

THE
HUNGER
PROJECT

Epicenters in Africa: Community-led Action for Food Security and Integrated Rural Development

The Hunger Project
November 2009



Foreword

The Hunger Project (THP) is a global, non-profit, strategic organization committed to the sustainable end of world hunger. Our mission is to end hunger and poverty by empowering people to lead lives of self-reliance, meet their own basic needs and build better futures for their children.

This document provides an overview of THP's **Epicenter Strategy**, an integrated approach for achieving the Millennium Development Goals (MDGs) in Africa. The strategy was created in Africa by Africans and, for almost 20 years, has developed to become effective, affordable and replicable across eight countries of West, East and Southern Africa (Benin, Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Senegal and Uganda).

The Epicenter Strategy unites 10,000 to 15,000 people in a cluster of rural villages to create what we call an **epicenter: a dynamic center where communities are mobilized for action to meet basic needs**. The epicenter is a focal point where the energies and leadership of the people converge with the resources of local government and other non-governmental organizations (NGOs) to achieve the MDGs. THP has mobilized approximately **2,200 villages** to create more than **100 epicenters**, reaching more than **two million people** across Africa.

Before the Epicenter Strategy, people live in dependency and resignation, and with little hope for a better future. Women are the poorest, work the hardest and have no voice in the decisions that affect their lives. People live in isolated villages, often divided by rivalries, and have little or no effective link to government resources such as health care. They are also poorly nourished, eating one meal per day and suffering seasonal hunger. The majority of children, especially girls, are not in school.

After the strategy takes hold, people are successful agents of their own development. They are motivated, confident and self-reliant and improve their lives and their communities every day. Women have equal leadership with men, are key economic players in the community and are literate. People work together as one large community with strong ties to local government. They are well nourished, have access to health care and clean water and successfully manage their own food security. Both girls and boys attend both pre- and primary schools near their homes, and adults receive basic adult literacy training.

After about five years of progressing through the Epicenter Strategy, an epicenter community reaches self-reliance, meaning it is able to fund its own activities and no longer requires financial investment from THP, since the newly formed Rural Bank is able to provide sustainable access to savings and credit facilities¹.

The Epicenter Strategy has attracted support from such institutions as the Ford Foundation for our work in Uganda and from the Alliance for a Green Revolution in Africa via Burkina Faso's National Institute of Environmental and Agricultural Research. THP aims to expand the Epicenter Strategy through such partnerships with other governmental and private agencies.

We invite you to join us in implementing this effective, replicable strategy that empowers the women and men of rural Africa to build lives of self-reliance and dignity.

¹ Minor financial and programmatic support may still be provided in the first years after an epicenter declares self-reliance.

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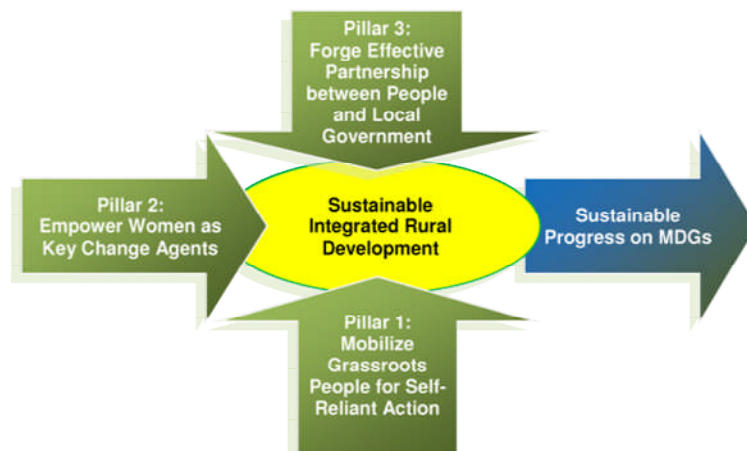
Three Pillars for Sustainable Development

Over the past 20 years, THP has systematically pioneered methodologies to empower people in Africa, South Asia and Latin America to be the agents of their own development and successfully meet and manage their basic needs. What we have learned is that progress is only truly sustainable when programs rest on **three pillars**, each requiring their own set of activities and each interconnected with the other to create an essential path to sustainable development:

1. **Mobilizing people for self-reliant action:** When people overcome their sense of despair and hopelessness, and reclaim their dignity and confidence, they can achieve lasting progress in improving their lives.

2. **Empowering women as key change agents:** Women carry out the bulk of the work needed to meet basic needs. When they step into leadership roles, they shift their community's priorities toward issues of sanitation, nutrition, health and education.

3. **Forging effective partnerships with local government:** Such partnerships work in both directions: (a) resources – like farm extension agents, teachers, health workers and basic medicines – are made available to the community; and (b) the community begins to have voice in local decision-making.



These three pillars come together in a proven and systematic methodology based upon true empowerment with patience and cultural sensitivity. This culminates in sustainable, integrated development and contributes to the achievement of the MDGs.

Our programs are active in more than **20,000 villages** across **11 countries** in Africa, South Asia and Latin America. We have trained more than **315,000 volunteer leaders**, who now have the skills, methods and training to envisage a future without hunger, commit to working toward its achievement and confidently lead their communities to take action in areas such as health, education, food security, family income and access to local government services.

We also mobilize leadership at all levels of society – in government, civil society and the media – to stand in solidarity with people living in conditions of hunger and poverty, clear obstacles and link them to resources that are rightfully theirs.

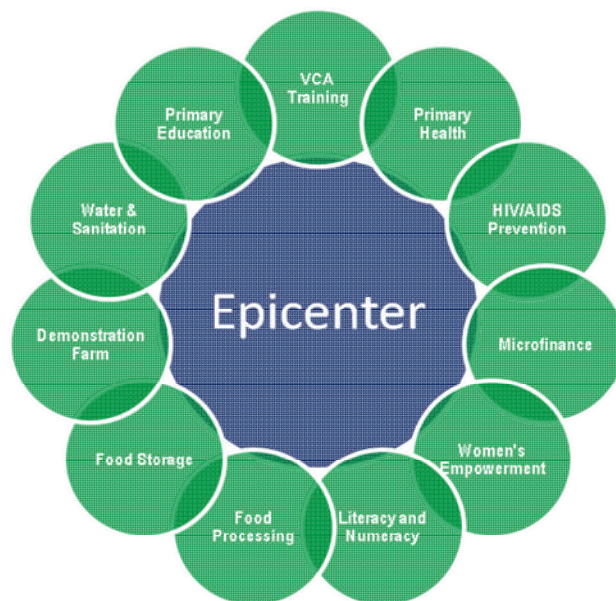
Overview of the Epicenter Strategy

In Africa, THP's methodology is implemented through epicenters, clusters of rural villages where women and men are mobilized to create and run their own programs to meet basic needs. Through the Epicenter Strategy, THP builds the capacity of rural women and men so they can successfully achieve lives of self-reliance and dignity.

Over an approximately five-year period, an epicenter becomes self-reliant, meaning it is able to fund its own activities and no longer requires financial investment from THP. More than 100 epicenter communities are mobilized in eight countries in Africa. Nineteen of those epicenters are now self-reliant.



The Epicenter Strategy is integrated and holistic. The centerpiece of the strategy is an L-shaped epicenter building where communities manage their own activities. The strategy achieves synergy among programs in health (including HIV/AIDS prevention), nutrition, education, adult literacy, empowerment of women, improved farming and food storage methods, microfinance, income generation, and water and sanitation. The strategy builds community spirit through a momentum of accomplishment involving the entire population.



The Epicenter Strategy is sustainable. The primary resources are the local people themselves and more effective use of local government services. Income generation is built into the strategy from the start. Moreover, an emphasis is placed on protecting the environment. People at our epicenters learn composting and small-scale, environmentally sound irrigation and fertilization techniques, as well as strategies for soil conservation, reforestation and water management.

Government officials are involved at every stage of the Epicenter Strategy. The first step is for THP to meet with government representatives to apprise them of our approach and gain their support. After the villagers build the epicenter multifunctional community facility and nurses' quarters, the local government provides teachers, nurses, and supplies for the pre-school, adult literacy classes and health clinic.

A key component of the Epicenter Strategy is our Microfinance Program. The goal of the Microfinance Program in each epicenter is to gain government recognition for the microcredit facility to operate as a licensed Rural Bank, owned by community members and managed entirely by women. The recognition of the bank is a milestone event that signals the transition of the community into self-reliance as the Rural Bank provides the epicenter community with sustainable access to savings and credit facilities. To date, 19 epicenters in seven countries have gained government recognition and function as Rural Banks. More information about how the Microfinance Program works is provided in a later section.

Comprehensive Approach to Food Security

The Hunger Project's integrated approach to ending hunger and poverty empowers communities to ensure their own food security. Since the early 1990s, THP has been promoting a holistic approach to food security by empowering communities to increase their access to nutritious foods through improved agriculture production, storage and marketing mechanisms, reliable safety nets, and income generating activities. With this integrated approach, communities are moving from subsistence to market-based agriculture while increasing their access to healthy nutritious foods.

The core of the Epicenter Strategy's approach to food security stems from **community-led development**. Women and men work together to create a broad vision for the end of hunger in their villages. Various subcommittees are elected to guide community projects and policies. Most communities will form a Food Security Committee as well as a Food Processing Committee. Together these groups deal more directly with issues surrounding the design, implementation and management of food banks, agriculture cooperatives, extension training, demonstration gardens, and food processing equipment. All epicenter committees work in tandem with one another to ensure the community has better access to healthy food, water, sanitation, education, healthcare and income generating activities. Although the specific methodologies may vary in different regions, THP's overall approach to food security includes seven overlapping objectives: improved agriculture production, food storage, access to markets, value-added food processing, nutrition programs, safety-net programs, and a crisis management system.



THP takes a gender mainstreaming approach to food security by focusing on the empowerment of women food producers. Women in Africa are responsible for 90 percent of the work of processing food crops and providing household water and wood, and 80 percent of the work of food storage and transport from farm to village². **THP recognizes the gender dynamics of agriculture and food production by empowering women as key change agents.** Women take leadership roles in the community and increase gender equality through income generating activities, literacy classes, and Microfinance Programs. Women are able to increase their economic and decision-making power at the household and community level which has a direct impact on the nutrition, health and education of their families. As Africa's primary producers of food it is essential that women have equal partnership with men to ensure the sustainable development and food security of their communities.

The seven overlapping objectives of THPs approach to food security are listed in the cart below with a variety of corresponding tasks and activities carried out by our partners in epicenters across Africa. These objectives and activities will vary depending on the felt needs and development priorities of the epicenter communities and decisions made by the Epicenter Committee.

Objectives	Activities
Improved Agricultural Production	Technical extension, improved irrigation systems, farmer's cooperatives, microfinance programs, seed banks, participatory learning on demonstration farms, access to additional inputs (ie. fertilizers, pesticides, machinery)
Food Storage	Food banks, price stabilizing mechanisms, food preservation
Access to Markets	Microfinance programs, farmers cooperatives, coordination with local government for improved roads
Value-Added Food Processing	Microfinance programs, machinery, technical training, income generating activities
Nutrition Programs	Pre-school feeding programs, health and nutrition trainings offered at on-site health clinics, micro-nutrient supplementation
Safety-Net Programs	Microfinance programs, pre-school feeding programs, rural banks, insurance plans
Crisis Management System	Food reserves at food bank for emergency needs, rural banks

² World Bank. 2005. *Gender and 'Shared Growth' in Sub-Saharan Africa*. Washington D.C.: World Bank.

Through **decentralization strategies**, epicenter communities are able to facilitate cooperation and support from the local government. Local officials are involved at every phase of the Epicenter Strategy and contribute to the community development process by providing funding and technical support for a variety of services. In many cases government will provide agriculture extension workers to facilitate capacity building workshops, nurses who work at the epicenter clinics and give nutrition workshops, and supplies for safety net programs such as the pre-school feeding programs (which provide one meal a day to children 5 years of age and younger).

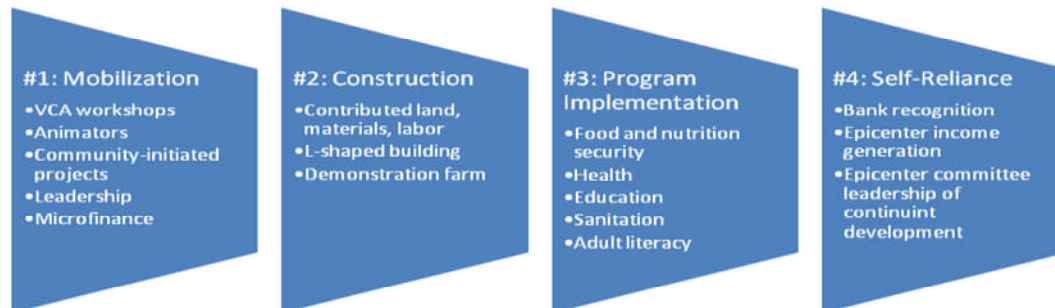
With increased access to training, resources, inputs and credit - rural women and men farmers are improving and diversifying their local food systems. Through demonstration farms communities are expanding their technical knowledge about soils management, pest and disease management, and irrigation systems. The demonstration farms are also a great way for the community to test seeds and determine which crops have a higher yield given the local environmental conditions. Additionally, many epicenters have also incorporated animal husbandry programs that provide extension training and veterinary services. Through the microfinance program and other income generating activities community members are raising animals, bees and fish to diversify their diets and increase household income.

Along with improved agricultural production and value-added food processing, epicenter communities are focusing on strengthening safety nets and market access. Epicenter food banks provide a community safety-net by storing food for emergencies as well as a price stabilization mechanism. Farmers are given the opportunity to deposit a portion of their grain harvests at the food bank and store them until market prices are more favorable. Given the implications of global warming and market instabilities revealed through the global economic crisis, epicenter communities are poised to sustain shocks to their local food system through the establishment of well stocked food banks and other critical safety net programs.

THP recognizes each community's right to determine their own development. This includes the right to mold a community-led food security strategy. This framework is a snapshot of the approaches that many epicenter communities have chosen to take. Each community will make progress towards ending their own hunger and poverty by learning from best-practices, empowering women as active participants, and involving local governments as key stakeholders to design and implement their specific epicenter strategies.

How the Epicenter Strategy Works

The Four Phases of the Epicenter Strategy



An epicenter consists of the total population of villages located within a radius of 10 km from the central village chosen to host the epicenter building. In order to serve the communities most in need, THP targets rural areas in each country that are far away from large towns and cities and from areas in which other NGOs are already operating. These remote areas may be 15 km or more from basic health services, schools and markets, making the populations highly vulnerable to hunger and endemic poverty.

The village that is selected to host the epicenter building is based on the interest expressed by the villagers themselves. Potential epicenter sites are selected based on their relative central location to neighboring villages.

The Epicenter Strategy is a **demand-driven social development process**. Communities show varying degrees of readiness and move through the process at different speeds. Yet in every case, there are four broad stages through which communities progress:

1. **Mobilization:** People in a cluster of villages are awakened to a spirit of self-reliance, create a vision of a future free from hunger, and gain confidence through successful action projects. The villagers commit to provide the necessary land and resources and work together as an epicenter community (approximately one year).
2. **Construction:** The community provides the land, labor and materials to construct their epicenter building, nurses' quarters and sanitary latrines (approximately one year).
3. **Program Implementation:** The community establishes and successfully operates a range of basic services (including microfinance) and generates epicenter income (three years).
4. **Self-reliance:** Following official recognition of the microfinance operation as a government-licensed Rural Bank, the community is then able to finance and manage its own basic services, based on their own financial resources and decision-making abilities. The community initiates and completes further development projects to continue on an upward path of economic and social progress.

Phase 1: Mobilization

The first step that THP takes to mobilize the population for the Epicenter Strategy is to embark on a process that emphasizes the critical importance of leadership, creates clear vision of the future, and generates commitment and action at the individual and community level to achieve the eradication of hunger and poverty on a sustainable basis.

This process is implemented through an intensive workshop called the Vision, Commitment and Action Workshop (VCAW). The VCAW combines leadership training, which enables a community to create its own vision for the future, with a public commitment to achieve it and the identification of a set of actions necessary to achieve the vision. Each participant is asked to develop a specific action plan for a project that she or he will achieve independently in the next three months, namely using her or his initiative, skills and family resources.

The first VCAW is attended by all members of the community as well as local government officials. At this general assembly, ten to 12 members of an Epicenter Committee – six men and six women – are elected by the community for one two-year term to oversee the regular operations of the epicenter after it is constructed. The community also elects members to sub-committees on important sectors and issues. These committees are:

- The Finance Committee (to collect income and monitor the finances of the epicenter);
- The Water and Sanitation Committee;
- The Education Committee (for the nursery school and functional adult literacy classes);
- The Food Security Committee;
- The Food Processing Committee; and
- The Health Committee.

Outline of Activities in Phase 1

Activity	Outcomes with the people
<p>Initial meetings are held with local government/district assembly to apprise them of THP’s approach and seek their support in mobilization.</p>	<p>First step in establishing the relationship and creating a glimpse of a new future.</p>
<p>VCAWs at the district level are held for local government officers and invited representatives from villages.</p> <p>One man and woman from each village are invited to stay on for a second day of training.</p>	<p>People are awakened to a new future of self-reliant development. Leaders emerge.</p> <p>Participants go back, talk with their villages – some are enthusiastic enough that they request VCAWs in their community.</p>

Activity	Outcomes with the people
<p>VCAWs are held at the community level, with several hundred residents. These are often held five or six times, to involve more people and promote a spirit of self-reliance.</p> <p>The VCAW emphasizes the importance of changing mindsets, literacy and the formation of local committees.</p>	<p>Change the mindset from resignation to “we can end hunger in our villages!”</p> <p>People create a broad vision for the end of hunger in their villages, and begin taking action to improve their lives.</p>
<p>Volunteer leaders called “animators,” who become the sparkplugs for self-reliant action, are trained.</p>	<p>Animators discover their ability to inspire others to set priorities and take action.</p>
<p>The Epicenter Committee is elected by villagers at a community-wide general assembly: one man and one woman are chosen to represent each group of two to three villages.</p>	<p>Villagers express their trust in individuals they respect and their willingness to work together as a community. Village rivalries are overcome.</p>
<p>Subcommittees are established for health, education and each epicenter function. One Epicenter Committee member chairs each subcommittee and enlists others to join.</p>	<p>The community begins to take the first steps in managing its own affairs.</p>
<p>Community-initiated projects are implemented as homework to the VCAW, such as rebuilding schools and establishing income-generating activities, all based on people’s own resources.</p>	<p>People gain confidence when they succeed at their first self-reliant projects.</p> <p>At this point, people’s main motivation comes from the encouragement of the VCAW leader.</p>
<p>Special Microfinance VCAWs for women and men are held, and women begin to form loan groups and select their leadership.</p>	<p>Women begin to mobilize, learn about the Microfinance Program, and contemplate increasing their economic power.</p>
<p>Relationships with local government are forged. Local officials begin hearing about concrete results of the animator-initiated projects.</p>	<p>Government officials become more willing to interact with the community.</p>
<p>Functional literacy classes are held for women at the village level.</p>	<p>Women gain new access to information and economic participation.</p>
<p>Women’s groups select members of a Microfinance Program loan committee to review and approve loan requests.</p>	<p>Women begin taking charge of their economic future.</p>

Phase 2: Construction

The community constructs the epicenter building, a multifunctional center, in partnership with THP. The community contributes 20 percent or more of the total costs of construction, including contributions of cash, land, materials and labor. The average cost to build an epicenter varies from country to country.



It is the responsibility of the Epicenter Committee, and the community as a whole, to provide the land as an in-kind donation from the village chief or local government, depending on the authority responsible for allocating land. The land required for the epicenter is at least five acres, which is to be used to build the facility and provide land for a demonstration farm to produce food to be stored in the food bank.

To accommodate all of the activities that are fundamental to ensure the sustainable end of hunger, epicenters are built with seven rooms:

- (1) Food bank;
- (2) Schoolroom;
- (3) Library;
- (4) Microfinance room (eventually the Rural Bank);
- (5) Meeting hall (which is also used as a training center);
- (6) Epicenter offices; and
- (7) Health clinic (including a delivery room, consultation rooms, pharmacy and toilets).

Best practice has evolved to have the food bank constructed as a separate building. Separate nurses' quarters and sanitary latrines are also built by the community.

The constructed epicenter facility is a symbol of the partnership between THP and the community, as well as a center of learning and activities to achieve self-reliance.

Outline of Activities in Phase 2

Activity	Outcomes with the people
The Epicenter Committee negotiates with government or traditional leaders to have them donate at least five acres of land – two for the building and three for the community farm.	Traditional leaders become enthusiastic supporters of the Epicenter Strategy at this stage.
The local government certifies a survey of the land and the chief transfers clear title to THP.	Having THP hold clear title is a critical step to ensure the community has the right to use the property.
THP staff begins training subcommittees in their functions.	Subcommittee members gain confidence and express greater leadership.

Activity	Outcomes with the people
If, at any point, the process gets bogged down, THP staff arrange a community-to-community exchange , where a new Epicenter Committee can learn from one that has already succeeded.	If needed, this step can further resolve rivalries and build greater enthusiasm and spirit of self-reliance.
THP hires a contractor , who will supervise construction of the epicenter building.	The contractor trains local people in new construction skills.
The Epicenter Committee mobilizes voluntary labor to clear the land and begin laying the foundation.	The Epicenter Committee begins leading the community. The people begin to learn to work together across village lines.
The contractor trains people to make bricks .	After the epicenter is built, this becomes the basis for a future income-generating activity in homebuilding.
People build the epicenter facility , which houses a pre-school, training center, food bank, library, health clinic and other facilities as needed.	The building becomes a symbol of partnership, self-reliance and the unity of the community.
People build nurses' quarters adjacent to the L-shaped building.	The community has a trained nurse, provided by the government, who lives and works in the community.
People build epicenter latrines for both males and females, for safe sanitation.	The culture of using latrines is new and starts to take hold.
The Epicenter Committee enlists the support of extension workers to introduce the best crops and start using the demonstration farm .	Remote rural people, particularly women, begin learning techniques that will greatly increase their incomes.
The Epicenter Committee negotiates with government to provide support for activities such as constructing an access road or drilling of bore holes.	Officials begin to see the credibility of the people's work and begin asking "what can I do?" The Epicenter Committee gains negotiating strength.
The Microfinance Program loan committee begins providing loans to women's groups.	Women begin to grow more food, earn more money and, as a condition of receiving a loan, keep their daughters in school.
A separate epicenter credit fund also begins providing loans to men.	Men now have access to microcredit and learn to repay loans.
Coordinating with the health committee, THP begins delivering HIV/AIDS and Gender Inequality Workshops .	People understand the importance of gender equality.
The Epicenter Committee establishes all the key commitments from local government to provide teachers, nurses, books, pharmaceuticals and farm extension agents.	People have a level of confidence where they can negotiate directly with local government. Local government feels a real stake in the success of the epicenter.
The epicenter building is inaugurated at a big public assembly with senior government leaders present.	People celebrate their accomplishment, and acknowledge local government for their partnership.

Phase 3: Program Implementation

In Phase 3, the full set of epicenter programs go into operation and the epicenter solidifies its partnership with local government.

Outline of Activities in Phase 3

Activity	Outcomes with the people
<p>The Epicenter Committee takes full responsibility, with advice and support from THP staff as needed, to manage all the activities listed below.</p>	<p>Committee members gain mastery in the action, and the people gain confidence in their leadership.</p>
<p>Operate the health clinic, which provides health records for children, immunizations, basic pharmaceuticals, classes and pre- and post-natal care for mothers. Continue workshops that address HIV/AIDS and Gender Inequality.</p>	<p>Maternal mortality and child mortality drop significantly.</p>
<p>Train traditional birth attendants for each village.</p>	<p>For the first time, reproductive health care is available at people's doorsteps.</p>
<p>Operate the pre-school, including provision of one home-grown nutritious meal per day.</p>	<p>Children are educated; mothers have more time for their education and income-generating activities.</p>
<p>Produce food on the demonstration farm to be stored in the food bank.</p>	<p>Farmers have more economic power; they don't sell their crop when prices are low. The community is also protected against famine.</p>
<p>Provide and maintain food processing equipment.</p>	<p>Women's drudgery is reduced.</p>
<p>Generate income for the epicenter through sales of food from the food bank, fees for food processing machinery use and rental of the meeting hall.</p>	<p>People discover that they <i>do</i> have resources – savings – that they can mobilize for developing additional income-generating opportunities.</p>
<p>Provide training in composting and introduce improved seeds and efficient agricultural methods at the demonstration farm.</p>	<p>People increase food production and make the transition from subsistence farmers to farming for the market.</p>
<p>Provide training in income-generating activities such as food processing, tailoring and tie-dying.</p>	<p>Family incomes increase.</p>
<p>The Microfinance Program successfully distributes and recovers loans, keeps records and mobilizes savings.</p>	<p>By running the operation, women gain a strong voice in the community.</p>
<p>The microfinance operation gains official government certification to operate as a Rural Bank (following three+ years of good operations, training, and passing exams). It now has greater access to capital and other financial services.</p>	<p>The epicenter now has the financial means for economic self-reliance.</p>
<p>Women are elected to local office.</p>	<p>Women's confidence increases and they are respected throughout the local society.</p>

Phase 4: Self-reliance

By “self-reliance” we mean that the people of the epicenter community have eliminated the worst aspects of hunger and poverty. They are confident and have the capacity and skills to rely on their own resources, leadership and capabilities to achieve further economic and social progress. In rural Africa, the shift from dependency and resignation to self-reliance is a profound transformation.

In our definition, a community is self-reliant³ when:

The Rural Bank has gained official government recognition to operate as its own independent, community-owned and women-led financial institution. The Rural Bank provides the community with sustainable access to savings and credit facilities.

Women are co-equal partners with men in the life of the community. In the past women were excluded from decision-making and now, with men, they make decisions on issues that affect their lives.

Villagers are no longer waiting, as they did for many years, for government to provide them with services. They select leaders who create and nurture relationships with local government. These leaders have the confidence, knowledge and initiative to work with the government to obtain the resources that are rightfully theirs – resources like teachers, nurses, and pharmaceuticals. In addition to working with government, they work with other NGOs to obtain further training and resources.

People are no longer resigned, without hope for a better future. People see themselves as agents of their own development and have a vision and plan for a better future. For example, farmers who once grew only subsistence crops and were living a hand-to-mouth existence now grow food for market. They can ensure their food security thanks to the availability of food banks in the epicenters.

In the process of achieving self-reliance, villagers have **dramatically improved** their social and economic conditions on a sustainable basis. These are outlined in detail below.

³ Minor financial and programmatic support may still be provided in the first years after an epicenter declares self-reliance.

Before and After

Before launching the Epicenter Strategy	After the epicenter reaches self-reliance
People lived in dependency, resignation, with almost no hope for a better future.	People are successful agents of their own development: motivated, confident, self-reliant and improving life every day.
People were living in isolated small villages, divided by rivalries.	People work together as a community in a village cluster that is large enough to be a viable economic unit. Leadership is established.
Women were the poorest, worked the hardest, and had no voice in society.	Women have equal leadership with men and are the key economic players in society. Many women begin to run for local office and are elected.
There was no opportunity for women to become literate.	All women participating in the credit program must enroll in literacy and numeracy courses.
Government programs rarely reached the people, since it was too expensive to reach villages operating in isolation.	The community has the confidence and strength-in-numbers to successfully demand services, such as roads and electricity. It is more affordable for government to make its resources available through the epicenter.
NGO programs often reached small numbers of people, in only one or two sectors, and often generated dependency.	Other NGOs can now become a resource to the people within a fully integrated development strategy that is controlled by the people.
People were poorly nourished, eating one meal per day and suffering seasonal hunger.	People are adequately and well nourished, and ensure their own food security through the community food bank.
Farmers raised a staple subsistence crop.	Farming is diversified, productivity improved, and products are successfully marketed. People are growing vegetables, raising poultry and livestock and harvesting fish.
The majority of children were not in school, particularly girls.	Girls and boys attend both pre- and primary schools near their homes. There is a library filled with books.
People had no health care. Infant and maternal mortality were tragically high.	People have reliable health care. Mothers and babies survive childbirth and infancy.
People's health and nutrition was often endangered by taboos and harmful traditional practices.	Elders are now involved as stakeholders and begin examining and transforming harmful traditional practices.
Fueled by gender inequality, HIV/AIDS was out of control.	Both women and men are halting dangerous practices that spread HIV/AIDS by working together.
The money people have was not saved.	Through the bank, savings are mobilized as investment capital for individual and community enterprises.
Men often migrated to the cities to find cash employment.	There is a vibrant rural economy. Men begin returning to the community.

Microfinance Program

Our Microfinance Program is a training, savings and credit program that addresses a critical missing link for the end of hunger in Africa: the economic empowerment of the most important but least supported food producers on the continent – Africa's women.



By providing women food farmers ready access to credit, adequate training and instilling in them the importance of saving, THP enables women to engage in income-generating activities to increase their incomes and invest in their businesses, pay their children's school fees, construct pit latrines, pay for health care and medicines, and make home improvements or build new homes. Furthermore, through participation in the program, women leaders develop self-confidence and assertiveness, gaining elevated status in their households and communities. They are creating a new future where women and men are equal partners in the development of their families and their community.

To demonstrate THP's commitment to all members of the community, THP also offers men the opportunity to participate in the Microfinance Program, following the same principles and procedures. However, because the focus of the program is on rural women, THP allocates close to 90 percent of all loan funds to women.

THP's Microfinance Program was originally implemented as an independent program in 1999 (under the title, the African Woman Food Farmer Initiative). In 2003, the program was incorporated into THP's Epicenter Strategy.

Implementation

The Microfinance Program is implemented through two phases: (1) Direct Credit (approximately four to five years); and (2) Rural Bank. The ultimate objective of the Microfinance Program in each epicenter is to have the facility gain government recognition to operate as a licensed Rural Bank, owned entirely by community members and managed by a 100-percent female board. The Rural Bank then provides the entire epicenter community with sustainable access to savings and credit facilities.

The program has the following components:

1. **Training Component:** Trainings build the capacity of rural partners to increase and manage income. Anyone interested in participating in the Microfinance Program must first attend THP's VCAW to learn about THP's principles and methodology. They must attend the required training sessions before receiving credit (group dynamics, project identification, basic business management, credit management and functional literacy classes). Either before accessing their loan or during repayment, partners must also participate in health trainings, on topics such as nutrition, hygiene, HIV/AIDS prevention and family planning.
2. **Savings Component:** Partners are required to save in order to participate in the program. This sensitizes them to the importance and benefits of savings and instills a savings' culture in the community. When partners save, they mitigate risk and create a more secure future. A minimum savings deposit of 10 percent of the applied loan principal is required as savings prior to accessing credit.

- Credit Component:** Credit provides partners with the capital to realize their business aspirations and generate income. Loans are only disbursed to solidarity groups of 5-15 people, relying on the concept of group solidarity to mitigate risk. Group meetings become forums where members can voice and address common concerns and make decisions toward collective action on issues from education to clean water. All credit obligations elsewhere must be repaid before applying for a loan with THP. Another precondition is that all partners must enroll their children, girls as well as boys, in school.

The community, in collaboration with the local THP team, determines the country-specific annual rate of interest for loans. The annual interest rate, which ranges between 10 and 36 percent, is always well below commercial rates. While partners may take out increasingly higher loans after repaying their initial loan, the program prioritizes small loan applications from the poorest, rather than larger loan requests. Loan terms are for one year or less. All loans must be used for income-generating activities, such as farming, food processing, animal husbandry, handicrafts and small business and trade ventures.

Initially, THP allocates a Revolving Loan Fund (RLF) to the epicenter (about US \$20,000). The epicenter community elects its own leaders to serve on the loan committee and manage the RLF, which is disbursed into the community, repaid by members and disbursed again. In this process, the funds accumulate interest and grow. There is one Epicenter Loan Committee that manages the women's portion of the Microfinance Program and another that manages the men's portion. There are also village-level loan committees that interact with the various solidarity groups.

Once the Direct Credit phase has entered its fourth year and the microfinance operation in an epicenter community meets a certain set of government-based criteria for recognition, the operation can apply to become a savings and credit cooperative (a Rural Bank). Although all members of the epicenter community may deposit savings and access credit from the Rural Bank, only women participants in the Microfinance Program may stand for election to leadership positions on the bank board.



After the Rural Bank is government-recognized, it is authorized to lend its members' savings to other members, which is in contrast to the Direct Credit Phase where the RLF is held separately from members' savings. The Rural Bank then plays a critical role in using the communities' wealth to create more wealth. The RLF is gifted by THP to the Rural Bank. THP pays the salary of the bank manager for the first two years to ensure full compliance and helps prepare reports for the appropriate government office. After two years, the Rural Bank becomes operationally self-sufficient and no longer receives financial assistance from THP.

Since the Microfinance Program's inception in 1999, THP has disbursed loans, during the Direct Credit Phase, to about **75,000 partners** in Benin, Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Senegal and Uganda. **Nineteen Rural Banks** have graduated to operate as their own independent, community-owned and women-led rural financial institutions. In total, nearly **US\$7.9 million** has been disbursed in our epicenter communities, 42 percent of which has been distributed by the Rural Banks.

Role of Animators in the Epicenter Strategy

Throughout the phases of the Epicenter Strategy, THP conducts VCAWs for the population on a monthly basis, and recruits the most committed and motivated people – women and men – to become volunteer leaders, called “animators.” Using advanced VCAWs, THP intensively trains committee members and animators to undertake strategic planning with the local population in order to identify the priority activities on the basis of the original vision created at the first mass VCAW.



These animators identify and prioritize the problems the villages face, determine possible solutions, and then plan and implement the solutions by themselves. Committee members and animators are required to attend literacy, numeracy and management courses to build their capacity and improve their skills. THP country offices support the committee members and animators in carrying out their projects in the villages, providing expertise and funds as needed.

The animators have multiple roles beyond those of the committee members:

- They are responsible for informing residents of the surrounding villages of the epicenter’s activities;
- They lead the VCAW for other villagers;
- They facilitate the ongoing local campaign to mobilize the population; and
- They provide the necessary support to the population in increased food production, improved farming methods, partnerships between men and women, adult literacy, household hygiene, safe birthing practices and other activities in the villages.

Each quarter, all animators from an epicenter meet for additional training and follow-up activities. They review the impact of their work in empowering villagers to be self-reliant. Once per year, there is a general meeting of all animators in a country for two full days to share the results of their work.

These frequent meetings create a strong network of committed people from the villages, through which they can learn from each other and share their successes and challenges. In this way, the community develops a knowledge-base of “best practices” that is generated from the expertise and experience of people working at the grassroots level, with the support of THP country office staff.

This knowledge is presented to the local government officials on a regular basis in order to encourage government adoption of appropriate development policies and the necessary reallocation of government resources in the interest of the rural communities in the country.

Epicenters expand their impact by gradually reaching out to villages located at increasing distances from the epicenter, until it is no longer feasible to reach any further. The strategy of training animators enables the epicenters to reach villages whose residents cannot conveniently travel to the epicenters on a regular basis. Animators conduct training at locations convenient to the communities and act as liaisons with the Epicenter Committees and THP country staff.

Profiles of Leaders in Their Communities



Comfort Kissiwaa, a 49 year-old native of Nsuta, with five children, speaks of her involvement with the Nsuta-Aweregya Epicenter in the Eastern Region of Ghana as a life-changing experience. Before, Comfort used to work as a kindergarten teacher and engage in some farming as a supplemental source of income.

Comfort began participating with THP in 2000 when she joined THP-Ghana's Women Empowerment Project (WEP) after attending a VCAW. She began to gain prominence in her community as a result of her training, and soon took on the responsibility of educating her peers on their civic, legal and health rights.

Following her participation in several workshops organized by the Microfinance Program, Comfort also received five consecutive loans to expand her farming activities. This allowed her to increase her average annual revenue from GHC 140 (US\$110) to GHC 1,000 (US\$787), bringing significant improvements to the quality of life of her family.

But the change in Comfort's life is perhaps best measured by the confidence she gained and the respect she earned from her community. Comfort has been serving as the Secretary of the Epicenter Executive Committee. In 2004, she was appointed Manager of the Epicenter Community Bank following a competitive application process.

Today, Comfort plays a key leadership role and has become a role model for many in her community, especially young girls, whose enrollment in school has increased noticeably. She is regularly solicited to resolve personal disputes and often acts as an intermediary to state agencies such as the Department of Social Welfare and the Commission on Human Rights and Administrative Justice (CHRAJ).

Caetano Malhaule is the President of Chokwe Epicenter. He is 35 years old, married and the father of five children. For 10 years, he worked in South Africa and later decided to come back to Mozambique.

Noticed for his dedication to community work, in 2008, Caetano was invited to join THP's work at Chokwe Epicenter. Caetano's greatest achievement is to have mobilized his community to fix the irrigation system at the epicenter. His leadership was instrumental in coordinating the resources necessary for this project.



Caetano considers agricultural activities, the Microfinance Program and literacy classes as the most relevant parts of THP's work in his community.



Anagonou Gangnon Hounzavi is 35 years old, married and has a daughter. He used to live in Cotonou, but migrated back in 2006 to his rural village of Yénawa–Hahamè in the Kpinnou Epicenter in Benin.

Anagonou recounts the first THP workshop on chicken farming he attended in Yénawa–Hahamè as a turning point in his life. Previously he had worked as a medical assistant and as a stock farmer without success. Beside the technical knowledge he acquired at the workshop, he was particularly inspired by a statement made by one of the animators, “You have the capacity and the resources needed to pull yourselves out of poverty.”

In 2007, Anagonou quickly applied his new skills and started a poultry farming unit with only six chicks. Encouraged by the initial success of his enterprise, he started a rabbit breeding unit with two females and one male the next year.

Now, Aganonou has more than 115 chickens, 10 female and four male rabbits, and 94 bunnies. He has become an important supplier for several restaurants in the city of Lokossa, about 15 km from his village. Not only is Aganonou now able to fully support his family, but he is also viewed as an expert in his field, and is often consulted on the administration of vaccines or medicine to farm animals.

Yabré Belemgnégré has been involved with THP-Burkina Faso since 2003, when the Vowogdo Epicenter was opened. From the outset, she was designated as the leader of the women’s group named Soogtaaba from the village of Vedgo-Petit.



Encouraged by the skills she had acquired, especially in literacy training, Yabré applied for a loan with the Microfinance Program. She used her loan to carry out several income-generating activities, which has allowed her to send all her children to school and take better care of her family. Today she is an animator and she serves on the Epicenter Microfinance Committee.



Pene Diarra, is 48 years old, married and the mother of four children. She is the Vice-President of Dahra Epicenter Committee in Senegal.

Following a VCAW she attended in 2006, Pene immediately decided to join the Epicenter Committee and devote her time to the challenge of increasing her community’s access to health care. She participated in trainings on financial management, marketing, health, women’s reproductive rights, as well as women’s leadership and personal development.

In 2007, with support from USAID, she mobilized 30 volunteer animators to set up a local health insurance program. Presently, the program has 469 members and 1,387 recipients. It provides access to health care with 75-percent refunds for first health care services and 100 percent for childbirth for women.

Pene has become a leader in her community, often solicited as counselor on issues of women's rights, reproductive health, and the fight against diseases such as malaria and HIV/AIDS. In addition to her leadership positions on the Epicenter Committee and at the health insurance program, she is also Chairwoman of the Manko Loan Group, which comprises more than 250 women.

Mukama Hajira, a 43-year old mother of four from Nsale, Uganda, joined the Iganga Epicenter in 2003 after attending a VCAW. At the epicenter, she first mobilized a group of 11 women to start a Functional Adult Literacy (FAL) class. The class has received training in good agricultural practices.



Empowered by her new skills, Mukama led the Nsale Atambula Women's Group, which she chaired, in joining the Microfinance Program. Before, Mukama drew all her revenue from her five-acre plot of cassava and maize, which she farmed using an ox plow. After receiving three consecutive loans, she was able to further develop and diversify her activities. She has expanded her land by several acres, established a market stall and bought four cows and two goats.

With her additional revenues, Mukama is now able to send all her children to school. She has also become one of the most important shareholders of the epicenter's newly inaugurated Rural Bank.

Evidence of community led development after self-reliance

Examples of community driven achievements after self-reliance			
Sector	Wakiso	Kiboga	Mpigi
Water and Environment	<ul style="list-style-type: none"> New water pump provided by the district 	<ul style="list-style-type: none"> 300 feet borehole drilled Environment committee formed Tree nursery bed established with the help of NEMA 	<ul style="list-style-type: none"> Two additional wells built
Agriculture	<ul style="list-style-type: none"> Drip irrigation established in epicenter garden Fruit trees planted in the epicenter garden NAADS training introduced 8500 kg capacity food crib built 	<ul style="list-style-type: none"> Food crib built and food bank converted into village shop 3 agricultural extension officers affiliated with THP Great Lakes Cassava Project established District provided 90 hand maize shellers Drip irrigation to be installed in communal garden 	<ul style="list-style-type: none"> Grinding mill provided by the district and leased to a community member
Health	<ul style="list-style-type: none"> Health staff quarters latrine constructed 	<ul style="list-style-type: none"> Community medicine distributors retrained and provided with treatment kits by the district Health staff quarters completed 	<ul style="list-style-type: none"> Partnership with AFFORD to distribute bed nets HIV/AIDS drama group performed in front of 500 partners on World AIDS day
Other	<ul style="list-style-type: none"> Village shop opened 	<ul style="list-style-type: none"> Nursery school expanded M&E focus groups introduced 	<ul style="list-style-type: none"> M&E animators trained and surveys translated into Luganda

SOURCE: THP Uganda quarterly reports, 2000 – 2008; interviews

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Table prepared by an independent, external consulting firm following a study of our work in Uganda.

Monitoring and Evaluation

THP has a global Monitoring and Evaluation (M&E) Task Force to oversee the design, development and implementation of its M&E system. The system serves as an important internal tool to share best practices across Program Countries in Africa, recognize areas for improvement and assist in identifying new funding opportunities. It is designed to serve four constituencies:

- The **women and the men working to end their own hunger and poverty**, helping them identify gaps, set priorities and track progress.
- **THP's staff and partner organizations**, helping them improve our programs.
- **Current investors**, providing them accountability for our work; and **potential investors**, demonstrating to them the impact of our work.
- **Multilateral funders, governments, and other institutions**, persuading them that our bottom-up, gender-focused approach deserves wider adoption in the development field.

We have implemented our M&E work based on the **Logical Framework Approach**, collecting data on a set of performance indicators in each country (see following page). This data is collected quarterly and ties to our programmatic goals and activities. Our M&E work is receiving high priority not only to measure the outputs from our work, but also the long-term outcomes and impact on the quality of life and attitudinal changes of our partners.

External Impact Assessments

THP is committed to exemplary standards of performance and accountability for its action. For this, we solicit external and independent assessments from prominent experts in the field. The following external studies are ongoing or completed:

- The Robertson Foundation has commissioned a longitudinal study, comparing a broad range of Quality of Life Indicators within epicenter communities and randomly selected comparison communities. The research team includes academics from Yale University, University of California at Berkeley, Innovations for Poverty Action and University of Ghana. To date, baseline household surveys have been completed in all districts. In approximately four years, these same households will be surveyed again, with the goal of demonstrating the impact of the Epicenter Strategy with scientific validity.
- An independent, external consulting firm conducted a pro bono study of our work in Uganda. They delivered a powerful validation of our work, identifying THP's comparative advantages among NGOs working in similar fields. The evaluators also made a series of recommendations for developing a consistent and effective M&E system. These recommendations have since been fully integrated into THP's impact assessment work.
- The Interchurch Organisation for Development Cooperation (ICCO), based in the Netherlands, commissioned study of our work in Malawi and Senegal.

Sample Epicenter Logframe Template

Sectors	Pillars			MDG	Programs	Expenses (USD)	Output Indicators
	1	2	3				
Community Mobilization	X	X		1	VCA Workshops		# Women and # Men trained in # Workshops # Female and # Male Animators Trained
	X			1	Community/Animator Initiated		# Projects
Epicenter Development	X			1	Epicenter Construction		# L-Shaped Epicenters constructed
	X			1	Epicenter Committee Training		# Women and # Men trained in # Workshops
Food Security	X	X		1	Food Security Workshops		# Women and # Men trained in # Workshops
	X	X		1	Agriculture TOT Training		# Women and # Men trained in # Workshops
	X	X		1	Farm/Agricultural Inputs		# Kilos of fertilizer
							# Kilos of seeds
							# of Acres of crops cultivated (indicate crop name)
	X			1	Food Bank Storage &		# 50 Kg Bags in Food Bank in # Epicenters
X			1	Food Processing		# Women and # Men trained in # Workshops	
Education	X	X		2	Functional Adult Literacy		# Women and # Men trained in # Classes
	X	X		2	Literacy Facilitator (TOT)		# Women and # Men trained in # Workshops
	X	X		2,4	Nursery School & Meal Program		# Girls and # Boys enrolled in Nursery School and receiving a meal each day
Health & Nutrition	X	X	4,5,6		Health Center Services		# Partners accessing Health Center services
	X	X	4		Child Health Monitoring		# Girls and # Boys monitored and weighed
	X	X			Child Vaccinations		# Girls and # Boys vaccinated
	X	X	4		Maternal Health Promotion		# Women accessing antenatal services at Health
						# of Safe deliveries at Health Clinic	
	X	X	5		TBA Trainings (where legal)		# TBA trained and receiving full delivery kits in #
	X	X	6		HIV/AIDS Gender Inequality		# Women and # Men trained in # Workshops
			6		HIV/AIDS Animator Trainings		# Women and # Men trained in # Trainings
X		6		Malaria Prevention		# Bednets sold/distributed	
Water, Environment & Sanitation	X			7	Access to Safe Drinking Water		# New/Rehabilitated wells/boreholes
	X			7	Sanitation Program		# New/Rehabilitated household latrines constructed
						# New/Rehabilitated public latrines (KVIP)	
X			7	Tree Planting Program		# Trees planted # of Acres of woodlots planted	
Microfinance Program	X			1,3	AWFFI/SPIA Workshops		# Women and # Men trained in # Workshops
	X			1,3	WEP Workshops		# Women trained in # Workshops
				1,3	WEP Animator Training		# Women trainers trained in # Workshops
	X			1,3	Income Generating Workshops		# Women and # Men trained in # Workshops
	X			1,3	Lending to Women		# Total groups (of which # are new) with average loan # Partners receiving new loans (comprising new and old
	X			1,3	Lending to Men		# Total groups (of which # are new) with average loan # Partners receiving new loans (comprising new and old
	X			1,3	Establish Rural Banks		# Rural Banks
Monitoring & Evaluation	X			1	PAR/M&E Workshops		# Female and # Male Animators trained in # Workshops

The Challenge Ahead: Scaling Up

This is an important moment. For decades, international support for agriculture and rural development was on the decline. The 2008 UN Comprehensive Framework for Action in response to the Global Food Price Crisis has called for urgent action to empower small-scale farmers, particularly women. In July 2009, the G8 announced a \$20 billion commitment to Global Food and Nutrition Security and the US announced a \$63 billion commitment to Global Health.

Experts agree that the next big challenge is to take successful interventions to a national scale – in other words, to “scale up” interventions in order to secure the achievement of the MDGs. This was particularly emphasized in the reports of the UN Millennium Project.

Responses from governments and international agencies to the results of the Epicenter Strategy have been unanimously positive. However, we believe that the strategy has not yet been implemented at a large enough scale to catch the full attention and support of policy makers in Africa.

The Robertson Challenge to Demonstrate Scale Up

In 2006, THP received a five-year Challenge Grant from the Robertson Foundation, providing a total of \$9 million (\$5 million from Robertson and \$4 million in matching funds) to scale up the Epicenter Strategy in the Eastern Region of Ghana, thereby demonstrating that it can be successfully applied to entire regions and countries. This program is mobilizing communities to construct 36 new epicenters across all 16 rural districts of the Eastern Region of Ghana. With 20 new epicenters already constructed at the end of the third year of the program, this scale-up experiment is on time and within budget.

Scaling Up through Partnerships

The Epicenter Strategy is a catalyst for ensuring that local government programs and services reach the communities in which we work. The direct cash value of these services is estimated to be **10-25 percent of the annual epicenter operating costs** of the strategy during the first five years. Examples of the services our epicenters access include:

- Provision of full-time nurses, health center supplies and regular doctor visits;
- Provision of teachers and schools supplies;
- Training of traditional birth attendants;
- Adult non-formal education (functional literacy); and
- Farm extension agents and supplies of improved seeds.

Governments are also beginning to fund our Epicenter Strategy at a national level. For example, in Burkina Faso, the Ministry of Literacy is funding 96 THP literacy centers in four epicenters with a grant of \$82,000. This is allowing THP-Burkina to provide literacy classes to an additional 2,880 partners in 2009.

Another growing trend is for THP to partner with specialized NGOs and international agencies, whose existing programs and funding can be leveraged to support the epicenter communities. Such partnerships include:

- **Alliance for a Green Revolution in Africa (AGRA), via Burkina Faso's National Institute of Environmental and Agricultural Research**, has provided THP a three-year grant to expand innovative strategies that focus on increasing food security within the challenging Sahelian climate, through micro-dose fertilization and a successful warrantage program.
- **Ford Foundation** is funding our Microfinance Program in Uganda.
- **Planned Parenthood International:** Our HIV/AIDS and Gender Inequality Workshop is frequently co-led with their medical staff.
- **Women in Law and Development in Africa (WiLDAF):** In Ghana, our Women Empowerment Program (WEP) is implemented in partnership with WILDAF.
- **MACRO:** In Malawi, we partner with the Malawi AIDS Counseling and Resource Organization (MACRO) in implementing the first rural voluntary counseling and testing program in the country.
- **Oxfam Novib** has funded the expansion of the MACRO partnership.
- **UNICEF** and **WHO:** In Malawi, we partner with UNICEF and WHO by training village volunteers to become special anti-malarial bednet training-and-sales people.

Achievements of the Epicenter Strategy



With multiple tangible achievements, the Epicenter Strategy has proven that a **low-cost, large-scale and holistic solution** to hunger and poverty is possible:

- More than **2.1 million people from more than 2,200 villages** are gaining the ability to **meet all their basic needs on a sustainable basis**.
- **More than 100 epicenters** have been mobilized and are led by elected Epicenter Committees.
- **Nineteen epicenters have achieved self-reliance**, and several are expected to be self-reliant in the next few years.
- More than **75,000 village partners** are accessing training, credit and savings through our Microfinance Program, where previously little access was available.
- **Nineteen microfinance operations** have graduated to operate as government-licensed **Rural Banks** that are **100 percent women-led** and owned entirely by community members.
- Nearly **850,000 villagers** have participated in our grassroots-level workshop on HIV/AIDS and Gender Inequality, which was developed in partnership with leaders in the communities where we operate.
- **More than 60 food banks** in our constructed epicenter buildings ensure that food is available during times of acute shortage, due to droughts, floods and emergencies like the world food price crisis.

Glossary

Animators – village-level volunteers, trained in the principles of people-centered development, who mobilize their fellow villagers to take self-reliant action.

Microfinance Program – a program of training, credit and savings to economically empower Africa's most important and least supported producers.

Community – a cluster of villages within a 10km radius who work together to create, manage and utilize the epicenter building.

Empowerment – the process of expanding people's personal power, whether personally (self-worth), intellectually, socially, economically or politically.

Epicenter Building – an L-shaped building constructed by the people of the community which houses the epicenter's facilities, including a health clinic, meeting hall, library, food bank and microfinance facilities.

Epicenter Committee – a council with equal numbers of women and men that is elected to be responsible for all epicenter activities. The committee establishes **subcommittees**, each led by a committee member, to manage each activity.

Epicenter Strategy – a methodology that mobilizes a community to create a **dynamic center** of mobilization for self-reliant community action, and a **focal point** where the energies of the people converge with the resources of local government and other NGOs.

Gender – as distinct from biological sex, the different roles, rights and values assigned to women and men by society.

IMR – Infant Mortality Rate, the number of children who die before their first birthday per 1,000 live births.

MDGs – the UN Millennium Development Goals, eight quantifiable time-bound goals for addressing poverty in all its forms, derived from the 2000 UN Millennium Declaration.

MMR – Maternal Mortality Rate, the number of women who die in childbirth, per 100,000 births.

Mobilization – to inspire and organize people to take collective action.

NGOs – non-governmental organizations.

Scale Up – to take a successful project and expand it to reach everyone who needs it.

Self-reliance – Reliance on one's own capabilities, judgment, or resources; independence.

TBA – traditional birth attendant, a woman in a village who helps with childbirth

TFR – total fertility rate, the average number of children a woman will have in her lifetime.

TOTs – trainers of trainers, senior animators within the epicenter who train and lead the animators.

VCAW – Vision, Commitment and Action Workshop, a one to two-day leadership training, which enables a community to create its own vision for the future, with a public commitment to achieve it and the identification of a set of actions necessary to achieve the vision.