

## Background

### Malawi's Operational Context

Malawi is one of the most densely populated countries in Africa with a population of some 12 million people, and nearly half below the age of 15. It is estimated that roughly 85% of Malawi's population are living in rural areas. Malawi is one of the poorest countries in the World, ranked 163rd out of 174 countries by the UNDP's Human Development Index. Several structural adjustment programmes in the 1980's and early 1990's resulted in marginal growth, however, the poorest<sup>1</sup> segments of the population have seen significant reductions in their livelihoods. Malawi's health and socio-economic indicators have steadily declined, and the disparity in income has continued to widen<sup>2</sup>. The country has one of the highest rates of HIV infection<sup>3</sup> in the region and life expectancy at birth presently stands at less than 40 years. Malawi's national literacy rate is 42%, one of the lowest in Africa, with a literacy rate for women of only 34%<sup>4</sup>.

Despite the progress that has been made in restoring rights to Malawians since the advent of multi-party democracy in 1994, civil society remains predominantly weak in Malawi. This weakness can be largely attributed to the relative youth of most Civil Society Organizations, who were effectively banned under the previous one-party state. Civil Society in Malawi is characterized by small emerging local organizations who largely perceive themselves as being service providers who's work is primarily welfarist, revolving around the provision of services to those in need. Very few local NGO's see their role as empowering communities and people, and being involved in advocacy and rights-based activities.

On a positive note, the Malawian Government has developed a National Decentralization Policy, which has since been translated into the Local Government Act through which the Malawi Government is implementing a program of decentralization whereby governance and development activities are being devolved to the district level. Following local government elections in October 2000, the decentralization process has continued to pick up momentum, with many donors willing and able to provide support to the process. Malawi has also recently completed the formulation of its Poverty Reduction Strategy. Both of these initiatives offer real opportunities for the future development of Malawi.

### CARE's Program In Malawi

CARE formally established a country office presence in Malawi in December 1998 with the opening of its Country Office in Lilongwe. CARE's presence in Malawi was based on establishing a Country Office presence that was both '*light*' and '*flexible*'. Through the adoption of its household livelihood security (HLS) framework, CARE Malawi's current program has been developed around a thorough analysis and understanding of peoples livelihoods, and currently covers activities in the food security, agriculture, health, education, economic opportunities, social and economic empowerment (especially of women), safety nets, rural infrastructure and emergency sectors. CARE is currently

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<sup>1</sup> Some 65% of Malawi's population are categorized as poor, that is they are unable to meet their basic needs, whilst nearly 30% are categorized as ultra poor.

<sup>2</sup> Malawi has a Gini coefficient of 0.62 which is the third highest in the world.

<sup>3</sup> Conservative estimates put the HIV infection rate at around 16.4% for the 15-49 age group.

<sup>4</sup> Malawi Government & UNESCO, *Education For All 2000 Assessment*, Malawi 2000

operational in the Lilongwe, Dedza and Dowa districts of the Central Region of Malawi. However, CARE's geographical coverage continues to expand as a result of activities implemented through a growing number of partners and involvement in Malawi's emerging Civil Society coalition and networks, especially in the education, health and agricultural sectors.

### **Brining Together, Programmatically Connecting And Operationalizing The Cross Cutting Themes**

#### **Program Design : Brining Together And Programmatically Connecting The Cross Cutting Themes**

CARE Malawi's program strategy is guided by its Long Range Strategic Plan (LRSP) for the period 2002 to 2006. CARE Malawi's LRSP illustrates the way in which the country office has sought to embrace the cross cutting themes of rights, gender, diversity, advocacy and constituencies.

During the development of the LRSP, the process identified a number of strengths inherent in the way in which the country office operates, and by building on these strengths the LRSP identified the need for the country office to:

- Incorporate issues of **rights** into all its activities, by focusing not just on what people can do for themselves, but also what they are entitled to, and how they can demand development services.
- Move to work far more extensively with, and through, **partners** in the implementation of programs in order to institutionalize and replicate working practices for sustainability and increased scale of impact.
- Work closely with other 'like minded' actors in the field in terms of **shared learning** and experience.
- Use the shared learning generated, not only to improve quality, but also to develop replicable **models** of best practice.
- Use the shared learning generated to **advocate** both with, and on behalf of, poor communities for policies and practices that are pro-poor and will improve peoples livelihoods.

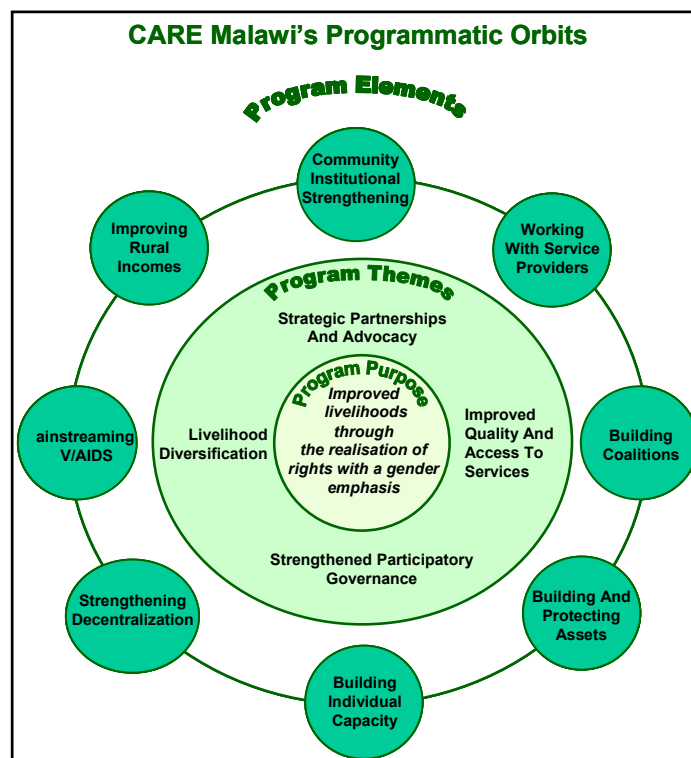
In light of the complex and multi faceted nature of poverty in Malawi, CARE sought to develop a more strategic approach to its programmatic choices. As such, during the development of the LRSP, CARE Malawi decided that the approach of defining a sector-dominant model should be replaced in favor of a more creative **Program Orbit** model which provides more programmatic flexibility to suit an ever changing working environment.

In addition, as a new Country Office, the opportunity to reflect on specific programmatic experiences was somewhat limited. Taking into consideration current problems and opportunities in Malawi, the **Program Orbit** model was considered a more appropriate model for determining the future direction of the Country Office program, and how this would contribute towards the achievement of CARE Malawi's Vision<sup>5</sup>.

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<sup>5</sup> CARE Malawi's Vision Statement is 'CARE Malawi will be recognized as a dynamic learning organization, with unique approaches to programming that demonstrate impact, and the ability to build and nurture strategic partnerships, in the advancement of people's rights to secure livelihoods'.

All of CARE’s projects contain their own blend of program elements. Many projects contain the same program elements, but to varying degrees. As a ‘rotating orbit’, different program elements contribute towards, and address, a number of key program themes<sup>6</sup>, which together, contribute towards the achievement of CARE’s program vision of improving livelihoods through the realization of rights, with a gender emphasis. In addition, this approach seeks to promote complementarity and consistency across the Country Office program that strengthens project and sectoral integration under one Country Office program.



Since establishing a presence in Malawi, and based around processes of ongoing reflection and lesson learning, CARE has piloted a number of initiatives and models with a view to future replication and scaling up. CARE Malawi also identified the need for expanding its work with, and through partners in order to institutionalize working practices for sustainability and increased scale of impact. In addition to its existing partnerships, CARE continues to seek new and appropriate opportunities to implement its programs in partnership with other organizations. This also includes facilitating the participation of partners as members of relevant Civil Society networks and coalitions. CARE Malawi continues to explore the potential of partnerships that bring together civil society, government, donors and the private sector. Over time, in efforts to address rights, gender, diversity, advocacy and constituencies, CARE has begun to shift from being an organization that ‘implements projects’ to one that also seeks to ‘facilitate processes’.

### Putting Into Practice : Operationalizing The Cross Cutting Themes

CARE Malawi’s program has sought to operationalize the different cross cutting themes in a number of direct and indirect ways. Each of CARE Malawi’s projects addresses one or more of the cross cutting themes, with a view to transferring experiences and lessons learnt from one project or sector to another. For example, CARE’s experience and involvement in different advocacy initiatives in the education sector, such as government budget monitoring, have since been transferred to the health and agricultural sectors.

There are also examples of how CARE has adopted or developed around a cross cutting theme as an entry point into a particular sector. For example, CARE’s first contact with the education sector was initiated through the formation of the Civil Society Coalition For Quality Basic Education (CS-CQBE), which CARE helped to establish in collaboration with a number of other interested NGO’s. The CS-CQBE was formed in response to the

<sup>6</sup> Program themes include; i) strategic partnerships and advocacy, ii) strengthened participatory governance, iii) improved quality and access to services, and, iv) livelihood diversification.

need from Civil Society to work collectively in advocating to the government and donors on crucial issues affecting the poor quality of education in Malawi. For example, the CS-CQBE successfully advocated for the re-opening of teachers training colleges after having been closed for over 11 months. Experience gained through its advocacy work with the CS-CQBE has since provided CARE with a broader understanding of the education sector, and the roles and relationships of different stakeholders. As a result, CARE Malawi's education sector activities have subsequently expanded, and are now strategically focused on promoting three interconnected initiatives; i) supporting the collective action of civil society through representative coalitions, and through various advocacy initiatives, developing effective relationships with government and donors, ii) strengthening the role of communities in the provision of education services, and iii) supporting and strengthening local civil society organizations.

In Malawi, the government has demonstrated on a number of occasions its unease with terms such as; 'rights' and 'advocacy'. This has led CARE to giving very careful consideration and thought for the manner in which it addresses these themes in its programs. Again, to illustrate the point, DfID's approach to integrating rights through supporting Civil Society Organizations met with considerable resistance, to the point where the Minister Of Gender suspended the project. Rather than fight the issue (which is interesting considering that the project was seeking to address the rights and involvement of marginalized Malawians!), DfID have decided to 'roll over' and redefine the scope and content of the project. CARE Malawi's approach to addressing 'rights' has been framed in ways that are acceptable to the government, and adopts language that is far more accommodating. For example, (and having learnt from the DfID experience) staff from CARE's Local Initiatives For Health (LIFH) project decided to use the term 'rights' very carefully and sparingly, even though the project is actively seeking to strengthen the relationship between duty bearers (health service providers) and rights holders (communities, village health committees, etc.) through the development and adoption of appropriate participatory rights based approaches<sup>7</sup>.

CARE continues to identify opportunities and made efforts to consider the scope for synergy with other donors and programs in Malawi that are also addressing the same cross cutting themes. For example, the National Democratic Institute, who, in its support to various Parliamentary Committees, is seeking to build the capacity of Civil Society in the health, education and agriculture sectors to monitor Government budget allocations and expenditures, specifically related to the Malawi Poverty Reduction Strategy. CARE continues to be an active partner in this process.

### **Brining About Organizational Change**

As already mentioned, CARE sought to establish a Country Office presence that was both '*light*' and '*flexible*' in terms of both structure, numbers of staff and approaches to doing business. CARE Malawi has sought to create an operational structure that is as flat as possible, making every effort to remove hierarchies in the organization that then allow for decentralized decision making to the lowest possible level. This is an operational approach that goes against the typical centralized management style and culture of Malawi, which was heavily influenced by the previous Banda regime. When establishing the country office, CARE made the strategic decision to recruit national staff for all senior positions. This also included the need to provide oversight and mentoring to senior

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<sup>7</sup> What is interesting is that DfID is now approaching CARE and seeking advise and guidance as to how to move ahead with a rights based agenda and learning from CARE's approaches.

national staff, and to identify appropriate opportunities for staff development. CARE Malawi has also pursued a process of promoting staff within the organization over time. One of the most significant organizational changes initiated was the establishment of a Learning And Design Unit (LEDU) which has the responsibility for developing coherent and consistent information systems and procedures for adoption throughout the organization that monitor and assess the impact of programs in their ability to improve the food and livelihoods of the poorest. In addition, and as the natural house, LEDU has become instrumental in shaping and promoting CARE's cross cutting themes. LEDU has been lightly staffed with only a Unit Manager, who then draws on the experience and expertise of other staff from different projects and sectors across the organization. This approach has led to the evolution of a number of thematically based teams, which include:

- HIV/AIDS Working Group
- Rights Based Approaches Working Group
- Leadership Development/Gender, Equity And Diversity Working Group
- Design, Monitoring and Evaluation Working Group

The formation and operation of the above working groups are based on a common desire amongst staff to participate and expand their knowledge, experience and understanding in key areas. Initially, some of the working groups have been established for a particular task, for example, the HIV/AIDS Working Group was established for the purposes of developing a country office HIV/AIDS policy. In light of the success of the group in developing this policy, the group has expanded its mandate to include addressing HIV/AIDS more broadly to include the mainstreaming of HIV/AIDS into CARE's program.

Working closely with the different country office projects and sectors, LEDU has also become a focal point for the different advocacy initiatives undertaken through the emergence and strengthening of various Civil Society coalitions and networks in the education, health and agricultural sectors<sup>8</sup>.

## **Successes**

### **Advocacy And Constituencies**

One of the most significant successes has been seen through CARE's participation in, and around, the growing role, organization and influence of Civil Society. In the past, Civil Society initiatives in Malawi have been characterized as 'talking shops', whereby organizations would meet to discuss the work that they are doing in a particular sector. However, in response to the a growing desire to address many of the underlying problems and issues in particular sectors through the collective efforts of organizations, many of today's Civil Societies initiatives have taken on a specific advocacy focus. For example, the CS-CQBE is a Coalition of interested organizations working in the education sector which has seen a growth in membership from 12 to over 40 organizations. Notable successes of the CS-CQBE include:

- Advocating for the re-opening of the Teacher Training Colleges.

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<sup>8</sup> Civil Society Coalition For Quality Basic Education (CS-CQBE), Malawi Heath Equity Network (MHEN), and Civil Society Agricultural Network (CISANET).

- Presenting detailed recommendations to the Parliamentary Committee For Budget And Finance on three priority poverty expenditures; teacher training; teaching and learning materials; and, teachers salaries. The Coalitions recommendations were then included in the 2000/01 budget.
- Monitoring government budget expenditure and targets against the national budget together with the publishing and dissemination of findings.

Having been part of this emerging experience, CARE Malawi has gained a growing appreciation for the role of Civil Society and the various linkages at different levels with different stakeholders. In nearly all the work that CARE does today, the role of Civil Society vis-à-vis the government and donors is a major component. Having seen some of the successes, donors are showing a growing interest in seeing the emergence of a strong and vibrant Civil Society in Malawi.

Another example of a successful advocacy initiative was CARE's involvement in advocating to the Parliamentary Committee For Commerce And Industry on the implications of a Surtax Bill on the livelihoods of the rural poor in Malawi. Drawing data from its livelihood information system, CARE was able to demonstrate to the Parliamentary Committee the impact of a 20% sales tax on poor peoples livelihoods, and the manner in which they would have to forgo luxury terms, such as sugar, in order to continue being able to afford basic essential items. This led the Parliamentary Committee to recommend to parliament that the bill be reassessed and reworked by the Ministry of Finance, hence delaying the adoption of a 20% sales tax on all goods and services.

## **Integrating A Rights Based Approach Into CARE Malawi's Programming**

### Building Organizational Capacity.

Staff at the country office level have received training in rights based approaches through a number of opportunities, both internally to CARE as well as training opportunities hosted by other organizations. The large majority of the internal training has been conducted by staff themselves, through a cascade approach. The Learning And Design Unit Manager has remained a focal person, and has sought to train various individuals across the country office, who then take down the training to their own projects.

CARE has also sought out opportunities to work with other organizations who are also seeking to build their own staff capacity. For example, CARE and Oxfam organized a joint rights based training workshop, where staff from both organizations received training from the Malawi Human Rights Resource Centre. The training provided an opportunity for both organizations to develop action plans, share ideas and identify specific areas for future collaboration. Since the training CARE and Oxfam have i) visited each others programs and learnt from each others field experience, ii) held a joint meeting to share each others experiences in addressing HIV/AIDS, iii) developed complementary proposals for projects that seek to develop and mobilize rights based approaches which have since been funded by DfID, and iv) hold regular synergy meetings with each other and DfID to discuss lessons learnt around on-going experiences with adopting rights based approaches to programming

### Programmatically Integrating Rights Based Approaches

CARE's Local Initiatives For Health (LIFH) project was developed as means for CARE to develop project based experience with developing appropriate rights based approaches.

The project is beginning to build the collaborative capacity between communities and their representative bodies (village health committees, health center committees, and individuals) and partner organizations such as government service providers (clinic staff, district health management teams, ministry officials), through the adoption of an appropriate rights based framework, that seeks to i) improve dialogue and interface, ii) increase accountability and transparency, iii) improve responsiveness, iv) increase ownership, v) improve equity, vi) develop relationships, vii) promote joint action planning, viii) monitor change, and ultimately, ix) improve the quality of service at all levels of the system. Lessons learned from LIFH are now starting to be incorporated into other country office projects, as well as across the organization as a whole.

## **Gender And Diversity**

### Organizationally : Gender And Diversity

At an organizational level CARE has always sought to maintain a gender balance across its staffing structure, and currently has a male to female ratio of staff is approximately 1:1, with 55% of senior management positions filled by female staff (i.e. Assistant Project Manager and above).

CARE Malawi's gender and diversity organizational gap analysis focused on the issues of; gender, age, ethnicity, and mix of national and international staff. In general, the analysis indicated very few concerns in relation to these four issues, but rather identified a number of issues around leadership and organizational culture, which are currently being addressed through the Leadership Development Program.

### Programmatically : Gender And Diversity

Programmatically CARE has demonstrated a number of successes in addressing gender which have continued to shape the organizations household livelihood programming. For example, the Central Region Infrastructure Maintenance Program (CRIMP) had a specific focus on destitute women's groups and improving their livelihoods through innovative public works programs that incorporated elements of; training, capacity building, empowerment, savings, and economic development. The project successfully impacted on the livelihoods of participant women, as well as positively contributing to the gender relations within their own households and more broadly within their communities.

The success of this pilot project has led to broader replication at a much larger scale through a partnership with the Malawi Social Action Fund (MASAF)<sup>9</sup>. Working with MASAF, CARE will be seeking to integrate many off the successful lessons and experiences learnt during the CRIMP pilot phase by training and building the capacity of District level staff, Ministry staff and MASAF staff.

## **Internal Factors That Have Helped Or Constrained**

The following table summarizes the *internal factors* that have both helped or constrained CARE Malawi's ability to bring together, programmatically connect and operationalize CARE's five cross cutting themes.

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<sup>9</sup> MASAF is a social fund which was established by the Malawi Government in 1996 and received significant funding from the World Bank.

Helped	Hindered
Adopting a strategy of recruiting national staff for senior positions in the organization, with an on-going focus on their capacity building and mentoring.	Staff time to participate in the various country office initiatives, especially meetings. This is especially true for the field based staff.
Dedicated, young, vibrant and motivated staff who, although less experienced, are willing and able to adapt and adopt, and at the same time remain open to challenging decisions <sup>10</sup> .	Linked to staff time, is allowing the time necessary to share and market experiences and lessons learnt across the organization. This is often done in a rather ad hoc manner.
Staff being open to on-going organizational changes to suit the evolving nature of CARE's evolving program.	Financial resources have sometimes been a limiting factor, although far less so than staff time as explained above.
Maintaining a gender balance at every level of the organization.	Young and inexperienced staff who have taken time to build confidence and assert their role and presence within the organization, and well as with partners.
Maintaining an operational structure that is as flat as possible in order to ensure that decision making is as inclusive as possible and taken to the lowest possible level in the organization.	In transforming from an organization that <i>implements</i> to one that increasingly <i>facilitates</i> , there will always be a need for expanding staff skills, which, linked to the above factors, is sometimes a constraint.
Having established a Country Office in Malawi just over four years ago that was not in response to an emergency, CARE Malawi has been able to establish a focused developmental program around CARE's HLS framework.	
The adoption of an LRSP process that was inclusive of as many staff as possible from every level of the organization. The adoption of such an iterative process required constant reflection and refinement.	
A clearly defined Country Office strategy that was first developed through the probe exercise in 1997, and followed up with the first LRSP in 2001, has enabled CARE Malawi to maintain a tightly focused program <sup>11</sup> .	
Strategic support from the RMU has greatly assisted the country office to develop and integrate the cross cutting themes into the Country Office program.	

### External Factors That Have Helped Or Constrained

The following table summarizes the **external factors** that have both helped or constrained CARE Malawi's ability to bring together, programmatically connect and operationalize CARE's five cross cutting themes.

<sup>10</sup> The opposite being institutional, inflexible, and often older and more experienced staff with fixed ideas who, in CARE Malawi, have demonstrated their unwillingness to change. In the past CARE has recruited staff who have many years of experience yet have found it very difficult to adapt to the working approaches and environment of CARE Malawi. This has led to relationship problems amongst staff at the project level, and ultimately, the separation of such staff from the organization having considered the best interests of the project and its staff. It should be stressed that this has been a particular trend for CARE Malawi and may very well not apply elsewhere.

<sup>11</sup> There have been a number of occasions when CARE has actually refused donor opportunities which have clearly fallen outside the country office strategy, either programmatically or geographically. Infact, amongst some donors this has been viewed very favorably, in that CARE is an NGO that is actually willing to say 'no' sometimes!

Helped	Constrained
Government policies, such as the Decentralization policy (although slow to implement) which supports CARE's operational approaches linking communities to local level government structures.	Issues around governance and the role of politics in both the development and emergency setting. There is growing concern over the role of the government, especially in trying to promote the 'third term' agenda for the incumbent President. This also includes the Governments mistrust and misunderstanding of terms such as 'marginalized Malawians' and 'rights based approaches'.
Ministry and District Assembly staff are increasingly recruited on a purely professional basis, with a growing number of younger more technically competent and motivated staff taking senior positions in government.	Extreme levels of poverty and illiteracy in Malawi and the complex causes of Malawi's high levels of poverty.
A growing number of conduits through which CARE and other Civil Society Organizations can draw support. For example, Parliamentary Committees.	The impact of HIV/AIDS and its affects on every corner of society. For example, HIV infection amongst teachers is estimated at 11%. This means that Malawi is losing more teachers in a year than it can train.
An emerging and growing Civil Society who are willing to collaborate and participate collectively on issues that are often seen as contentious, for example, government budget monitoring. There is a growing desire amongst Civil Society to want to influence change and demand transparency and accountability.	Partner capacity, especially amongst government and local NGO's. In light of the emerging nature of local NGO's many have only been in existence for a few years. The environment is still very much dominated by INGO's
A growing willingness amongst International NGO's to participate, partner, collaborate and share information.	The shift by many of the biggest donors towards Sector Wide Approaches (SWAp). This has led to a reduction in the amount of funds available for stand alone donor supported projects. Under SWAp's donors are channeling more funding through government. Although this opens up interesting opportunities in the way in which CARE works with government, it does mean that CARE may find it harder to solicit support for initiatives that focus on gender, rights and advocacy.
	The current food crisis facing Malawi has placed a huge burden on the Country Office and its ability to continue focusing on its development projects.

### Integrated Approach To Programming : So What's The Difference?

Probably the biggest difference has been in the way CARE operates as it shifts from an organization that *implements projects* to one that *facilitates processes*, which is evident in some of CARE Malawi's more recent projects. CARE Malawi seeks to operate at a variety of levels (*micro* – community, *meso* – district and local authority, and *macro* – national), and in doing so, seeks opportunities to use experiences and lessons learnt to influence policy and to participate in on-going policy dialogue. For example, drawing from the organizations experience in the safety net sector allowed CARE to actively participate, and shape the National Safety Net Strategy. This also led to CARE's participation in developing Malawi's Poverty Reduction Strategy (MPRSP) and how CARE's experience will be used in the future to shape Malawi's future strategy in the safety nets sector – a major sector for Malawi considering the countries poverty levels.

In light of this shift, CARE has seen both the scope and range of its partners expand. This has presented CARE as an organization that is willing and open to share experiences and ideas. This can be best illustrated in the manner in which Donors, such as DfID, are looking to CARE to learn lessons from in relation to issues such as gender, rights and

advocacy, and to jointly identify opportunities within current programming to expand current knowledge and understanding in Malawi. For example, CARE recently conducted a study on gender power relations and the influence of safety nets in Malawi. Another example is the partnership that CARE has developed with DfID in the education sector, in which CARE is working towards strengthening the role of Civil Society through the adoption of rights based approaches in the context of DfID's education program in six districts across Malawi.

As mentioned above, many donors are adopting SWAp approaches to programming. This presents enormous challenges for NGO's such as CARE, but at the same time offers many interesting opportunities. Although SWAp's could be seen to present a situation of shrinking donor funding, they do offer the opportunity to establish creative partnerships with donors and government. CARE Malawi is beginning to gain considerable experience in this area, for example, CARE was contracted by the government to develop the National Strategy For Community Participation in Primary School Management under DANIDA and DfID's sector wide support to the education sector. This opportunity enabled CARE to not only lead and influence a very important aspect of Malawi's education sector, but to also gain considerable influence and recognition amongst all those involved in the education sector. In doing so, CARE provides an opportunity for donors, such as DfID, to ensure that the 'voices of the poor' are heard and incorporated in the on-going role out of SWAp's. This is especially important in view of ensuring that themes such as rights, gender and advocacy continue to be addressed and incorporated in development activities. This is something that under SWAp's, DfID as a donor, has very little control or influence over, and therefore requires the support from organizations such as CARE.

Organizationally CARE Malawi has faced several challenges in the internal understanding and adoption of the cross cutting themes. This has mostly centered around developing appropriate systems and procedures which allow for greater and broader staff participation. This has taken time to develop, and will require more time to continually refine. However, there is a growing trend amongst staff of their interest and participation in new areas of development that fall outside of their traditional 'technical' sphere of interest, and a desire to see how these can become part of their individual and collective roles and responsibilities. One of the key drivers during this transition has been the manner in which the process has been led, or championed internally by individual national staff.

To conclude, CARE Malawi has sought to establish a reputation and influence amongst its partners as an organization that; promotes programmatic excellence, integrity, reliability, supports Civil Society, demonstrates a willingness to partner, an ability to co-ordinate and organize<sup>12</sup> others, and demonstrates an understanding for the complex and interconnected nature of poverty in Malawi. This is in contrast to other organizations who seek to establish their reputation by the size of their budget and number of staff employed.

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<sup>12</sup> An obvious example being CARE's leadership role in the current emergency and the NGO Consortium.