Expanding and Strengthening
Community Action

A Study of Ways to
Scale Up Community Mobilization
Interventions to Mitigate the Effect of
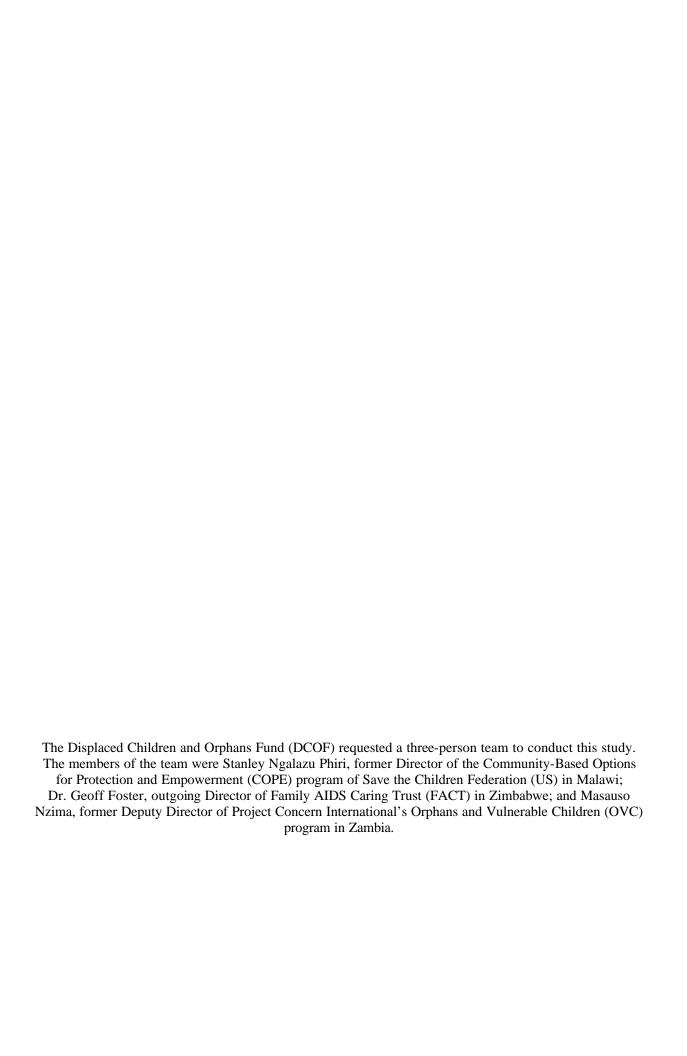### HIV/AIDS on Children and Families

March 2001

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ACRONYMS

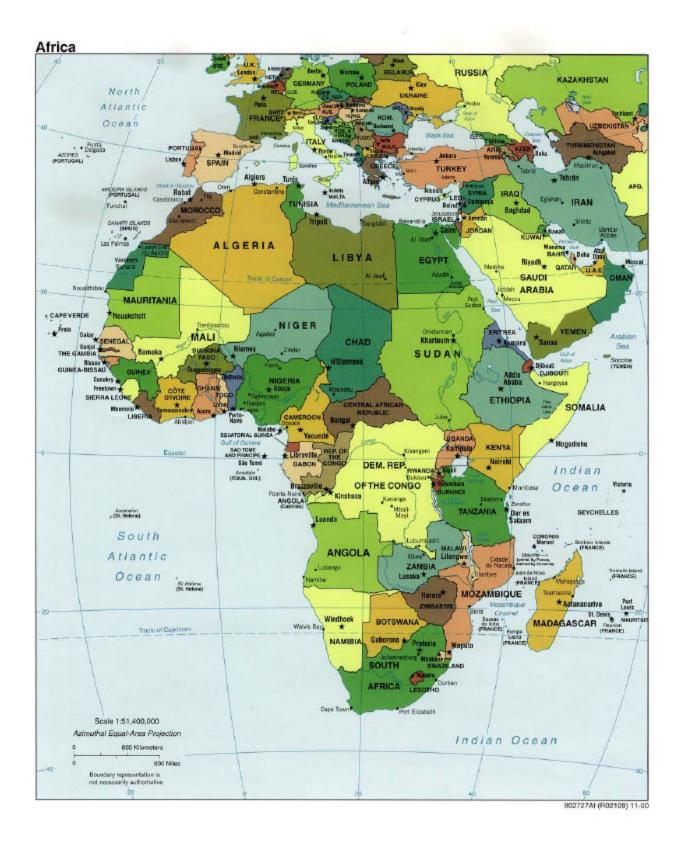|	
CBO	community-based organization
COPE	Community-Based Options for Protection and Empowerment
CWF	Child Welfare Forum
DACC	District AIDS Coordinating Committee
DCOF	Displaced Children and Orphans Fund
DFID	Department for International Development
DSW	Department of Social Welfare
EFZ	Evangelical Fellowship of Zimbabwe
FACT	Family AIDS Caring Trust
FOCUS	Families, Orphans and Children Under Stress
IGA	income-generating activity
MASAF	Malawi Social Action Fund
NAC	National AIDS Council
NACC	Namwera AIDS Coordinating Committee
NACP	National AIDS Control Program
NGO	nongovernmental organization
OVC	Orphans and Vulnerable Children
PLWA	Persons living with AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VAC	Village AIDS Committee

Africa

North Atlantic Ocean

AZORES (PORTUGAL)
Ponta Delgada

MADEIRA ISLANDS (PORTUGAL)
Funchal

CANARY ISLANDS (SPAIN)
Las Palmas

Nouadhibou

CAPE VERDE
Praia

South Atlantic Ocean

Ascension (St. Helena)

St. Helena (St. Helena)

IRE.
U.K.
London
NETH.
GERMANY
Berlin
POLAND
BELARUS
RUSSIA
KAZAKHSTAN
Warsaw
Kiev
UKRAINE
BEL.
LUX.
FRANCE
Paris
SWITZ.
Madrid
PORTUGAL
Lisbon
SPAIN
ITALY
YUGO.
ROM.
Bucharest
BULG.
GREECE
Athens
TURKEY
Ankara
UZBEKISTAN
TURKMENISTAN
Ashgabat
GEO.
ARM.
AZER.
Baku
Tehrán
IRAN
AFG.
Algiers
Tunis
TUNISIA
MALTA
Mediterranean Sea
SYRIA
Damascus
IRAQ
Baghdad
CYPRUS
LEB.
Beirut
ISRAEL
Jerusalem
Rabat
Casablanca
Fès
MOROCCO
Marrakech
Tripoli
Benghazi
Alexandria
Cairo
JORDAN
Amman
KUWAIT
Kuwait
BAHR.
QATAR
Doha
U.A.E.
Abu Dhabi
Muscat
OMAN
Western Sahara
Laayoune
ALGERIA
LIBYA
EGYPT
Al Jizah
Aswan
SAUDI ARABIA
Riyadh
Medina
Jiddah
Mecca
Tropic of Cancer
MAURITANIA
Nouakchott
NIGER
CHAD
Agadez
Port Sudan
Red Sea
ERITREA
Asmara
YEMEN
Sanaa
Arabian Sea
Socotra (YEMEN)
MALI
Timbouctou
Niamey
Zinder
N'Djamena
Omdurman
Khartoum
SUDAN
Djibouti
DJIBOUTI
Addis Ababa
Hargeysa
SENEGAL
Dakar
THE GAMBIA
Banjul
Bamako
BURKINA FASO
Ouagadougou
BENIN
Kano
Maiduguri
ETHIOPIA
SOMALIA
GUINEA-BISSAU
Bissau
GUINEA
Conakry
Freetown
SIERRA LEONE
Monrovia
LIBERIA
CÔTE D'IVOIRE
Yamoussoukro
Abidjan
GHANA
Accra
TOGO
Lomé
NIGERIA
Abuja
Ibadan
Moundou
Gaborone
PORTO-NOVO
CENTRAL AFRICAN REPUBLIC
Bangui
Juba
Mogadishu
Gulf of Guinea
Malabo
EQUATORIAL GUINEA
Yaoundé
CAMEROON
Douala
UGANDA
Kampala
KENYA
Nairobi
Mombasa
SÃO TOMÉ AND PRINCIPE
São Tomé
Annobón (EQUAL. GUI.)
Equator
Libreville
GABON
REP. OF THE CONGO
Kisangani
RWANDA
Kigali
BURUNDI
Bujumbura
Dodoma
Zanzibar
Indian Ocean
Victoria
SEYCHELLES
Brazzaville
Pointe-Noire
Kinshasa
DEM. REP. OF THE CONGO
Bukavu
Kananga
Mbuji-Mayi
TANZANIA
Dar es Salaam
ANGOLA (Cabinda)
Luanda
Lubumbashi
COMOROS
Moroni
Glorioso Islands (FRANCE)
ANGOLA
Lubango
Namibe
MALAWI
Lilongwe
ZAMBIA
Lusaka
Kitwe
Cidade de Nacala
Mayotte (admin. by France, claimed by Comoros)
Juan de Nova Island (FRANCE)
Mahajanga
Tromelin Island (FRANCE)
Toamasina
Beira
MOZAMBIQUE
Mozambique Channel
Harare
ZIMBABWE
Windhoek
Walvis Bay
BOTSWANA
NAMIBIA
Gaborone
Pretoria
Johannesburg
Maputo
SWAZILAND
Mbabane
SOUTH AFRICA
Maseru
LESOTHO
Durban
Cape Town
Port Elizabeth
Antananarivo
MADAGASCAR
Bassas da India (FRANCE)
Europa Island (FRANCE)
St. Denis
Réunion (FRANCE)
Port Louis
MAURITIUS
Indian Ocean
Tropic of Capricorn

Scale 1:51,400,000
Azimuthal Equal-Area Projection

0   800 Kilometers
0   800 Miles

Boundary representation is not necessarily authoritative.

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1. INTRODUCTION

HIV/AIDS has had a debilitating effect on many nations, communities, and families. Some parts of the world have been particularly hard hit, with sub-Saharan Africa bearing the brunt of the epidemic. Of the approximately 50 million HIV infections in the world, more than 72 percent are in sub-Saharan Africa. In addition, 84 percent of AIDS deaths are from Africa; of the 13.2 million children who have had mothers or both parents die because of AIDS, 95 percent are in Africa. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the numbers of orphans will continue to rise, reaching 40 million by 2010 (UNAIDS 2000). Even if rates of new infections leveled off, mortality rates would not plateau until around 2020 because of the unusually long HIV incubation period. Hence, the proportion of orphans will remain unusually high for several decades, at least until 2030. The United Nations Children's Fund (UNICEF) estimates that Botswana, Malawi, Zambia, and Zimbabwe will have the highest proportions of orphans through this period (Levine and Foster 2000).

Even though Africa has been hardest hit by the pandemic, the problem is not unique to that continent. There will be large-scale effects in Asian countries such as India, Cambodia, Myanmar, and Vietnam. The former Soviet Union countries have experienced a sixfold increase in the number of HIV infections since 1995. In the United States, HIV rates and orphaning are on the increase among poor urban and rural populations (UNAIDS 2000).

Clearly, the major—and indeed most immediate—challenge is scaling up the responses to match the magnitude and duration of the HIV/AIDS pandemic. Families and communities, absorbing and providing for orphans as best as they can, are the first line of response to the pandemic. However, the unprecedented scale of the problem has weakened the ability of families and communities to respond as they have in the past. Extended families must be strengthened to absorb the growing numbers of orphans in view of increasing dependency ratios as a result of increasing deaths among adults.

Community mobilization and capacity building are practical responses to the effects of HIV/AIDS on families and communities. Little is known, however, about how well communities are actually coping, what efforts appears to be successful, and what circumstances may affect those efforts. Even less has been documented about how effective community mobilization approaches may be scaled up to benefit more children and families.

2. METHODOLOGY

2.1 Goal and Objectives

The specific goal of the study was to develop a set of recommendations on how to scale up effective, sustainable community mobilization and capacity-building interventions to mitigate the effects of AIDS on children and families in the countries most seriously affected by the pandemic.

The study objectives were to explore and examine the following issues:

- Coping strategies in different communities
- Stakeholder roles, responsibilities, and relationships at household and community, district, and national and international levels
- Existing or potential plans for scaling up current orphan protection and care initiatives
- Existing and potential direct support to communities affected by and responding to the effects of AIDS
- Existence of an enabling environment
- Establishment and support for participatory program monitoring
- Mechanisms for establishing centers of learning

The team studied the program experiences and approaches in two countries: in Malawi, the Community-Based Options for Protection and Empowerment (COPE) program of Save the Children Federation (US), and in Zimbabwe, the Bethany Project and the Families, Orphans and Children Under Stress (FOCUS) program of Family AIDS Caring Trust (FACT).

2.2 Guiding Principles

The following principles guided the study:

1. The number of orphans is straining community coping mechanisms.
2. Families and communities are—and should remain—the frontline response to the pandemic.
3. The frontline response should be scaled up to match increasing the effects of the pandemic.

4. HIV/AIDS is not just a health problem but one of the greatest development challenges facing the world.

5. External agencies must ensure that their assistance does not undermine community initiative and motivation.

6. There is an urgent need to share approaches that are effective, sustainable, and efficient.

2.3 The Process

The study included the following components:

- Literature review of program reports, articles, analyses, and evaluations

- Individual and group discussions with community participants

- Interviews with key informants involved in community mobilization, capacity building, and scaling-up interventions.

The study was carried out over a four-week period in July and August 2000. In Malawi, interviews and discussions were held in and around Lilongwe (the administrative capital), Blantyre (the commercial capital), Mangochi, Nkhota Kota, and Dedza. In Zimbabwe, meetings were held in and around Harare, Mutare, and Zvishavane.

2.4 Program-Level Recommendations

The study team envisaged change in two main areas:

1. Programmatic methods and approaches, with analysis of strengths and limitations, for systematically mobilizing and strengthening the capacities of communities to respond to the needs of their most vulnerable children and households

2. Global, regional, and national efforts to develop and implement effective strategies to systematically mobilize AIDS-affected communities to benefit the most vulnerable children and households

The study classified three levels of involvement: the frontline, facilitation, and policy/resource levels. Some organizations are involved at more than one level.

The frontline level includes individuals, families and households, community groups, faith-based congregations, and community-based organizations (CBOs). The study team sought the following kinds of information:

- Existing types of structures for implementation of programs

- Roles of beneficiaries and volunteers and their motivation for getting and staying involved

- Perception by the community of the roles of committees and volunteers

- Networks, structures, and information exchange

- Best practice principles that foster effectiveness

- Coalition-building processes

- Ways to keep ownership alive

- How scaling up is achieved, including geographic coverage, replication, strategic partnerships, policy, and legislation

- Use of documentation and dissemination strategies

- Roles of nongovernmental organizations (NGOs) in training and capacity building to achieve scaling up

- Mechanisms to channel resources to individuals on the frontline of the response

- Skills base and capacity of NGO mentors that provide support to community partners and issues of ownership and control

The facilitation level includes community-oriented, local NGOs; religious organizations; international NGOs; and district or subdistrict government departments and district committees. Those entities provide services or technical assistance, capacity building, training, networking, and resources to affected families, community groups, and others. At this level, the team sought such information as the following:

- Existence of a supportive, coordinating structure for community mobilization programs for the care of orphans

- Degree of local ownership, involvement, and leadership of initiatives

- Roles and responsibilities, experience, and capacity of facilitating organizations and committees

- Commitment to participatory methodologies and transparent decision-making practices

- Use of centers of learning or experiential learning methods (e.g., exchange and support visits as opposed to or in addition to direct training, and the provision of subgrants)

- Experience in and effectiveness of capacity-building community partners

- Emphasis on an extended, collaborative design process to build community coalitions of local participants committed to mitigation and prevention of the effects of AIDS

The policy/resource level includes national and international donor, nongovernmental, religious, and intergovernmental agencies, as well as government departments and ministries that are primarily involved in policy formulation and resource provision. The study team sought to discover whether the following elements existed:

- A policy and implementation environment that would be conducive to community mobilization, capacity building, and scaling up

- A sense of urgency about the orphan crisis

- Political support for the radical changes that are associated with expanded programming

3. DEFINITIONS

A set of clear definitions is essential. The ways in which concepts are defined affect perceptions of problems and the framing of potential solutions. Because no universal definitions exist for many of the concepts in this study, the study team adopted or modified a number of working definitions and understandings, including the following:

Orphan: A child under the age of 18 years whose mother or father has died or who has experienced the death of both parents.

Community Mobilization: Also referred to as *community action* or *animation*, the process stimulated by a community itself or by external change agents of helping communities identify and take action on shared health or social concerns. The community mobilization process also aims to strengthen the community's capacity to address its future needs. (Minkler 1992).

External Change Agents: Organizations or individuals based outside a community who are involved in the mobilization of the community through activities such as technical assistance, capacity building, implementation, networking support, funding, and policy influence. External change agents use community mobilization techniques to assist communities in identifying and prioritizing their concerns, recognizing and affirming existing responses, and enabling planning and action to respond to the needs of children and families affected by HIV/AIDS. External change agents must be careful to ensure ownership of programs by the communities themselves by facilitating local decision making and resource mobilization.

Capacity Building: The process by which individuals, groups, and organizations increase their ability to (1) perform core functions, solve problems, and define and achieve objectives; and (2) understand and deal with their development needs in a broad context and in a sustainable manner. For some time, people involved in development have thought in terms of supporting projects rather than building the capacity of organizations. In recent years, capacity building, also referred to as *institutional development*, has received greater recognition.

As reported by the United Nations Development Program (UNDP), priority areas for capacity building include the following:

- Leadership development
- Policy research and advocacy
- Information access, use, and dissemination
- Building of alliances, coalitions, networks, and North-South partnerships

- Financial sustainability

(UNDP 1997, International Forum on Capacity Building 1998).

Intermediary Organizations: An organized body with skills to mediate between grassroots groups or organizations and funding or resourcing organizations. Intermediary functions include training, capacity building, resource channeling, advocacy, information sharing, facilitating of networks and linkages between communities, and funding of organizations or government departments (Carroll, Schmidt, and Bebbington, 1996).

Scaling Up: A planned initiative of external change agents to promote expansion of programming by implementing organizations. The process, which is the result of a strategic decision by external organizations (e.g., resource and policy organizations), is predominantly supply driven. Scaling up involves the strategic identification and resourcing of intermediary organizations in order for those organizations and their partners to increase their organizational capacity and programmatic responses to HIV/AIDS at the community level. The process is implemented by developing of partnerships, capacity building, providing resources, managing subgrants, networking, enhancing policies, and developing a more conducive environment.

Scaling Out: The expansion or replication of existing programming by implementing organizations to increase the number of families, communities, and organizations being reached by effective services. Raising awareness, training, sponsoring exchange visits, providing technical support, strategic planning, and capacity building facilitate this demand-driven process.

4. AN ENABLING ENVIRONMENT

The following overviews of the enabling environment in Malawi and Zimbabwe present an examination of government structures, national policy, political commitment, and resources in relation to HIV/AIDS, orphans, and vulnerable children. Those overviews are followed by an analysis of the factors (including national policy) underlying that environment. The final section suggests ways to promote a conducive environment.

4.1 Malawi

During 1994, the government of Malawi collaborated with UNICEF to develop a standard, countrywide structure of AIDS committees. At the national, district, community (i.e., health catchment area), and village levels, the AIDS committees would involve representatives of government, NGOs, religious organizations, the private sector, and other interested parties. At the district, community, and village level, each committee was to have four technical subcommittees for home-based care, orphans, youth, and high risk (i.e., prevention). In practice, however, few resources were provided to implement the mandate; results were mixed, with little happening below the district level. Organizations in some areas, though, have provided resources, revitalizing the structure and mobilizing action at health catchment and village levels.

During the 1990s, the government's decentralization initiative also started to be implemented. Decentralization is a positive development for community mobilization. It means that district-level work plans will include the mitigation of HIV/AIDS impact, especially if District AIDS Coordinating Committees (DACCs), NGOs, and CBOs in each district advocate such measures.

The Malawi Social Action Fund (MASAF), established with financial support from the World Bank, has enabled communities to obtain project funding. MASAF functions in all 27 districts and has led to the establishment of community-owned projects. MASAF typically generates demand by making information available in the community. Communities pressure their political representatives, who at the same time may mobilize their constituencies to access the funds. Communities have identified and prioritized such projects as schools, roads, clinics, bridges, and post offices. Projects are appraised through a district multisectoral committee. MASAF ensures that communities are able to contribute 20 percent of project costs. The whole process, according to the communities evaluated, is transparent and empowering. MASAF has developed a training manual that its officers use to train community committees in bookkeeping, community organization, and leadership. The second phase of MASAF involves identification of marginalized populations that communities might target (e.g., orphans, persons with disability, the elderly).

The National AIDS Control Program (NACP) has worked with the private sector and district government offices in planning its national strategy. The NACP acknowledges that it is important to start with determining the issues, focusing on the major themes identified by communities through participatory methodologies. The NACP works with ministries at the national level to get them to mainstream HIV/AIDS in their plans and budgets. The efforts are intended to culminate in district strategic plans. The NACP's overall goal is to create a more comprehensive and informed national policy on AIDS.

The President of Malawi has been supportive of the efforts in AIDS prevention and care. In November 1999, he personally launched the strategic plan for the national response developed by the NACP. In speeches, he frequently mentions AIDS and exhorts people to adopt safe practices for sexual behavior or to abstain from sex. He also urges people to take care of orphans and others affected by AIDS. The President and the Vice President have both adopted orphans into their families. The President has also supported the establishment of a foundation headed by the First Lady that assists orphans and older persons. Cabinet ministers and members of parliament are involved in AIDS-mitigating efforts, and the Cabinet Committee on AIDS, which is chaired by the Vice President, meets consistently and has made discernible progress.

The Ministry of Gender Youth and Community Development has coordinated orphan care programs in the country with support from UNICEF. In 1994, Malawi became the first country in the region to develop a policy statement and guidelines on the care of orphans. The guidelines emphasize the primacy of community-based solutions (rather than institutionalization), coordination, and the need for a multipartner and multisectoral response. The country has yet to produce its final policy on orphan care.

4.2 Zimbabwe

During the World Summit for Children in 1990, Zimbabwe was among the first nations to ratify the Convention on the Rights and Welfare of the Child. In 1995, Zimbabwe also ratified the African Charter on the Rights and Welfare of the Child. Those instruments provide a valuable framework for implementing children's rights at all levels. Institutional bodies have been appointed to monitor and report on implementation progress, including the National Plan of Action for Children Secretariat. The Child Welfare Forum (CWF), which brings together government, donors, and the private sector, has the potential to enhance the effort by developing systematic monitoring mechanisms for policy implementation and reporting.

A number of key national policies and plans that are under development or in place affect children's rights and welfare. They include a new constitution, currently being written; the newly launched HIV/AIDS policy; economic, decentralization, and land reform policies; and draft policies on youth and orphans. Plans have been formulated for poverty alleviation action and enhanced social protection strategies. The effect that those plans and polices have on children depends on the extent to which children's rights are acknowledged and prioritized.

In 1993, Save the Children Federation (US), FACT, UNICEF, and the Department of Social Welfare (DSW) convened a committee to prepare for a national conference on orphans. The conference, which was held in Mutare later that year, fostered the development of child welfare policy and institutional strengthening, with direction from UNICEF and the DSW. In addition, several national workshops were convened, leading to a draft policy that was approved by the DSW but

remains unapproved at the cabinet level (possibly because of the policy's fiscal consequences). Terms of reference for Child Welfare Forums were included in the policy. A CWF, an intersectoral committee at the provincial, district, chief, and village levels, acts as a loose network of organizations whose interest is the "welfare of children." Collectively or individually, its members are engaged in child advocacy and child welfare. In some cases, leadership of CWFs, which was initially provided by officers of DSW, has been handed over to representatives of NGOs and community members. The legal status of CWFs remains unclear in the absence of a government-gazetted legal instrument. In some areas, CWFs are active, especially where community organizations or NGOs participate in Orphans and Vulnerable Children (OVC) initiatives. In other areas, however, especially at local levels, CWFs are inactive or have not even been formed.

The terms of reference for Child Welfare Forums are as follows:

- Coordinate all activities for improving the welfare of children

- Research the circumstances surrounding vulnerable children

- Strategize children's rights efforts

- Monitor the situation of children at all levels

- Advocate for the rights of children by lobbying policymakers and other leaders to honor their obligations to children

- Raise awareness and educate communities on children's rights

- Mobilize community initiatives in support of child welfare

- Raise funds to support vulnerable children

- Network to apportion service provision and to avoid duplication

- Advise government representatives and others on of child welfare matters

In 1995, the government of Zimbabwe initiated the development of a national HIV/AIDS policy. USAID provided funding for a broad-based consultative process to develop a consensus on priorities and to ensure that the various stakeholders had full ownership of the outcome. The national HIV/AIDS policy was officially launched on December 1, 1999, by the President of Zimbabwe. The policy's guiding principles and strategies that relate to children affected by HIV/AIDS are as follows:

- Develop and support community home care as an essential component of the continuum of care for persons with AIDS and their families.

- Promote orphan care within the community

- Cater to the needs of children in households affected by HIV/AIDS, paying special attention to their socialization and education

- Protect the rights of children and young people who have or are affected by HIV/AIDS

- Avoid any form of discrimination against children who are affected by HIV/AIDS

- Support and counsel children who are HIV-infected or who live with a family member infected with HIV/AIDS

- Encourage and support orphaned children to remain in their community, especially with the extended family

- Educate the community and civil society on the importance of fostering and adopting orphans

- Encourage shared responsibility for the financial, material, and psychosocial care of orphans within society among the extended family, community, government, NGOs, and churches, and discourage the placement of orphans into institutions

- Develop sports and other recreational programs to occupy youth in a creative way and assist in the socialization of orphans in the community

- Protect children and young people from any form of abuse that is likely to expose them to HIV infection

- Intensify efforts to increase community awareness of child abuse, particularly by engaging teachers, parents, police, churches, and other community and traditional leaders

- Encourage children and youth in any setting to report sexual, psychological, and physical abuse, and make counseling available and accessible

- Promote and enforce laws that prohibit the use of young girls for reparation or barter

- Encourage changes in cultural practices that are likely to fuel the HIV epidemic (e.g., ngozi/ingozi)

An AIDS levy, consisting of a 3 percent surcharge on income tax, was introduced by the government in January 2000. The levy, which has led to an estimated US$15 million per fiscal year, supports HIV/AIDS activities, including programs for orphans and vulnerable children. The AIDS levy is unique in Africa. Because the provision of funding comes from within Zimbabwe, HIV/AIDS programs there may be more accountable locally and more sustainable in the long term. However, there is widespread suspicion concerning the accountability, management, and disbursement mechanisms of the funds collected to date.

Parliament established a National AIDS Council (NAC) to facilitate a more multisectoral government approach to the HIV/AIDS epidemic. The NAC, led by a presidential appointee, will assume responsibility for HIV/AIDS resource mobilization, policy development, and overall coordination of HIV/AIDS programs. The establishment of the NAC and the raising of local funds to support HIV/AIDS activities are steps toward a greater level of political commitment to the epidemic. Despite those positive moves, Zimbabwe continues to suffer from a lack of high-level commitment to HIV/AIDS issues. In the absence of such leadership, foreign organizations and NGOs continue to initiate a disproportionate share of HIV/AIDS activities in Zimbabwe.

4.3 Underlying Factors

For programs to assist children and families affected by AIDS to flourish, there must be an enabling environment. At the national level, external factors such as trust between communities and individuals and the lack of widespread civil unrest are necessary. An enabling, or conducive, national environment also contains a number of intrinsic ingredients, including political leadership, informed national policies, appropriate legislation, and the provision of resources. This section analyzes the enabling environment in relation to government political structures, policies, and resources and suggests ways in which the environment can be made more conducive to expanding support for orphans and vulnerable children.

A Supportive Political Leadership

It is widely recognized that a major reason for Uganda's success in containing the expansion of HIV/AIDS was President Museveni's leadership in mobilizing national resources to cope with the epidemic. Political leadership is crucial to the creation of an enabling environment and demands more than occasional references to AIDS or orphans at political rallies. Words may be used as cheap alternatives to action, especially in countries with weak democratic traditions where political leaders are seldom held accountable for broken promises. Actions like those taken by the President of Malawi do more to galvanize support for vulnerable children than palliative platitudes. For many African heads of state, problems more immediate than the orphan crisis threaten their political survival.

Without political support, however, efforts to scale up activities and programs to respond to the needs of affected children and families will have limited results. Many critics charge a lack of commitment by politicians. Recent developments suggest that, in some countries, the situation is changing for the better. Where the top leadership is seen to be committed and responsive, the rest of the government machinery is not only inspired but also obligated to participate in the vision espoused by the leadership. This situation facilitates widespread scaling up of activities that have worked in government departments and structures throughout the country. Other groups and organizations, including religious organizations and NGOs, are also motivated to collaborate and coordinate with the government to achieve greater scale. Finally, international donors, NGOs, and agencies that observe high-level commitment by political leaders to HIV/AIDS-related activities are more amenable to committing their resources to assist with such endeavors.

An Informed and Enforced Child Welfare Policy

Through laws, policies, and actions, governments have a responsibility to establish a framework that supports the coping capacities of communities, families, and individuals. Children will suffer inadvertently or otherwise if no specific laws and policies exist that address the following:

- Provisions to help widows and orphans retain the family property in the event of the death of the husband and father

- Guardianship and inheritance issues surrounding informal foster care

- Endorsement of community care models to support orphans in extended families or informal foster homes

- Promotion, establishment, operation, and relationship to communities of orphanages

Policies have atrophied and are moribund because of a lack of human resources and of attention to amend and review them in the interest of children. Legally endorsed models of care were designed to protect children being taken into care through stringent assessment procedures and with ongoing supervision of foster parents by probation officers. Current legislation in most African countries is based on Western models of alternative care. Minimum standards set for formal foster care and adoption are too high for many poor but willing community members. The concept of "good enough" standards that are appropriate to the norms of the community in which the child grew up are worth serious consideration in countries where as many as one-third of all children face orphanhood.

A Functional Government Structure

At the national level, the government has a role to play in creating an enabling environment through the development and support of policies that encourage and facilitate community-based activities. But the government also has a distinct role to play at the district level in facilitating mobilization and capacity building of community groups that assist affected families.

Because of its structure and size, government is the only organization with a comprehensive national reach. At the district, subdistrict, and village levels, government cadres exist. Governments can, through policy and administrative dictates, mandate relevant ministries and departments to participate in, lead and support community-based action in response to the needs of children and families affected by HIV/AIDS. Even where political commitment is lacking, it is sensible for agencies to try to activate or strengthen existing government structures if they wish to facilitate expanded responses to orphans and vulnerable children.

Adequate Resources

The government is uniquely positioned to lead national responses to the situation of orphans and vulnerable children. Its political leaders are well positioned to promote expanded programs. It has the power to develop and enforce laws and policies that promote ethical and caring practices. And it has a structure in place to ensure that national policies are implemented and programs are promoted. The government is also capable of committing its own resources or acting as a conduit for others' resources to support expanded programs. In providing health and education services, for example, the government has demonstrated the importance it attaches to those areas by its commitment of resources. To date, little government money outside general health and education funding has been committed to support families and children affected by AIDS. Zimbabwe, for example, established a child welfare unit after signing the Convention on the Rights of the Child. That unit operates out of the Ministry of Health and Child Welfare. Given adequate resources, such units could be expanded, thereby reflecting increased political commitment to the issue of orphans and vulnerable children.

4.4 Promoting an Enabling Environment

In the last two years, major initiatives and resources to respond to African children and families affected by AIDS have emanated from governments, foundations, and organizations outside Africa. In most African countries, there seems to be little sense of urgency at the government level and limited political will to support the radical changes that need to be made to scale up effective, sustainable community mobilization interventions. Because of the limited commitment of political leaders to OVC programs, external organizations may be tempted either to bypass government structures and decision making or to conduct token consultations. In view of the government's undisputed position in influencing an enabling environment, its pivotal role must be recognized and its functioning facilitated. Those conditions can be met through the adoption of strategies that use existing government structures and resources, involve consultations and partnerships with government departments, engage political leaders in community initiatives, and apply issue-specific advocacy and monitoring of the problem.

Existing Government Structures

Organizations such as Redd Barna in Zimbabwe have opted to directly build the capacity of social welfare departments because they have statutory responsibility for child welfare. Others such as the COPE program have chosen to work through existing government structures that mediate child welfare activities, strengthening them in the process.

The COPE program's strategy was to work through the District AIDS Coordinating Committee (DACC), Community AIDS Committee (CAC), and Village AIDS Committee (VAC) structure to facilitate community initiatives to support OVC. Although the structure existed, the committees were for the most part nonfunctional throughout Malawi. COPE staff helped resuscitate the DACCs and worked through them to strengthen the CACs and facilitate VAC-led activities. That strategy led to greater involvement in OVC activities by staff of government departments.

In Zimbabwe, both FACT and the Bethany Project have worked closely with the Department of Social Welfare. When appropriate, clients are referred to Department of Social Welfare officers who occasionally accompany NGO staff during site visits. Both organizations have actively supported Child Welfare Forum activities and hosted visits arranged under the auspices of UNICEF or the Department of Social Welfare. Such structures present good opportunities for synergy with efforts to mobilize activities to mitigate the effects of HIV/AIDS.

Partnerships and Consultations With Government

To increase the impact of their programs, it is in the interests of implementing organizations to consult with government departments and agencies as much as possible about the programs that they deliver. It is not always possible or desirable to implement programs through government structures, however. The Bethany Project and FOCUS are examples of initiatives that have been established through community mobilization of religious organizations with a traditional and longstanding practice of beneficence toward orphans and vulnerable children.

Engaging the government and heightened political desire to support effective, sustainable community mobilization interventions go hand in hand. UNICEF in Zimbabwe implemented an orphan enumeration and a community-based intervention through the Department of Social Welfare, partly in an effort to increase ownership of OVC initiatives by the government. Similarly, Save the Children (US) and FACT in 1993 were the initiators of a process that led the Department of Social Welfare to organize the first national workshop on orphans in Zimbabwe.

Endorsement of Political Leaders

Having an important political leader to champion the cause of orphans and vulnerable children can have an exceptionally positive effect on the enabling environment. In South Africa, Nelson Mandela's association with vulnerable children has raised awareness of OVC issues and has led to additional resources. At the local level, programs such as the Bethany Project have benefited from their association with the local member of Parliament.

In most countries, obtaining the commitment of senior national political leaders is difficult. Most OVC programs and organizations are too small to organize lobbying at that level. No strong national networks exist to provide high-level representation. Perhaps it is in this area that bilateral and multilateral organizations, such as UNAIDS, UNICEF, UNDP, the World Bank, the United States

Agency for International Development (USAID), and the Department for International Development (DFID), have a role to play in using their contacts and influence to engage political leadership in strategic diplomacy on behalf of myriad implementing organizations. International gatherings of political leaders provide an excellent opportunity for peer education whereby those persons already committed to leading their countries in OVC initiatives can influence those who are less committed. Obtaining the endorsement of political leaders is a crucial step in creating a supportive environment for scaling up the response.

Existing Government Resources

CBOs and NGOs need to tap into locally raised sources of revenue (e.g., MASAF in Malawi and the AIDS levy in Zimbabwe). Also, obtaining funding from national sources increases an organizations' accountability to the government and increases ownership of local initiatives by fellow nationals. The strategy leads to greater community satisfaction because their government is fulfilling its mandated roles and responsibilities concerning social safety nets. Such funding is more easily accessed by less-established groups and organizations than by international donor funding sources. Small grants made to CBOs have the potential to lead to disproportionately great program expansion. And where such grants are seen to be functioning, donors concerned with strengthening community initiatives are more likely to use them as conduits to channel funds and resources to communities.

Unfortunately, in many African countries, widespread distrust exists concerning the management of earmarked government sources of funding. In the past, funds have mismanaged (e.g., Zimbabwe's Social Dimensions Fund) or misappropriated. That situation has led to a reluctance by local organizations to rely on government sources of funding, which are viewed as subject to political interference and unreliable. Neither NGOs nor CBOs seem to be proactive in forging relationships and partnerships with structures of this type and are thus passing up critical opportunities for scaling up. Where such a legacy exists, government bodies have considerable work to do in rebuilding confidence by establishing professional boards and instituting transparent systems of financial management.

Review

When NGOs and other organizations use field experience to inform and influence government policy, their experiences and lessons learned are replicated or adapted across the nation. The development of a national HIV/AIDS policy in Zimbabwe took four years of consultative meetings, the placement of skilled staff within the NACP and the engagement of NGOs with particular experience in policy development. The process led to a high degree of interaction between agencies, particularly between NGOs, people living with HIV/AIDS, and the government. In both Zimbabwe and Malawi, policy reviews concerning children affected by AIDS have ground to a halt, in part because of the lack of capacity and skills in policy development of the Departments of Social Welfare. In several respects, child welfare policy is more complicated than a national HIV/AIDS policy, particularly in light of the legal status of such a policy. Staff must be hired or agencies contracted to support consultative policy review processes that have the capacity to strengthen the supporting environment.

Advocacy

Policy frameworks define enabling environments, create incentives or disincentives for change, and channel resource flows. Advocacy is a significant channel of communication between the private sector and the government on issues of policy and social investment. Advocacy efforts can help

change policies and lead to redirection of public and private investment and more effective and constructive solutions to problems.

UNICEF has been the leading child advocacy organization in many African countries, and its role is significant. UNICEF's voice is distinctive and international. There is a degree of resistance locally to the Child Rights framework, which is now the touchstone of UNICEF's advocacy for children. Other international child development organizations are active in child advocacy. In most African countries, few local organizations have become involved in child advocacy. The lack of local child advocacy efforts in part explains the lack of progress in policy review. In Zimbabwe, the Child Protection Society has been involved in issue-specific advocacy work and has met with some success in areas such as orphan policy and birth certification. Multiple voices converging on the same issues can advocate much more effectively than a lone voice. UNICEF's work will be more effective as local efforts become stronger on behalf of children affected by HIV/AIDS.

Few local organizations see advocacy on behalf of children as their major role. Local voices are potentially very important for policy and programs that affect orphans and vulnerable children, and those voices need to be heard. Local perspectives, local problem identification and definition, and local interests have a different kind of salience for government. Local advocacy groups are not subject to abrupt changes in policies or programs because of international forces; they change in response to government. Local advocates mobilize local action and local political interests. Local advocates do not go away. International organizations with experience in child advocacy need to build the capacity of local organizations in this important area. Strengthening advocacy efforts of local organizations helps strengthen the enabling environment for vulnerable children.

Monitoring

One reason that governments have invested few resources in programs of support to vulnerable children is the paucity of data on the extent of the problem. No mandate has been given to national agencies to regularly collect data on the situation of children. Few local organizations are involved in collecting such data, and no mechanisms exist for forwarding data to a national surveillance office. Coordinated monitoring systems would make it possible to practice more effective advocacy and would strengthen the lobbying efforts for increased resources.

5. CAPACITY-STRENGTHENING METHODS AND APPROACHES

Three community mobilization programs that have led to expanding OVC programs are described in this chapter. Their success has been widely recognized. Principles of community mobilization are not analyzed in detail because they have been comprehensively discussed in other publications. An analysis of programmatic strengths and limitations and of the factors that promote the systematic establishment and expansion of OVC programs is presented in the last section of this chapter and in chapter 6.

5.1 Examples of Community Mobilization and Scaling Out

COPE Program

The COPE Program, operated by Save the Children (US), mobilized communities at area and village levels to respond to the needs of orphans and other vulnerable children. Phase I of the program started in 1995 with funding from the Displaced Children and Orphans Fund (DCOF). Initial activities took place in nine villages around the Mangochi town area in Mangochi District, Malawi. COPE staff worked with government, church, business, and NGO personnel. Area AIDS committees mobilized action at the village level by bringing people together to assess their concerns. Through committees, COPE staff facilitated training, information provision, and access to external resources. COPE implemented a broad range of interventions, including the following, aimed at strengthening community capacities to mitigate the effect of HIV/AIDS on children and families:

- Identifying and monitoring orphans and other vulnerable individuals

- Intervening with guardians and school staff to return orphans to school

- Raising community funds

- Providing material assistance to orphans and home-based-care patients

- Training caregivers in home-based care

- Developing community gardens to produce food and income for the benefit of vulnerable households

- Forming anti-AIDS clubs for youth

- Organizing structured recreation activities for children

A 1996 evaluation found that COPE's activities addressing health care, education, psychosocial needs, home-based care, and income generation were relevant to the problems of affected children and families. COPE staff considered the program to be community based because volunteers carried out many activities. However, ongoing participation of volunteers depended on continuing involvement of a sizable NGO staff and material inputs from the program. Once COPE staff moved on to work in another part of the district, it was questionable whether volunteers would continue to implement COPE-initiated activities. Although most of the interventions were producing positive results, the cost per beneficiary (US$162) was too high to enable COPE's staff-intensive approach to be taken to scale in Malawi. (Donahue and Williamson 1996).

As a result, COPE modified its approach. Staff size was reduced from 20 persons to 9, and the focus shifted from addressing problems to mobilizing and building the capacities of the communities. COPE helped establish the Namwera AIDS Coordinating Committee (NACC), which is an example of a CAC. CACs covered health catchment areas and were responsible for mobilizing VACs. VAC membership comprises a cross section of the community, including traditional and religious leaders from various faiths, businesspersons, and youth. A disproportionate number of VAC members are women. During 1997, 16 VACs were established with 229 active members. A total of 1,201 orphans were identified, with 618 not attending school; 179 orphans were returned to school; and 97 orphans received material assistance. NACC mobilized eight additional VACs on its own. It has established a nursery school and community gardens, provided loans and secondary school fees, and sponsored skills training. NACC has evolved from a committee to a CBO and is emerging as an NGO with a constitution and a board.

In 1997, the COPE program entered its second phase by expanding into 30 catchment areas of six districts. By 2000, a total of 4 DACCs, 17 CACs, and 208 VACs were formed with 4,420 members; 176 VACs were active in registering orphans and vulnerable children; and 15 of the CACs and 160 of the VACs have developed community gardens for the specific benefit of vulnerable children. In all cases, chiefs or well-to-do members of the community donated land for cultivation, and COPE staff members assist the committees with training in agricultural practices. On the negative side, the costs of obtaining such buy-ins were considerable. DACCs functioned largely because a COPE staff member sat on the committee and was committed to ensuring its effectiveness. Also, it was difficult to make sure that CACs fulfilled their role in mobilizing, supervising, and training VACs in community-based HIV/AIDS activities.

A total of 12,624 of the enumerated orphans received assistance through food and food security; material assistance (e.g., clothes, school supplies); and increased response to their psychosocial needs. Approximately 150 female heads of household were in enterprise networks; 735 youth received vocational skills training; 11,376 families benefited from agricultural inputs; and 449 caregivers received training in caregiving and community-based child care, while an additional 807 received home-based care training and 6,577 received HIV/AIDS prevention training. A total of 248,967 people benefited directly or indirectly from the COPE program. The average annual cost of the program in phase 2 was US$317,000 (DCOF 1999).

FOCUS

Families, Orphans and Children Under Stress (FOCUS) is a program of FACT, a Zimbabwean AIDS service organization established in 1987. FACT employs 46 staff members based in Mutare, Rusape, and Nyanga and operates 15 care, prevention, or training programs. Research on orphan enumeration and community coping mechanisms was conducted by FACT in 1991 and 1992. In

1993, FACT appointed a coordinator for the FOCUS program, and an assistant coordinator was appointed in 1996.

An independent Pentecostal church situated 20 kilometers from Mutare established AIDS awareness and home care activities in 1991 in collaboration with FACT's Rural Training Program. In 1993, the church agreed to pilot the new FOCUS program by recruiting 25 women from 18 villages and several churches throughout the communal farming program area—approximately 200 square kilometers with a population of 10,611 people in 2,089 households. Traditional leaders in adjoining areas asked for the program to expand to their villages, so more volunteers were recruited. Also, more volunteers were recruited as more vulnerable children were identified, thus enabling the visiting case load of volunteers to be reduced to approximately 10 families per volunteer. By 2000, the FOCUS program in this area had expanded to involve 40 volunteers and cover 22 villages.

The program emphasized identification and monitoring of vulnerable children through visiting households regularly, providing community ownership, keeping children in school, establishing income-generating activities, and training and motivating volunteers. The program was established and maintained in close liaison with community leaders.

Respected and credible people of good standing were nominated by the community and church leaders to be volunteers. Most volunteers were widows or women already caring for orphans or vulnerable children. Volunteers were initially trained by FACT staff, and ongoing training, supervision, and monitoring were provided by the program coordinator during monthly meetings in the community.

Volunteers are responsible for identifying and visiting households with orphans within a two-kilometer radius of their homes. Those households considered more vulnerable are allocated priority status and are visited at least twice a month. Volunteers identify unmet basic household needs and provide essential material support, including maize seed, fertilizer, food, clothing, blankets, and school fees (US$2–US$4 per year). Visits provide emotional and spiritual support, and volunteers may offer to bathe children, sweep the house, or cook. They also monitor orphans for abuse. Psychosocial support is provided through weekly craft, cultural, and sporting activities. Volunteers are also involved in advocacy and awareness raising of orphan issues.

Small volunteer incentives, uniforms, and training and meeting expenses were provided. Incentives included monthly bus fare to supervision meetings, a T-shirt, skirt, training shoes, and scarf once a year, as well as an annual Christmas bonus of US$10. Some volunteers visit other programs through an exchange scheme. Volunteers who care for orphans in their own homes may receive small amounts of material support (averaging US$11 per year). The volunteer dropout rate has been extremely low during the time FOCUS has been in operation.

The pilot program was evaluated in 1995. It targeted the poorest orphan households, enjoyed strong community ownership, kept costs low, required minimal external technical support, and was deemed to be replicable.

During 1995–99, one urban and four rural replications were established through community mobilization by FACT. One site divided into two programs, and two of FACT's existing community partners incorporated orphan support into their HIV/AIDS activities. In addition, the FOCUS model was replicated widely by organizations in Zimbabwe and throughout Africa, partly as a result of visits to FOCUS sites by participants of FACT's regional and national training programs.

In 1999 and 2000, an evaluation and a best practice analysis of the expanded FOCUS program were carried out. Nine FOCUS sites had 2,764 orphan households on their priority registers; of 178 active volunteers, 97 percent were female. Of the five males, most of whom were pastors paid small monthly allowances by FACT, four acted as site supervisors. During 1999, 142 volunteers at seven FOCUS sites reported making 93,000 visits to 2,170 households containing approximately 6,500 orphans and vulnerable children. Also, 992 children had their school levies paid and were attending primary school as a result. Income-generating projects initiated by volunteers included gardening, mushroom growing, goat keeping, poultry rearing, sewing, crocheting, and knitting.

From 1996 to 1999, the number of households visited increased from 798 to 2,170 and volunteers from 81 to 142. Total program costs stayed fairly constant (US$20,000–US$30,000 per year), and approximately 50 percent of program expenditures were at the community level in the form of material support, volunteer incentives, and meeting costs. The annual cost per family was approximately US$10 and US$3 per vulnerable child. The cost per visit was US$0.11, and the cost per volunteer was US$68.

The Bethany Project

The Bethany Project is an OVC program in Zvishavane, Zimbabwe, a small mining town in a communal farming district, with a population of approximately 150,000. Following visits to FACT and other NGOs, a British volunteer established the project in 1995. It started in two wards with 35 volunteers who were responsible for identifying orphans and vulnerable children, making regular visits, and providing small amounts of material support. Each ward has 6 to 8 villages, and each village has a subcommittee that meets once a month. The program involved community members from the outset. Church leaders, chiefs, and ward committees provided home-based assistance to orphans by repairing huts and providing school fees. Volunteers were recruited from local churches and provided regular visits to vulnerable children living nearby. Volunteers received a small annual token gift.

The Bethany Project works well with other partners in the district, including government structures, local NGOs, and members of the Child Welfare Forum. A strong relationship with the Department of Social Welfare has been beneficial to the project. DSW staff members are often unable to make visits to the rural areas because of transport constraints and frequently accompany project staff during site visits.

In 1997–99, the project expanded to the remaining 16 rural wards to cover the majority of the district. Three-day workshops were conducted with a cross section of community leaders; the community then selected volunteers for further training. The project became established in each ward as committees were formed and volunteers identified and visited orphans and vulnerable children.

The expansion of the Bethany Project led to several problems. The two original project sites had come to rely heavily on the NGO for material support and assistance in times of need. The project's expansion led to a reduction in the frequency of support visits and amount of material resources to the original sites.

The Bethany Project currently involves 656 volunteers. To date, no volunteer has dropped out of the program. Children are categorized on three registers: the neediest orphans (4,952), children in difficult circumstances (3,052), and other orphans (4,046). Only the first two categories (8,004 children) receive regular visits and material support. School fees, mostly for primary schooling, are provided for

approximately 900 children. Five AIDS action–HIV prevention groups and seven income-generating projects have been established. The project employs three staff members, and the organization's budget for 2000 was around US$20,000.

5.2 Comparison of Model OVC Programs

The three different programs have many similar activities and outcomes at the community level. Not surprisingly, many of the lessons learned have been common to all. The programs exemplify two different approaches to community mobilization. The Bethany Project and FOCUS program have the greatest similarities of program design and strategy. Both programs use community mobilization of churches to establish groups of volunteers who are committed to regular household visits and other orphan support activities. One of the strengths of this approach is the specific focus on orphans and its components of enumerating, prioritizing, visiting, and responding to the orphans' needs. The response to the diverse needs of orphans can be developed in steps as programs mature and the skills of volunteers are developed. Although orphans are the focus from the onset, other vulnerable children who are not orphans represent a significant minority of program beneficiaries. The emphasis on vulnerable children means there is only limited focus on HIV/
AIDS issues, despite tacit acknowledgment that the epidemic is responsible for many parental deaths. The lack of emphasis on HIV/AIDS may reduce the potential for stigmatization through the program. But, conversely, it may limit the development of associated activities such as support to the terminally ill and their families and HIV prevention.

The COPE program mobilizes community and village AIDS committees to engage community members in a wide range of support activities. In the COPE program, the target is not specifically orphans. The community responds to the various effects of HIV/AIDS, including orphaned children. Consistently, communities gave orphans priority attention. In the COPE model, the specific needs of orphans might be overlooked as other consequences of AIDS on communities take precedence. In practice, that has not happened; communities are responding to the issue of vulnerable children in their midst, and orphans are receiving priority attention.

In all three programs, communities use a vulnerability index based on their own definition and categorization of vulnerability. Each community considers the factors that contribute to vulnerability in its area and establishes criteria to identify its most vulnerable members. Typically, children living on their own and children whose two parents have died are given the highest priority. Others given priority attention include children who have lost one parent and receive no assistance from the extended family and children who live in a household headed by a female grandparent. Some of the children deemed to be the most vulnerable are not orphans. They include children with a parent who is terminally ill and children whose mother is ill and whose father is rarely at home or has remarried and has tenuous connections with the children. When one or both parents are terminally ill or absent, children start to suffer materially and psychologically even before their parents die. Sometimes, children whose parents are alive are referred to as orphans in the local language because of their dire situation. Those children may be termed "social" as opposed to "biological" orphans. Programs that are truly community owned do not allow such children to fall through the cracks simply because of rigid adherence to predefined categories of vulnerability.

The definition of vulnerability of children and the prioritizing should be the responsibility and call of the community, not of outside facilitating organizations. Communities know better who they are and what they need to worry about most.

6. ESTABLISHMENT AND SCALING OUT OF OVC PROGRAMS

An analysis of how OVC programs become established and how they expand is presented in this chapter. The first section describes the proliferation of community initiatives taking place in Africa in response to growing numbers of vulnerable children. The strengths and challenges of the three programs described in chapter 5 are analyzed in the second section in relation to scaling out. The intent is to isolate lessons that can be learned from those programs that can help other programs in expanding their initiatives. The final three sections of this chapter analyze techniques, enabling factors, and barriers in relation to scaling out OVC programs.

6.1 Community OVC Initiatives

In the last decade, the response of communities in sub-Saharan Africa to the effect of AIDS on their children has been nothing short of astounding. In contrast to the limited response of communities to persons with HIV/AIDS, thousands of communities have recognized the phenomenon of increasing numbers of vulnerable children in their midst and are responding to their situation with ingenuity. Hundreds, if not thousands, of community initiatives are organizing responses and molding themselves into coordinated child support programs. For the most part, those initiatives, programs, and emerging CBOs are hardly known outside their immediate locale. They have hardly been studied or documented. Few organizations have sought to partner grassroots clusters made up for the most part of concerned charitable women. No networks exist to support their development; yet community initiatives represent the frontline response for increasing numbers of children affected by AIDS. There is need for much better understanding of the nature and diversity of community initiatives and their establishment, organization, development, needs, capacity, and limitations. That understanding must precede the development of scaling-up programs.

Community initiatives are often the result of the concern of a few motivated individuals who come together to carry out child support activities. Initiatives often start informally by extended families, neighbors, and church groups. They spring from a sense of obligation to care for persons in need and are led by the commitment of a few key individuals. The activities themselves are often spontaneous, informal responses that are driven by seeing or knowing about a need; they become established because an inadequate public service safety net exists. The initiatives involve decision making by committees; local leadership; consensus-based activities; and local mobilization of finances, materials, and volunteers. Community members who are involved are mainly widows, mothers, and other women who see their involvement as a "ministry." Responses are volunteer driven and attract motivated individuals who love and care for children "from their hearts." Community initiatives may

become established by copying the OVC responses of other communities, the movement of people out of areas with existing community OVC initiatives, or facilitation by external organizations such as NGOs.

Types of Activities

These are similar to the activities of the NGO-supported OVC programs. Activities include the following:

- Fostering care for children by extended families
- Nutrition gardens
- Material support provided by neighbors
- Spiritual support and counseling
- Home visits
- Income-generating projects
- Raising of funds for school fees
- Referral services to other agencies (e.g., social welfare, health)
- Getting children back to school
- Advocacy for children's issues (e.g., school fees, rent)
- Community schools

Shared ownership and leadership allow community initiatives to grow through encouraging others, obtaining the support of other community members, and building on successes. Program development is facilitated by strong, charismatic leaders and by appreciation of the service in the community. Mobilization of the community from within leads to expansion of the volunteer and resource bases and to scaling out of activities. Volunteers gain the support of others in the community, including church leaders, businessmen and women, traditional and political leaders, health workers, and agricultural development staff. Resources, drawn mainly from within, involve religious groups, businesses, local leaders, CBOs, and individual benefactors. Some initiatives receive support from service organizations, NGOs, government departments, business organizations, and donors that are outside the community.

Building on Existing Community Activities

Many community initiatives that support vulnerable children and OVC programs have built on such existing community activities and concerns as the following:

- Religious institutions that support persons in need
- Traditional and income-generating activities (IGAs)
- Home care programs
- Support groups for persons living with AIDS (PLWA)

In many religious traditions, there is a practice of caring for underprivileged persons. The practice, which requires the commitment of both financial and human resources to identify and support the needy persons, can be built on to establish support programs for children affected by AIDS. Faith-based organizations have proven their sustainability through their continuous presence in human communities for centuries, having withstood conflict, natural disaster, political oppression, and plagues. Members of religious organizations have demonstrated their commitment to respond to human need according to the moral teachings of their faith, and they respond voluntarily and over long periods. HIV/AIDS has created a "caring deficit" that continues to erode the capacity of communities to care for affected persons. Faith-based organizations will be critical then in sustaining the ability of communities to address the effects of the disease.

Most community responses to orphans incorporate an element of income generation on behalf of the beneficiaries. In both Zimbabwe and Malawi, community gardens function as an IGA. The chief or other well-to-do leader usually donates a field, which in Zimbabwe is known as *Zunde raMambo* (chief's garden), and members of the community (usually women) tend the field. The produce is used to support needy persons in the community. Initiatives established by traditional leaders have become focal points for supporting orphans and have led community members to establish other IGAs in support of vulnerable children.

Having so many children affected by AIDS has prompted many home care programs to extend their activities into regular visitation and support for orphan households. Most programs use home care volunteers who, in addition to making home care visits, also provide material support to orphan households. In some cases, the programs are "owned" by NGOs rather than the communities they serve. That situation leads to dependency, failure to mobilize community members, and lack of sustainability—an outcome that is less likely when existing home care activities involve community members and volunteers in decision making. In Zimbabwe, the Kubatana program of St. Augustines' Mission, Penhalonga, established a FOCUS orphan support program with 12 designated child care volunteers to complement the activities of a similar number of volunteers who were involved in the initial home care program.

Some PLWA support groups establish programs for their own members' or deceased members' children. Of the 150 support groups for people living with HIV/AIDS that are listed in the Zimbabwe directory for 1999, 13 specify orphan support as one of their activities. Many groups start activities by providing support to the families of deceased members; those activities later develop into support programs for other children affected by AIDS.

6.2 Scaling Out

Scaling out increases the number of families, communities, and organizations being reached by effective services. It may involve any or all of the following:

- Adding new or more comprehensive services

- Expanding geographic coverage of services

- Building the capacity of organizations to enable them to meet increased demand

All of the programs described above expanded their range of services by developing microcredit, income generation, psychological support, and HIV prevention. Those programs also succeeded in

expanding their coverage of service provision. Building the capacity of local organizations generally was not a specific objective of any of the programs although considerable capacity building has occurred.

Prerequisites for Scaling Up

Scaling up requires promoting the expansion of programming by implementing organizations. The scaling-up process assumes that a proven model program for effective service delivery exists. That model, or the principles underlying the model, can then be replicated or adapted by other organizations. OVC programs that are taken to scale should have the following attributes:

- Target comprised of the community's most vulnerable children and households

- Effectiveness in reducing the vulnerability of orphans and other at-risk children

- Sustainable practices, or progress toward sustainable practices

- Cost-effectiveness, with low cost per beneficiary

- Simplicity, little need for technical support, and replicability

All three programs targeted the most vulnerable children and households. The involvement of community volunteers and village committees ensured that material support and regular visits remained focused on those persons with the greatest needs. Self-righting mechanisms at the community level minimize misuse of donated materials.

Although no formal evaluations of the effects of OVC programs have been carried out, each of the three programs can demonstrate its influence on the lives of thousands of vulnerable children, their families, and their communities. Easily observable effects include the following:

- Children who have returned to school

- Material support that has been distributed

- Income-generating projects that have become established through the programs

Less easily observable effects include the following:

- Reduced stigma because of regular visiting

- Better-adjusted children because of participation in social, cultural, sporting, or educational activities

- Stronger social safety net for the community through increased support to vulnerable families in the form of casual employment; agricultural, domestic, or house construction assistance; and in-kind or cash contributions

Initially, some of the community programs were heavily dependent on their NGO partners for sustenance. Program restructuring to ensure greater sustainability occurred during the process of scaling out. In practice, recognition of the need to actively phase out or reduce external support and dependency occurs when NGOs are forced to consider material and human resource limitations.

Low cost is a feature, especially of the two Zimbabwean programs, whose budgets were low compared with the COPE program in Malawi. Higher staffing levels account for much of the

difference between the programs in the two countries. Data on the FOCUS program indicate that a majority of expenditures occurred at the community level. Comparisons of cost-effectiveness and differences in cost per beneficiary between the programs cannot be interpreted without a detailed definition of what constitutes a beneficiary and what services were provided.

All three programs have served as models for others to study and adapt underlying program principles. The FOCUS program has been most widely replicated, however, partly because FACT has developed itself into an intermediary training organization that is responsible for sharing the lessons it has learned with other NGOs in Zimbabwe and throughout Africa. The FOCUS model is also widely replicated because the principles underlying the program's community-led orphan enumeration, prioritizing, and visiting are simple to understand and can be put into practice by people not acquainted with FACT. (See the box titled Fifth-Generation Replications.)

Reasons to Expand

OVC programs expand for one underlying reason: in response to increasing numbers of children orphaned because of the AIDS epidemic. But organizations at different levels have their own particular reasons for expanding their OVC program activities.

Fifth-Generation Replications

In Zimbabwe, Marange Methodist Church established the first FOCUS replication in 1995 with support from the FACT FOCUS coordinator. The Methodist pastor was the community's FOCUS program site supervisor. On a visit to his home area in another province, the pastor spoke to a colleague about the FOCUS program. The second pastor requested assistance from FACT in setting up a FOCUS program, which was established in 1996. The program, which now operates without any support from FACT, involves 98 volunteers, covers nearly half the district, and provides support to approximately 1,500 vulnerable children. In 1998, the second pastor spoke about his program at a national conference. A third Methodist pastor copied this program after speaking with the second pastor. That fourth-generation site now involves 35 volunteers and supports 320 orphans. Three additional OVC programs were later established by other Methodist pastors in the same province as a result of contact

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Frontline Level

The main reason that community-level OVC activities expand is the perception of need. Community groups are at the frontline of response and may seek to increase access to their services, increase the scope of their services, and increase the capacity of their organizations to effectively deliver more comprehensive services. Members of the community may establish services to provide for needs of vulnerable children and households that are currently unmet. Expansion may be within existing program areas, in adjacent areas, or to communities remote from existing OVC activities.

Facilitation Level

Facilitating organizations such as FACT, COPE, and the Bethany Project are not direct implementers and do not provide services directly to affected children and families. Those NGOs facilitate the responses of community organizations, enabling them to respond better to vulnerable children. The decision to expand OVC programming at the facilitation level may be made for strategic considerations. Each of the programs engaged in pilot program development and then deliberately sought to establish supervised replications as part of its strategy. Increasingly, donor organizations are challenging NGOs to facilitate the responses of other organizations. Such initiatives may be resource

driven. Organizations such as PACT in Zimbabwe work to build the capacity of NGOs, especially those with OVC programs, to enable them to increase their own capacity, develop a strategic vision, and access more resources to promote expanded responses.

Policy/Resource Level

At national and international levels, the decision to promote the expansion of OVC programming is often in response to the "big picture." Long-term development considerations combine humanitarian concern with macroeconomic and geopolitical considerations. Organizations at this level use their influence and resources to promote scaling up of OVC programming.

Role of External Organizations

Promotion of scaling out occurs at two levels. Facilitating organizations promote the scaling out of other implementing organizations (i.e., NGOs and CBOs). Resource/policy organizations promote scaling out by facilitating and implementing NGOs or CBOs.

External organizations sometimes provide the necessary stimulus to other organizations to expand their programs. Promoters may help organizations build their capacity to expand their organizations as well as support program expansion. Scaling up should not be imposed on an organization. The following constraints may affect the promotion of scaling up by other organizations:

- Lack of capacity of implementing organizations to expand programs

- Lack of vision of implementing organizations that are content to deliver existing services to a defined community

- Concerns about the sustainability of expanded programs if the promoting organization discontinues its resource provision

- Lack of skills to deliver expanded programs, especially if organizations with skills in implementation are asked to facilitate service delivery by other organizations

- Top-down approaches that lead to lack of ownership by communities where scaling up programming has been imposed

- Initiatives that are driven by donors with extra money rather than by needs in a participatory process

- Short time frame with pressure for rapid results from overseas organizations

- Different agendas of overseas and local organizations

Scaling-Out Mechanisms

Program expansion may be initiated at different levels. Program implementers such as CBOs and NGOs organizations may expand their programs by increasing coverage, expanding their area of operation, or promoting replication by other implementers. Program facilitators such as NGOs and government departments may encourage program expansion by new or existing partners, or they may encourage other organizations to copy child support programs through the provision of training, capacity building, and exchange opportunities for visiting organizations. This section provides a

framework for the different mechanisms associated with scaling out programs for children affected by AIDS.

Frontline Level

Community groups, the frontline response, augment their programs in a number of ways. Expansion of programs occurs in two ways: by increasing the coverage of the program within the same geographical boundaries and by increasing the reach of the program beyond the original boundaries.

Those processes may occur concurrently, as in the Chirovakamwe FOCUS program. It recruited more volunteers to increase service provision within its existing boundaries and at the same time extended into new villages, expanding its program boundaries.

Community groups may also establish sister programs. After a program expands beyond its original boundaries, the site may divide into two administrative units. An increased number of volunteers or increased distances make it advantageous for the program to divide. Administrative and program skills developed by the original group may be rapidly passed on to the sister program. Smaller, geographically concentrated units are able to expand to meet the needs of vulnerable children in their area more easily than larger, geographically diverse units. (See the box titled Expansion by Division.)

Finally, community groups may support or promote replications by other CBOs. Community OVC programs are able to spread their approach to other communities with surprising speed and effectiveness. They may even spread rapidly from one community to another without assistance from paid staff or experienced program coordinators.

> **Expansion by Division**
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> The Chimwala CAC in Malawi was established in 1999. After six months, the CAC found it necessary to divide its catchment area into two administrative parts because of the difficult terrain that members had to cross to monitor VAC activities on the other side of the mountain.
>
> A similar process of expansion by division happened in the Rusitu FOCUS program. The number of volunteers increased because the program expanded. Furthermore, the terrain where the program operates is mountainous, and communications were difficult. In 1999, the program divided into two units. The original mission site administered 18 volunteers, who were responsible for supervising 385 orphan households; the adjacent site was administered by the Baptist church and rapidly grew to

In the FOCUS program areas, no geographic replications were noted to have occurred by spreading from one area to an adjacent or nearby area. Institutional replications were observed: Spreading occurred within both the Methodist and Baptist denominations. (See box above, Fifth-Generation Replication). In the United Baptist Church denomination, two replications of the Rusitu FOCUS program were established—one in urban Sakubva and one in rural Biriiri, 160 km and 70 km, respectively, from the Rusitu site. Replications were initiated by pastors and facilitated by the provision of awareness raising, technical support, training, and exchange visits.

Program Facilitators

Program facilitators come from both NGOs and government departments. Program facilitators may expand the scale of their programs by managed or responsive replications, promotion of replication, capacity building, and organizational expansion.

NGOs may supervise the replication of community-owned initiatives throughout an area. The process whereby an NGO establishes first one community program and then repeats the process systematically throughout an area has been termed a "strategic" or "managed replication." The process demands a high degree of commitment, especially after the number of replications has multiplied, so that support can continue to be provided to existing sites while new sites are established. The degree to which communities own the issue as their problem determines the speed at which program expansion can be carried out. After a "critical mass" of replications has been established, community initiatives may be mutually supporting through network building. In addition, the skills of the facilitating organization in community mobilization grow with each site establishment. The Bethany Project in Zimbabwe is an excellent example of a managed replication; the speed with which scaling out was successfully conducted reflects the high degree of identification and ownership that communities have for the issue of children affected by AIDS. Phase 2 of the COPE program is also an example of a managed replication.

Rather than deliberately plant replications in a predetermined geographic area, some NGOs encourage replications in response to requests for assistance. The supporting NGO may proactively facilitate those requests by awareness raising. That strategy may lead to community initiatives being less dependent on the supporting NGO. Or the strategy may be more appropriate if adjacent communities do not respond to attempts of supporting NGOs to initiate community initiatives. FACT's FOCUS program exemplifies that approach.

NGOs may support or promote replications by other NGOs or CBOs. Exchange visits, attachments, and program visits are important means by which new programs become established or existing programs improve their outreach. The likelihood of program innovations increases if visits are analyzed and accompanied by practical training in such areas as volunteer management, monitoring systems, mapping, and strategic planning.

FACT's Regional Training Program allows groups of participants to visit and analyze a variety of HIV/AIDS programs. The training program acts as an impetus for other groups to establish similar programs. New orphan programs were established in Zambia, Malawi, and Kenya after interested parties visited other program sites.

NGOs may build the capacity of other organizations, enabling them to expand programming. Organizations like PACT help NGOs and CBOs increase their organizational capacity. Capacity building is a prerequisite for some organizations that enables them to expand their programs. Capacity building helps organizations improve their financial, administrative, and programmatic management by tending to such areas as staff development, organizational structure, and sustainability. Organizational development also takes place as organizations define their vision, goals, and strategies.

The government may also facilitate action, either in coordination with NGOs or other change agents or by itself. In Malawi, the government has worked through its DACCs and its District Development Committees. In some active districts, government offices represented on those committees (e.g., the Department of Social Welfare and the Department of Community Development and Health) have mobilized CACs to establish Community Orphan Care Committees. The government, given its broad reach and mandate to initiate efforts on its own or with other partners at the district level (e.g., NGOs, religious organizations, the private sector, and community groups) is well placed for such activity.

In Zimbabwe, the CWFs that were established are a means by which the government facilitates its role as coordinator and encourages action to support vulnerable children. The government has also placed child welfare coordinators in the provinces to help focus and provide technical support to

efforts. The government supports some specific community-based actions including the chief's garden. That traditional practice is being revived throughout the country as one response.

6.3 Intermediary Organizations and Program Expansion Techniques

This section emphasizes the strategic role of intermediary organizations and analyzes techniques that are used to scale out effective, sustainable community mobilization interventions.

The Role of Intermediary Organizations

Intermediary organizations like the three described above play a strategic role in facilitating the development and expansion of the HIV/AIDS programs of CBOs and NGOs. Facilitating organizations use a variety of techniques, including awareness raising, training, partnership development, support visits, and awarding of subgrants to promote program expansion. Intermediary organizations, using two sets of techniques, have much greater potential to have an effect on the scale of the response than implementing organizations. Those techniques promote either program development or organizational development and capacity building.

It is good strategy for policy and resource organizations to promote the role of intermediary organizations: Organizations that are primarily implementers can become facilitating organizations; and existing intermediary organizations can expand their role and more actively support other CBO and NGO responses. Measures that can facilitate the expansion of the intermediary organization's role include the following:

- Help develop facilitation skills among the implementing organization's staff

- Build the capacity of organizations

- Help organizations develop a vision for scaling out

- Provide additional financial resources linked to scaling out

- Increase the monitoring role of government over OVC initiatives

- Strengthen national coordinating mechanisms for OVC initiatives

To promote scaling out through community mobilization, experienced and legitimate organizations need to advocate for the training and capacity building of more NGOs. Not every NGO can do a good job, however. Carroll, Schmidt, and Bebbington (1996) point out that

> [e]ffective institutional strengthening needs to be based on a synergy between technical and social organizational skills. Experience indicates that it is more feasible to provide skills and techniques to NGOs already committed to participation than to change the attitudes of organizations in which participation is not a strong value.

It is vital that participating NGOs subscribe to the vision, values, and strategic plans that embody and define community mobilization: participation and ownership of the vision. Organizations also need to develop their own internal capacity to help them respond effectively to the needs of the communities

that they serve. The remainder of this section analyzes techniques used by intermediary organizations to promote expanded community-based responses.

Awareness Raising and Volunteer Issues

Consistent and sustained awareness raising is critical to the mobilization process. When communities are able to clearly identify, articulate, and prioritize a concern, they are more likely to have the motivation to mobilize and work toward eliminating the problem. Both external change agents and community participants, especially community leaders, have a role in raising awareness.

However, factors other than awareness of a problem determine whether communities respond. Motivated volunteers have been a key element of success in each of the three programs described above. Motivation may be based on the perception of benefits (e.g., the economic benefits of cash and time savings), instrumental benefits (i.e., increase in skills, knowledge, problem-solving capacity), or psychological benefits (i.e., sense of belonging and connectedness, self-esteem) (Narayan 1995).

One of the issues that many programs grapple with is volunteer incentives. If used inappropriately, volunteer incentives can weaken community ownership of a program—as the Bethany Project discovered and corrected. Incentives have to be balanced with a mixture of the right kind of volunteers. More important, the fundamental motivation of the volunteers must not be driven by the incentives. It is important that communities themselves select volunteers who will be responsible for the activities; the external change agent should not impose its choices on them and jeopardize the sense of ownership of the volunteer selection. Incentives can help sustain motivation, but they are a double-edged sword because they can affect sustainability and ownership of the activities and process. Incentives have been used most successfully as motivators when they have been provided through a collaborative process and determined by communities.

The altruism and expressed commitment of volunteers emanate from a sense of community ownership and cohesion that is often strongly reinforced by a religious affiliation and orientation. Volunteerism rooted in religion has been one of the most prominent motivating factors behind the success of OVC programs, especially the FOCUS programs and the Bethany Project. Women who volunteer to visit and support orphans in those programs have been part of the churches' traditional and longstanding practice of women's guilds in the region. The volunteers are typically women who are strong members of the church through which the program is organized. They are chosen by the church elders and community leaders. In the six years of one program's history only one volunteer has dropped out—a phenomenal achievement. Religious factors appear to be a key element in the ongoing commitment of volunteers. Many volunteers are widows or keep orphans—another factor that contributes to the ongoing commitment of volunteers.

Participatory Methodologies

Community mobilization by external change agents helps communities identify and take action on shared health or social concerns. In addition to improving health and social conditions, the community mobilization process aims to strengthen the community's capacity to address its needs in the future. Participatory in methodologies are fundamental to community mobilization. The COPE program used techniques such as community and asset mapping to identify community strengths. It surveyed the stakeholders and invited them to participate in initial discussions and trainings. Problem-posing techniques engaged the full participation of communities, not just the elite members. Broad representation increased the likelihood of community ownership.

Partnerships and Linkages

One of the features of the model programs is the partnerships between NGOs and community groups. Partners had different roles, and those roles were implicitly understood by each partner even though understandings were not defined contractually as a matter of course. For example, the COPE program helped build the capacity of its community partners to access external resources and to mobilize internal resources. COPE facilitated linkages to other institutions and economic opportunities without always ensuring that all the elements were in place for follow-through. There was not much handholding between partners to establish, maintain, and strengthen linkages. COPE sought a balance between a hands-off approach to encourage community ownership and selective interventions to help ensure results. Maintaining such a balance presents a challenge to facilitating organizations, especially if external change agents have contractually predetermined results to meet.

Support visits by NGOs to partner organizations enabled the NGOs to supervise activities and give advice on program development. Visiting other organizations is an important support activity. Visits need to be planned to maximize their effectiveness and to ensure the presence of key personnel. After program replication, the existence of several community partners enabled linkages to be established between the partners. Supervisors from several FOCUS programs met regularly at FACT's offices, thereby fostering the transfer of ideas between programs. Some programs arranged exchange visits by their volunteers to other program sites. Exchange visits at the community level are very important for program learning, uptake, development, and expansion.

Training

Training is one of the most important ways that intermediary NGOs can contribute to scaling out. Formal training has serious limitations for developing the programs of other organizations. For example, staff can attend training courses run by other organizations; yet such courses lead to little development of the trainee's program or organization. The careful selection of trainees who are sufficiently senior within their organization to introduce program changes is vital if training is to have maximum effect. Too many training courses end up with little change in activities. During the late 1990s, FACT established five different training programs to assist with the development of CBOs and NGOs in Zimbabwe and to facilitate the transfer of lessons learned to other NGOs in southern and eastern Africa. An evaluation of FACT's regional training program found that NGOs in Kenya, Malawi, and Zambia had successfully established OVC programs as a result of attending a training course and visiting a FOCUS program. Training of appropriate people, which is participatory and practical, can lead to the expansion of OVC programming.

Capacity Building

There is a tendency to "talk capacity building but act programming." Most capacity-building activities emphasize the establishment and improvement of programs and activities rather than organizations.

Few NGOs have the skills to assess organizational capacity or have developed plans and indicators to gauge the effectiveness of capacity building in other organizations. As a result, capacity building is haphazard, and the effectiveness of capacity-building activities is impossible to measure. The lack of indicators leads to the inability to phase out involvement and technical support. PACT in Zimbabwe had a program specifically designed to help build the capacity of 15 NGOs involved in HIV/AIDS

activities and 6 NGOs involved in OVC activities. More NGOs need to learn techniques of capacity building and put them into practice with their community partners.

Documentation and Dissemination

The three programs described above have documented their experiences and the lessons they have learned in a variety of publications and manuals, and they have disseminated those materials. The publication and sharing of manuals, lessons, and experiences have generated interest and helped publicize the need for an expanded response. The University of Malawi collaborated with the University of Victoria in Canada; the COPE program; and the Ministry of Women, Youth Affairs and Community Services in documentation and dissemination efforts. Such efforts help inform both policy and practice even when planning and implementation have not maximized the potential effect.

6.4 Enabling Factors to Scale Out

This section describes a number of underlying principles and factors that facilitate the scaling out of community mobilization interventions to mitigate the effect of HIV/AIDS on children and families.

Leadership

Leadership is critical in all areas of response. The leaders' vision will ultimately determine the quality and magnitude of responses and the possibilities of broad participation. Leadership not only must be identified, but also must be motivated and inspired and its capacity built to contribute to the overall goals of scaling out.

In the frontline arena, leadership directly or indirectly affects the capacity of groups to undertake specified action in a sustained, accepted, coordinated, and effective manner. Leaders have been essential in mobilizing the community, especially where they are respected. In one of the villages visited by the team in the district of Dedza in Malawi, the head of the village was a woman who was also the chairperson of the VAC. She offered her own land to the committee to grow crops that would support orphans. The chief and her sons were the first to start cultivating the land, often waking up at dawn during the initial days. The chief was asked what had made people in the village willing to volunteer their time and resources to help vulnerable children. She replied that as a leader she had demonstrated commitment and set an example, rather than order her village to contribute resources to help orphans. When she addressed the village and requested help, everyone was willing to participate because they believed in her and shared in the vision.

Chief Kaomba in central Malawi's Kasungu district has contributed land and significant sums of money for impact-mitigation programs. The chief has also advocated to change national policy to benefit orphans and widows in Malawi. In Zimbabwe, chiefs have given their land to the community to have it cultivated for the benefit of orphans. Because such leaders can inspire others to expand the response, NGOs should consider leadership identification, capacity building, and leader-to-leader mentoring as activities that can support scaling out.

Religion

Organizing around a religious body strengthens the FOCUS approach. Faith-based organizations have credible leadership, existing structures, and effective channels of communication. Religious organizations and movements exist in all societies, and their development activities relate to the development activities of other institutions. Faith-based institutions convene people regularly and can speak to them with credibility and authority. They also have experience in creating interactive information sharing among peer groups (e.g., persons of different ages, youth, or women). Community members put a great deal of trust and responsibility in the religions that they practice. In this region, religion is an integral, if not the most important, part of a community's life. In those areas, religion plays a role at all the critical milestones in the lives of a majority of community members.

Not only the scale but also the duration of the AIDS pandemic presents a challenge to the world. Long-term commitments are necessary to control the disease, and faith-based organizations can provide that commitment. That commitment is critical as HIV/AIDS continues to create a "caring deficit" and erode the capacity of communities to care for persons affected by the disease.

The COPE program has organized around a coalition of partners through a structure of committees that include representatives of religious organizations. In the Mangochi district, the members of the Muslim faith used the *dawa* (women's groups that are similar in mission to the Christian women's guild) to support and visit orphans, widows, and the terminally ill. The Muslim Friday prayers were used to raise money for a community chest to assist orphans. Community and government structures facilitate care responses. Religious organizations of all persuasions should be an integral part of the OVC response. Where there is more than one religious group or denomination in an area, the larger goal of community development should be promoted. Proselytizing should be discouraged as well in favor of broader communitywide goals. The success of that strategy depends largely on the leadership, facilitation skills, and experience of facilitating organizations.

Structures

To expand programming, organizations should identify and work through existing structures as much as possible. The composition of structures will differ from country to country; but existing structures can be effective. In this study, two structures were analyzed that had grassroots-level service delivery capability. In Malawi, the COPE program worked with the government-initiated structure of district, health catchment, and village AIDS committees. That structure was largely nonfunctional until the COPE program provided external resources to revitalize and mobilize the structure at the health catchment and village levels. In Zimbabwe, FACT and the Bethany Project worked with structures established by religious organizations. That situation contributed to the accelerated mobilization of communities, thus allowing a heightened response to the needs of orphans and other vulnerable children. Other programs have worked with a structure comprised of ministries of education and schools in order to deliver services on a wide scale.

Coalitions

The COPE program found that the involvement of people from a broad range of interests (e.g., social work, the agricultural extension, the lay ministry, community development, community health) contributed to the success of its activities (Hayes and Wame 1998). Coalitions maximize the use of local human resources whose skills and knowledge mitigate the effects of HIV/AIDS.

Advocates

In many cases, NGOs are instrumental in encouraging existing community initiatives to develop more systematically into child support programs. But sometimes, it is a single individual who catalyzes a community into action. Throughout this study, numerous individuals were influential in raising the awareness of communities for the problem of vulnerable children and in advising them on how to establish community-based child support activities and programs. Such activities can easily be facilitated because the facilitators do not need to impose their own ideas on others for responses to be developed. The problem of increasing numbers of vulnerable children is one that is known to most community members already. All that is needed is for trusted individuals to help communities identify the problem and develop a response, sometimes with information and small amounts of material support from outside the community. (See the box titled The Role of Advocates in OVC Program Promotion).

> **The Role of Advocates in OVC Program Promotion**
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> An itinerant missionary worked with FACT's home care program in 1993. After seeing how the FOCUS program was established, she started working with the Evangelical Fellowship of Zimbabwe (EFZ) to promote the establishment of OVC programs by its member congregations. Twenty-two separate visiting programs were established, mostly under the supervision of EFZ pastors. The programs operate in 72 areas and involve approximately 720 volunteers from 99 churches. Regular visits are provided to approximately 7,200 families with vulnerable children.

6.5 Barriers to Expansion

Through organizations' experience with scaling out, a number of constraints have been identified. There are problems with organizational capacity, human and material resources, and undermining of community responses. The following section describes some of the barriers for organizations involved in scaling out and ways to overcome those barriers.

Staff

Program expansion by implementing and facilitating organizations can lead to problems for staff. In the Bethany Project and FACT, increasing the number of program sites led to the staff becoming unable to maintain monthly site visits. Reducing the frequency of support and supervisory visits caused initial problems, but it was found later that community ownership had increased. Community groups became more involved in decision making and less dependent on NGO staff to solve their problems. Community volunteers also started to obtain more support from some of the other community OVC programs associated with the program.

In the COPE program, staff members were expected to change their orientation from implementation of OVC support activities to facilitation of responses by community groups. Staff members need to obtain skills and support materials in community mobilization, volunteer management, and capacity-building techniques. Staff may be helped through this transition by leaders who share the vision of new strategies and through training and supervision.

Volunteers

Many volunteers already feel overburdened and overwhelmed by the scale of the OVC problem. It is vital that volunteers agree with decisions to expand community programs, especially if expansion leads to increased volunteer time. Providing incentives and increasing the number of volunteers are strategies that may enable scaling out to be established. Care must be taken to ensure that incentives do not undermine altruistic motivation and that capacity exists at the community level to manage increased numbers of volunteers.

Resources

Program expansion by implementing and facilitating organizations may lead to a reduction of material resources for the initial community groups. During scaling out of OVC programs by the Bethany Project and FACT, the level of material resources did not increase in proportion to the growing number of beneficiaries. Reductions in material support per beneficiary for the initial program sites created resentment among initial volunteers who saw a reduction in their incentives. The uniforms that they had received from the Bethany Project at first were discontinued when the program expanded. Also, new volunteers who saw that initial volunteers had received uniforms from the project were envious.

Paradoxically, reduction in support led to greater ownership by communities of the programs. In the FOCUS program, one community group eventually obtained funding from a donor organization, and as an emerging NGO, employed its first staff member. In the Bethany Project, when resources were shared among a larger number of beneficiaries, volunteers established income-generating activities to raise support. Needy children who had previously received school fees from the Project were enabled to continue going to school as a result of funds raised within the community. Self-reliance is a goal of community programs, but there is a danger that raising money to support orphans may be at the expense of social components of the program.

Ownership and Dependency

The COPE program and the Bethany Project each learned a lesson about ownership during the initial stage of their programs. The ongoing participation of volunteers in the COPE program depended on the continuing involvement of a sizable NGO staff and material inputs. As a result, COPE modified its approach. Staff size was reduced and the focus changed from addressing problems to mobilizing and building the capacities of the communities.

Similarly, the Bethany Project found that its initial two programs had become dependent on the project rather than the community. As a result, the project instituted changes to the program methodology. Rather than work with a small group of church-picked volunteers at first, project staff instead held workshops with community leaders. The workshops led to the selection of volunteers by the consensus of a wider group. Community groups and volunteers took over the primary responsibility from project staff for carrying out home assessment visits, keeping registers, and receiving reports. Communities also became more responsible for raising resources and advocacy. Consequently, the weight of ownership of the programs shifted from the Bethany Project staff to the community groups and volunteers. Project staff members were able to decrease the frequency of their support and supervisory visits, and programs started to obtain material support from within the community and not just from the Bethany Project.

Monitoring

Both FACT and the Bethany Project observed the flip side of increased community ownership and less dependency: facilitating organizations received less accurate and timeous monitoring data. That situation in turn raised questions of accountability. When programs are owned primarily by NGOs that must report on their activities to external donors, communities are forced to meet donor requirements and to collect data to satisfy organizations and people whom they have never met and about whom they know little. When community groups are trained in participatory monitoring, they not only learn the value of data collection but also come to understand how they can utilize locally generated information. The imposition of inappropriate data collection systems on frontline-level organizations leads to poor compliance and demotivation. Ensuring accountability first to local, then to national, and finally to international organizations is one method of lessening the problem.

Lack of Understanding of Community Initiatives

One danger often raised by community advocates is their fear that outside organizations will come in with answers to community problems. That attitude among outside organizations stems not only from a lack of understanding of the nature of community initiatives but also from a lack of respect for the people who struggle with problems such as poverty, drought, injustice, and illness on a daily basis. Understanding the ways that community members respond to the needs of orphans and other vulnerable children is essential to mobilizing communities and building their capacities.

Capacity

One of the key lessons learned by the COPE program was the realization that it was not possible for one CAC to support up to 100 VACs in the CAC health catchment area. CACs did not have the capacity to provide such widespread support, training, and supervision. In Zambia, a review of community initiatives found that church groups were providing food, clothing, and education for small numbers of orphans (from half a dozen to a few hundred). Although those attempts were commendable, they suffered from a lack of focused effort and funding (USAID/UNICEF/ SIDA 1999). Both those examples illustrate the lack of organizational capacity as a barrier to scaling out OVC programs.

Lack of capacity is not easily overcome. Thousands of community groups and hundreds of NGOs are responding to vulnerable children. Those groups and organizations could do much more if their capacity were built up, yet few organizations possess the experience, skills, and mandate to help build capacity. Most large organizations are highly selective in their choice of partners, preferring to work with a small number of relatively successful organizations. Most intermediary organizations are not actively looking for partners, and few if any organizations have shown interest in partnering and building the capacity of community initiatives. Development practitioners need new paradigms that incorporate the widespread provision of technical support, program development, capacity building, and small-scale funding as a delivery package.

Undermining Community Initiatives

Serious concerns have been raised in some countries about the provision of support to OVC programs in ways that undermine the role of local efforts. Even relatively small amounts of funding or material assistance targeted to the neediest households can undermine community coping if they are channeled inappropriately. Wrongly targeted assistance can change the nature of community solidarity and the motivations that usually drive local initiatives. Although there is usually a need at the community level for some basic material or funding resources, support must be paired with efforts, including training and technical assistance in organizational development and resource mobilization, that will enable participants to continue to make a difference after short-term funding is no longer available.

Central to the provision of external support must be the recognition that families, communities, and the children themselves are at the frontline of the response, demonstrating enormous capacity to care for and support vulnerable children and adolescents in AIDS-affected areas. It is imperative that governments, donors, NGOs and religious organizations focus on strengthening and supporting the ongoing efforts of families and communities. Community ownership is paramount if action is to be sustained.

Undermining Community Coping

A local organization in a remote rural area mobilized volunteers who were comprehensively supporting vulnerable children. A city-based organization decided to start training community members in that area to establish OVC support activities. No contact was made with the local organization, and no acknowledgment was made of the local organization's existence or activities. The city organization provided substantial payments to community members who attended the workshop. Its actions undermined the voluntarism that had been developed by the local organization and risked compromising community ownership for child support activities that had been painstakingly

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7. CONCLUSION: THE NEED TO SCALE UP AND SCALE OUT

It is a mistake for strategic planners to think that the promotion of scaling up is the principal explanation for the current proliferation of community-based child support activities. It is important for policy and resource organizations seeking to promote program expansion to understand the diverse ways in which community initiatives are being established and program expansions are taking place. Furthermore, there is the need to ensure that top-down scaling-up initiatives avoid undermining community-based programming and that they strategically support scaling-out approaches. Agencies need to recognize and facilitate community-based approaches and avoid direct implementation that bypasses organizations already involved in promoting program expansion. Poorly designed scaling-up programs could jeopardize fledgling community initiatives and dampen spontaneous program expansion by affected communities.

One of the fundamental questions in the area of expanding programs to support vulnerable children concerns whether the strategy should or should not be driven predominantly as a top-down scaling-up approach. *Orphans and Vulnerable Children: A Situational Analysis, Zambia* 1999, (USAID/UNICEF/SIDA 1999) presents the dilemma well in a section titled "The Absence of Solutions that Can Be Brought to Scale":

> [There is an] absence of any concrete solution, or approach to a solution, that would provide for more systematic and comprehensive family/community support and that could be brought to scale. Projects and activities are myriad…. Yet all are essentially small-scale, local, idiosyncratic to the circumstances for which they were created, not necessarily replicable on a large-scale or in a different environment. What is at issue is the need for courageous thinking that can go beyond existing ways of providing support and encouragement to families and communities. … The challenge is to use all the existing social and support structures … while at the same time endeavoring to devise new approaches that will enable families and communities to cope ….

An impression exists that outside organizations need to search for systematic responses to the situation of children affected by AIDS, that if only governments and other agencies developed a sense of urgency, an ingenious strategy could be devised to facilitate the implementation of a scaling-up program. The problem is viewed from the perspective of strategists looking for large-scale programs that their agencies can deliver. But there is another perspective that should be considered. International and national agency strategists need to realize that the problem is not primarily their own. The problem belongs to affected communities, and many are already constructing solutions. When viewed from that perspective, the primary responsibilities of outside agencies are to strengthen the existing programs, activities, and endeavors that have been initiated by communities whose children are affected by AIDS. For the specific purpose of achieving scale, the external change agents could

also be engaged in the systematic and strategic mobilization of communities to respond to the situation of affected children and families when there is a need to do so.

This study argues that existing diverse ways of providing support and encouragement to families and communities form the basis of the solution. Unlike the attitude at many institutions at the national and international levels, a sense of urgency already exists at the community level. With little or no outside assistance, thousands of communities in Africa have developed ingenious programs to cope with the increasing numbers of vulnerable children within their midst. The problem is that not all communities have done so spontaneously. Communities that have responded are scattered. Even in those communities, local efforts, although very important, typically do not match the level of need among orphans and other vulnerable children—hence the need for systematic scaling up, scaling out, and capacity building.

A number of such groups are already bringing their solutions to scale by expanding their initiatives, activities, and programs both within and beyond their own communities. To persons involved in community development, the proliferation of activity is not surprising. On other concerns and in other places, social groups, despite their respective capacities and socio-cultural contexts, have evolved, adapted, and developed new mechanisms to cope with changed circumstances. In some cases, the poorest and most vulnerable people have set up resilient and ingenious coping mechanisms such as self-help groups, volunteer and burial associations, and rotating credit and loan clubs. When viewed from that perspective, the main problem for external agencies should not be the absence of overarching solutions but rather the constraints imposed by
rigidity and organizational ethos that prevent them from responding appropriately. Institutional inflexibility limits the ability of agencies to adapt programming to support the myriad small-scale, idiosyncratic responses that communities have developed.

In practice, there is considerable overlap between what constitutes scaling-up and scaling-out activities. They can be seen as complementary, thus allowing implementing organizations to request support from resource organizations to expand their activities and scale out their existing programs. Or resource organizations may actively promote scaling up of programs by meeting with implementing partners and helping them plan their program expansion. To maximize expansion of programming and to keep it effective, it is important that scaling-up programs support existing scaling-out activities of implementers and promote and build on community-owned
initiatives.

This study seeks to distill the principles underlying scaling-up interventions to mitigate the effects of AIDS on children and families in the countries most seriously affected by the pandemic. The final chapter of the report recommends how to scale up effective, sustainable community mobilization and capacity-building interventions.

8. PRINCIPLES AND RECOMMENDATIONS

8.1 Need to Understand Community Coping Strategies

External change agents must recognize fully that families and communities are the first line of response to families and communities affected by HIV/AIDS. They are carrying and will continue to carry the primary responsibility of protecting and caring for orphans and other especially vulnerable children.

Understanding the ways in which community members respond to the needs of orphans and other vulnerable children is essential to mobilizing communities and building their capacities. External change agents must recognize that communities are service providers with both capacities and limitations. That understanding will allow for appropriate and adequately tailored support to communities. It will also help inform understanding at a global level and possibly serve as a basis for designing a framework for response. But a deeper understanding will be achieved only if communities themselves are active participants in studies to understand their coping strategies.

Communities must participate in all phases of the program, including evaluation. It is imperative that participation start from the outset of the mobilization process. In addition, communities must prioritize what the main activities will be and what structure they will assume.

Recommendations

1. External change agents need to study community coping strategies and initiate a dialogue with communities before program implementation.

2. Studies conducted by external change agents should use participatory methodologies with the deliberate and planned involvement of community members in data collection and the dissemination of findings.

3. The findings and recommendations of such studies should guide subsequent action to support community efforts to protect and care for especially vulnerable children.

8.2 Definition of Stakeholder Roles, Responsibilities, and Relationships

A variety of stakeholders can be involved in mobilizing community action to respond to the needs of orphans and other vulnerable children. They can include the following:

- Government ministries responsible for such interests as children, youth, women, and education

- International organizations such as UNICEF and UNAIDS

- Bilateral and multilateral organizations

- International and local NGOs

- CBOs, religious organizations, and others

Those and other bodies have critical roles to play in promoting, facilitating, and supporting effective community action. However, for community mobilization and capacity building to be efficient and effective, it is important that all participants are identified and that their roles, responsibilities, and relationships are clearly recognized and articulated.

For example, local NGOs and religious organizations are in a good position to mobilize communities and build their capacities. Governments are responsible for policymaking, but international organizations, NGOs, and donors are well positioned to advocate, support, and influence policy development and change. They can support local bodies in their catalytic roles to mobilize community action, and they can disseminate lessons learned. It is unlikely, though, that funding organizations can create and sustain a relationship that is close enough to communities to directly implement community mobilization and capacity-building efforts. The approach to community mobilization in which external agents catalyze communities by using participatory approaches and capacity building (rather than by providing direct services to children and families) offers the most promise for scaling up and scaling out. The structures or bases used may vary, but to achieve scale and sustainability, community ownership and management of those responses are the constant, key features of success.

Recommendations

4. Stakeholders must carefully define their respective roles, responsibilities, and relationships to lay a foundation for a working environment that facilitates systematic, coordinated implementation of program strategies.

5. Donors and government should work together to identify and support organizations that can catalyze community action and build community capacities.

8.3 Expanding the Vision for Scaling Up

It is imperative that the vision to protect and care for especially vulnerable children be dramatically expanded. That effort will require building a broad consensus about the urgent need for an expanded response. Underpinning that need is the realization that the effects of HIV/AIDS on children are unprecedented and span the whole development spectrum. HIV/AIDS is not just a health problem.

It is evident that uncoordinated, noncollaborative responses or those limited to a particular sector are inadequate and ineffective in mitigating the complex effects of HIV/AIDS on children and families. Experience has demonstrated that multisectoral, collaborative, and coordinated responses are essential. There are a number of successful but relatively small and localized responses. Given the scale of the pandemic—the sheer numbers of affected children—the immediate challenge is to increase the coverage of responses (i.e., scale up) to match the magnitude of the problems caused by

AIDS. An expanded response requires strategic partnerships among policymaking and funding bodies and religious, development, and catalyzing organizations.

Currently, the impetus for scaling up comes mainly from international organizations because that they have greater access to a wide base of information about the current and projected AIDS situation and they have geographically broad mandates. In contrast, NGOs and CBOs usually establish programs based on current rather than projected impact, and they usually target limited geographic areas rather than countries or regions. Capacity-building organizations have a key role to play in developing and engaging in a wider effort to scale up the collective response.

Recommendations

6. NGOs, international organizations, religious bodies, and other concerned parties should collaborate with key government ministries to analyze the contexts in which children are being orphaned and otherwise made vulnerable by HIV/AIDS. Such situation analyses should include information about the current and projected scale of the effects of HIV/AIDS on children. The studies should also include an inventory of capacities, mapping of programs and other assets, identification of important gaps and priorities, and specific actions needed to address those areas. The information should be analyzed and disseminated widely to all key stakeholders and the public to help develop their vision for scaling up effective responses.

7. International organizations such as UNICEF and UNAIDS, and international and national NGOs should work together to develop materials to guide and inform national situation analyses. They should also provide technical and financial resources for carrying out the work.

8. Capacity-building organizations and facilitators should help key stakeholders to strategically develop vision statements, and they should challenge the stakeholders to expand their programs and activities to help build collaborative, scaled-up responses.

9. Capacity-building organizations and their counterpart NGOs should identify and mentor potential leaders at the community level to develop and sustain expanded programming.

10. Governments and funding organizations working in partnership with implementing organizations should promote and support networking among grassroots support organizations, intermediary NGOs, and capacity-building NGOs to expand their vision and to recognize their contributions as a part of a larger collaborative national and regional response.

8.4 Providing Direct Support to Communities

Community groups that respond to children affected by HIV/AIDS need technical support as well as material resources. Community members, mostly women, are responding by visiting households with orphans, establishing income-generating projects, and sending children back to school. Although some community initiatives are organized and well strategized, others are small scale and rudimentary. However, the adaptation and replication, or scaling out, of community initiatives can help protect and support much larger numbers of vulnerable children more effectively. Outside organizations can provide technical support and small amounts of targeted material support for community efforts.

Top-down efforts to strengthen community action must not undermine community initiatives. Donors and external change agents should support scaling-out initiatives through flexible programming approaches.

NGOs are well positioned to provide support to community initiatives through partnerships with external agencies that are committed to scaling up community responses. NGOs can provide diverse support to meet the varied needs of communities. Consequently, supporting NGOs should be flexible in their approach. Innovative funding mechanisms are also needed to provide resources to partners that allow flexibility and creativity to build on local assets and opportunities. Such mechanisms should be developed, evaluated, and replicated.

Although more resources are needed, the timing and manner of their provision must be carefully considered. Community action cannot be mobilized and sustained by providing resources as a "carrot" for motivation. The direct infusion of funds at the beginning of a mobilization process can rob communities of the opportunity and space they need to develop their own initiatives, and of the vital sense of ownership and responsibility that comes with doing so. Giving funds as an incentive for action creates the impression that the government or the donor is solving this problem, while it undermines a sense of community responsibility. Funding assistance should, instead, be a response to community action undertaken with local resources. Such targeted assistance should happen in tandem with community capacity building that promotes needed skills and community ownership.

Recommendations

11. Before they are given external financial support, community structures should be established or strengthened to ensure accountability and to promote transparency and democratic principles.

12. Donors should support NGOs with flexible funding to provide technical support and essential material support to community initiatives.

13. Funding organizations should support capacity-building NGOs, thereby enabling them to respond adequately to the needs of the communities. Partnerships and organizational development, subgrant management, and resource mobilization, as well as participatory methodologies in field planning, program development techniques, monitoring, and evaluation, are important areas for capacity building.

14. NGOs must establish a systematic but simple mechanism through which local communities can share experiences and maximize the use of available resources in a cost-effective manner.

15. Donors should not directly provide material and financial resources to communities without first considering working through existing community child support structures. They must also ensure that the way that resources are provided and the expectations that are created do not undermine community ownership or the efforts of CBOs or NGOs to mobilize community-managed and community-owned activities.

8.5 Need for an Expanded Response

Donors, governments, and international and local organizations that promote scaling up must realize that an expanded response is built through partnerships with catalyzing and capacity-building organizations that have flexible program strategies that respond to the needs and priority concerns of local communities. Donors, governments, and international organizations need to establish partnerships with national and local NGOs and CBOs and to proactively promote their program expansion and replication. Donors and international organizations should not bypass relevant local organizations in their efforts to scale up responses to the needs of orphans and other vulnerable

children. Part of the scaling-up strategy should be to build local capacity to continue efforts over the long term.

Recommendations

16. Policy and funding organizations should enhance the capacity of local NGOs that are committed to reaching more children and families affected by HIV/AIDS with quality programming through partnerships that draw on NGO experience, skills, and resources.

17. International and national NGOs should establish technical support and subgrant funding partnerships with community organizations.

18. Funding organizations should avoid direct implementation that bypasses local structures, and they should abide by a mutually agreeable framework and principles of response. The framework should be based on a situation analysis and strategies agreed to by all relevant stakeholders.

19. NGOs should work with and build the capacity of local leadership identified by communities to promote program replication and scaling out.

20. International organizations and donors should document and disseminate to governments, NGOs, and other stakeholders the analyses of scaling-up and scaling-out activities to identify what works and what does not. Such information should include the cost-effectiveness of different approaches.

8.6 Participatory Monitoring

Monitoring data, first and foremost, must serve the needs of the community. The goal is for communities to tailor the systematic collection of information to facilitate the design and implementation of effective activities. There is a growing tendency among external change agents and donors to have communities collect increasingly complex data sets to satisfy their programmatic and reporting needs. In many cases, the communities inefficiently collect inadequate data that they do not understand and that they are not likely to use.

External change agents can assist communities in organizing and preparing data for their own use in program planning, implementation, monitoring, and program review. Such an approach should be negotiated from the outset with donors recognizing that an important part of the motivation that helps sustain community action is for community members to be able to see in meaningful ways that their efforts are making a difference. Imposing data-gathering requirements on them undermines the sense of ownership that is essential to sustained community action. Telling people what to count amounts to telling them what their interventions should be and whom they should assist.

Recommendations

21. Catalyzing organizations should develop monitoring systems in collaboration with communities so that the information that communities collect will be useful to them.

22. Donors and catalyzing organizations should adjust their expectations for data reporting to be in keeping with the action that the community decides to undertake and the community's intended beneficiaries.

8.7 Need for an Enabling Environment

National and international policies must be geared toward the creation of an enabling environment that will support community-based and community-managed responses. It is critical that at the highest levels political commitment and support are behind the scaling-up of mitigation and prevention efforts that recognize that communities are on the frontline of response. Countries need a champion for this way of thinking. A prominent figure such as the head of state can be a powerful, highly visible, credible champion for policies and practices that encourage and support community action. Donors should support the champion in as many innovative ways as possible.

It is important that the policy and legal environment pertaining to children's issues is conducive not only to the support but also to the promotion of community-based and community-managed responses to mitigate the effects of AIDS on children and families. All laws and policies affecting children should be reviewed to make sure they protect the best interests of children, including those orphaned and those whose parents are terminally ill. The review process should involve the affected communities themselves and have the highest level of support from donors, including strategic plans for expediting the process. The United Nations Convention on the Rights of the Child provides the standard for such a review. Some governments have initiated such action, but many are moving at a snail-like pace in spite of the urgency of the matter. In the three countries visited, most policies and laws affecting children, including orphan care policies, HIV/AIDS policies, foster care acts, and adoption acts, are awaiting approval at the cabinet level or passage in parliament.

In addition, the government, donors, and other participants at the national and international levels must be intimately involved and supportive of the goals of scaling up. They must not only provide resources and technical assistance but also create a conducive environment and coordinating structures. Government can contribute significantly by mandating that line ministry personnel actively support and participate in community mobilization and capacity-building efforts.

Recommendations

23. In the mobilization of communities, organizations that have the capacity to respond to the needs of vulnerable children should take steps to proactively inform and influence policy through advocacy, research, evaluation, documentation, and dissemination. Policy, if it is to be relevant and in the best interests of families and children affected by AIDS, should be guided by field experience.

24. Stakeholders should collaborate in multisectoral efforts to develop interventions that broadly address the protection, health, education, and general well-being of children.

25. Every country that has not already done so should review its laws in relation to the United Nations Convention on the Rights of the Child. Donors should provide financial and technical support to those review efforts.

26. Donors and government should fund and support multisectoral task forces to review, rationalize, and harmonize all laws and policies—an exercise that should involve community input. The review should produce draft legislation for presentation to the parliament and cabinet. Such a process should be completed within one to two years.

8.8 Centers of Learning

It is important to recognize, affirm, and support the pivotal role that organizations and communities can play in scaling out community action. Community mobilization skills cannot be taught effectively in a classroom; successful learning requires firsthand experience with what communities can do. Learning how to replicate or adapt successful community action works best when the centers of learning are closest to the community responses. The organizations involved should always be learning and trying to understand the responses and dynamics at the community level. That dynamic will enable those organizations to adapt and refine approaches to programming, making them more efficient, relevant, and better able to respond to the needs of children and families affected by AIDS.

It has also been recognized that successful community initiatives that receive extensive attention soon suffer fatigue from too many visits and begin to have suspicions or expectations. For instance, community members who do not represent the community group might start to suspect that the committee is receiving resources that are not filtering to the community. The expectations of a community group and the community at large can also be heightened if they think that outsiders will bring in resources. Such expectations can undermine community efforts and lead to a souring of relations with catalyzing organizations as well as to envy and suspicion from representatives of other neighborhood initiatives that do not attract as much attention. It is important, therefore, that an intermediary organization act as a clearinghouse for requests to visit community groups and that such intermediaries be able to control the timing and frequency of visits by outside groups.

The centers of learning and the capacity builders themselves must develop and acquire relevant knowledge and experience as well as effective skills in training. Support for building the capacity of the communities that serve as learning centers must be part of the process. Catalyzing organizations must reorient themselves to focus on giving away skills, to being catalysts and facilitators and not direct implementers or service providers.

Community-to-community learning takes place when members of one community visit a community where activities are established and when they are inspired to initiate similar activities in their own communities. To promote scaling out, donors and government should support, encourage, and facilitate such learning and exchanges.

Recommendations

27. Policy and funding organizations should support catalyzing organizations and active communities to increase their capacity to act and serve as learning centers.

28. Government, donors, and catalyzing organizations should fund, support, and facilitate community-to-community learning and exchanges.

29. Donors, governments, and catalyzing organizations must take care not to overburden active communities with outside visits, and they must consult communities about the timing and frequency of such visits.

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