

A Review of How DFID Malawi has Incorporated Rights-Based Approaches (RBAs) into its Work

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Introduction

This report presents the conclusions of a review of how DFID Malawi has incorporated Rights-Based Approaches (RBAs) into its work. The field work, conducted between 13th and 24th March 2005, focused on three RBA projects that have recently been receiving financial support from DFID: the Local Initiative for Health (LIFH), implemented by CARE International in two adjacent districts in Central Malawi; the Partnership for Capacity Building in Education (PACE), also implemented by CARE International, in six districts in different parts of the country; and the Shire Highlands Sustainable Livelihood Programme (SHSLP), implemented by Oxfam in three adjacent districts in Southern Malawi. We were asked to focus first on: (a) the way in which RBA has been interpreted and applied; (b) its impact on access to services, their quality and quantity, and on general awareness of rights by people in the project areas; and (c) the resource requirements of RBA, the availability of those resources and the efficiency of the RBA approach. Then, on the basis of our assessment of those issues, we are required to outline the key lessons learned and make recommendations on the potential for the cost-effective application of RBA in improving access to services and/or raising awareness of rights more generally.

We are requested to present a report of less than 25 pages. We have therefore focused on analysis and implications, and have not attempted to provide more history or detail on the three projects we examined than is needed to explain our operational conclusions. The Summary sketches out what we have concluded and why. The remainder of the report focuses on a few key issues. We are grateful to a number of people and agencies in Malawi for useful comments on the draft of this report.

Summary

- 1) 'Rights-Based Approaches' are fashionable, and have some passionate advocates. However, the term remains ambiguous, and is clearly a source of some continuing puzzlement in Malawi. RBA is best understood as a signpost indicating a general direction for aid policy, rather than a precise destination or a clearly defined route.

- 2) Oxfam appear to have developed a relatively effective strategy and organisation for implementing the Shire Highlands Sustainable Livelihood Programme with a significant RBA component. Major questions remain about the cost effectiveness of the LIFH and PACE programmes and their contribution to the enhancement of rights.

- 3) That last conclusion is however qualified by the observation that, although these projects have sometimes been defined as experimental activities to test RBA approaches in Malawi, no initial provision was made for the kinds of monitoring and evaluation mechanisms that might have made such learning possible. Although monitoring and evaluation mechanisms are being put in place in response to earlier output-to-purpose reviews of these projects, none have yet generated information that could have been fed into this review.

- 4) Related, we were surprised that the extensive documentation associated with these projects contains little mention of key 'nuts-and-bolts' issues of resources, potential alternative uses of resources, or the value of alternative methods and forms of organisation to implement RBA. The lack of discussion of resource issues is all the more surprising given the acute shortage in Malawi of the basic material resources needed to deliver health and education services, notably trained staff, drugs and books. Money spent on RBA projects is likely to have alternative priority uses.¹ If these genuinely were intended to be 'learning projects', then the implementers should have been very much concerned about lessons relating to the cost effectiveness of resource use and to alternative methods of implementing the various components of RBA 'packages'.

¹ The budgets for these projects are not trivial: the total budgets are around £1 million for LIFH and PACE, and £1.4 million for the SHSLP.

5) There is a marked evangelical streak in some of the literature and discourse around these projects, with commitment to the RBA cause apparently valued above all.² This stance appears to have stimulated rhetoric at the expense of reflection, analysis and honesty.

6) The experience with the Shire Highlands Sustainable Livelihood Programme illustrates that the kind of RBA projects which DFID has been supporting can be effective in contemporary Malawi. DFID needs to know both (a) the factors that make them effective and (b) the scope for scaling-up and replication. Combining our field observations³ and written material on these three projects with knowledge about RBAs and about the implementation of similar non-RBA projects in other low income countries, we have tentative answers to both questions. These are however tentative. Not only do we lack detailed information, but we have no scientific procedure for evaluating the relative importance of the several factors that seem to explain the differences between the Shire Highlands Sustainable Livelihood Programme on the one hand, and LIFH and PACE on the other.

7) A range of factors appear to have contributed to the relative success of the Shire Highlands Sustainable Livelihood Programme (SHSLP). To some extent, the project appears to have benefited from aspects of the immediate historical, economic and material environment of the project area. However, most of them are replicable. The most important general point is that Oxfam has established a substantial degree of local authority that enables it to work with local government agencies while implementing its own agenda. By contrast, in the LIFH and PACE projects CARE is in practice very dependent on the local government apparatus for implementation, and has limited sustained influence over that apparatus.

8) It seems unlikely that the effective elements in existing RBA projects could be replicated or appreciably scaled-up in Malawi within the next few years. There are at least three reasons for this conclusion:

² In an earlier jargon - 'Better Red than expert.'

³ Daniel Alberman earlier was a member of the teams doing the output-to-purpose reviews of these projects, and Desmond Kaunda is currently involved in a cross-national study of RBA programmes for which components of the three projects we examined are case studies.

- i) Some of the key components to effective RBA projects, including very good leadership and a suitable environment, are in limited supply.
- ii) Effective RBA field projects require long term patience and commitment before they can begin to have significant positive effects on either of their dual goals (a) the advancement of human rights and (b) improving the effectiveness of public service delivery.
- iii) Some current RBA projects in Malawi are based on delusions about the extent to which a few short-term interventions and a limited amount of training can effect long term and sustained changes in behaviour and values on the part of both public servants and the public. Were it possible to achieve such a high impact, the news would have diffused very widely within the development profession: RBA interventions are not significantly different from those that have been pursued, under different labels, in many countries over many years.

There is a danger that any significant expansion of support to RBA projects would be read as an endorsement of practices whose efficacy and cost-effectiveness remain unproven.

9) There is a case for DFID both to continue to support existing successful RBA projects and, along with other agencies, to contribute to genuine lesson-learning about how RBA can be operationalised at the project level. Whether because of (a) weaknesses in conception and implementation of the projects we examined, (b) the inadequacy of learning mechanisms, or (c) short project life spans, we cannot draw firm conclusions about the conditions under which RBA projects in Malawi might prove cost effective.

1. What is a 'Rights-Based Approach'?

There is no unique or simple answer to this question. One formulation is that a RBA represents a broad injunction to try to use development policies, projects and interventions to promote human rights. At best, the term RBA can function only as a signpost indicating a general direction of travel. It signifies neither a clearly defined route nor a definite destination. The ambiguity is in some ways unfortunate. For many people in Malawi, especially many junior public servants, RBA may continue to appear as simply the latest aid donors' fad: a badge to be worn until the fashion wears off, rather than an attitude to be absorbed. This report can do little to address perplexity at the level of junior public servants. We did however think it useful, before looking at RBA in practice, to identify a few sources of ambiguity around RBA at the more abstract or conceptual level. This might at least help to account for the imprecision of much of the discussion of the topic:

i) There is a difference between (a) the notion that enhancing human rights (however defined) should be a - perhaps even the - major long term objective of development activities; and (b) the view that enhancing rights should be an immediate and visible objective for all development interventions. The first position is broadly that of the DFID Target Strategy Paper *Realising Human Rights for Poor People*, while the second currently is espoused by UNICEF. The practical difference between the two positions may be very significant. For example, it is quite possible that, in a very poor country, improving public transport might be a very effective means of making it possible for poor people to mobilise to claim their rights in relation to government - because popular political organisation requires travel and communication. Without good communications, direct attempts to teach rights to poor people might have little impact. It follows that there can be considerable legitimate disagreement over what an RBA should comprise in any given situation. It is not obviously wrong to suggest that, for a country like Malawi where trained teachers are very scarce and total numbers are declining, the best way to advance people's rights to education is to direct all available resources into training more teachers.

ii) Aid and development agencies naturally focus on social and economic rights - to food, education, health care, employment etc. - at least as much as on civil and political rights. The feasibility of different strategies for realising rights will depend

to some extent on the types of right in question, and on the context. In particular, the realisation of social and economic rights necessarily depends to a very significant extent on the capacity of the state to deliver. Where the state has limited financial, policymaking or administrative capacity, an attempt to increase the ability of poor people to demand services may not be the best route to improving service delivery: supply side issues may be equally or more important. By contrast, arguments about limitations to state capacity are far less relevant to the enforcement of civil and political rights: states have clear duties, and are impeded to a much lesser extent by limits to their financial, policymaking or administrative capacities. This set of issues is relevant to (a) Malawi as a country, because of the low capacity of the state, and (b) to the projects we examined because, while mainly focused on social and economic rights, they also involve - in the case of SHSLP - some activities around civil and political rights.

iii) As we explained above, states cannot be held to account for the delivery of social and economic rights in the same way, and with the same legal clarity, that they can be held to account for the fulfilment of civil and political rights. It follows that, when applied to the field of development policy and practice, an RBA will tend to comprise a mixture of different categories of objectives, including both (a) the enforcement of legal rights, that is an end in itself; and (b) the encouragement of certain types of socio-political processes, that are essentially means to increasing the capacity of (poor) people effectively to claim their own rights - probably in the longer term.⁴

In sum, given (a) the diversity of types of rights and (b) the variety of potential routes for enhancing them (e.g. simply increasing the capacity of the state to fulfil social and economic rights; helping poor people to demand rights of various kinds; insisting on the observance of those rights that are directly justiciable), there is wide scope for legitimate disagreement about the means of achieving RBA goals in any given context.

⁴ . The DFID Target Strategy Paper 'Realising Human Rights for Poor People' argues the centrality of three principles. One of them - 'Fulfilling obligation' - concerns the obligation of states and other duty-bearers directly to protect and realise human rights. The other two - 'Participation' and 'Inclusion' (or equity) - relate to these (indirect) socio-political processes.

2. What do our RBA projects look like?

There are substantial similarities between the three projects we reviewed: (a) the RBA component is linked to service delivery; (b) the implementing agency is an international NGO, funded by DFID; (c) the NGO staff work mainly through government agencies; (d) the central role of the NGO is defined as 'catalyst' or 'facilitator'; and (e) to varying degrees, project implementation has been initiated (or initially concentrated) in one or more districts, and then rolled out to others.

Some of the more visible differences are:

i) The LIFH (Local Initiative for Health) project deals with primary health care, and is implemented by CARE International in two adjacent districts in Central Malawi, one of them the capital district of Lilongwe. A standard set of mechanisms that would be employed to advance the RBA agenda were agreed before funding was committed and programme implementation began (in 2001). There were no strong pre-existing linkages between CARE and the local staff of the sole government agency involved, the Ministry of Health. There has been a significant under-spend on the budget.

ii) The PACE (Partnership for Capacity Building in Education) project, also implemented by CARE International, deals with primary education in six districts in different parts of the country. As in the case of LIFH, the standard intervention mechanisms - effectively a modification of the LIFH package - were defined before funding was agreed and programme implementation began (in 2003). Similarly, there were no strong pre-existing linkages between CARE and the local staff of the only government agency involved in the project in a major way - the Ministry of Education.

iii) The SHSLP (Shire Highlands Sustainable Livelihood Programme) is an agriculture and livelihoods project implemented by Oxfam in three adjacent districts in Southern Malawi. Initiated in 1997, it has some roots in earlier Oxfam agriculture/livelihood activities in Mulanje district. It has been characterised by relatively slow expansion, a wide portfolio of activities, substantial flexibility in activities and in uses of funds, and engagement with a range of government and NGO organisations at local level. To a greater extent than in the other two projects, efforts have been made to (a) advance those dimensions of human rights for poor people that

might imply tension or confrontation with those who hold bureaucratic or socio-economic power and (b) foster the creation of relatively independent local institutions with the capacity to pursue this more confrontational agenda.

Table 1, at the end of this report, provides a schematic picture of the main modes of intervention pursued by the three projects.

3. Explaining project performance and outcomes

How well have we understood these projects, both factually and analytically? We have some questions in our own mind about the accuracy and completeness of our interpretation. Apart from the obvious limits on our capacity to discover what goes on in so many locations over several years, we have concerns about some of the information conveyed to us at various levels about the LIFH and PACE projects in particular.⁵ We often felt that it was formulaic. In varying degrees, in different contexts, we felt that: (a) the answers to our questions were relatively standardised; (b) they were heavily laden with contemporary development jargon but often light on empirical detail; and (c) respondents sometimes found it very difficult to explain the jargon terms they had employed. Given the lack of operational monitoring and evaluation systems in any of the projects, it was perhaps almost inevitable that, at national and district level, achievements were presented to us in the form of individual examples, with little sense of quantities or frequencies. We are a little uncomfortable about the extent to which the LIFH and PACE projects are now being promoted as success cases; and concerned about the reluctance of most stakeholders we spoke to voice any kind of criticism of the way the projects had been designed or implemented. These projects were designed in part as learning activities. Even without formal monitoring and evaluation procedures, we would have expected more reflection and self-criticism on paths taken or not taken. It follows that we are unable to respond to the injunction in our terms of reference to report on how various populations understand Rights Based Approaches: we did not feel that we were able to obtain adequate valid information.

⁵ Some of the people we interviewed seemed to believe that our report would affect funding decisions in a rather immediate way, and appear to have shaped their responses accordingly.

We have drawn what we feel are the most reliable conclusions possible from the information available to us. If our analysis is significantly wrong, we hope at least that it will provide useful ideas and hypotheses for the proponents of RBA to test. In Malawi at least, they need to address more centrally the kinds of questions we have raised here about the factors explaining the performance of RBA projects. The tendency to appeal to commitment and loyalty to the cause, to the exclusion of concerns about basic issues of efficient resource use and effective organisational systems, may eventually devalue and undermine the RBA agenda.

In explaining differences in performance between the three projects, we focus especially on two related sets of factors: (a) the ways in which the implementing agencies actually have carried out their roles as catalysts-facilitators in the field; and (b) how they have interacted, at district level and below, with the staff of the government agencies with which they worked. We are not attempting to provide a complete account of these projects, but rather trying to (a) highlight the issues and mechanisms that seem to us to be most significant from the perspective of our terms of reference; and (b) communicate our understanding of how these projects have operated in practice.⁶

3.1 Primary health: The Local Initiative for Health (LIFH)

LIFH comprises almost exclusively 'software' activities (see below). Personnel costs and transport account for most of the budget, and for an even higher proportion of actual expenditure: the overall underspend on the budget has been concentrated in the materials and training line items.⁷ It is a service delivery project in that it is structured around the existing mechanism for the supply of primary health care in rural areas, and is intended to improve service delivery through enhancing the rights of service users or, as it appears in some of the documents, increasing the capacity of poor

⁶ Also, we are focusing on the field activities oriented to service delivery that are funded by DFID. This is an important qualification for the PACE project in particular: the PACE progress reports contain information on a range of education-related activities, separately funded by DFID or other donors, that are additional to the original contract with DFID, and do not fall within our terms of reference. For example, a range of budget monitoring and other activities conducted by CSCQBE (Civil Society Coalition for Quality in Basic Education); and Education and HIV/AIDS project supported by CIDA; and a research project on HIV/AIDS and primary education funded by the New York Women's Initiative.

⁷ See R. Grellier 'The Future Role of LIFH in relation to the SRHP, SMP and SWAP: Recommendations', September 2004, p12.

people to demand health care. The project involves very little hardware, either in the form of new equipment or in the form of financial support for investments in improving primary health care. It initially included a fund to support investments at the community level, but this was terminated because it was felt that the understandable efforts of some stakeholders to access that fund might distort the real aims of the project. LIFH is in one sense the 'purest' of the three projects: it is the only one not closely related to new investments, and can be seen as a means of testing the proposition that health care delivery can be improved by an external intervention aimed solely at inducing attitudinal and behavioural change.

There is no unique way of listing and summarising the modes of intervention employed in the LIFH projects by CARE and the Ministry of Health staff with whom CARE personnel work. The different components are inter-related. The following list seems to us to be the most useful:⁸

- i) The employment of one or two CARE Coordinators, with vehicles, in each of the two districts - Lilongwe and Nchisi - in which the project has been implemented.⁹ The Coordinators are expected to perform the catalyst-facilitator roles.
- ii) A set of training activities, focused around the concept of rights, in which duty-bearers (i.e. public officials) are encouraged to take seriously their duties and to accept that they are accountable to service users, and rights-holders (i.e. the public) are encouraged both to demand their rights and cooperate with public officials in improving service delivery. The training, that has been modified over time, also has a practical element (including the use of scorecards to assess the performance of Health Centres) and deals with the rights of a number of specific population groups, including women and those frequently excluded from health care (the old and sick, orphans, those with HIV/AIDS etc.). These training activities take place within the catchment areas of the Health Centres with which the project works: 4 Health Centres in Lilongwe District, and 7 in Nchisi District. Each of these Health Centres serves an average of 35 villages, and nearly 20,000 people. The CARE staff train (a) the

⁸ We have not included here the creation of Revolving Drug Funds in some villages, to make drugs locally available in villages remote from Health Centres. We are not clear how many such Funds exist or how well they work. Comparative international experience suggests that they are unlikely to be very sustained or effective. Equally, we have included no information on the actual frequency of activities listed because we do not have it. There is reason to suspect that some activities are not conducted as regularly or frequently as is sometimes formally stated.

⁹ The Lilongwe Coordinator is based in the CARE HQ in the city of Lilongwe.

District Health Management Team, (b) the staff of Health Centres, (c) members of Health Centre Committees, and (d), the Health Surveillance Assistants, the front line field staff of the Ministry of Health. The Health Surveillance Assistants impart this training to members of Village Health Committees, who in turn are expected to train ordinary villagers. This latter form of training - from Health Surveillance Assistants to members of Village Health Committees, to ordinary villagers - is one manifestation of a practice - cascading training - that is found more widely in other RBA projects, notably in PACE, CARE's education project.

- iii) The 'election' of Health Centre Committees, with a duty to represent the population generally, a right to know about the availability of drugs in the Health Centre, and a mandate to convey to Health Centre staff complaints about such issues as their behaviour to patients (rudeness, lack of observance of personal privacy, not observing a queuing system, etc.).
- iv) The performance of a participatory appraisal of the health delivery system and its problems, employing scorecards, at the level of the Health Centre.
- v) The erection in Health Centres of blackboards, on which are chalked both the percentage scores that the Centre receives for different dimensions of its performance during the initial participatory appraisal, and periodic up-dates that are also conducted in a participatory manner.
- vi) The holding at Health Centres of regular interface meetings, involving Health Centre staff, more senior Ministry of Health staff for the district, members of Health Centre Committees, and other members of the public and of Village Health Committees
- vii) The creation or re-invigoration of Village Health Committees, with rather broad and diffuse mandates to support the network of activities listed above.

The output-to-purpose review concluded that LIFH had no significant linkage into, or impact on, health policymaking at national level. We have little 'hard' information on its effect on the quality of health care delivery. Our own brief field visits suggest that it has not been very successful. There is little evidence to support suggestions from Health Centre staff that LIFH has enabled them to treat more patients. There are several reasons to question why a project of this nature - a 'pure' attempt to induce attitudinal and behavioural change through brief training and other 'software' activities - might face severe obstacles in contemporary Malawi. In particular:

i) The shortage of both (trained) medical personnel and drugs at Health Centres - the main locus of project activities - is acute throughout the country. It is likely that the main problems identified at this level - lack of drugs and lack of public information on what drugs are available; rudeness of staff to patients, failure to respect their right to personal privacy, the exercise of favouritism in treating them - to a large degree reflects this shortage of basic resources. That could work through several mechanisms: medical staff might be too busy and harassed to treat patients respectfully; they might be hiding information on drug availability because this makes it easier for them to sell drugs illegally to supplement their incomes; and they might know that they are so indispensable that, however badly they behave, they are unlikely to be transferred or disciplined. To make these points is not to give way to scepticism or cynicism. We are prepared to believe that, even in these kinds of circumstances, effective and credible training and participatory processes, if adequately supplemented and reinforced through time, can lead to positive behavioural change. But these are quite demanding conditions, and it is not yet clear that LIFH has managed to meet them.

ii) It seems rather optimistic to expect that 'cascading training' will work well in these conditions. We know that, in any circumstances, messages that are passed on several times tend to become highly distorted, and all the more so if they are both complex and have a high attitudinal or normative element. Normative dilution is likely to be a significant problem where the trainers have power and status, and are expected to encourage their trainees to be more critical and demanding toward the trainers themselves. That is asking a great deal of human beings. We found in the LIFH case some traces of a phenomenon that was much more visible to us in the PACE activities we examined (see below): trainers using control of the training agenda (a) to reduce the weight given to their own obligations as duty-bearers to be accountable and to respect the rights of the public, (b) to increase the emphasis on the obligations of trainees (the public) to fulfil their responsibilities, and (c) to shift attention from the more conflictual issues of how rights-holders can actually hold duty bearers to account, and obtain redress for wrongs. Thus we found continual mention of the obligation of members of the public to look after their own health, to behave well at the Health Centre etc. We were told of a case where the participatory appraisal led a

village to understand that, if they wanted a health fieldworker (Health Surveillance Assistant), they would have to construct a house for that person from their own resources. We are not too concerned about this set of issues in relation to the LIFH project, and can see that an explicit 'social contract', that includes statements of the obligations of rights-holders, as well as duty-bearers, could help make some kinds of restraints on their own behaviour more acceptable to the duty-bearers (i.e. medical staff). These problems seem more significant in relation to PACE (see below).

(iii) It seems likely that the methods of choosing the members of the Health Centre Committees are not always open and democratic. Village Chiefs seem to play a major role in many places, and the process may involve more 'selection' than 'election' - or could become so over time once less external attention is given to the composition of the Committees. Further, we have some hints that Health Centre Committee members are drawn disproportionately from communities located close to the Health Centres. In general, Health Centre Committees may not be best placed to represent the interests of more disadvantaged groups.

By contrast, we recognise that any progress that may have been made in improving the ways in which Health Centre staff treat patients is a real achievement. It was suggested to us that the real economic cost of the time that poor people waste in repeated frustrated visits to Health Centres is considerable. If this is true, then the cost-effectiveness of LIFH might be higher than it appears to us at present.

3.2 Primary education: The Partnership in Capacity Building in Education (PACE) project

As we explain below, the basic modes of intervention in PACE are similar to those in LIFH. There are however a number of differences in context that may be significant:

i) The most important is that in practice - at least in the districts we visited - the scheduling of the focal PACE intervention, the participatory formulation of a School Improvement Plan (SIP), is integrated with the planning of new school construction - under a separate project funded by DFID. In other words, when teachers, parents, pupils and public servants are asked to participate in a SIP process, they almost always do so with the knowledge that this is a prelude to receiving a new school. The

output-to-purpose review of PACE concludes that 'in most people's minds at the community level', PACE/CARE and new school construction are 'inseparable'. This integration, that appears to have been requested by DFID, makes good sense from the perspective of maximising the benefits of new school construction. It does however place severe limitations on what can be learned from PACE. It is simply not possible to assess whether the participatory SIP process and related PACE interventions might improve the quality of primary education in normal contexts, i.e. where no new school building is planned.¹⁰ It is unfortunate that this point is not made in most PACE documents, which are less than explicit about the actual linkage to new school construction.

ii) Some respondents and documents suggest that the introduction of free primary education in 1994 forms an important part of the context for PACE. It is argued that this decision, followed by large increases in enrolments, damaged the relationship between teachers and rural communities in particular. While rural communities in Malawi have traditionally made substantial additional local contributions to schools supported by the government, it is suggested that free primary education encouraged them to see schooling as entirely a government responsibility. Equally, the over-load on schools, and the big increase in pupil-teacher ratios, worsened problems of discipline and school-community relationships generally. From this perspective, PACE can be viewed as an attempt to heal damaged relationships. We are unable to judge the validity of this view.

iii) More formally, PACE can be seen as an attempt to implement the Ministry of Education's *National Strategy for Community Participation in Primary School Management*, in which CARE played a role.

The main modes of intervention employed in the PACE projects by CARE and the Ministry of Education staff with whom CARE personnel work are:

¹⁰ Even in cases where SIPs are conducted under PACE without an immediate link to new school construction, we can reasonably assume that local stakeholders know the link elsewhere in their districts, and see 'good performance' around the SIP as a potential means to obtain a new school.

- i) The employment of a CARE Coordinator, with vehicle, in each of the six districts in which the project has been implemented. The Coordinators are expected to perform the catalyst-facilitator roles.
- ii) The creation of District Education Support Teams (DESTs) to coordinate and support the PACE process. These have variable terms of reference and variable memberships. In principle, every effort is made to obtain members from other government departments in addition to Education.¹¹
- iii) A set of training activities, focused around the concept of rights, which are in essence similar to those conducted under LIFH (above). Under PACE, the basic training is provided by CARE to members of the District Education Support Team (DEST). We were given somewhat conflicting education on whether (a) the School Improvement Plans (SIPs - see below) and the training associated with them are conducted directly and exclusively at community level by DEST members or (b) DEST members train members of the sub-district Area Executive Committees, who in turn staff the SIP process. In any event, the element of cascading training - i.e. of seniors providing training to juniors - seems especially significant under PACE.
- iv) The performance of a participatory appraisal of the existing educational situation, as a prelude to the SIP.
- v) The preparation of the School Improvement Plan (SIP) - that in practice (a) relates only marginally to the physical design of the school (b) has no significant influence over current or future funding or staffing decisions, and (c) tends to focus on the current behaviour of the various stakeholders (especially teachers, pupils, parents and members of the School Management Committee) and on obtaining commitments on future behavioural change (see below).
- vi) The 'election' or 're-election' of School Management Committees.¹²

From one perspective, PACE seems more effective than LIFH: because PACE activities are in practice tied to new school construction, there seems to be much more

¹¹ Most DEST members listed for the six PACE districts are not from the Ministry of Education. In the two districts where we met the DESTs, most members who attended were staff of the Ministry of Education. It may be relevant that DEST members receive some allowance for participating in the main DEST activity, the School Improvement Planning process. It is would be unusual for staff from other Ministries to maintain an (unremunerated) active long term interest in the affairs of the Ministry of Education.

¹² The extent to which Parent-Teacher Associations - that in one definition are 'watchdogs' over School Management Committees - are chosen at the same time, and/or actually exist as separate and active bodies, seems very variable.

genuine enthusiasm about, and participation in, the focal processes, i.e. the School Improvement Plan (SIP), and the participatory appraisal process that precedes it. Our concerns are rather about (a) sustainability of the commitments to behavioural change made in SIPs and (b) the contribution of the process to equity goals in particular.

More precisely:

i) The arguments made above about rural medical staff under LIFH broadly apply also to rural primary school teachers. They are scarce, and have very heavy burdens. On average, there are about 120 enrolled primary pupils per trained teacher in Malawi, and the situation in the more remote rural areas is worse. The number of trained primary teachers in public service continues to decline. The SIP process - allied as it is to new school construction - probably is quite successful in improving the morale and motivation of some teachers in the short term. But it is questionable whether this is sustainable, and how far it is possible to increase the extent of community authority over teacher behaviour when teachers are so scarce.

(ii) We were struck - and especially so in the remote district of Chikwawa, where it is especially difficult to retain public servants - by the extent to which the outcomes of the participatory appraisal and School Improvement Plan (SIP) processes were presented to us in terms of commitments made to change behaviour at the community/school level, rather than at higher levels of the public service. We were told many stories of (a) communities that agreed to provide more resources for their local school, including paying the salaries of volunteer teachers or night watchmen for school buildings; (b) teachers who agreed to reform their behaviour in various ways (attendance and punctuality, resort to corporal punishment, sexual exploitation of schoolgirls); and (c) parents and School Management Committees that decided to make more effort to ensure regular school attendance, enforce the wearing of school uniforms, hold cultural ceremonies only on non-school days etc. A realist might take the view that, given the severe constraints on the capacity of the Government of Malawi to provide even basic rural primary education, the willingness of local actors to contribute in these ways in response to the building of new schools is very welcome. We are not arguing that point here, but have two different concerns. The first is that there is a long tradition in rural Malawi of the provision of community support to local primary schools, by paying 'volunteer' teachers, constructing teachers'

houses etc. It seems likely that some of the local/community commitments attributed to PACE would have been forthcoming anyway in response to new school construction. The other concern is that, in practice, the core PACE processes - the School Improvement Plans (SIPs), and the participatory appraisals that precede them - have resulted in a high emphasis on the obligations and duties of the relatively powerless - villagers and their teachers - without any corresponding concern for the duties and obligations of more senior public servants, or the state generally. No participatory process is neutral: the outcome will always tend to reflect the interests and preferences of those who control the process. It seems that a set of training and participation processes presented as if they were a means of empowering ordinary villagers have been substantially 'captured' by the public servants who manage them. In other words, PACE might be an effective way of improving the quality of primary education, by inducing local actors to enter into a 'social contract'¹³ with one another around new school construction, but is not a rights project in any strong sense of the term.

(iii) In presentations of the PACE project, the term 'election' was generally used to describe the process of choosing School Management Committees. We came across one or two cases where something like genuine competitive elections seemed to have taken place. However, we know from some cases we examined and from a variety of other sources that the locally-powerful, including Village Chiefs and school principals, sometimes play a major role, either by shaping elections (e.g. by effectively limiting who can compete) or by simply selecting the members of the School Management Committees.¹⁴ Similarly, it is clear that, at least in some cases, involvement in the SIP process was not open, but limited to those participants selected by locally influential people.¹⁵ For these reasons, we also question the extent to which PACE genuinely has identified mechanisms that provide broad participation, and thus make access to education more equitable.

3.3 The LIFH-PACE model for implementing RBAs

¹³ The term 'social contract' has for some time been employed in Malawi to describe the kinds of agreement that emerge from the SIP process.

¹⁴ It was striking that, in the PACE villages we visited, the School Management Committees said that they had recently been re-elected or re-constituted. We are not sure how to interpret this.

While there are some differences between the ways in which the LIFH and PACE projects are being implemented, there are sufficiently strong similarities that we can talk of a single model. The similarities include: (a) limited term projects (3 years); (b) work with a single Ministry; (c) the basic package of intervention methods (see Table 1); (d) the employment of one or two CARE Coordinators per district; and (e) the substantial rooting of the projects in the CARE HQ in Lilongwe, where the aid donors' offices are located. There is also a strong similarity between the two projects in terms of their outputs and outcomes. Recall that the DFID Target Strategy Paper *Realising Human Rights for Poor People* talks of three major dimensions of RBA: (a) the *obligations* (of states and other duty-bearers directly to protect and realise human rights); (b) *participation* and (c) *inclusion* (or *equity*). LIFH and PACE have been more effective in promoting *participation* than in advancing either the *obligation* or *inclusion* agendas. It is easier to organise a series of participatory appraisals of the quality of public service delivery than to find ways of holding states to account or of ensuring that service delivery is more equitable in a situation of general scarcity.

How do we account for these outcomes? Perhaps the most important single factor is that, in practice, CARE field staff seem very dependent for project implementation on the public service cadres with whom they are working. Two aspects of this dependence are especially striking. One is the extent to which most of the training, that is supposed to be central to attitudinal and behavioural change, is delivered to more junior public servants by their immediate superiors in the bureaucratic hierarchy and to members of the public by the public servants on whom they immediately depend for services. The other, as explained above, is that the public servants concerned have a powerful implicit bargaining position because they are relatively scarce. It is not a problem that CARE seeks to work through the public service. The problem is that CARE attempts to do this in a situation in which it has inadequate bargaining power in relation to the public service, especially at more senior levels. It does not have a strong local field presence; its staff typically do not belong to the same professional networks as those government employees they seek to influence; and the financial commitments that underlie its activities are relatively short term. In these circumstances, it is difficult to bring about the attitudinal and behavioural

¹⁵ For example, in one village we were told that the school principal's wife selected women to turn up for the SIP.

changes to which the project aspires.¹⁶ A comparison with the SHSLP helps explain that conclusion.

3.4 The Shire Highlands Sustainable Livelihood Programme (SHSLP)

It is more difficult to characterise the activities within SHSLP than in LIFH or PACE, because they are more numerous and diverse. Many are experimental and conducted only on a small scale. In one recent Annual Report on the project, in addition to a set of institutional development activities labelled as, 'HIV/AIDS', 'Resource Allocation at Local Level', 'Rights Based Approach (Supply and Demand)' and 'Capacity Building', the following activities were listed under 'Markets' and 'Agriculture': *loans clubs, fish farming, business promotion, sustainable use of natural resources, vegetable production and marketing, soil fertility improvement, vetiver grass establishment, compost manure, agroforestry, improved planting materials, kitchen garden farming, small ruminants and guinea fowls, small scale irrigation, water sources protection and family planning*. For present purposes, the following are some of the more important characteristics of SHSLP:

- i) The implementing agency, Oxfam, has been working in Mulanje District for several years, mainly in agriculture/livelihoods, and has built up a good reputation for responsiveness and effective service delivery.
- ii) Oxfam had from the beginning pursued a 'partnership' approach to programme implementation. It focused on its role as funder and catalyst, and relied on other organisations, both in the public and the NGO sector, to implement activities in the field. In particular, it worked closely with the local staff of the Ministry of Agriculture, and helped build their capacity to implement a range of field activities. This is possible in part because field staff receive few resources and little effective direction from the ministry; Oxfam can provide both.
- iii) Oxfam employed sufficient professional staff that it could engage effectively with a range of local actors, and independently monitor progress in the field.¹⁷
- iv) The Oxfam management team in the district have been granted a high degree of autonomy by the national Oxfam HQ - that is located nearby in Blantyre, and not in the more remote Lilongwe.

¹⁶ This is probably related to the relatively high rate of turnover of CARE staff.

¹⁷ Oxfam now has 7 professional staff members to implement a programme that is still concentrated in Mulanje district, but has been expanded recently to two adjacent districts.

- v) The field programmes and modes of intervention have been flexible, and often conducted experimentally on a small scale.
- vi) The RBA components of the project to a large degree emerged as 'needs' during this earlier work. More important, they include some serious attempts to educate villagers in their rights in relation to the state (and to the owners of the large tea plantations that dominate the district), and to stimulate institutions that might help villagers independently to assert their rights. These institutions include Radio Listening Clubs, Village Rights Committees, and revived trades unions for plantation workers. Different NGOs are contracted by Oxfam to do rights training for public servants and villagers respectively.
- vii) OXFAM has addressed the 'explicit linkage to rights' or 'obligation' ingredient of the RBA approach more directly than CARE. The sub-contracting by OXFAM of the two human rights NGOs - Malawi CARER and WILSA - to provide human rights training to communities and service providers respectively is an essential element of the RBA component of the programme. It is also worth noting that CARER has co-opted Community Based Educators: a group of paralegal community volunteers who were initially trained as civic-educators and paralegals as part of a earlier USAID-funded programme. This, together with working with unions on the tea plantations and providing training to traditional justice structures in the community, including the establishment Village Rights Committees, amounts to a more comprehensive and direct approach to rights than is found in the CARE projects.¹⁸
- viii) In Mulanje district, Oxfam has recently begun to experiment with direct support for the gradual process of decentralising more public authority to the district level, by channelling some of its resources to the District Development Fund, to be allocated by the District Assembly.¹⁹

How do we explain the relative success of both the SHSLP in general, and the RBA component in particular? A favourable environment is almost certainly part of the story. The local climate is conducive to the kinds of agricultural diversification that is the focus of many Oxfam interventions. And the long history of plantation agriculture

¹⁸ Unfortunately, the proposed M and E system for the OXFAM programme does not extend to evaluating the contribution of these two sub-contracted NGOs.

¹⁹ We were told that one of the original motivations for DFID to support RBA projects was to help strengthen district level government in preparation for decentralisation. Since decentralisation has proceeded very slowly, it is hard to judge the effectiveness of the policy by this measure.

tends to facilitate the political mobilization of villagers. First, there is a history of trades unionism. Second, there is a sense of acute land scarcity that is directed against the plantation sector. Third, there is a relatively good rural transport network which, combined with a high population density, tends to facilitate political communication among villages. However, Oxfam appears to have found means of intervening in the local economy, administration and polity that capitalise on these advantages. The following factors appear to have been especially important:

- i) The gradual, experimental approach.
- ii) The establishment, prior to engaging in any overtly 'political' RBA activities, of a good reputation by working with other agencies and helping develop the skills of their staff, and by delivering tangible local services, including relief services during the drought.
- iii) The policy of combining Oxfam's personnel and organisational and financial resources with the under-resourced government staff already in post in the district.
- iv) The decision to sub-contract two independent agencies to undertake separately the rights training for local communities (Malawi CARER) and staff of government agencies (WILSA). This makes it at least possible to overcome the deep ambiguities implied in the 'cascading training' techniques used by CARE (see above).
- v) The fact that Oxfam has been able to retain the services of key programme staff for long periods of time - although this may be as much a result as a cause of its success.

Important rights elements are built into the SHSLP: the emphasis on the accountability of duty-bearers; and, perhaps more important, potential redress mechanisms, through work with traditional justice providers and tea plantation unions. This is highlighted by the interesting conflict between (a) Malawi CARER's proposal that Village Rights Committees take on an additional mediation and dispute resolution role at the village level and (b) OXFAM's on-going work on strengthening the capacity of traditional justice providers. OXFAM lays itself open to the criticism of trying to be all things to all people in its dual track approach of both working with traditional authorities and encouragement of new structures; village rights committees for example, who potentially threaten these existing structures. That this tension has arisen can be regarded as evidence of a rights based approach.

We do not know how effective this strategy will be in the long term. The RBA components of the programme - and especially the more contentious elements which involve attempts to hold the government and plantation owners to account - are still relatively small scale and scattered. They might generate more resistance from duty-bearers in the longer term. We can however conclude that it is possible in rural Malawi effectively to implement projects that have significant rights components.

4. Concluding comments: rights and service delivery

Different stakeholders have different expectation of the projects we examined. In particular, some viewed them principally as vehicles to extend the effective range of human rights in Malawi, and other saw them primarily as service delivery projects, in which the rights component was purely instrumental. There is nothing unusual or especially problematic about such ambiguity. And it would be unhelpful to respond by insisting that service delivery and rights projects be rigidly separated one from the other. There is a long history of debate on these issues. Discussions often become polarised around two issues in particular. The first is how far rights proponents located outside the state apparatus should work with or through government agencies, or maintain total autonomy. The other is how far linkages to service delivery might either make it more difficult to promote rights (e.g. because service delivery becomes diversionary, or encourages too much compromise with authority), or easier to do so (e.g. because the information, access or reputation obtained from service delivery activities provides a base from which to promote rights more effectively). All three of the projects we examined involve (a) NGOs working with government agencies and (b) a linkage to service delivery. There are however substantial differences in their relations with government agencies and in the way they link to service delivery, that in turn seemed to help explain differences in performance. There are no simple answers about the desirability of linkage to government and to service delivery; in Malawi as elsewhere, the effectiveness of different organisational strategies to promote rights is dependent on context. The most important single lesson relevant to Malawi might be that the effective implementation of the rights element of RBA-cum-service delivery projects is likely to depend on the existence of a balance of influence between the intermediate implementing agency (in this case, NGOs like CARE and Oxfam) and the grassroots public sector implementing agency. Where the

intermediate agency is heavily dependent on the public sector agency, the rights component is likely to be in danger.

In practice, if aid donors continue to support RBA in Malawi, it is likely to be pursued through service delivery projects. There is no reason to believe that this is the wrong approach. In the poorer rural areas in particular, it is not likely that there would be much interest in rights projects that did not offer tangible material benefits in the short term. The important point is not to allow the short-term service delivery agenda to dominate completely. Taking rights seriously within a service delivery context would imply paying serious attention to:

- a) Increasing the effective political demand for public services.
- b) Enhancing the accountability of the state and public service providers - by clarifying their obligations, establishing means of assessing and verifying performance, and creating mechanisms for sanction and redress.
- c) Widening public access to information about the obligations and performance of state agencies.
- d) Challenging, whether directly or indirectly, the power of the institutions and individuals which constitute obstacles to the fulfilment of human rights.

These are difficult, contested and sometimes dangerous activities, which are widely advocated in the development business but achieved much less frequently. They require: (a) a long term perspective and strategy; (b) careful experimentation and appraisal of lessons learned; and (c) some kind of base in an institution that is independent of the (state) organisations against which citizens' rights are being asserted.

Table 1: A Schematic Presentation of the Main Modes of Intervention Used by Implementing Agencies in the Three RBA Projects*			
<i>Types of intervention:</i>	<i>LIFH</i>	<i>PACE</i>	<i>SHSLP</i>
1. Coordination-facilitation-catalyst activities	Y	Y	Y
2. Funding of development or service delivery activities as a base for RBA activities			Y
3. Specific software interventions:			

3.1 Rights/duties training for public servants	Y	Y	Y
3.2 Rights/duties training for the public	Y	Y	Y
3.3 Participatory service/situational appraisal and planning	Y	Y	Y
3.4 Specific forums for interaction between public servants (only)**	Y	Y	Y
3.5 Specific forums for interaction between public servants and the public**	Y		Y
3.6 User committees focused on specific public services	Y	Y	
3.7 User committees focused on production activities			Y
3.8 Rights Committees (at village level)			Y
3.9 Justice & conflict resolution activities			Y
3.10 Adult literacy			Y
3.11 Radio listening clubs***			Y
3.12 Training local communities in accessing additional grant funds	Y	Y	Y
<p>* - This list is incomplete, and is intended only for orientation purposes. ** - Forums created specifically for project purposes, i.e. the District Education Support Team (PACE); and the Interface Meetings (LIFH). *** - Villages Clubs linked to Radio Malawi in ways that enable them to broadcast problems in public service delivery and more general social issues.</p>			