we interviewed her in May 2018, Irene was 32 years old and married with 6 children.

For a long time, Irene and her family did not have a pit latrine but were used to defecate in nearby bushes. According to Irene, this was dangerous and uncomfortable especially for women (for example, she expressed a fear of being raped). Moreover, bush defecation, though common, was considered shameful (children would follow adults to draw attention).

THP arrived in 2011 and animators were trained to conduct health and sanitation awareness campaigns, stressing among others the health hazards of open defecation. Irene was quickly convinced they needed a pit latrine but her husband, who is traditionally (and culturally) expected to dig pit latrine, was busy and did not seem too concerned. Against all norms, Irene decided she would dig her own pit latrine in 2012. Although it was not easy, she dug a pit latrine and moulded bricks for the pit latrine house. She identified and paid a man to construct the

wall and roofing structure. Following THP sensitization on WASH, she also added facilities for hand washing.

Now, she has a pit latrine which she dearly cherishes and is proud of. Irene now feels more respected, because she doesn't have to go to the bush anymore. It is important to her that she doesn't have to lie to her children and neighbours that she is going to the bush to collect firewood.

2.3. Food security

2.3.1. Introduction

Similarly, for food security the quantitative results indicators were 'translated' into a qualitative assessment of improved food security as reported by community members, including farmers but also others. The indicators used by THP to monitor progress in this area were validated through interviews, focus group discussions and observations in the field.

Whether the epicentre strategy led to an increase in yields compared to before the programme started and compared to other farmers in the area that did not participate, can of course not be assessed in this qualitative way. However, even if attribution to THP is not possible in this way, it is informative to assess the extent to which partners associate improvements in food security to the epicentre strategy, including the efforts to improve farming practices (indicator 8a) and participation in the communal food bank.

Table 3. THP indicators food security[xxxi]

Progress towards improved land productivity of smallholder farmers	*Interview topic?*
outcome 8a Proportion of smallholders applying improved management practices and technologies	√
impact 8.1 Percent change in yields per hectare for farming households	√

2.3.2. Improved food security

Donating maize to the government as happened in M1 in 2015, stands out as the ultimate evidence of how the food security situation can improve through the epicentre strategy. Since then, however, climate has been rough in the whole of the Majete area, including the epicentres visited. M5 is particularly food insecure as it was hardest hit by droughts, winds and floods.[17] However, those interviewed noted it is very well possible that without THP the impact would have been worse.

All agricultural extension officers in each of the epicentres perceived (M1 and M3) or anticipated (M5) a drop in food insecurity with the arrival of THP in the area.[18] For example, the agricultural extension officer interviewed for M3 noted that he could attribute change to THP because other NGOs in the area had been active during a different season (irrigation-fed in winter rather than rain-fed on which THP focuses). Unfortunately, quantitative data on food security are not collected by THP and nor was

[17] Army worms also had detrimental impact on harvests in all three epicentres.

[18] M1 was now estimated at around 8% food insecure (% of families that are food insecure or don't have enough food throughout the year) from 40% in 2014. M3 was said to be at 20% (from 40% during the worst years 2014/15) but thought to potentially have been in a worse state. M5 (thanks to access to the river) is now estimated at 12%.

it possible to obtain conclusive figures from the agricultural extension officers, with which these perceptions could be validated.

The focus group discussions in each of the epicentres also conjured that there is a positive impact on food security: **people mentioned that they either produce more food themselves for home consumption or they have more income sources** (from other activities) with which they can buy food at reduced rates from the community's foodbank.

Box 5. Malawi food security

There were 6.5 million food insecure people in 2016/17 (from 695.600 in 2014/15 and 2.8 million in 2015/16). Small landholdings (<0.5 ha), low soil fertility, dependence on rain fed agriculture, limited access to agricultural inputs, limited access to credit, declining land and labour productivity due to HIV and AIDS and poor maize pricing, all join constrain agricultural production in Malawi.

Malawi's recent rainfall pattern also affected agricultural production. It has been characterized by late onset, localized prolonged dry spells and floods. In season 2014/15, the country experienced the worst floods in history (January 2015), followed by widespread and prolonged dry spells in both the disaster-prone south and the traditionally food-surplus areas in central and northern regions. This pattern was repeated during season 2017/18.[xxxii]

Malawi has implemented various intervention programmes to address low agricultural production and food insecurity, including Malawi's Agriculture Sector Wide Approach, Starter-Pack Programme (1998/99-2000/01), Targeted Input Programme (2001/02-2004/05) and public works programmes. Although these programmes reached between 2-3 million Malawians annually, they were also criticized for creating dependency among recipients; were poorly organized; were logistically expensive; had limited choice of crops and were inappropriate for some agro-ecological zones; targeting was ineffective, and inputs were often delivered late and too little.[xxxiii]

One of the programmes, the Farm Input Subsidy Programme (FISP), is often compared with the THP farm input loan, contrasting for example the different approach (loan versus gifts). FISP was introduced in 2005/2006 agricultural season, following severe food shortages in 2004/05. The objective of FISP is to help poor, smallholder households achieve food self-sufficiency and higher incomes through increased maize and legume production, by increasing access to improved agricultural inputs (mainly fertilizers and improved seeds). [xxxiv]

While FISP has registered some success, such as increased maize productivity from 1480 kg/ha in 2006 to 2100 kg/ha in 2013 and a decrease in prevalence of undernourishment from 27% to 20.8%,[xxxv] the programme is heavily politicized. Community leaders, which are supposed to help roll out the programme, are said to be involved in corrupt practices, such as the creation of ghost beneficiaries and favouritism. The programme has had less and less beneficiaries over the years: the total number of beneficiaries fell from 1.5 million in 2015/16 to 900,000 in 2016/17. As such, this programme is unlikely to overlap with the THP farm inputs programme.[xxxvi]

2.3.3. Improved farming practices

Food security improved because of the good use by farmers and households of THP support, which is said to have resulted in **improved farming techniques and increased yields**.[19] One of the techniques that is now widely and proudly used is the so-called *Sasakawa* method, planting one seed per station rather than several seeds smothering each other.[20]

THP also supported diversification of crops and increase in use of drought-resistant crops such as sorghum and pigeon peas. This is important given the vulnerability of the area to extreme weather conditions. As noted in the 2017 Foodbank evaluation, these drought-resistant crops should also be included in the foodbanks alongside maize.

In several cases the increased yields were used to reinvest in their farming or in other productive investments (such as improved houses, means of transport or school fees). Box 6 illustrates the way in which a farmer can start off with a farm inputs loan from THP and end up with cattle and an irrigation pump.

Box 6. Reinvesting THP support – the story of Efelina Paulo

Married and in her mid-fifties, Efelina Paulo comes from Byakulimalima Village, TA Chapanangwa in Chikwawa, in the Epicenter 3 area. She has 5 children, 2 are married and 3 are still at home.

In 2017, Efelina received 2 Kg of sorghum seed from THP, which she planted and harvested 20 bags (50 Kg). She sold the sorghum and realized MK120.000. She reinvested these proceeds by purchasing a brand new water pump, which cost her MK100.000. She plans to use the water pump to irrigate her crops, which she used to do manually. With the water pump, she plans to scale up irrigated farming. She also plans to hire out the water pump to other farmers and earn some income this way.

In fact, Efelina is so business-minded, she always uses the proceeds of support to buy (or do) something "big" every year. This seems to happen in harmony with her husband. Efelina said that makes her remember what she received. In the first year of THP support, she realized MK180.000 from VSL savings (initial investment and shared interests) and invested MK120.000 in a sewing machine that her grandson now operates on her behalf. In the second year, she realized MK170.000 from VSL savings and invested MK90,000 in a cow. At the time of the interview, the

[19] This was mentioned in all focus group discussions with partners and animators, but also in the interviews with the governmental agriculture extension officers and African Parks.

[20] Sasakawa farming technology originated from Japan. It involves planting one maize seed per planting station and 30 cm apart. Previously farmers planted several seeds per station.

cow had calved.

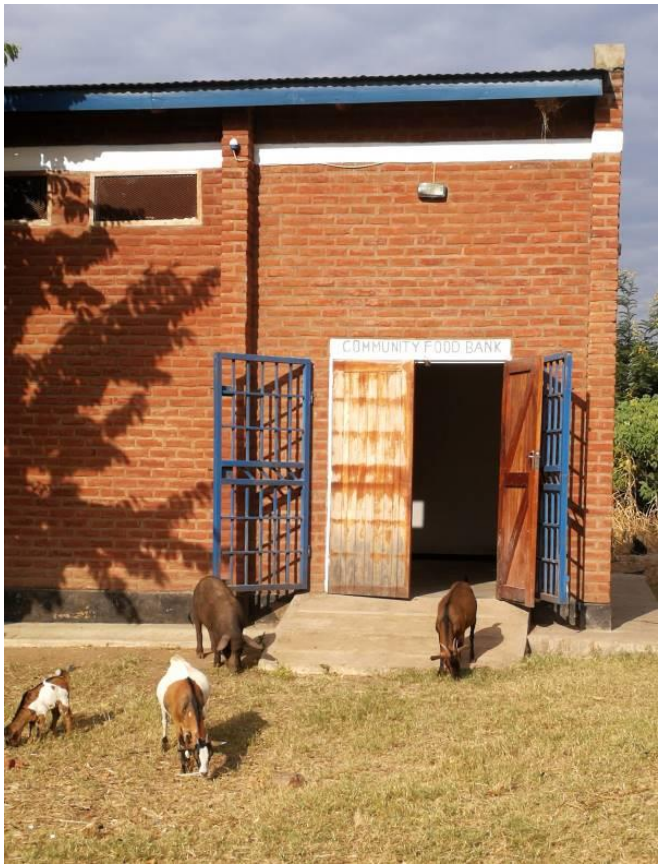
According to Elefina, THP has transformed her life. She uses the benefits to meet household needs, including school fees for children. She plans to continue with farming (irrigated) and VSL, keeping her commitment to make one big investment every year.

2.3.4. THP contribution to food security

According to those interviewed THP contributed to improved food security through:

Farm input scheme

At the time of the evaluation, the food banks of M1 and M3 were empty just before the next harvest was to enter (some of which was currently being collected) and the food bank of M5 was not yet in use.[21] However, according to those interviewed, the food bank system has improved food security.[xxxvii] This has happened through different components of the scheme: a) provision of inputs, b) with training, c) as loans and d) for communal use.



a) Farm ***inputs***:
The villages in the different epicentres have limited access to farm inputs due to lack of resources and distances to be travelled. As part of the epicentre strategy THP provides farm inputs to farmers on loan, mainly seeds and fertilizer.[22] The system is supposed to become a revolving fund, whereby the proceeds from the loans are used to buy new inputs.[23]

b) Farm inputs combined with ***training***:
The farm inputs are accompanied by training of farmers through the animator-system. So-called lead farmers (animators) are trained by THP and the governmental agricultural extension officers and these farmers in turn train other farmers. THP also uses demonstration fields, which none of the beneficiaries mentioned, most probably because the fields were out of use during the evaluation period.

[21] For this evaluation we did not assess records from the foodbanks in M1 and M3 (M5 not yet operational) to assess the flow and stocks, buyers and sellers. The 2017 evaluation mentioned the record keeping as a challenge.
[22] THP provides seeds (10 Kg each) and fertilizer (2-50 Kg bags each) on loan during the first year only. Farmers are expected to repay in kind to the communal food bank (9-50Kg bags of maize repayment).
[23] Part of the farm inputs scheme promotes diversification by providing seeds for sorghum, fruit trees and vegetables (the latter two are not loans and fairly recent so results are yet to be seen).

c) Farm input ***loans***:

THP does not merely provide farmers with farm inputs but provides these as loans. As such, repay the farm inputs loan requires good harvests, which is thought to be an extra incentive for careful use of the inputs and due attention to improved farming practices. The community members interviewed in the epicentres now seemed proud that the farm inputs of THP were not a gift, unlike to other organisations. However, at the introduction of this loan system some members had been suspicious (also based on previous experiences with other NGOs) and wondered if THP was benefiting from them in this way.

d) Farm input loans *with* ***communal benefit***:

The proceeds of the farm input loans accrue to the communal foodbank of the epicentre, where community members can access the maize at relatively low costs[24] (including lowered transport and queuing costs). As such, the farm input scheme should not only improve food security at an individual household level but also at community level: people who do not benefit from the farm input loans (e.g. poorest farmers with too small plots) can potentially also benefit from the foodbank.

Because the loan repayments accrue to the community, village headmen and the epicentre committee are actively involved with recollecting the debts (bags of grain). Interestingly, in M1 the community decided to adapt the loan scheme to take into account particularly bad harvests due to weather conditions, which all farmers experienced. Such context-specific adaptations by the community & for the community should strengthen the sustainability of the system.

Income generation activities, such as

Goat for people scheme: in each epicentre people were given 2 goats by THP to breed with the expectation that they pass on two goats to other beneficiaries in the community. All recipients were trained in keeping goats. As customary with such programmes, the next beneficiary is assigned to the first one from the start, thus creating a system of social control.

THP did provide vaccinations and training on holding goats. Nevertheless, M3 reported high initial mortality of goats because the breed had problems coping with the weather conditions in that specific area.

In general, the goats provided people with alternative livelihoods. Goats multiply fast (often twin births) so that the impact is noticeable in a relatively short period. Households can sell the goats to meet quick cash requirements (e.g. to buy farm inputs or pay for school fees). Communities also discovered the medicinal benefits of goat milk (for mouth sores). Box 7 illustrates the impact two goats can have on a small female-headed household.

[24] The community sets the price above a certain minimum but never above the government maize price. Vendors are prohibited from buying and vending is further discouraged by limiting sales to one bag at a time. The villages within the epicentre have priority for buying and only if there is left, can others access the storage.

Box 7. Goats for people – the story of Inet Msanjama

Inet Msanjama was 52 years old when we interviewed her in May 2018. She is single, after having divorced in 2000 when pregnant with her second son, now 18 years old. She lives far out in the Majete 1 impact area (accessible by car and foot only).

Inet never went to school, because her parents prioritised boys over girls. Once divorced, Inet could hardly support herself and her two sons. They never had enough food and often lived on begging. The family lives in a very small, traditional round house, which she loathes because it is run-down and associated with poverty.

In 2015, Inet received 2 goats through the THP programme after having been identified as one of the poorest in the area and hence deserved the support. Unfortunately, one of the two goats died in a fight between the two of them. Luckily, the surviving goat always bore twins, so her flock expanded rapidly. She has passed on the two goats to another community member as part of the THP programme, and now has 5 adult and 5 young goats of her own.

In 2017, Inet sold 2 of her goats and realised K24.000. She bought 4 door-frames and one door. She plans to sell more goats this year to buy more building materials. As such, she plans to stock-pile building materials before she starts the construction of her new house, a lifelong dream.

According to Inet, life wouldn't have improved this much if it had not been for the support of THP Majete 1.

Though not a focus of the evaluation, the following components of the epicentre strategy were often mentioned in interviews as contributing to food security:

Skills development was considered one of the ways in which THP had improved food security in the epicentres. For example, in M1 people mentioned the beekeeping project, set up in close cooperation with African Parks. People were trained and provided with modern beehives (safer, more

environmentally friendly and with a higher yield).[25] African Parks also ensures a market for the honey through use in all its parks. Other skills are tailoring, tin smith, carpentry and brick laying, all of which are expected to have a market within the communities.

In M5 the evaluators witnessed the commitment of the trainees who came to practice and do coursework on the epicentre's sewing machines during the weekend. In M1 one of the village leader, a tailor himself so not eligible for skills development in this area, has nevertheless watched the training to improve his skills. This nicely illustrates the eagerness of the communities to learn and make use of what THP provides.

Whether there is subsequently sufficient use for these skills is hard to establish, but at least two cases were identified through this evaluation of people buying from people trained by THP (in one FGD a woman pointed out a dress bought from a tailor trained by THP and as box 8 describes, newly acquired bricklaying skills were put to use as well).

The **Village Savings Groups (VSL)** were also mentioned as contributing to food security in all epicentres. They are a source of income to meet urgent needs but at a much lower costs than other informal community lending arrangements where interest rates can be as high as 100% and there is less group cooperation. In M1 these VSL were often connected to the SACCO Tadala bank, which has a prominent office there from which they serve other epicentres. Box 6 illustrated the benefits of

[25] Unfortunately, even though training also included educating the community on the risks of bees, one child had passed away after being attacked (while playfully provoking the bees).

those investing wisely through VSLs, with an example from M5. People interviewed mentioned VSL being important for school fees (M1, M5).

2.3.5. Main challenges food security

Whereas food security had improved according to all informants, they also noted the following challenges:

1. External challenges
   - Climate change induced droughts and floods led to crop failure in the past few years in all three epicentres. M5 and M3 also experienced destructive winds. In M3, floods during the early part of 2017/18 rain season which broke river banks, were followed by drought during the latter part of the year.
   - Outbreak of army worms: Malawi suffered from one of the worst army worm attacks in living memory, leading to the President declaring a State of Disaster in 20 out of 28 districts, including Chikwawa, on 15th December 2017.[xxxviii] The army worms attacked mostly maize, sorghum and millet. The damage from the outbreak was worse because of initial underestimation of the severity of the outbreak and late delivery of chemicals. In M5, people mentioned that THP promised to support community efforts to control the army worms, but this never happened.
2. Focus of THP on rain-fed farming: Although M5 and M3 have high irrigation potential (e.g. government and other NGOs are already supporting irrigation schemes), THP has not yet contemplated support in this area. There is, however, a case for more attention to irrigated maize farming as buffer for rain-fed farming: maize has a lower yield in rain-fed season compared to irrigation-fed season. Moreover, irrigated maize fetches better price because it is often sold for snack, cooked or roasted. Of course, not everyone has land (or can be allocated a plot) in irrigation potential areas.
3. Focus of communities on maize as food: Maize is traditionally considered food in most geographic areas to the extent that even when other foods (sorghum, millet, cassava, sweet potatoes) are available, most people still feel food insecure. Although the bank is called 'food bank' and not 'maize bank', the THP food security approach still focuses a lot on maize. Other food crops (e.g. sorghum, millet) demand less farm inputs (e.g. fertilizer but also labour). Moreover, sorghum and millet do well in Chikwawa, are drought resistant and are high yielding than maize. Diversification of both farming and consumption thus remains a point of attention for THP, which requires time and effort to create the necessary mindshift.
4. Poor access to agro-markets: The Food Bank system has certainly brought maize and farm input loans much closer to the communities measured in physical distance. However, the informants of the FGDs in M3 and M5 reported that they still had to travel long and expensive distances to buy farm inputs. Access to agro-markets could be incorporated within the epicentre strategy. The community of M1 was thus contemplating agro-dealing, motivated by the benefits they experienced from having a local food bank for maize.

2.4. Unexpected, other positive and negative results

2.4.1. Secondary benefits

The picture in box 8 illustrates nicely the potential secondary benefits from THP interventions, whereby THP activity leads to several different effects, not only for direct beneficiaries but also for the wider community. The example is about skills development that happens in close collaboration with African Parks.

The extent to which this happens cannot be established because THP does not monitor individuals. However, the monitoring system is now being adapted to enable following participants and the different THP activities they participate in.

Box 8. Spill-over effects – the story of Robert Ekitala

Robert Ekitala comes from Chibwatizo Village, TA Chapananga in Chikwawa, very close to Epicentre 1. He is 52 years old, married and has eight children (5 are married and 3 still live with him and are in school).

With THP and African Park support, he started bee-keeping in 2014, with 2 beehives from which he made more than MK30.000. He reinvested the proceeds and added himself 5 more beehives (now totalling 7). In 2016, he gained MK150, 000 with selling honey. During that same year, he also sold maize, which he had grown with a farm input loan from the epicentre. The first THP farm inputs loan allowed him to continue harvesting until 2017/18, buying farm inputs himself rather than requiring a new loan. During 2017/18 season, with a new loan, Robert harvested 60 bags of maize (50 Kg). At the time of the interview (May 2018), Robert and his family still had maize from the 2016/2017 harvest and had not yet started using the 2017/18 harvest.

The photograph shows the spill-over effects THP support has had through Robert's good use of the support. Apart from the well-filled maize supplies, Robert used the proceeds from maize and honey sales to buy a brand-new RICO motorcycle from Mozambique at MK280.000. He also started renovating his house, employing people from the community who had been trained to plaster by THP skills development.

For Robert, working with THP turned his fortunes. Before, money was scarce and so was food. Robert now looks to the future with hope. He recognises the mindset change that THP has trained his community in and plans to continue reinvesting whatever money he gets.

2.4.2. Environmental protection

Cooperation with African Parks

THP presence is closely linked to the Majete Wildlife Park. People associate the epicentres and THP with African Parks in interviews: *they [AP] brought us Hunger* and *are children of the same household (M5)*. The topic of the Majete Wildlife Park and poaching came up unprompted in all the focus group discussions.

Poaching in the park (wildlife and firewood) is said to be less than elsewhere because of the alternative income earning opportunities provided by THP, according to African Parks and communities interviewed. *Hunger project has made us busy so that we don't think of going poaching in Majete or cut down trees there.* Most poaching occurs in the north / north-west of the park, where both African Park and THP have no interaction with the communities.

Though the community activities of AP are independently run, THP provides extra scale according to African Parks. THP works closely with the 4 community extension officers of African Parks, sharing resources and projects. For example, for the beekeeping project in M1, African Parks is renting storage space in M1 and making use of THP animators, while THP has contributed part of the beehives to the project and assisted with the identification of beneficiaries (EPO and the epicentre community).

Moreover, African Park noticed more responsiveness in the areas where THP has been operational first. *THP opens up people*, which makes it easier for African Parks to work with them (e.g. trained, literate, cooperative mindset).

Environmental footprint of THP

However, while the THP programme seems to have had a positive impact on wildlife and nature conservation within the Majete Park, **the evaluation did raise some concern about the environmental impact of the THP programme itself.** As box 9 explains, environmental degradation is a serious problem in Malawi as a whole and certainly also for the areas of epicentre 1, 3 and 5.

Box 9. Environmental degradation in Malawi

Malawi's natural resource base is subject to increasing pressure from high population growth, poverty and a general lack of environmental awareness. Increased environmental degradation affects the communities with which THP works, because of the resulting loss of soil fertility, soil erosion, water depletion and pollution, loss of biodiversity and increased effects of climate change. Climate change affects more than 84% of Malawians who depend on rain-fed agriculture and other natural resource based livelihoods.[xxxix]

Malawi's deforestation rate is ranked fourth in the world, second in Africa and first in Southern African Development Community.[xl] The proportion of land cover under forest in Malawi decreased steadily from 41% in 1990 to 35% in 2008. Unsustainable natural resource use is said to costs Malawi around US$191 million annually, an equivalent of 5.3% of Gross Domestic Product (GDP) each year.[xli] In a new way to protect the country's fast-dwindling forests, Malawi government launched 24-hour military patrols of the country's major forests (Dzalanyama and Chikangawa Forests) in 2017, with authorization to arrest loggers and confiscate their equipment.[xlii]

One of the areas where there is room for improvement is the building of the epicentres. As the picture here below shows, this involves a lot of chopping and burning of trees to clear the space for the building but also for manufacturing the bricks. THP-Malawi has stated that it is currently investigating the potential of other building materials with less environmental impact. For the future, THP should assesses the environmental impact of all the different components of its programme and make sure it reduces the negative effects.

2.4.3. Gender

While not a focus of the evaluation, the cross-cutting topic of gender equality emerged in several of the interviews with communities, animators and leaders. As box 10 shows, attention to gender equality is badly needed in the Malawian context.

The epicentre strategy of THP is gender-sensitive (attention to equally benefitting men and women) and trains all those involved on Women Empowerment (WEP). WEP animators act both as trainers and sensitise people in their village, but they are also seen as counsellors, *bringing peace to families (M3)* in case of conflicts in households. For example, in the FGD in M5 people spoke of WEP-animators successfully interfering in a household where the man banished his wife from the house after a fight, after the traditional councillors had tried in vain.

According to the interviews THP attention to gender has led to the following changes in the community and in families:

Changes in community

- More equal participation of women in development projects
- More active involvement of women in the governance of the programme: *Now they speak and are listened too.*[xliii]
- More economic participation of women

Changes in families

- Several examples were shared of improved inter-household relations in the FGDs, e.g. sharing of chores and joint decision making. W*omen and men are walking together*[xliv]
- In all FGDs, it was mentioned that gender-based violence was reduced. This is of course very hard to determine and validate (and achieve), but at least there seems to be an awareness of the fact that such a reduction would be a positive development.

Box 10. Serious gender gap in Malawi

Malawi is one of the world's worst countries for women and girls. The country slipped from rank 81/115 in 2006 to 101/144 in 2017 in the latest Global Gender Gap rankings, scoring particularly bad in education.[xlv] Such gender inequality and discrimination is estimated to cost Malawi $100m in lost agricultural productivity alone.[xlvi]

Some areas of concern of relevance to THP are:

- In the education sector, literacy rates of women (66%) are much lower than of men (81%).[xlvii] A higher proportion of boys complete primary school compared with girls: by standard 5, half the girls drop out.[xlviii]
- Teenage girls (15-24 years) are 5-6 times more likely to have HIV than boys of similar age because of failure to negotiate for safer sex, economic and biological reasons and harmful cultural practices.
- Women participation in decision making at household, community and public sector level is limited. Although women contribute to income at household level, they rarely have a say in how the income is used.[xlix]
- In the informal economy and smallholder agriculture, women make less than what men make. Agricultural productivity of women is lower because they have limited ownership of and access to productive resources such as land, credit, farm inputs and labour, are less likely to apply fertilizer and face labour constraints.[l] As a result, female-headed households tend to be much poorer.

2.5. Unique aspects of THP delivery model

The qualitative interviews conducted for this evaluation does provide some insight into the way in which THP supports communities and thus might have contributed to the results described. It remains, however, an area for further in-depth research to really capture what THP does and how this works (including by comparing communities and conducting anthropological research into communities' social development). Unfortunately, THP does not collect information per individual to track results and assess what contributed to these results at individual level. Nor is there sufficient attention to the way in which the epicentre strategy, and THP's unique approach to community-led development, changed communities and their livelihoods (e.g. in reports to the funder or M&E).

The achievement of the results is enabled by the unique delivery model of the Hunger Project, as implemented in Majete, Malawi. Consistent application of this model, which sometimes comes across

as a religion focused on self-reliance or agency, is very important. The most important components of the THP delivery model seem to be:

1. Long term presence and support. The *mindshift* that is required to achieve results through community-led development takes time and THP takes that time by committing to a community for at least 8 consecutive years. In one of the FGD it was described as *laying the foundations of development while other NGOs come here for a short time and then they leave (M1)*.
   Dioraphte should also be lauded for consistently supporting the full epicentre strategy[26] in 5 areas since 2011.

2. Active and visible THP presence in Majete, where the epicentre programme officers are the face of the programme (the EPO of M1 even lives next to the epicentre). They are key to mobilising communities and achieving a mindshift. On the one hand, EPOs are there to support the communities, while on the other hand, they are to constantly remind/train the communities towards self-reliance. In M1, for example, the EPO was seen to increasingly take distance from daily management of the epicentre, e.g. operation of the Foodbank,[27] but nevertheless remaining an important advisor to the community.

   As such, the selection, training and management of the EPOs by THP Malawi seems very important. This evaluation did not assess the capacity of the current EPOs, but did note differences in styles and backgrounds. The newly established executive board of directors of M1 spontaneously complimented the current EPO for his commitment and wisdom. Elsewhere people spoke more generally of the *deep-rooted wisdom* of THP (M3).

3. Mix of soft and hard inputs. Knowledge is at the core of the epicentre strategy, but this is accompanied by the tools and resources to make good use of the increased knowledge and ensure the community has the means to change behaviour and practices according to what they have learnt (e.g. farm inputs, health centre). People seem proud of how this gives them agency. Moreover, because of the longer-term involvement, people get more than 1 chance to participate and gain knowledge in different but interlinked areas, e.g. WASH and health, farming and business development, and leadership. *Other NGOs are just providing trainings and then off they go (M1).*

4. Strong community participation. It is of course ultimately the people in the communities that act upon what they are given and trained for by THP and thus make a difference. In almost all the FGD people mentioned unprompted they conquer hunger themselves (a slogan promoted by THP). *It is in our hands (M3).* Where someone would request a gift from THP, however simple (e.g. T-shirts), the group would respond that that is not how they work (THP but also the community). The communities were also well aware that the community participation is what distinguishes THP from other NGOs and makes it more likely to have a long-lasting impact. *Others give us a fish, THP gives us a fishing rod (M3).* The understanding did, however, seem to grow with time, being most visible in M1 (*this… is from the community*) and least in M5 (*Hunger opened our eyes*).

[26] Rather than only specific components as some other funders do (e.g. child marriages or malaria only).
[27] And spending more time in M2 now

The use of animators and other committee members from within the community is another important factor in achieving the results. Other NGOs often use paid trainers from other communities, but this provides the opportunity to have a presence in the community, day in day out and in the future. Animators are proud to have been selected by the community and most of them feel respected (though some also note that they are looked down upon for being unpaid volunteers (M3, M1). The THP animators are used by other NGOs, such as AP, Majete Malaria Project and the Red Cross, which indicates their effectiveness in reaching communities from within.

Moreover, the epicentre is led by the local epicentre committees *hand in hand* with traditional authorities. Rather than challenging these long-standing, traditional institutions (also closely linked to the government decentralisation), they are incorporated and reformed through training and involvement.

5. Physical structure. the epicentre building provides the foundation for results as a physical space for activities, but also a place of pride and a symbol of the capacity of the community and sustainable change. The centre was described as their *parliament* (M1). All three epicentres were in use during the evaluation, even M3 which was visited in the weekend and M5 not yet constructed. In M3 people visited the centre for coursework on tailoring and make use of three sewing machines, while in M5 animators attended trainings besides the road close to where the epicentre is to be built. M1 is a lively place, with the ambition to expand once there is electricity (e.g. maize mill structure and stores for small businesses).

Picture. View over Majete 1

3. Sustainability

3.1. Introduction

This evaluation did not include an epicentre that has transitioned to self-reliance and sustained on its own without THP involvement. Though there are a few self-reliant epicentres in Malawi, none of those are in the Majete area. M1, however, is close to self-reliance according to THP measurements.

Therefore, the evaluation focused on whether there are sufficient mechanisms in place to facilitate self-reliance and thus sustainability of results. Some of these mechanisms are included as output indicators of THP (e.g. electrical connection, income generation activities, partnerships).

Table 4. Self-reliance indicators THP[li]

Progress on mobilisation of communities to achieve their own development goals (as the basis for the whole strategy)	*Interview topic?*
output 1.0.1 Number of trainees in VCA workshops	√
output 1.0.7 Presence of land deed to epicentre	√
output 1.0.8 Presence of meeting hall at the epicentre	√
output 1.0.9 Number of trainees in Income Generating/Livelihood Activities	√
output 1.0.10 Presence of an electrical connection	√
outcome 1a Democratic Operations of an elected epicentre committee	√
outcome 1b Proportion of community members who perceive leaders to be successful in addressing community concerns	√
outcome 1d Proportion of population participating in epicentre activities, committees, workshops, and meetings	√
outcome 1e Number of community-initiated projects	√
outcome 1f Number of IGAs contributing revenue to the epicentre	√
outcome 1g Number of partnerships in place between epicentres and other stakeholders	√
outcome 1h Epicentre legally recognized	√
impact 1.1 Proportion of individuals reporting the ability to change their communities	√
impact 1.2 Epicentre revenue (exceeds costs)	√

3.2. Mechanisms for sustainability

As the next table illustrates, the data from THP provides some insight into the progress towards self-reliance, e.g. partnerships with others and community-initiated projects. However, yet again there seem to be data inconsistencies (for example, regarding the number of people trained in income-generating skills).

Table 5. Progress towards self-reliance[lii]

THP Indicators	M5	M3	M1
People trained in VCA[28]	3,760	14,080	21,922
VCA workshops	52	207	250
People trained in IG skills	124	60	100[29]
Democratic operations of an elected epicentre committee	0	1	1
Proportion of community members who perceive leaders to be successful in addressing comm	81	82	78
Proportion of adults who voted in the most recent national or local election	89	88	74
Proportion of population participating in epicentre activities, committees, workshops…		35	46
Number of community-initiated projects	0	0	4
Number of epicentre revenue streams	0	0	1
Number of partnerships in place between epicentres and other stakeholders	0	1	2
Epicentre legally recognized	0	0	0

The qualitative research provides more insight into the systems that are in place to promote sustainability:

6. A mindshift occurs.
    - VCA is increasingly internalised by the epicentre communities and there is a progressive understanding of the THP philosophy of self-reliance. This happens through the workshops (250 in M1) but also the work of animators and THP presence in the field. The resulting community participation has been described in 3.5 as one of the unique aspects of the THP delivery model.
    - Communities showed awareness of the stage the epicentre was in, working towards self-reliance with THP exiting at some point. While actual preparedness is yet to be tested, awareness of there being a managed exit, in which they have agency, seems a positive step towards sustainability and self-reliance.
    - As also mentioned before, African Parks noticed better uptake and cooperation with community development initiatives in areas where THP animators had been active. The same comment has been made by the Majete Malaria Project.[liii] Such remarks are of course difficult to validate as there are other differences between the areas around the park that could influence the cooperation of communities (e.g. experience with other NGOs, distance to towns, needs). For example, M4 and M5 were considered difficult places, because of the communities expecting handouts rather than cooperating based on their experiences with other, often humanitarian, NGOs, which is more than M1 has experienced.

- Knowledge stays.

[28] As mentioned before, people probably attend more than one VCA training (and hence the people trained is more than the estimated people living in each of these epicentres).

[29] This might be a data mistake as the number of workshops is said to be 583. In general, the data raises doubts: the 124 people trained in M5 is linked to just 3 workshops, which would imply 41 people per workshop (compared to about 8 in M3).

- When asked about sustainability, the people in the FGD all mentioned the fact that what you learn is there to stay *for our children and grandchildren (M3, M5)*. The improved farming practices, the house improvements, the tailoring skills are unlikely to be reversed and might even be passed on.
- Because animators from within the community have been trained to train, knowledge is expected to remain in place: *Hunger leaves skills (M3)*. Moreover, by working closely with government officials when conducting training and following the government's training manuals (e.g. for HIV/AIDS or WASH, though not for malaria), continuation of such training becomes more likely (though very dependent on funding still).
- However, even if knowledge is not updated in the future, the information imparted by THP combined with means to use, test and thus solidify the knowledge, is bound to have a long-lasting impact.

- The building stands.
  - In M1 and M3 the epicentre has been built as a place to meet and from which income-generating activities can be run. For example, M1 epicentre will house a maize mill and has spaces to rent out for living or businesses. Other organisations consider the epicentre building a useful space to rent for other activities.
  - In the future, the maintenance of the building will depend on the communities' commitment and capacity. THP commits to leadership training, but this might require more attention to financial management of the centre (e.g. business models).

- Partners are involved.

  While implementing the epicentre strategy, THP gives due attention to linking up with others, who will still be there when THP leaves. The extent to which this will pay off is uncertain.

  For example,
  - Traditional leadership structures are integrated with the epicentre governance structures. The village leaders seemed all very committed to continue the work started by THP.
  - African Parks was more cautious about the possibility of cooperation once THP leaves and would make that decision dependent on the capacity of the epicentre management to partner with AP (and replace the THP epicentre programme officers which are now the main contact).
  - Tadala SACCO bank will have to continue to invest in sensitising the community about saving, loans and investments to maintain its client base.
  - THP has put the epicentre villages firmly on the map of government services by working closely together with government extension officers. However, it remains to be seen how much priority these areas will be given without the extra support from THP (both in kind and financially) for government activities such as the health centre and agricultural extension services.

The qualitative research also points out to some challenges regarding sustainability:

- Intrinsic motivation of all those involved
  - In line with the THP philosophy: Success is ultimately in the hands of the communities themselves. It remains to be seen if the people in the epicentre areas maintain their commitment to community-led development and cooperation, within the often harsh

circumstances in which they are living. Will they retain their motivation without THP incentives (new knowledge and means to apply knowledge), or less thereof if THP efforts are replaced by other NGOs and government? And how?

- The epicentre governance structure seems important to maintain the organisation and management of the epicentre. THP Malawi does not have 'charters' clearly describing the mandates, roles and responsibilities, checks & balances of the different committees. There is an 'epicentre structure', that mainly specifies roles and hierarchy, but does not provide insight into the governance/accountability mechanisms. Experience in other epicentres, already self-reliant, should be useful to develop such sound governance mechanisms.
- Moreover, the epicentre strategy of M1, M3 and M5 does not pay special attention to young people (they are involved in some of the activities but not targeted), despite these being the future of the communities and have the potential to be a driving force for its sustainability.

- Epicentre income generation
  - Even in M1, on the verge of self-reliance, it is not yet entirely clear what the business strategy will be of the epicentre. There are high hopes for the maize mill, but these do not seem to be based on solid business plans, that oversee all expenditures and evaluate different scenarios.
  - The table below shows THP data on income and expenditures of the epicentres, focusing on what is generated and spend by the community. However, this does not provide a complete picture of what is required for self-reliance. Apart from project-costs, basic expenditures will include not only salary costs, but also building maintenance, supplies and operations of the food bank and income-generating activities.

Table 6. Income generation M1, M3, M5

	M5	M3	M1
Income (USD)	0	94	4092
Expenditure (USD)	69	2186	8745

- Access to support
  - Self-reliance does not mean a community no longer needs NGOs, donors and government. All of us everywhere rely heavily on public services. In the Malawi / Majete context there is, moreover, a heavy reliance on non-governmental and external donor support and that will probably not change in the near future (e.g. in response to natural disasters in the area). For example, the communities will continue to rely on government to provide (quality) health services and on other to update their knowledge in the areas where THP has made a start (e.g. farming techniques).
  - During the final stages of the epicentre strategy, THP connects the communities to other partners (government and non-government). THP's support towards self-reliance includes training to attract services and support (e.g. proposal writing and lobby towards government). This is clearly a crucial area of work, which should also pay attention to the capacity of the epicentre management to interact with such partners on an ongoing basis and hold on to the THP philosophy of agency (i.e. the role the EPO now takes).

- Health services as a risk
  - As discussed earlier (3.2.2), the health centres being physically attached to the epicentres risks undermining the epicentre strategy and its sustainability. People will continue to access the health centre and benefit from it now being closer to their villages. However, having visited other government health facilities for this evaluation (and before), it seems unwise to mix up the self-reliant epicentre with the health centre. In the longer term, the former might hopefully bloom while the latter follows the government standards (which vary significantly but certainly seem out of hands of the epicentre communities).

    This risk is starkly illustrated by the picture of the maternity ward of the Chapananga health facility (close to M3), without a roof since the storm of three months ago.

To conclude, sustainability of the epicentre strategy in M1, M3 and M5 remains to be seen. A lot of the requirements are in place, among which the mindshift towards self-reliance. However, a lot needs to be done still in this area, consistently following the THP philosophy.

4. Conclusions and recommendations

The wealth of information captured through the lively, engaging and interesting interviews with all those involved with the epicentre strategy in Majete have led to five main conclusions. The evaluation team is grateful to all those that invested time and energy in reflecting with us on the results of the epicentre strategy and the way in which these have come about, but take full responsibility for the resulting conclusions, which summarise different viewpoints and data sources.

4.1. Conclusions

5) **The involvement of THP with several of the communities living around the Majete Wildlife Park led to positive changes in the lives of individuals and their community**, when assessed qualitatively:
   a) Health:
      - **Access improves** automatically when a health centre is opened as is now the case in M1 and hopefully soon in M3. Without these health centres, communities in each of these epicentre areas travel long distances to access health care (less so perhaps for M3).
        However, the epicentre's health centre does become an official government health centre, which makes the **quality of health services dependent on the national system** (with all its stockouts and staff shortages etc.), even when the community is given a say through the health committee (HCAC) and is trained to do so by THP.
      - **Use also automatically increases when there is a health centre**. Moreover, use increases because of the **work of animators** trained by THP and active in all villages of the epicentre area. People now better recognise signs of illness (e.g. malaria, HIV) and are aware of the availability of medication (rather than refer to witchcraft or traditional remedies). Women visit clinics for antenatal services earlier than before (whether more births are in clinic with an official birth attendant cannot be established).
      - **Health status in the community might have improved**: people mention that there are less (fatal) malaria cases among kids because of earlier detection and treatment. They also believe that home improvements for malaria and WASH had a preventative impact on disease prevalence. For example, people often mentioned how they escaped cholera since THP activity. The impact in the WASH area was confirmed by the District Health Office.

   b) Food security:
      - **The epicentre strategy had a positive impact on food security**, according to those interviewed, community members and government officials alike. The impact cannot be validated with quantitative data,[30] but the evaluation did unearth several cases in which different components of the strategy strengthened the livelihoods of the people involved (and sometimes spilling over to others).[31]

        The impact on food security is mainly through:

[30] e.g. comparing farm yields before and after and controlling for climate (due to data limitation at a national level and from THP).
[31] The representativeness of these examples, i.e. the extent to which they are not anecdotal but apply to the broader sample, could not be established (insufficient information to compare examples with the broader population).

- The farm input loans system, which is said to have improved farm yields using more effective inputs (fertilizer, maize but also the more resistant sorghum) and training for better use thereof. Farmers noted the benefits of having adopted improved agriculture practices following THP training (or having copied trained farmers).
- The communal aspect of the farm input loans (it being a loan from the community's food bank) enhances the impact this system has on the community as a whole (e.g. access to cheaper maize for those that are food insecure).
- Other programmes such as the goats-for-people programme, and the skills development programme enable others to earn income with which they can improve their food security outside of farming. The Village Savings and Loans Groups (VSL) seemed very active (especially in M1) in providing opportunities for women to invest in their future (e.g. school fees, livestock).
- There are several examples of the benefits of THP interventions being reinvested. This might be the result of people recognising that THP does not provide handouts (unlike other NGOs), but rather enables people to improve their food security themselves. The fishing rod, rather than the fish.

c) The epicentre strategy also seems to have an impact on gender equality, which is an important result in the Malawian context. THP actively involves women in the implementation of the epicentre strategy (e.g. participation in committees or projects), provides specific training on Women Empowerment and actively promotes gender equality through the animators. As a result, the communities noted that women do not only take part in the committees but also speak up and are heard. They also observe changes at the household level (e.g. man and woman walking together).

6) THP and the Majete Park are closely connected. Communities perceive as THP being given to them by African Parks to reduce poaching and other depletion of the park. THP and AP work closely together in support of the surrounding communities (apart from the North). THP adds scale to the activities of AP and facilitates their work when accomplishing a mindshift. However, the community outreach programme of AP operates independently of THP and continuation of their work with epicentres once THP leaves is not guaranteed.

7) The achievement of these results is enabled by the unique delivery model of the Hunger Project, as implemented in Majete, Malawi. Consistent application of this model, which sometimes comes across as a religion, is important. The most important components seem to be:
   a) Long term presence and support. The *mindshift* that is required to achieve results through community-led development takes time and THP takes that time by committing to a community for at least 8 consecutive years. Dioraphte should also be lauded for supporting this approach consistently since 2011.
   b) Active and visible THP team in Majete, where the epicentre programme officers are the face of the programme and key to mobilising communities and achieving this mindshift.
   c) Strong community participation led by the epicentre committees together with traditional authorities, following a change of mindset initiated by THP. It is the people in the communities that act upon what they are given and trained for by THP. They make the difference.

d) Mix of soft and hard inputs, knowledge is at the core of the programme but accompanied by the tools and resources to use the increased knowledge and ensure it has the means to change behaviour/practices (e.g. farm inputs, health centre).
e) Physical structure, the epicentre building provides the foundation for results (as a physical space for activities but also a place of pride and symbol of the capacity of the community).

8) However, THP monitoring and evaluation is inefficient: a lot of time and effort is invested in collecting quantitative information (more than 100 indicators), in close collaboration with the epicentre communities, but the information this generates was of limited use for this evaluation to monitor progress, evaluate results and learn from experience (which is the main goal of M&E).[32] Some of the data is difficult to interpret (e.g. people trained) and seems inconsistent at times (e.g. health outcome data). The potential to compare epicentres at different stages and over time in the Majete area is not maximized, e.g. by following individuals (or cohorts) over time and between epicentres.
The quantitative monitoring is not the only problem. The narrative reporting by THP to the funder Dioraphte does not always contain sufficiently useful information on what really happens in the field. For example, they provide little insight into what works and why but rather concentrate on the deliverables (with data inconsistencies) and their challenges.

9) Whether the current THP model of community-led development and its results are sustainable, only time can tell. In this evaluation, which only assessed ongoing epicentre strategies, the focus was on reviewing the systems that would potentially contribute to the sustainability of results. Some of these are in place and some need to be further developed:
a) Strategy components such as the VCA training, physical epicentre structure and alignment with other stakeholders, among which the Malawian government, all contribute to the future sustainability of the centre.
b) The income-generation strategy for the epicentre seems to be a great challenge and one that warrants more attention.
c) The health centres being physically attached to the epicentres carry the risk of undermining the epicentre strategy and its sustainability. The relevance of having health centres in the epicentre areas around Majete, is clear: people spend time and money on accessing health centres. However, the health centres become part of the national health system of Malawi and as such rapidly out of the sphere of influence of the individuals and communities with whom THP has worked so hard to accomplish a mindshift towards self-reliance.

[32] The evaluation did not assess the effectiveness of the participatory monitoring and evaluation as part of the epicentre strategy (e.g. collaboration with communities for setting targets, data collection, monitoring and Post-Evaluation Action Plans). That might have led to different conclusions on the M&E system because of different objectives of the system in that area (e.g. self-monitoring and governance by communities).

4.2. Recommendations to THP

From these conclusions follow at least five recommendations for THP:

1. **Improve the efficiency of monitoring, evaluation and reporting** by collecting less but more useful and informative information (e.g. following people over time).
2. **Remain faithful to the THP philosophy at all times**: no handouts, but tools (e.g. no more ambulances as presents from donors).
3. **Pay due attention to the strategy towards self-reliance**, e.g. in the form of more explicit business models with projections of costs and incomes in different scenarios, but also possibly more involvement of young people. Linking epicentres with each other might also help sustain benefits of the epicentre strategy after self-reliance (e.g. when community members of self-reliant M1 work with those of M5).
4. **Reconsider the link between the epicentre and health centre**: Private health centres would not fit the THP philosophy. However, the community contributing to the building of a public health centre that stands alone, close but not attached to the epicentre, might be a better option that the current combination of epicentre and health centre in one,
5. **Assess the environmental footprint of the epicentre strategy**, among which the environmental impact of the epicentre building. Explore ways in which this impact can be reduced or mitigated (e.g. using different building materials, replacing of trees),

4.3. Recommendations to Dioraphte

From the conclusions follow recommendations for Dioraphte:

1. **Continue the long-standing support for the epicentres started up** (M1-M5) as it is through this longer-term commitment that Dioraphte contributes to the epicentre strategy's success.
2. **Consider funding of at least 1 more epicentre, prioritising an epicentre up north and not in Chikwawa**, to symbolically cover the whole of the Majete park, which all those involve consider to be the main reason for THP involvement in the region (especially as it is not the poorest area of the region). This would require experimenting with the epicentre approach to accommodate a different context (e.g. even more spread out population), from which valuable lessons on community-led development can be learned.
3. **Only continue funding THP activities in the Majete area, if this is accompanied by solid research.** Merely improving the M&E as conducted by THP is not enough. More solid, external and independent research is called for to gain better insight in how community-led development, as supported by THP, actually works. Such research should concentrate on the working mechanisms that are unique to THP, such as the 'mindshift' and the epicentre structure. Such insight is valuable for THP internal learning but also to convince others of its success.

Annex 1. Evaluation approach

The evaluation approach is described at length in the terms of reference written at the start of the study (April 25th 2018). Comments by Dioraphte and THP Netherlands[33] on this terms of reference were taken into account when conducting this evaluation.

The evaluation followed the terms of reference closely, except for including stories of people rather than story of things. Initially story of things was thought to be less intrusive and more focused on what happens to the community rather than individuals. However, once in the field, story of people turned out to be more informative and appropriate.

Limitations

As always, this evaluation is conducted within specific time, budget and data constraints. Some of the most important limitations, which could not be resolved completely through adaptations of the evaluation approach, are listed here below:

1. There is most probably a **selection bias** in the informants as these were selected by THP and are always people who have been involved in the epicentre strategy. Unfortunately, the scope of the evaluation did not allow for a preparatory visit to the field to select people ourselves independently and include a control group of people not having benefited (yet).

   This inevitable selection bias is reduced by:
   - While interviewing, using different methods to detect possible "fabricated stories" and pre-interview briefing by THP. For example, success stories were checked in the field and preferable stories of people who were not in the focus group discussion. The success stories were selected by the evaluators rather than relying on those provided by THP (epicentre officers are encouraged to report success stories/cases periodically).
   - Working with experienced evaluators from Malawi, who have conducted plenty focus group discussions and evaluations and are thus able to assess the extent to which responses are premeditated.
   - Validation of findings through triangulation with other interviews of people who know THP but do not have strong vested interests that would bias their responses about the effectiveness of the THP programme (e.g. government officials, African Parks) or if they do, the bias is rather evident and can be checked elsewhere (e.g. agricultural extension officers tend to recommend more training - with their paid involvement).

2. Apart from a selection bias there might also be a **recall bias**, whereby responses are coloured because it is hard to recall what happened 2, let alone 6, years ago. However, using many different informants, working together in group discussions with trained interviewers, and making use of the phased approach of the epicentre strategy in Majete, should reduce the recall bias to some extent.

3. While the evaluation comes up with evidence of several individuals having benefitted from the THP programme in three epicentres only, it is not possible to determine the extent to which these are representative for their communities (internal validity), let alone the larger group of

[33] Per email on May 1+2, 2018

epicentres around Majete (external validity). Findings as reported in this evaluation are therefore illustrative rather than representative.

4. To really establish the contribution of THP to change in the Majete area, a control group is required, i.e. interviews with people in similar villages who did not benefit from an epicentre strategy (e.g. outside of the catchment area of the Majete epicentres). Therefore, other possible determinants of change within the context were discussed in the interviews (e.g. other NGOs, climate, economic or political developments) and compared to THP's role in change.

5. The evaluation is mainly based on qualitative information, despite our efforts to mix this with the available quantitative data collected by THP. As discussed in annex 2, even though THP spends a lot of valuable effort, time and resources on monitoring and evaluation (even at community level), the quantitative data could not be used in this evaluation to assess progress across time and epicentres, and the way in which this has been achieved.

6. This is *not* a study of the efficiency or value for money of the THP programme around Majete, nor is it suited to uncover fraud or conduct other types of financial review.

Annex 2. Data analysis

Introduction

The Hunger Project uses 111 indicators to monitor the progress of the epicentre strategy in all their epicentres over the world. The output indicators measure the infrastructure investments (e.g. nursery built), activities and their reach (e.g. amount of trainings and people trained). They are monitored on a quarterly and annual basis and are frequently reported in the quarterly and annual reports submitted to Dioraphte. The outcome indicators measure the changes in communities expected as a result from behavioural changes following the outputs (e.g. training). Examples of outcome indicators include: percentage of population using basic sanitation and the proportion of births attended by a licensed health care professional. The outcome indicators recorded at baseline of each epicentre, during midterm (after three years) and towards the end of the programme.

THP has three ways of collecting data, overseen by the M&E Officer of THP Malawi and the MEL team at the global office:

1. Participatory monitoring and evaluation. Volunteers, M&E animators, are trained to systematically collect and interpret data (quarterly monitoring data). This is expected to contribute to the ownership and mutual accountability within the epicentre-strategy.
2. Internal monitoring and evaluation by the country office and the epicentre programme officers in the field. For example, the microfinance team collects microfinance data to track the status of the financial service provider and the savings groups. EPOs are, among others, asked to collected success stories (cases) from within the communities they work with and work in close collaboration with the M&E animators.
3. External monitoring and evaluation. Experts from Malawian universities and independent consultants are asked to evaluate the epicentres, on a specific theme (e.g. Food Bank) or periodically (outcome evaluations). Moreover, outcome evaluation data is usually collected by third-party enumerators trained by the M&E Officer.

The data is used in reports to funders, such as Dioraphte. Dioraphte receives quarterly reports and annual reports, based on the data collected in Malawi, quality controlled by THP-USA, and submitted through THP-NL. The internal use of the M&E information has not been assessed.

Review of data Majete 1,3 and 5

The data review conducted for this evaluation planned to compare epicentres of Majete in different stages of their programme (M1, M3 and M5) and determine whether there was progress from one phase to another. As a first step, control variables should have been used to determine whether the different centres are comparable and to what extent external factors might influence progress (e.g. farm yields in the area, household income, gender and age – average for the catchment area). A lot of these control variables are collected by THP, for example using the Progress out of Poverty Index as a measure of poverty levels.[34] Unfortunately the database with control variables was received too late in the evaluation process for the team to delve into that data.

However, assuming the selected epicentre areas were more or less comparable, a descriptive analysis was attempted based on the output and outcome indicators at different times of measurement from 2011 to 2017 according to the "outputs multiview" of the THP online database.[liv]

[34] https://www.povertyindex.org/about-ppi

Table 1 shows the year in which baseline data and midterm data was recorded for each epicentre. The intention was to compare baseline and midterm for each of the epicentres, but such an analysis was hindered by data limitations. Obviously, for M5 there was nothing to compare the baseline to as that epicentre has only just started. The baseline for epicentre 1 could not be used in comparison to mid-term because, as the Annual Report Majete 1-3 (2015) describes, the M1 baseline in 2012 was the first time THP conducted a baseline study to be used for outcome evaluation, so that the lack of experience of the data collectors affected the reliability of data collection. The information collected was unjustifiable according to observations by staff, such as an increase in poverty and decline in smallholders selling produce. The methodology and selection of indicators has since been improved based on the experience with this baseline (according to M&E manager THP Global). The data collected by volunteers after 2012 is thought to be more reliable and have a more representative sample.

Given that comparing baseline with midterms did not work (expect perhaps for M3[35]), the data review focused on comparing epicentres using the most recent data from each epicentre to make use of the phased approach. The expectation was that progress should appear from M5 to M3 and M1 (both at midterm, though in respectively 2017 and 2015, which limits the usefulness of such comparison). As will be discussed below, this analysis unearthed inconsistencies in the data (especially for outcomes) and was perhaps in any case not a valuable evaluation exercise because of differences between epicentres and the timing of the data collection.

Tabel 1. Outcome Evaluation Data, Baseline and Midterm 1 Data

Epicentre	Baseline	Midterm 1
Epicentre 1	2012	2015
Epicentre 2	2014	2017
Epicentre 3	2014	2017
Epicentre 4	2016	No data
Epicentre 5	2016	No data

Output indicators

Comparisons of epicentres 1, 3 and 5 need to be handled with care, due to contextual differences and differences in epicentre size. Nevertheless, such a comparison does show the extent to which each epicentre is in a different phase towards self-reliance. For example, there is clearly an increasing trend in the number of animators trained in health and food security. Where this is not so, reports to the funder provide useful explanations.

For example, in 2015, data indicated significantly less activity in epicentre 1 for the food security indicators. Out of the food insecurity output indicators[36], only three output indicator values were greater than zero (and all these concerned food bank storage). This was caused by flooding and drought in the previous season of 2014/2015.[lv]

[35] The outcome evaluation of M2 and M3 mentions such an analysis for these two centres, however, the report only contains the qualitative analysis.

[36] 8 categories, with sub-categories (e.g. men/women)

Regarding the number of trainees, it is important to note that the amount of times trained is measured (number of people in a training x trainings), rather than the amount of people trained (who each can be trained on the same topic more than once). There are at times high outliers in the training indicators, which the reports explain as being the result of high interest. There are also often very large numbers of people per training (more than 30), which raises questions about the effectiveness of the trainings. There might be other explanations, such as a grouping of trainings and community meetings (which might have a much higher presence).

The M&E system is currently being adapted to capture the training per individual (with ID for the person being trained), which would be a useful improvement of the system.

Outcome indicators

Comparing the latest available outcome evaluation data of each raises further questions. For example, for several indicators the baseline in epicentre 5 (2016) was higher than the midterm for epicentre 1 (2015) or epicentre 3 (2017), without there being a contextual explanation (e.g. access to health services in epicentre 5 compared to epicentre 1). Other examples of such indicators include proportion of the population aware of their HIV status or the percentage of births attended by licensed health care professional and proportion of children sleeping under a bed net (see figure 2 & 3).[37] It would be worthwhile to delve deeper into this data, making use of the possibility of comparing epicentres in Majete.

Figure 6. Proportion of children under 5 who sleep under a bed net

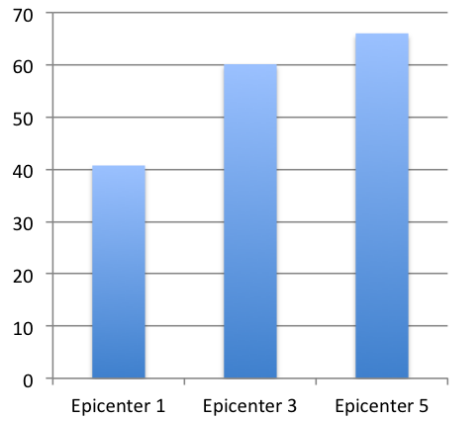
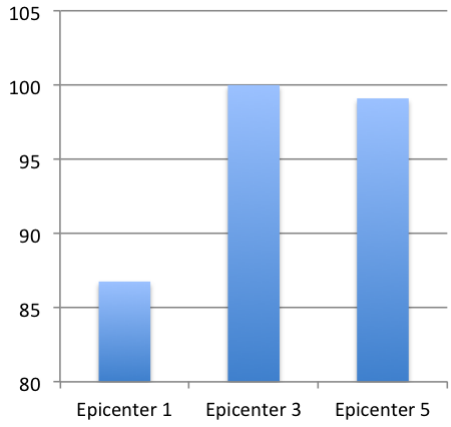


Figure 7. Percentage of population using a drinking water source



Conclusion

Analysis of the THP data would require more work, beyond the scope of this evaluation. Therefore, the evaluation has rather relied on the qualitative information collected through the fieldwork, unfortunately without being able to triangulate these findings with the quantitative THP data.

[37] The data are for the most recent year, so for Epicenter 1 - 2015, Epicenter 3 - 2017 and Epicenter 5 – 2016.

Annex 3. Interview schedule THP epicentres

Day and Time		Task
Friday, 18 May		
	14.40	Arrival Blantyre 14.40
	16.00-20.00	THP-Programme Management (CD, Programme Manager) THP-Programme Officers
Saturday, 19 May		
	06.00	Travel to Majete
	09.00-11.00	Meeting with Epicenter committee (Majete 3) at epicentre office
	11.00-12.00	Interviews with community leaders in Majete 3 at the epicentre office
	13.00-15.00	Focus group discussions with women in Majete 3 at the epicentre office
		Detailed interview – Most Significant Change Story
Sunday, 20 May	Morning	Resting, desk review, compiling and re-writing notes
	13.00-15.00	Focus group discussions with men in Majete 3 at the epicentre office
		Detailed interview – Most Significant Change Story
	15.00-16.00	Interview with animators in Majete 3 at the epicentre office
Monday, 21 May	09.00-11.00	Meeting with Epicenter committee (Majete 5) at epicentre office
	11.00-12.00	Interviews with community leaders in Majete 5 at the epicentre office
	13.00-15.00	Focus group discussions with women in Majete 5 at the epicentre office
		Detailed interview – Most Significant Change Story
	15.30-16.30	Interview with Agriculture Extension Development Officer in Majete 5 at the epicentre office
		Interview-health centre management (Medical Assistant, Nurse & HSA)-Chapananga health facility
Tuesday, 22 May	09.00-10.00	District Health Office at Chikwawa Boma (District Hospital)
	10.30-11.30	District Agriculture Development Office Chikwawa District Office
	13.00-15.00	Focus group discussions with men in Majete 5 at the epicentre office
		Detailed interview – Most Significant Change Story
	15.00-16.00	Interview with animators in Majete 5 at the epicenter office
Wednesday, 23 May	Team relocates to Mwanza Boma or Blantyre-in readiness for Epicentre 1	
	09.00-11.00	Meeting with Epicenter committee (Majete 1) at epicentre office
	11.00-12.00	Interviews with community leaders in Majete 1 at the epicentre office
	13.00-15.00	Focus group discussions with women in Majete 1 at the epicentre office
		Detailed interview – Most Significant Change Story
	15.00-16.00	Interview with animators in Majete 1 at epicentre office
Thursday, 24 May		
	09.00-11.00	Focus group discussions with men in Majete 1 at the epicentre office
		Detailed interview – Most Significant Change Story
	15.00-16.00	Interview with Agriculture Extension Development Officer in Majete 1 at the epicentre office
		Interview with Health Centre Management-Medical Assistant, Nurse, Senior Health Surveillance Assistant) (Majete 1)
Friday, 25 May		
		Data capture, analysis, key issues and conclusions
Saturday, 26 May		Data capture analysis, key issues and conclusions Interview with THP-Mw M&E Programme Officer Appointment Majete Malaria Project – diner
Sunday, 27 May		
		Report writing in Blantyre

Day and Time		Task
		Note-taker depart Blantyre for Lilongwe
Monday, 28 May	10.00-12.00	Feedback THP
		Phil-Departure Blantyre for Amsterdam 15.40 Alfred-depart Blantyre for Lilongwe 16.00, arriving 20.30
Tuesday, 29 May		Phil Arrive Amsterdam 09.20

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