



FAMILY AIDS CARING TRUST  
*"Working with others to promote  
quality HIV/AIDS interventions"*



# Expanding Community-Based Support for Orphans and Vulnerable Children



# Acronyms

<b>CBO</b>	community-based organisation
<b>CINDI</b>	Children in Distress
<b>COPE</b>	Community-based Options for Protection and Empowerment
<b>FACT</b>	Family AIDS Caring Trust
<b>FHT</b>	Family Health Trust
<b>FOCUS</b>	Families, Orphans and Children Under Stress
<b>INGO</b>	international non-governmental organisation
<b>IPC</b>	Initiative Privée et Communautaire de Lutte Contre le SIDA
<b>NGO</b>	non-governmental organisation
<b>OVC</b>	orphans and vulnerable children
<b>SC-US</b>	Save the Children Federation-USA
<b>UNGASS</b>	The United Nations General Assembly Special Session

# Contents

	<b>Page</b>
<b>Summary</b>	<b>2</b>
<b>1. Background</b>	<b>3</b>
1.1 Children affected by AIDS – the scale of the problem	3
1.2 Responses to increasing numbers of vulnerable children	4
1.3 Background to workshop	5
<b>2. ‘Scaling-up’ support to orphans and vulnerable children</b>	<b>6</b>
2.1 Increasing impact through ‘scale-up’	6
2.2 Tributaries of impact	8
Table 1: Tributaries of impact of OVC activities: focus, coverage, quality and sustainability	9
<b>3. Community level OVC responses</b>	<b>10</b>
3.1 Characteristics of community-based responses	10
3.2 Community case studies from Zimbabwe	12
3.3 Scale-up of community OVC responses	15
<b>4. Supporting CBOs and NGOs involved in community responses</b>	<b>18</b>
4.1 CBO/NGO support	18
4.2 Case studies: CBO/NGO support for OVC initiatives	20
4.3 Scale-up of CBO/NGO support	23
<b>5. Creating an enabling environment for scale-up</b>	<b>26</b>
5.1 Enabling environment	26
5.2 Case studies: policy and advocacy around OVC issues	27
5.3 Creating a more enabling environment	30
<b>6. Conclusion</b>	<b>33</b>
Table 2: Responsibilities at different levels in relation to scaling up OVC activities	34
<b>Appendix 1: Workshop participants</b>	<b>36</b>

# Summary

**I**n order to provide support to increasing numbers of orphans and vulnerable children (OVC), there is a pressing need to scale up effective community-based care initiatives.

In October 2001, a workshop was co-hosted by Family AIDS Caring Trust (FACT) and the International HIV/AIDS Alliance in Mutare, Zimbabwe. The workshop was attended by representatives of 17 intermediary NGOs<sup>1</sup> from nine countries, mostly from East and Southern Africa. The aim of the workshop was to understand the proliferation of OVC initiatives throughout the region and the ways in which NGOs and their partners can expand the impact and coverage of OVC programmes. This report is largely the result of discussions by workshop participants. Case studies of participant groups and organisations are included throughout the report.

Participants focused on three levels at which change is required to achieve scale-up: community, facilitation and policy/resource. At each of these levels, workshop participants agreed that successful scale-up efforts should pay attention to the focus, coverage, quality and sustainability of programmes. For each level, participants analysed the respective roles of five groups concerned with scaling up: community groups and CBOs, intermediary NGOs, government, international NGOs, and donors.

The key conclusions of the workshop were that stakeholders must be aware of their respective 'niche roles', act appropriately and work together. Policy/resource organisations should make greater commitments to the development of supportive OVC policy and commit more funding through intermediaries. The provision of both technical support and appropriate funding by intermediary NGOs to community level organisations could go a long way to helping such groups reach more vulnerable children and perhaps expand their response into areas such as home care, income generation and effective HIV prevention.

---

<sup>1</sup> Intermediary NGOs are non-governmental organisations which provide technical assistance and sometimes financial support to other NGOs and community-based organisations (CBOs).

# 1 Background

## 1.1 Children affected by AIDS – the scale of the problem<sup>2</sup>

**T**here is a huge and growing number of orphaned children in Africa. Estimates for 26 African countries suggest that the number of orphans from any cause will increase by around 50% between 1990 and 2010.

In 1990, AIDS accounted for 16% of parental deaths leading to orphaning; by 2010, that figure is expected to rise to 68%. In Southern Africa, the worst affected region, it is predicted that the number of double orphans (those who have lost both mother and father) will increase by a staggering 1,600% (from 0.2 to 3.4 million). By 2010, around one third of children will have lost one or both parents in the five worst affected countries in the region (Botswana, Zimbabwe, Swaziland, Namibia, and South Africa) while some 20-30% of children in Central African Republic, Mozambique, Zambia, Rwanda, Malawi and Lesotho will be orphans. The combination of early infection and the long incubation period of HIV means that the proportion of orphans in these countries will remain exceptionally high throughout the first half of the 21st century.

The extent of the epidemic in Africa makes it qualitatively different from other regions. Traditionally, it used to be said “there is no such thing as an orphan in Africa”. Children who lost one or both parents were incorporated into a relative’s family. But the combination of increased orphan numbers, reduced numbers of caregivers and weakened extended families, combined with poverty, means that vulnerable children are more likely to fall through the extended family safety net. Rising numbers of children of all descriptions, not just orphans due to AIDS or other causes, are suffering as a result of the epidemic. Children are being affected economically, socially and psychologically. Economic and social impacts include malnutrition, reduced access to education and health care, child labour, migration and homelessness. Psychological impacts include depression, guilt, anger and fear caused by parental illness and death. The social, economic and psychological impacts of AIDS on children combine to increase their vulnerability to a range of consequences including HIV infection, lack of education, poverty, child labour, exploitation and unemployment.



*A diagram showing the different elements of the community which can support children.*

<sup>2</sup>This section is based primarily on *The White Oak Report: Building international support for children affected by AIDS*. Levine C & Foster G. The Orphan Project, New York, 2000 and *Children on the Brink*. Hunter S & Williamson J. USAID, Washington, 2000. Available at [www.aidsinfo.org/orphan/](http://www.aidsinfo.org/orphan/) and [www.synergyaids.com/children.htm](http://www.synergyaids.com/children.htm) respectively.

# 1 Background

## 1.2 Responses to increasing numbers of vulnerable children

**E**xperience suggests that children are best cared for within families and communities.<sup>3</sup>

Institutionalised care is not financially feasible for the majority of orphaned and other vulnerable children. In poor communities, increasing the number of places available in orphanages has often led to more children being placed by their families into these centres, partly because the material standards are seen as being higher than families can provide. This increases the scale of the problem and consumes resources that could be better used for strengthening family and community capacities to care for and support vulnerable children.<sup>4</sup>

It is clear that extended families need to be supported as they struggle to provide for increasing numbers of children affected by AIDS. Community groups, faith-based congregations, CBOs and NGOs are the first line of support for households caring for vulnerable children. In the last decade, the response of communities to the impact of AIDS upon their children has been astounding. Across Africa, thousands of groups have recognised the plight of increasingly vulnerable children and are responding to their predicament with ingenuity. Community OVC initiatives, programmes and emerging organisations are currently hardly known outside their immediate locale. They have been little studied or documented. Few external organisations have sought to partner grassroots associations or provide them with additional resources. No networks exist to support their development. Yet these community initiatives, the primary response to increasing numbers of children affected by AIDS, are proliferating. Some initiatives have built themselves up into more established CBOs. NGOs and existing CBOs have also established activities and programmes to support OVC. Support activities offered by these groups include visiting affected households, teaching domestic skills, providing food, clothing and school fees, setting up income-generating projects, and providing spiritual, emotional and psychological support.



*Alick Nyirenda reviews group work presentation.*

<sup>3</sup> *Policy statement: children affected by HIV/AIDS.* International HIV/AIDS Alliance, 2001.

<sup>4</sup> *Principles to guide programming for orphans and vulnerable children.* UNICEF and UNAIDS, 2000.

# 1 Background

## 1.3 Background to workshop

In October 2001, the International HIV/AIDS Alliance and FACT co-hosted a workshop in Mutare, Zimbabwe entitled: *Expanding community-based support for orphans and vulnerable children*, together with 17 intermediary NGOs that provided support to CBOs and other NGOs responding to OVC.

The aims of the workshop were to understand and document:

- The proliferation of community OVC initiatives, their characteristics and needs
- How participants and their partners have expanded the impact and coverage of OVC programmes
- Experiences gained in supporting other NGOs and CBOs in OVC activities
- Techniques and experience gained in building the capacity of other NGOs and CBOs
- Ways in which local NGOs can make the transition into intermediary NGOs.

Selected strategic NGOs from countries in East and Southern Africa were invited to attend this participatory workshop. It was recognised that primary providers of support to OVC such as CBOs and community initiatives were not directly represented at the workshop. To remedy this, three local CBOs or community groups participated during the second day of the workshop, which was devoted to understanding community perspectives.

# 2 'Scaling up' support to orphans and vulnerable children

## 2.1 Increasing impact through 'scale-up'

**A**s the effects of HIV/AIDS grow, there is an urgent need to reach more OVC with improved care and support. Community mobilisation and capacity building are practical responses to the effects of HIV/AIDS on families and communities.

Little is known about how well communities are actually coping, what efforts appear to be successful, and what circumstances may affect those efforts. Even less has been documented about how effective community mobilisation approaches may be scaled up to benefit more children and families. In this report, we use the general term 'scale-up' to refer to the process of successfully expanding and improving efforts to meet the needs of OVC, which result in increased impact.

Three levels of involvement have been defined in relation to scaling up: community, facilitation and policy/resource levels<sup>5</sup>; some organisations are involved at more than one level. Scale-up needs to take place at each of these levels:

### 1. Community level

The primary response includes individuals, households and families, with support from groups such as community initiatives, faith-based congregations, CBOs and NGOs.

- ✓ These groups need to reach more vulnerable children and families, improve the quality of the services they provide and become more sustainable.

### 2. Facilitation level

This includes local NGOs, international NGOs, religious and private organisations and district government departments and committees. The focus of this workshop was intermediary NGOs.

- ✓ Intermediary NGOs need to provide more CBOs and NGOs with support. In addition, they need to improve the quality of the technical and financial support they provide.
- ✓ There is need for more intermediary NGOs. This increase might come about by strengthening NGOs which currently implement services for OVC to assume a capacity building role and become intermediary NGOs. Alternatively, new organisations with a specific CBO/NGO support mandate may be established.

---

<sup>5</sup> *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.* Phiri S Foster G & Nzima. Displaced Children & Orphan Fund & War Victims Fund, Washington, 2001.

## 2 'Scaling up' support to orphans and vulnerable children

### 3. Policy/resource level

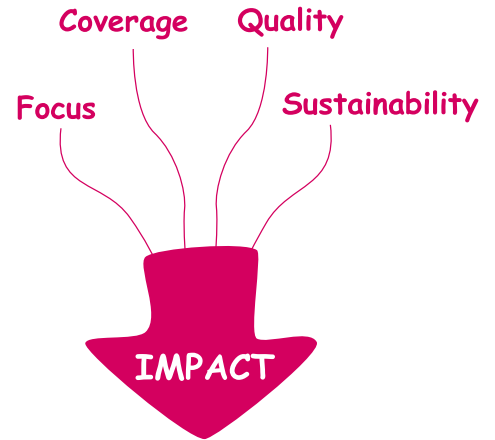
This includes government departments, national and international donors, non-governmental, religious, private and inter-governmental agencies.

- ✓ Political commitment is crucial because of governments' ability to use existing structures, resources and networking capabilities to promote OVC activities.
- ✓ Advocacy, policy development and resource mobilisation are key activities in creating a conducive environment.
- ✓ There is need for organisations at this level to promote scaling-up through the establishment of an 'enabling environment' that promotes community mobilisation, capacity building and scaling-up at community and facilitation levels.

For each of these levels, participants analysed the roles of the following stakeholder groups in relation to scaling up:

- ✓ Community groups and CBOs
- ✓ Intermediary NGOs providing support to CBO/NGO OVC service providers
- ✓ Government
- ✓ International NGOs (INGOs)
- ✓ Donors.

Roles and responsibilities that were identified for each of these stakeholders at different levels are recorded in Table 2 on pages 35 and 36.



*Tributaries of impact*

*"The essence of scaling up is to have a substantial impact, improve quality, expand coverage, increase sustainability and strengthen our focus. That is what we have to do - even if it means we have to change our traditional ways of working, and enter new territory."*

**Alick Nyirenda, Executive Director, CHEP, Zambia**

# 2 'Scaling up' support to orphans and vulnerable children

## 2.2 Tributaries of impact

At each of these levels, in order to maximise the positive impact on orphans and vulnerable children and the community, successful scale-up efforts must pay attention to issues surrounding the focus, coverage, quality and sustainability of the programmes. These issues may be termed the 'tributaries of impact.'

- ✓ **Focus:** ensuring that programmes work most closely with individuals or groups that have the most significant effect on the epidemic's dynamic or consequences.
- ✓ **Coverage:** ensuring that as many beneficiaries or organisations are reached as possible.
- ✓ **Quality:** ensuring that programmes are appropriate to local context and the target group and are of consistently high standard.
- ✓ **Sustainability:** ensuring the organisation, programme and its effects last and strengthen over time.



A picture drawn during the workshop to represent the relationship between the four tributaries of impact.

Each of the four tributaries is important if a programme is to be effective and have lasting impact. For example, many programmes are well focused, of high quality and have a sustainable base but pay little attention to issues of coverage. As a result, they have limited impact on the epidemic and it is difficult for them to be scaled up. Similar concerns exist in scaling up programmes that overlook focus, quality or sustainability. Increasing the scale of programmes which are deficient in a vital component will lead to little impact on the course and consequences of the epidemic (see Table 1 overleaf).

In practice, it is rare for focus, coverage, quality and sustainability to be addressed all at the same time and to the same degree. At a particular point in the scale-up process, a community group may concentrate on increasing the focus or quality of their orphan support work, at the expense of increasing coverage. Or, an NGO support provider may concentrate on increasing coverage, without necessarily also seeking to improve the quality of the support it provides. However, over time, each must be tackled to increase impact. Focus, coverage, quality and sustainability are all essential components of any long-term scale-up strategy.

*"Focus is very important to us, so we do not waste our resources."*

**Exhilda Siakanomba, Programme Officer, Family Health Trust, Zambia**

# 2 'Scaling up' support to orphans and vulnerable children

Table 1: Tributaries of impact of OVC activities: focus, coverage, quality and sustainability

	Focus	Coverage	Quality	Sustainability
<b>Community level:</b>  <b>Responses of frontline groups and organisations</b>	<ul style="list-style-type: none"> <li>✓ Responsive to the needs of vulnerable children and their communities.</li> <li>✓ Targeting the most needy or vulnerable children, families or communities.</li> </ul>	<ul style="list-style-type: none"> <li>✓ As many orphans and vulnerable children as possible are reached and supported.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Support to vulnerable children and families is appropriate to the local context, informed by good practice and of a consistently high standard.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community responses continue and evolve to meet changing needs.</li> <li>✓ Positive effects of community responses last over time.</li> <li>✓ Responses are owned by communities who are able to source external support where needed.</li> </ul>
<b>Facilitation level:</b>  <b>CBO/NGO support</b>	<ul style="list-style-type: none"> <li>✓ Targeting CBOs and NGOs that are already having an impact on the lives of OVC and which have a potential to increase the scale of their response.</li> <li>✓ Targeting NGOs with a potential to become intermediary organisations.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Enough CBO/NGO support providers to meet the technical support, organisational development and funding needs of community-based OVC responses.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Support provided to NGOs/CBOs is comprehensive, appropriate to the local context, informed by good practice, and of consistently high standard.</li> </ul>	<ul style="list-style-type: none"> <li>✓ CBO/NGO support provision continues and evolves to meet changing needs.</li> <li>✓ CBO/NGO support providers and the community groups they support are stronger organisationally and programmatically.</li> </ul>
<b>Policy/resource level:</b>  <b>The enabling environment</b>	<ul style="list-style-type: none"> <li>✓ Targeting individuals, governments, institutions and donors who have the potential to have a significant effect on the policy and resource environment.</li> <li>✓ Advocating for good practice and against strategies or policies which undermine community-based responses, for example vertical programming.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Enough individuals, policy and resource organisations reached with appropriate information about good practice policies &amp; strategies.</li> <li>✓ Ensuring that information and ideas are exchanged between relevant stakeholders in both the 'North' and the 'South'.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reaching and influencing key decision-makers and other influential stakeholders with appropriate, prioritised information and ideas.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Steady, secure and increasing resources available for community OVC responses and relevant CBO/NGO support.</li> <li>✓ Supportive policy and legal environment.</li> <li>✓ Political will and long-term commitment.</li> <li>✓ Sufficient and appropriate attention to OVC issues from stakeholders in the 'North' and the 'South'.</li> <li>✓ Substantial resources provided by national organisations.</li> </ul>

# 3 Community level OVC responses

## 3.1 Characteristics of community-based responses

**C**BOs and NGOs play an important role in meeting the needs of vulnerable children in East and Southern Africa. There is growing understanding of good practice in OVC work for such organisations. However, the bulk of support to extended families caring for OVC is not provided by CBOs or NGOs, but rather through the informal, day-to-day activities of community members. These 'organic' activities are often barely visible to outsiders, yet are vital for the community to cope. Relatively little is known about the nature, needs and proliferation of these 'community initiatives'.

### Characteristics of informal community initiatives

- Lack of formal management structures and systems.
- Make use of local resources.
- Focus on responding to immediate, local needs.
- Community-owned.
- Often catalysed by charismatic local leaders, such as priests.
- Voluntary activities and do not involve paid staff.
- Day-to-day activities are often decided by consensus.
- Often linked to kinship and family ties or neighbour-to-neighbour support.

Community OVC initiatives often arise from the spontaneous, informal responses of community members to evidence of need. They may also result from one community seeing and adapting the OVC activities of other communities or community mobilisation efforts by individuals, organisations or government agencies from outside the community.

*"When the Department of Social Welfare talked about the need to do something about the growing number of orphans, we said, 'Why should the whole community look after orphans who have their own relatives?'. But after discussing the issue, we realised that the orphan problem was not just the responsibility of individual households or relatives but of the whole community. At the rate people are dying, we realised that tomorrow any one of us could die leaving orphans who would have to be looked after by the community."*

**Traditional Chief, Manicaland Province, Zimbabwe**

# 3 Community level OVC responses

Community OVC initiatives tend to be voluntary, with participants motivated by community spirit, religious faith and desire to care for children. Most volunteers are women, often widows and mothers, who see their involvement as a 'labour of love'.

Many community OVC initiatives in East and Southern Africa are undertaken by faith-based groups or organisations. Activities carried out are different depending on the preferences and motivations of the leaders and volunteers of the initiative, as well as local needs, local resources and the location (e.g. urban, peri-urban or rural).

## Activities of community initiatives

- Support to carers, including extended families looking after orphaned children.
- Home visits to OVC households.
- Youth-to-youth counselling and support.
- OVC support integrated into home-based care for the sick.
- Gardening, for nutrition and social integration of OVC.
- Material support provided by neighbours and other community members.
- Spiritual support and counselling.
- Income-generating projects.
- Provision of school fees, uniforms and school supplies.
- Establishment of community schools.
- Life skills education, including HIV/AIDS/STI information and awareness.
- Referral services to public sector agencies – such as social welfare and health.
- Advocating on behalf of children – such as on issues of school fees, rent, legal issues, sexual and physical exploitation, involvement of the police.
- Assistance with 'succession planning' – such as memory books, wills and inheritances.

Sustainability is important for community OVC initiatives. Informal initiatives of community members continue and develop as a result of a shared sense of ownership and leadership, recognition and encouragement from other community members, and success in mobilising resources.

Support from local stakeholders – such as churches, business people, traditional and political leaders, health workers and agricultural development staff – is also important for sustainability. This support may be mobilised and strengthened through effective advocacy work at local and national levels. (The 'enabling environment' for scale-up of community OVC initiatives is discussed in Section 5.)

Some community initiatives also receive support from a variety of sources outside the community. This may include technical assistance and advice on programmatic needs, as well as financial support.

# 3 Community level OVC responses

## 3.2 Community case studies from Zimbabwe




### *Community initiative: St. Joseph's, Mutare (urban)*

**V**olunteers associated with an NGO (Catholic Development Commission) provided home care and support to people living with HIV/AIDS. The volunteers, mainly women, started their own income-generating activities to supplement the little funding they had for home care work. Once they found that other people had the same idea, they formed a Home-Based Care Fundraising Committee, which they ran as a 'social club'. This group grew to about 50 people, who were mainly married couples from the church.

The committee soon became aware of the problems being faced by orphans. Through an enumeration exercise they established that there were about 300 orphans in their area, of whom 50 were too poor to pay school fees. Individual members of the group began paying for 20 orphans to attend school.

The group continued to contribute their own funds, as well as collecting clothes and other materials from the community. The number of orphans identified in their community grew to about 3,000. The committee, being aware of the children's psychological as well as material needs, held a Christmas party for 700 children. They hope to have a 'gala day' for 2,900 orphans, with opportunities for children to receive counselling and take part in sports.

#### Lessons learned

-  The committee decided from the beginning that they would look within their own community for solutions to the problems.
-  They felt that it would be better to ask people for material support, such as clothes, rather than start by asking for money.
-  The committee is made up of people who are friends, who enjoy the meetings, and who support each other emotionally and socially. This has kept committee members motivated and involved in the work.

*"We always look elsewhere and say, 'Who is going to help us?', but we should say, 'What are we going to do about it?'"*

**Jairos, Chair of St. Joseph's Home-Based Care Fundraising Committee, Zimbabwe**

# 3 Community level OVC responses




## **CBO, associated with FACT: Chirovakamwe (rural)**

A pastor and members of his church received training in HIV/AIDS information by FACT. The church started to provide home-based care and counselling for people living with HIV/AIDS. The church also ran a drama group, raising awareness about HIV/AIDS in the community.

In 1993, FACT staff held a participatory community workshop on the situation of OVC with members of the local community. This led to the establishment of a Community OVC Committee, consisting of the traditional leadership, local counsellors and community members, led by the local pastor. The committee was trained in enumeration, participatory needs assessment and capacity building. They formed a register of orphans in the area, with a 'priority list' of children who had a terminally ill parent, child-headed households, or households with no source of income. Volunteers started visiting OVC households.

The group raised funds by growing mushrooms and making bricks for sale. The committee recognised children's needs for psychosocial support. Home-based care volunteers received training in counselling.

### **Lessons learned**

-  The committee learned that children's participation is important. Children are involved in sports, and are encouraged to take an active role in the programme; for example, children led the planning of the Christmas party. Children's ability to organise their own programmes and activities has surprised many of the community's leaders.
-  It is important to be aware of other activities in the locality, to make use of community resources and to avoid duplicating work.
-  The committee recognised that physical and sexual child abuse was taking place and found that it was useful to work with existing government structures to protect children and identify and prosecute offenders. They linked with local social welfare officers and the police.

*"When I see the children suffering, I take them as if they are mine."*

**Pastor John Chiwarara, Chairman of Chirovakamwe programme, Zimbabwe**

# 3 Community level OVC responses

## **CBO, associated with FACT: Marange FOCUS programme (rural)**

A pastor was interested in helping orphans in his area. He was invited to visit Chirovakamwe and, with help from FACT, went back to his area to start an orphan support programme. Women volunteers were visiting and supporting orphans in their neighbourhood. They generated income by raising chickens for local sale and gave the profits to the children. Three local village headmen organised the group, helping to identify the orphans and making a register of all the children needing support. FACT helped to train volunteers and then visited them each month for several years. FACT provided the group with uniforms, school fees, and bus allowances for monthly meetings, exchange visits and help in assisting income-generating projects.




The group set up its own bank account, and contacted outside agencies for assistance; for example, training in mushroom growing. FACT provided some bicycles for visiting families living far away.

The village headmen provided community gardens for growing vegetables for sale, and maize, which is given directly to the poorest households. Gardening has taken over from poultry-rearing as the main source of income.

They now use the register of orphans to monitor who needs most support, with a two-tier system of 'registered' and 'active registered' orphans, those on the 'active' list needing the most support.

Recently, following a workshop with FACT, the group integrated their orphan support work with their existing home-based care programme.

### **Lessons learned**

-  It is important to consider more than simply material needs.
-  To provide for psychosocial needs, sports are organised to enable all the children in the community to meet and play together.
-  The local pastor provides counselling to children when appropriate.

*"We cannot learn by ourselves, unless we go elsewhere and see what's happening, to see what others are talking about."*

**Mr Matongo, Chairman of Marange FOCUS Programme, Zimbabwe**

# 3 Community level OVC responses

## 3.3 Scale-up of community OVC responses

**S**cale-up should not be imposed upon community responses. However, the increasing number and unprecedented needs of OVC mean that an increase in the quantity and quality of activity at community level is essential. How can this growth be encouraged and supported?

Successful scale-up of OVC activity at community level requires that a variety of stakeholders act in appropriate and mutually supportive ways. In simple terms, what should each stakeholder **do** (or **do more**) and what should they **not do** (or **do less**)? Participants identified key issues or principles (also see Table 2 on pages 35 and 36):

- Community groups should focus on meeting the needs of children by building on existing community activities and relationships, and mobilising local resources. They should maintain strong local ownership and seek the wide involvement of the community.
- Community initiatives to support children can be integrated with community-led home-based care programmes, and with work in the community to address stigma and discrimination.
- Neither CBO/NGO support providers, government, international NGOs (INGOs) or donors should attempt to take over or 'own' community initiatives.

*"Communities are not only concerned about the plight of orphans and vulnerable children but, in many cases, are also prepared to take leadership, demonstrate ownership, and devise ways of sustaining the activities they initiate."*

**Gail Snettro, Regional Health Advisor, Save the Children USA, South Africa**

- The key role for CBO/NGO support providers is to provide appropriate technical and financial support to community groups, if requested and needed by them. It is important for capacity building activities to support scale-up of OVC work only if that is a shared vision and within the capacity of the community group.
- The central role for government is to create an enabling environment that supports multiple partners to scale up OVC work. This should include developing national strategic plans. A useful contribution is to ensure that public sector workers – especially teachers, health care staff, social workers and development workers – are aware of the need to support community initiatives that respond to the needs of OVC.

# 3 Community level OVC responses

- International NGOs should focus on supporting and working with local intermediaries, not directly at community level. In crisis and post-conflict situations, however, direct involvement may be appropriate and necessary in the short to medium term to start responding to the needs of OVC and begin to re-build the community's capacity to cope.
- Donors can do much to assist the scale-up of community OVC initiatives, through funding local, national and international agencies that support these efforts. It is particularly supportive when donors adopt a long-term perspective and are able to commit funds for longer-term relationships – such as three or five years, rather than one-year contracts. In providing much needed financial resources, it is essential that donors do not impose their own scale-up agenda on unprepared or unwilling partners.

*"We supported one orphaned girl to go to secondary school. She went on to become a teacher. This is a positive role model that we share with community members - seeing the change in one child can encourage others to start a community initiative."*

**Choice Makufa, Deputy Director, FACT, Zimbabwe**

In analysing ways of expanding community level responses, participants at the workshop analysed the responsibilities of the five groups. A summary of their analysis can be found in the table overleaf.

# 3 Community level OVC responses

## Expanding community level OVC responses

Community groups and NGOs should...	CBO/NGO support organisations should...	Government should...	International NGOs should...	Donors should...
<ul style="list-style-type: none"><li>✓ Be aware of children's needs and involve children in the solution.</li><li>✓ Assess community needs and capacity before scaling up.</li><li>✓ Build on existing community activities, relationships and resources.</li><li>✓ Be willing to try new ideas and approaches.</li><li>✓ Be aware of the especial vulnerability of girls.</li><li>✓ Actively maintain local ownership.</li><li>✓ Be accountable to stakeholders.</li><li>✓ Develop management systems and structures appropriate to their own capacity.</li><li>✓ Monitor activities, using methods appropriate to their own capacity.</li><li>✓ Only scale up if they want to (resist external demands).</li><li>✓ Avoid becoming over dependent on external resources.</li><li>✓ Be sure not to overstretch the community's capacity to cope.</li></ul>	<ul style="list-style-type: none"><li>✓ Be a catalyst for community responses.</li><li>✓ Be sensitive to the needs of communities and CBOs, and avoid imposing programme expansion on others.</li><li>✓ Provide appropriate technical and financial support to community groups.</li><li>✓ Help to link community initiatives with other support services.</li><li>✓ Work with community groups to document good practice.</li><li>✓ Develop joint proposals with local NGOs/CBOs for OVC work, without exaggerating the needs of community groups to donors.</li><li>✓ Help to identify gaps in skills.</li><li>✓ Be aware of the influence of gender roles and work with communities to explore and challenge inequality.</li><li>✓ Advocate on behalf of community groups.</li><li>✓ Facilitate participatory monitoring and evaluation.</li><li>✓ Ensure ownership of community initiatives rests primarily with the community.</li></ul>	<ul style="list-style-type: none"><li>✓ Seek to protect and provide welfare services for the most vulnerable children.</li><li>✓ Sensitise public service workers to support community responses.</li><li>✓ Avoid taking control of, or politicising, community initiatives.</li><li>✓ Avoid competing with, or undermining, local initiatives.</li></ul>	<ul style="list-style-type: none"><li>✓ Encourage governments to support civil society OVC responses.</li><li>✓ Facilitate exchange of experiences and information.</li><li>✓ Work with local intermediaries, rather than directly with local communities.</li><li>✓ Mobilise resources for community use.</li><li>✓ Build the capacity of CBO/NGO support organisations, without imposing scaling-up or their own agenda.</li><li>✓ Enable operational research.</li></ul>	<ul style="list-style-type: none"><li>✓ Adopt a long-term perspective and long-term funding cycles.</li><li>✓ Understand community dynamics and existing community responses/strengths.</li><li>✓ Work through local intermediaries, rather than directly with local communities.</li><li>✓ Provide resources, but not impose scale-up or their own agenda.</li><li>✓ Hold recipients of funding accountable.</li></ul>

# 4 Supporting CBOs and NGOs involved in community responses

Community level responses, though promising, are limited in relation to the scale of the problem. Not all communities have developed OVC activities. Those that have are scattered. Even where communities are responding, efforts typically do not match the level of need; they are only able to marginally improve the material and psychosocial well-being of OVC. With more resources, made available appropriately and committed for the long term, communities could do much more.

## 4.1 CBO/NGO support

Although CBO/NGO support can be provided by a range of others – such as government, private sector organisations, UN bodies and so on – the focus here is on support provided to community OVC responses by NGOs, whether local or international.

Intermediary organisations can play a key role in facilitating the development and expansion of community OVC responses. An intermediary organisation has skills to mediate between grassroots groups or organisations and funding or resource organisations. Intermediary functions include training, capacity building, resource channelling, advocacy, information sharing, facilitating of networks, and linkages between communities and sub-grant making.

Across East and Southern Africa, there is need to increase the number of intermediary organisations that are able to support community OVC initiatives. There is also a need to scale up the activities of existing CBO/NGO support providers.

CBO/NGO support relationships often involve both technical and financial support. Partners in the relationship should have agreed, shared goals. The final goal should be more and better support for OVC. Intermediate goals should include increased capacity of the communities and community groups doing OVC work, and increased capacity and quality of work of the organisation providing the support.

*"A lot of us fail to listen to what our partners are saying, or hear what assistance they want from us...Only when we really listen are we in a position to provide them with effective support."*

**Choice Makufa, Deputy Director, FACT, Zimbabwe**

Participants shared experiences and lessons about support to CBO/NGO OVC programmes. Support activities include training, exchange visits, support visits, grant allocation/management, networking, identifying and sharing good practice, and monitoring and evaluation:

- ✓ **Training** should be in programmatic areas as well as organisational development and financial management issues. Scale-up of training to support community initiatives was the specific focus of a meeting co-hosted by Regional AIDS Training Network and the Alliance (for further details see the Alliance or RATN websites)<sup>6</sup>.

<sup>6</sup> [www.aidsalliance.org](http://www.aidsalliance.org) and [www.ratn.org/index.html](http://www.ratn.org/index.html)

# 4 Supporting CBOs and NGOs involved in community responses

- ✓ **Exchange visits** can be powerful means of encouraging new OVC initiatives and re-invigorating or strengthening existing initiatives. Visits between CBOs do not have to be formal, but benefit from being well planned. Ideally, visits should have clear, relevant and agreed objectives, and ample notice should be given to host communities so as to minimise interference with ongoing activities.

*"A child who always eats at home thinks the mother is the best cook."*

Zambian proverb quoted by Daphetone Siame, Programme Director, International HIV/AIDS Alliance, Zambia, to illustrate the importance of exchange visits

- ✓ **Support visits** provide an opportunity for CBO/NGO support organisations to offer advice, practical assistance, mentoring, monitoring, encouragement and constructive criticism. Listening to each other is crucial.
- ✓ **Networking** can take a variety of forms, including e-mail, face-to-face, meetings, and sharing documentation.
- ✓ **Monitoring and evaluation** is also a vital element of CBO/NGO support work. Successful scale-up relies on the ability to know what works and what does not. More research is needed to identify clear and simple means of measuring the progress of support providers and community groups as they seek to strengthen and improve their practice.
- ✓ While many informal community OVC initiatives will draw exclusively on local resources, CBO and NGO activities often rely on external funding to some degree. Combining **packages of technical support and funding** is a particularly powerful approach by CBO/NGO support organisations. Combining assistance with **grant management** will also improve 'quality of spend'.
- ✓ Identifying, documenting and sharing lessons about **good practice** is a crucial part of all the techniques above.

*"Grant allocation is integral to the support we should provide to our partners. Support with grant management is an important activity in the expansion of community OVC initiatives."*

Sthembile Mawoneke, Programme Officer, Southern Africa AIDS Training, Zimbabwe

# 4 Supporting CBOs and NGOs involved in community responses

More CBO/NGO support providers are needed to meet the needs of an expanded OVC response at community level. Although some organisations focus exclusively on providing such support (and do not undertake direct implementation of programmes), it is more common for implementing organisations to gradually develop a capacity building role. Participants shared experiences of this transition process (see below).

*"A bookkeeper or orphan support worker may be excellent at their job, but this does not mean they are automatically able to support others to learn those skills. The transition into a capacity building role therefore often challenges people in new ways and creates an extra need for staff support, skills training and plenty of encouragement."*

**Dr. Tim Lee, Deputy Executive Director, International HIV/AIDS Alliance, UK**

## 4.2 Case studies: CBO/NGO support for OVC initiatives

### *Families, Orphans and Children Under Stress (FOCUS) Programme, Family AIDS Caring Trust (FACT), Mutare, Zimbabwe*

**F**ACT is a Christian-based NGO, based in Mutare, Zimbabwe, established in 1987. Starting from a focus on information sharing, care and prevention, FACT now operates a wide range of direct implementation and capacity building programmes.

In 1991, FACT found out what proportion of children in Manicaland were orphaned, and how extended families and communities were coping with increasing numbers of orphans. The studies suggested that extended families need support to enable them to continue caring for orphans and to prevent children slipping through the extended family safety net. Sharing these observations with community leaders and other stakeholders led to the first FOCUS programme being established in 1993 (see Chirovakamwe, page 14). The main objective of the programme was to build the capacity of community groups to support OVC in their communities.

FOCUS staff offered training to CBOs who had already expressed interest in supporting OVC. CBOs established a committee and selected volunteers to visit affected families. Training was offered in mapping, enumeration, prioritisation, reporting, referral and holding meetings. Support was given in the form of monthly meetings with volunteers, supervisors and community leaders, as well as by providing school fees, essential material assistance, and help with volunteer incentives.

The FOCUS programme has assisted seven CBOs working with more than 270 volunteers to support over 9,000 orphans. As the programme grew, FOCUS had to cope with increasing demands for human and financial resources, the problem of supporting groups in remote areas, and problems with pilot programmes receiving too many visitors, which disrupted their work.

# 4 Supporting CBOs and NGOs involved in community responses

Providing support to CBOs was a shift in emphasis for FACT, which had previously been involved only in service provision. To cope with this shift, FACT made a number of administrative, organisational and programmatic changes. In its new role FACT still faces the challenge of 'thinking as a capacity builder, but acting as an implementer'.

## Lessons learned

- 💡 Communities are already concerned about OVC and are responding in their own ways.
- 💡 Most communities are willing to do more, but lack financial resources.
- 💡 A little technical assistance and training motivates communities to do more.
- 💡 Volunteers know how best to respond to OVC and it is important to listen to them.
- 💡 It is important not to undermine community coping mechanisms by introducing foreign concepts such as paying volunteers to attend meetings.

*"There is pressure for NGO service providers to develop a capacity-building role. It is important to note that most NGOs will not become CBO/NGO support organisations. Those that do become support organisations must move gradually and the change should be planned."*

**Dr. Geoff Foster, Child Welfare Consultant, FACT, Zimbabwe**

## *Family Health Trust, Children in Distress Programme, Zambia*

**F**amily Health Trust (FHT) is the umbrella organisation of three specialised AIDS-related projects: Anti-AIDS Project, Lusaka Home Based Care Project and Children in Distress (CINDI) Project. The CINDI project works in partnership with communities to facilitate the improvement of the quality of life for OVC, to enable them to realise their full potential.

The CINDI project is based on the premise that institutional care is unsustainable. Orphans should remain in their communities, as they have a crucial role to play in children's socialisation and enable them to maintain a community connection in adult life.

CINDI project objectives are:

- To strengthen the capacity of households and communities to engage in community-led social and economic activities that enable them to meet basic needs on a sustainable basis.
- To sensitise communities to the need for child protection against all forms of child abuse and gender discrimination.

# 4 Supporting CBOs and NGOs involved in community responses



- To advocate for the rights and welfare of the children in distress in order to raise awareness and mobilise support of the Zambian Government and other organisations.
- To collaborate and network with relevant organisations to alleviate the distress of orphans.

CINDI trains communities in areas such as record keeping, financial accountability, report and project proposal writing and simple business management skills. This training and transfer of skills is also useful to individuals in their role as income generators for their own families, and provides a high degree of motivation for people.

After an initial pilot phase working with nine CBOs to support OVC within their communities, the project scaled up its activities. It now supports 34 CBOs in four provinces, thus assisting over 23,000 families that are supporting orphans and vulnerable children in Zambia.

Key factors that encouraged the growth of the CINDI programme included the availability of resources from donors, community support and involvement, motivated staff, and an enabling environment. Factors that have hindered the growth of the programme included a lack of capacity within FHT since high staff turnover and burnout made it difficult to continue to scale up activities.

## Lessons learned

-  Involving the community/family in care and support to OVC enables them to own the problem and ensures sustainability, as they are involved at all levels of the response.
-  Initiatives which are already being implemented in the community should be strengthened.

*"The challenge is often not 'capacity building' but 'capacity utilisation'. Our role is to offer a match to light up the capacity that already exists in the community."*

**Alick Nyirenda, Executive Director, CHEP, Zambia**

# 4 Supporting CBOs and NGOs involved in community responses

## *Initiative Privée et Communautaire de Lutte Contre le SIDA au Burkina Faso (IPC)*




**I**PC is a Burkinabé NGO that was created as an HIV/AIDS CBO/NGO support organisation by the International HIV/AIDS Alliance in 1994. IPC is the Alliance linking organisation in Burkina Faso. IPC's mission is to contribute to the reduction of the transmission of HIV/AIDS in Burkina Faso.

It works by supporting NGOs, CBOs and associations to develop the capacity of communities to mobilise against HIV/AIDS. IPC has been at the forefront of the response to HIV/AIDS in Burkina Faso, mobilising communities and introducing new approaches in response to the evolving epidemic.

IPC received a grant to carry out an OVC needs assessment in 1999. A programme of support to OVC began in 2000 with the aim of building the capacity of selected IPC-supported associations, which led to the development of community-based responses.

Initially, two IPC staff visited successful OVC and micro-credit programmes in Southern Africa to learn from their experience. The second step involved mobilising and building the capacity of five CBOs to develop OVC activities.

### Lessons learned

-  It was difficult to support partner organisations to build their own capacity, while at the same time ensuring that CBOs implemented their programmes.
-  The programme is implemented in a difficult environment – there is need for the government to develop policies on OVC and awareness of OVC issues in Burkinabé local government structures.
-  At the community level, constraints included: lack of technical resources for OVC programme implementation, a culture of dependency on external resources, lack of prioritisation of OVC issues by communities, low organisational capacity within partner organisations, and the absence of voluntarism within the community.

### 4.3 Scale-up of CBO/NGO support

**S**cale-up should not be imposed upon any capacity building organisation, nor should implementing organisations be pressured to develop a capacity building role, if that is not in line with their vision and mission. However, there is increasing demand for more and better technical and financial support to community OVC initiatives. How can CBO/NGO support be increased and improved?

As with community level responses, successful scale-up of CBO/NGO support for community OVC responses requires that stakeholders act in appropriate and mutually supportive ways. Participants identified key issues or principles (see Table 2 on pages 35 and 36 and points overleaf):

# 4 Supporting CBOs and NGOs involved in community responses

- Community OVC groups should not be passive recipients of support from NGOs. Their feedback on their emerging technical and financial needs, and also the quality and quantity of the capacity building support that they receive is a vital ingredient in successful scale-up of CBO/NGO support.
- Some community-oriented NGOs may be able to strengthen their capacity building role to provide technical support and grants management to other OVC initiatives in their local area. This can be a challenging process of transition, placing new and additional demands on individual staff members and teams and changing relationships with local peers and with other stakeholders. However, existing CBO/NGO support providers and INGOs can facilitate, support or 'mentor' the transition process by working with NGOs on strategic planning, staff development and organisational structure. It is vital that existing support providers – at local, national, regional or international level – do not compete with or dominate these emerging CBO/NGO support activities.
- Existing CBO/NGO support providers have a second, important role – to scale up their own activities. Strategic planning can help to decide which combination of focus, coverage, quality and sustainability issues to focus on in the scaling-up process. It is important to plan carefully for scale-up and, in particular, ensure that the organisation's managerial and administrative systems are not over-stretched.
- Government and donors have relatively few but specific and important roles with regard to scale-up of CBO/NGO support. They should provide explicit support for intermediary support organisations and channel funds to finance CBO/NGO support to OVC initiatives, without seeking to impose scale-up on unwilling organisations. Government and donors need to acknowledge that capacity building work involves a long-term investment that does not produce instant results – realistic expectations and targets are important.
- A critical role for international NGOs, governments, donors and existing CBO/NGO support providers, is to collaborate in the identification, documentation, active dissemination of good practice information. This includes training materials, checklists, toolkits, practical guidelines, policy papers and a wide range of other materials.

*"Knowledge and information about good practice can provide a solid foundation for all community OVC initiatives and CBO/NGO support providers."*

**Kate Harrison, Programme Officer: Children, International HIV/AIDS Alliance, UK**

In analysing the ways of expanding support provided to CBOs and NGOs involved in community responses, participants at the workshop analysed the responsibilities of the five groups. A summary of their analysis can be found in the table overleaf.

# 4 Supporting CBOs and NGOs involved in community responses

Expanding support to CBOs and NGOs involved in community responses

Community groups and NGOs should...	CBO/NGO support organisations should...	Government should...	International NGOs should...	Donors should...
<ul style="list-style-type: none"> <li>✓ Identify and prioritise their own needs.</li> <li>✓ Be willing to share their experience and also take on new ideas – for example, through exchange visits.</li> <li>✓ Provide honest feedback to CBO/NGO support providers.</li> <li>✓ Be willing to host mentoring and exchange visits.</li> <li>✓ Only accept a level of funds that they can manage.</li> <li>✓ Avoid entering into partnerships with CBO/NGO support organisations solely for financial gain.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Develop a long-term vision based on realistic targets or expectations.</li> <li>✓ Strengthen their own technical and managerial/administrative capacity.</li> <li>✓ Network and collaborate with peer organisations, nationally, regionally and internationally.</li> <li>✓ Advocate for funds to build community capacity to care for OVC, and ensure they do not keep too much funding for themselves.</li> <li>✓ Provide mentoring and training to CBOs – covering programmatic and organisational development issues – in a long-term partnership.</li> <li>✓ Assist organisations wishing to make the transition from implementing organisation into developing a CBO/NGO support role.</li> <li>✓ Avoid imposing their own agenda on community initiatives.</li> <li>✓ Make an effort to communicate and collaborate with government, especially other government sectors.</li> <li>✓ Avoid being manipulated by international NGOs and donors.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Promote civil society organisations and community initiatives to meet OVC needs.</li> <li>✓ Develop a long-term vision for the OVC response, based on realistic targets, and including recognition of the role of intermediary and implementing organisations.</li> <li>✓ Create channelling mechanisms for CBO/NGO support.</li> <li>✓ Consult NGO support providers on national policy development and include them on National AIDS Committees.</li> <li>✓ Make funding available for civil society as well as public sector initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Collaborate with other organisations.</li> <li>✓ Develop a long-term vision based on realistic targets or expectations.</li> <li>✓ Strengthen their own technical and managerial/administrative capacity.</li> <li>✓ Facilitate and create linkages, networking and lesson sharing between peer organisations, nationally, regionally and internationally.</li> <li>✓ Provide appropriate technical and financial support to local/national CBO/NGO support providers in long-term partnerships.</li> <li>✓ Develop joint proposals with local/national CBO/NGO support providers.</li> <li>✓ Assist organisations wishing to make the transition from implementing organisation and develop a CBO/NGO support role.</li> <li>✓ Help support provider organisations with strategic planning to determine whether they should scale up, and if so, how.</li> <li>✓ Avoid attempting to control the scale-up process.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Adopt a long-term perspective and long-term funding cycle.</li> <li>✓ Support both implementing and capacity building activities.</li> <li>✓ Create an environment that is not competitive for funding.</li> <li>✓ Consider providing CBO/NGO support organisations with core support and adequate overhead payments.</li> <li>✓ Encourage/support documentation of good practice.</li> <li>✓ Avoid imposing scale-up or specific programmatic responses on CBO/NGO support providers.</li> </ul>

# 5 Creating an enabling environment for scale-up

## 5.1 Enabling environment

In order for community-based OVC responses to flourish, there must be an ‘enabling environment’. At the national level, external factors such as the lack of widespread civil unrest and the existence of trust within and between communities and individuals must exist. An enabling environment also contains ingredients such as:

- ✓ Policies and laws (such as those on inheritance and on community care) that are supportive of widows and orphans.
- ✓ Steady, secure and increasing resources that are available for community OVC initiatives and relevant CBO/NGO support.
- ✓ Public figures such as politicians and church leaders who will talk openly about HIV/AIDS and tackle stigma experienced by children and families affected by AIDS.
- ✓ A willingness to listen to relevant stakeholders, especially community groups and their advocates, in debates and decisions about scale-up of community OVC initiatives.

The activities of international organisations, as well as regional and national stakeholders, are important in influencing the overall environment in which OVC work takes place. It is important to recognise the links between international and national advocacy and the daily activities of communities, no matter how disparate they may appear. An enabling environment makes an improvement and expansion of OVC work more possible and easier to achieve. By reaching, drawing on and informing stakeholders in both the ‘North’ and the ‘South’, politicians, decision-makers, donors and practitioners are encouraged and empowered to demonstrate:

- ✓ **Understanding** – through information, exchange of ideas and policy analysis.
- ✓ **Goodwill and motivation to change the situation** – through their actions and advocacy work.
- ✓ **Support and commitment** – including resource mobilisation.

How can this environment be shaped and improved, to become more nurturing for the scale-up of community OVC responses?

# 5 Creating an enabling environment for scale-up

## 5.2 Case studies: policy and advocacy around OVC issues

### *International HIV/AIDS Alliance – developing policy/advocacy work on OVC issues*

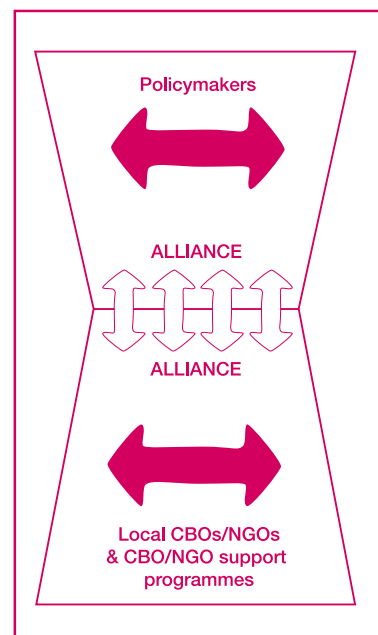
The International HIV/AIDS Alliance was set up in 1993 by a consortium of international donors to support community action on AIDS in developing countries. It was established in response to the need for a specialist, professional intermediary organisation to work in effective partnership with developing country NGOs/CBOs as well as with national governments, private and public donors and the UN system.

Creating an enabling environment depends on good relationships and a flow of ideas and information between policymakers and practitioners. The arrows in the diagram to the right represent this flow of information and ideas, where the Alliance acts as an 'active filter' to enable exchange between local level programmes and policymakers<sup>7</sup>.

Local organisations have detailed knowledge and experience of their own situation, whereas policymakers need to consider the 'bigger picture'. The Alliance is in a position to create dialogue between local organisations and policymakers. The Alliance's approach is based on evidence that HIV/AIDS services and activities are particularly effective when carried out by local organisations that are guided and supported by local people. At the same time, these organisations are linked to a wider body of information, expert technical support and good practice on HIV/AIDS at the national, regional and global level.

The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS provides an example of how the Alliance has worked on advocacy, including children's issues. The Alliance attended the Special Session and associated preparatory meetings, participated and gave presentations at an informal roundtable and satellite session, and contributed to the process of drafting the civil society response to the UNGASS declaration. In addition, the Alliance prepared a set of seven policy statements for distribution at UNGASS and other conferences, including a statement about children affected by HIV/AIDS. These statements shared the Alliance's experience from partner organisations, stated what the Alliance believes the United Nations should do, and explained the Alliance's contribution.

The Alliance believes that influencing policies at a national and international level can increase resources and help to ensure that programming is effective and sustained. Such advocacy work has to be based in experience at field level. The Alliance is strengthening its role in policy and advocacy by increasing



<sup>7</sup> This diagram was originally developed by Healthlink Worldwide: [www.healthlink.org.uk](http://www.healthlink.org.uk)

# 5 Creating an enabling environment for scale-up

its capacity to draw on field experience and build on this to develop ways of reaching policymakers with appropriate and compelling information. Success depends on the authenticity of the information gathered, the reputation and technical competence of the organisations contributing to the information, and the involvement of stakeholders in the process of drawing out key points. While advocacy can potentially have a strong impact on the ability of community-based organisations to carry out their programmes efficiently and effectively, it is hard always to assess and track its impact.



## *Save the Children USA – policy/advocacy work in Malawi*

**S**ave the Children Federation-USA (SC-US) is part of the International Save the Children Alliance, ‘working to create a better world for children’. Policy is a key part of the organisation’s work and is based on a concept known as ‘experience-based advocacy’. This is defined in the following way:

*Workshop participants discussing how an enabling environment for scale-up can be created.*

*"Save the Children Federation-USA and the communities with which it works organises and presents evidence from its community-based work to governments and donors with the purpose of influencing policies and practices to impact more positively on the lives of increased numbers of children."*

**Gail Snetto, Regional Health Advisor, Save the Children-USA, South Africa**

## **Getting started in policy work**

In 1991, SC-US and other NGOs in Malawi were influential in supporting the Government of Malawi to establish the National Orphan Care Task Force. The Task Force is made up of national and district representatives from Government, NGOs and religious organisations and is responsible for planning, monitoring and revising orphan programmes.

A year later, SC-US helped this Task Force to develop national orphan care guidelines. The guidelines served as a blueprint to encourage and focus sub-national and community efforts on OVC in Malawi, and have guided local and district efforts to support orphans.

The Task Force established a sub-committee that reviewed existing laws and legal procedures to provide greater protection to vulnerable children. Recommendations for modifying laws to protect orphans were submitted to the Ministry of Justice, including the Wills and Inheritance Act, Adoption Act, Child and Young Persons Act and Foster Care Act. A shortage of lawyers in the Ministry of Justice delayed this process.

# 5 Creating an enabling environment for scale-up

## Malawi's National Orphan Care Guidelines

1. Community-based approaches to orphan care are primary. The government will co-ordinate service providers to support and enable communities.
2. Formal foster care will be expanded as the second source of care.
3. Institutional care is the last resort, although temporary care may be needed for children awaiting placement.
4. Hospitals should record next of kin so relatives can be traced if children are abandoned.
5. Birth and death registration should be revitalised to monitor orphans.
6. Government will protect the property rights of orphans, and these should be widely publicised.
7. Self-help groups should be developed to assist families with counselling and other needs. NGOs are encouraged to set up systems of community-based care in consultation with the government.
8. The needs of all orphans should be included, regardless of cause of death, religion or gender.
9. The National Task Force will continuously plan, monitor and revise programmes and policies.
10. Government will solicit donor support for resources for capacity building.
11. The Ministry of Youth, Women and Community Services is the lead government body on these issues.

## Developing advocacy work on OVC

SC-US advocacy work in Malawi is based on the success of their COPE (Community-based Options for Protection and Empowerment) programme. COPE demonstrates a systematic approach to mobilising community-based responses to the needs of orphans and other people made vulnerable by the impacts of HIV/AIDS. SC-US and the COPE team used several stages in developing their advocacy work:

**1. Identified the advocacy issues:** the COPE team examined the overall programmatic objectives and identified problems that could be overcome by changing government or other policies in Malawi.

**2. Selected advocacy issues:** the COPE team reviewed all potential issues and analysed them using the following criteria:

- ✓ Relative contribution of the policy to the problem.
- ✓ Potential impact on a large number of people.
- ✓ Likelihood of success.
- ✓ Potential for working in coalitions/partnerships.
- ✓ Potential risk.
- ✓ Potential for SC-US to advocate effectively.

**3. Set advocacy goals:** once the issues to be addressed were identified, SC-US developed and articulated advocacy goals concerning OVC work in Malawi. For each issue, an advocacy goal statement was developed. It outlined what needed to be changed, who would make the change, by how much and by when that change should be made.

**4. Identified relevant government officials and donors to influence:** having identified the relevant policymakers, SC-US advocated for policies that would enable the success of the programmatic objectives of the OVC programme.

# 5 Creating an enabling environment for scale-up

## What do you need for good experience-based advocacy?

- ✓ Accurate data collection – both qualitative and quantitative data.
- ✓ Good documentation of the effects of policies on programme implementation.
- ✓ An understanding of the political and policy context.
- ✓ Skilled staff, preferably with connections to decision-makers.
- ✓ A well thought out advocacy strategy with clearly stated goals and objectives.
- ✓ Partners, constituencies and supporters.
- ✓ Practical solutions and a willingness to be flexible about the strategies used.

## 5.3 Creating a more enabling environment

As at other levels, success in creating an enabling environment requires that different stakeholders act in appropriate and mutually supportive ways. Participants identified key issues or principles (see also Table 2 on pages 35 and 36):

- Africa is experiencing an unprecedented OVC crisis and this crisis will continue for many decades. Increased policy/advocacy efforts must be carefully targeted on the individuals, governments, institutions and donors with greatest potential to have an impact. Policy/advocacy efforts must be designed with sustainability in mind – a truly enabling environment to support a response of sufficient scale will not be created overnight.
- All stakeholders successfully engaged in OVC work should document and publicise their achievements and views to inform and encourage others to act. INGOs have a key role in facilitating regional and international lesson sharing.
- INGOs, donors and governments need to both act and react to create an enabling environment. They need to scale up their policy/advocacy work to influence others. They are also targeted by advocacy efforts and need to be receptive to new ideas and to external advice and support on policy development.
- ‘Southern’ community perspectives should inform policy and advocacy work.
- INGOs and multilateral institutions in particular have a key role in facilitating both South-South and South-North information exchange and collaborations.
- Community groups often feel that advocacy work is not their priority. However, the concept of an ‘enabling environment’ applies locally, as well as nationally, regionally and internationally. At the local level, much can be achieved by community groups targeting and influencing local leaders – traditional, political or public sector employees. For those community OVC groups that wish to undertake advocacy, local CBO/NGO support organisations can provide training and information.

# 5 Creating an enabling environment for scale-up

- Donors need to mobilise more funds for OVC work and associated CBO/NGO support, and move to longer-term funding cycles that provide a greater degree of security for recipients scaling up their operations. Donors also have a key role in influencing government policy and resource allocation – in appropriate ways and for legitimate reasons. Donors should not seek to use aid politically unless they have compelling programmatic or epidemiological reasons for doing so.

*"Communities have a profound understanding and memory of what is going on. NGOs, donors and international organisations need to be very aware of what they do and do not know."*

**Dr. Mike Meegan, Director Epidemiology and Medical Ethnography, ICROSS, Kenya**

In analysing ways to create an enabling environment for scale-up, participants at the workshop analysed the responsibilities of the five groups. A summary of their analysis can be found in the table overleaf.

# 5 Creating an enabling environment for scale-up

Expanding support to create an enabling environment

Community groups and NGOs should...	CBO/NGO support organisations should...	Government should...	International NGOs should...	Donors should...
<ul style="list-style-type: none"><li>✓ Publicise their achievements to encourage other communities.</li><li>✓ Use traditional leadership structures and other opportunities to influence government on OVC issues.</li><li>✓ Avoid perpetuation of harmful cultural practices/beliefs that stigmatise or have a negative impact on OVC.</li><li>✓ Address stigma and discrimination towards HIV in their work.</li><li>✓ Promote the involvement and participation of children and young people.</li><li>✓ Be aware of the influence of gender roles, and be prepared to challenge them where appropriate.</li></ul>	<ul style="list-style-type: none"><li>✓ Act as a channel of communication between communities, governments and donors.</li><li>✓ Actively participate in development of OVC policy at the national level, based on field experience.</li><li>✓ Build their own advocacy capacity and train community groups on advocacy.</li><li>✓ Prioritise the issues for advocacy.</li><li>✓ Collaborate and learn from/share with others, rather than entering into competition.</li><li>✓ Facilitate the formation of networks between community programmes.</li></ul>	<ul style="list-style-type: none"><li>✓ Initiate, develop, implement and review supportive policies for OVC through consultation with all relevant stakeholders.</li><li>✓ Develop a national strategic plan, which integrates OVC work with other strategies.</li><li>✓ Promote the expansion of community OVC initiatives through active political support.</li><li>✓ Establish channels for sharing views on OVC issues with stakeholders at all levels.</li><li>✓ Commit local resources to support and expand community OVC initiatives and lobby donors to do the same.</li><li>✓ Pay attention to local context when importing ideas.</li></ul>	<ul style="list-style-type: none"><li>✓ Identify, document and share good practice information on community OVC initiatives and CBO/NGO support.</li><li>✓ Accurately articulate the views and experiences of communities in policy/advocacy work with "northern" governments and donors.</li><li>✓ Facilitate South-South and South-North collaboration.</li><li>✓ Catalyse and support national policy formulation on OVC issues.</li><li>✓ Mobilise financial resources for national and local OVC efforts.</li><li>✓ Be sensitive to the local political, cultural and social environment.</li></ul>	<ul style="list-style-type: none"><li>✓ Create a relationship with NGO support providers and governments.</li><li>✓ Provide funding for expanded and improved OVC work, including organisational development, technical support and policy/advocacy activities.</li><li>✓ Work with local partners in national/regional policy formation.</li><li>✓ Support identification and sharing of good practice information.</li><li>✓ Engage with government in dialogue and influence policy.</li><li>✓ Develop projects and strategies based on evidence and experience.</li><li>✓ Avoid imposing own organisational policies on intermediary organisations.</li><li>✓ Limit the use of aid for political expediency.</li></ul>

# 6 Conclusion

**I**ncreasing numbers of children are being affected by AIDS, especially in East and Southern Africa. All aspects of the response to this epidemic need to be improved and expanded. In particular, there is a pressing need to care for increasing numbers of orphans and other vulnerable children within the community. Institutional care should be the option of last resort. Instead, attention should be concentrated on how to strengthen existing community-based OVC support activities and how to encourage the establishment of new initiatives.

This workshop focused on three main levels at which change is required to achieve scale-up, and the necessary roles of five diverse, key stakeholder groups.

Caring for increasing numbers of orphans and other vulnerable children places considerable extra burden on already stretched community coping mechanisms. However, community initiatives must lead the grassroots response wherever possible. More and better technical and financial support, as well as encouragement to community responses from CBO/NGO support providers, is much needed. But efforts will remain patchy and unsustainable if they occur without the effective plans, policies and support of national governments, international agencies and donors.

There is need for an expanded role of intermediary organisations to facilitate the development and expansion of community OVC responses. There is need for more intermediary NGOs and for existing intermediary NGOs to provide more CBOs and NGOs with quality support. Some community-oriented NGOs may, with support, be able to make the transition into intermediary NGOs. This will enable them to provide technical support and grants management to other NGOs, CBOs and OVC initiatives in their area.

Governments, donors and international organisations have a major role to play in developing an 'enabling environment' that is supportive to the development of community level responses. At the same time, community and facilitation level organisations have important roles to play and can actively participate in development of OVC policy at national and local levels, based on their field experience.

The key conclusions of the workshop are that stakeholders must be aware of their respective 'niche roles', act appropriately and work together. Policy/resource organisations should make greater commitments to the development of supportive OVC policy and commit more funding through intermediaries. The combination of technical support and appropriate funding provided by intermediary NGOs to community level organisations could go a long way to helping such groups reach more vulnerable children and perhaps expand their response into areas such as home care, income generation and effective HIV prevention.

Table 2 overleaf summarises the responsibilities at different levels in relation to scaling up OVC activities.

Table 2: Responsibilities at different levels in relation to scaling up OVC activities

	Community level OVC responses	CBO/NGO support for OVC work	Creating an enabling environment
Community groups and CBOs should...	<ul style="list-style-type: none"> <li>✓ Be aware of children's needs and involve children in the solution.</li> <li>✓ Assess community needs and capacity before scaling up.</li> <li>✓ Build on existing community activities, relationships and resources.</li> <li>✓ Be willing to try new ideas and approaches.</li> <li>✓ Be aware of the especial vulnerability of girls</li> <li>✓ Actively maintain local ownership.</li> <li>✓ Be accountable to stakeholders.</li> <li>✓ Develop management systems and structures appropriate to their own capacity.</li> <li>✓ Monitor activities, using methods appropriate to their own capacity.</li> <li>✓ Only scale up if they want to (resist external demands).</li> <li>✓ Avoid becoming over-dependent on external resources.</li> <li>✓ Be sure not to overstretch the community's capacity to cope.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Identify and prioritise their own needs.</li> <li>✓ Be willing to share their experience and also take on new ideas – for example, through exchange visits.</li> <li>✓ Provide honest feedback to CBO/NGO support providers.</li> <li>✓ Be willing to host mentoring and exchange visits.</li> <li>✓ Only accept a level of funds that they can manage.</li> <li>✓ Avoid entering into partnerships with CBO/NGO support organisations solely for financial gain.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Publicise their achievements to encourage other communities.</li> <li>✓ Use traditional leadership structures and other opportunities to influence government on OVC issues.</li> <li>✓ Avoid perpetuation of harmful cultural practices/beliefs that stigmatise or have a negative impact on OVC.</li> <li>✓ Address stigma and discrimination towards HIV in their work.</li> <li>✓ Promote the involvement and participation of children and young people.</li> <li>✓ Be aware of the influence of gender roles, and be prepared to challenge them where appropriate.</li> </ul>
CBO/NGO support organisations should...	<ul style="list-style-type: none"> <li>✓ Be a catalyst for community responses.</li> <li>✓ Be sensitive to the needs of communities and CBOs, and avoid imposing programme expansion on others.</li> <li>✓ Provide appropriate technical and financial support to community groups.</li> <li>✓ Help to link community initiatives with other support services.</li> <li>✓ Work with community groups to document good practice.</li> <li>✓ Develop joint proposals with local NGOs/CBOs for OVC work, without exaggerating the needs of community groups to donors.</li> <li>✓ Help to identify gaps in skills.</li> <li>✓ Be aware of the influence of gender roles and work with communities to explore and challenge inequality.</li> <li>✓ Advocate on behalf of community groups.</li> <li>✓ Facilitate participatory monitoring and evaluation.</li> <li>✓ Ensure ownership of community initiatives rests primarily with the community.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Develop a long-term vision based on realistic targets or expectations.</li> <li>✓ Strengthen their own technical and managerial/administrative capacity.</li> <li>✓ Network and collaborate with peer organisations, nationally, regionally and internationally.</li> <li>✓ Advocate for funds to build community capacity to care for OVC, and ensure they do not keep too much funding for themselves.</li> <li>✓ Provide mentoring and training to CBOs – covering programmatic and organisational development issues – in a long-term partnership.</li> <li>✓ Assist organisations wishing to make the transition from implementing organisation into developing a CBO/NGO support role.</li> <li>✓ Avoid imposing their own agenda on community initiatives.</li> <li>✓ Make an effort to communicate and collaborate with government, especially other government sectors.</li> <li>✓ Avoid being manipulated by international NGOs and donors.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Act as a channel of communication between communities, governments and donors.</li> <li>✓ Actively participate in development of OVC policy at the national level, based on field experience.</li> <li>✓ Build their own advocacy capacity and train community groups on advocacy.</li> <li>✓ Prioritise the issues for advocacy.</li> <li>✓ Collaborate and learn from/share with others, rather than entering into competition.</li> <li>✓ Facilitate the formation of networks between community programmes.</li> </ul>

## Government should...

- ✓ Seek to protect and provide welfare services for the most vulnerable children.
- ✓ Sensitise public service workers to support community responses.
- ✓ Avoid taking control of, or politicising, community initiatives.
- ✓ Avoid competing with, or undermining, local initiatives.

- ✓ Promote civil society organisations and community initiatives to meet OVC needs.
- ✓ Develop a long-term vision for the OVC response, based on realistic targets, and including recognition of the role of intermediary and implementing organisations.
- ✓ Create channelling mechanisms for CBO/NGO support.
- ✓ Consult NGO support providers on national policy development and include them on National AIDS Committees.
- ✓ Make funding available for civil society as well as public sector initiatives.

- ✓ Initiate, develop, implement and review supportive policies for OVC through consultation with all relevant stakeholders.
- ✓ Develop a national strategic plan, which integrates OVC work with other strategies.
- ✓ Promote the expansion of community OVC initiatives through active political support.
- ✓ Establish channels for sharing views on OVC issues with stakeholders at all levels.
- ✓ Commit local resources to support and expand community OVC initiatives and lobby donors to do the same.
- ✓ Pay attention to local context when importing ideas.

## International NGOs should...

- ✓ Encourage governments to support civil society OVC responses.
- ✓ Facilitate exchange of experiences and information.
- ✓ Work with local intermediaries, rather than directly with local communities.
- ✓ Mobilise resources for community use.
- ✓ Build the capacity of CBO/NGO support organisations, without imposing scaling-up or their own agenda.
- ✓ Enable operational research.

- ✓ Collaborate with other organisations.
- ✓ Develop a long-term vision based on realistic targets or expectations.
- ✓ Strengthen their own technical capacity.
- ✓ Facilitate and create linkages, networking and lesson sharing.
- ✓ Provide appropriate technical and financial support to local/national CBO/NGO support providers in long-term partnerships.
- ✓ Develop joint proposals with local/national CBO/NGO support providers.
- ✓ Help organisations wishing to develop a CBO/NGO support role.
- ✓ Help support provider organisations with strategic planning to scale up.
- ✓ Avoid attempting to control the scale-up process.

- ✓ Identify, document and share good practice information on community OVC initiatives and CBO/NGO support.
- ✓ Accurately articulate the views and experiences of communities in policy/advocacy work with "northern" governments and donors.
- ✓ Facilitate South-South and South-North collaboration.
- ✓ Catalyse and support national policy formulation on OVC issues.
- ✓ Mobilise financial resources for national and local OVC efforts.
- ✓ Be sensitive to the local political, cultural and social environment.

## Donors should...

- ✓ Adopt a long-term perspective and long-term funding cycles.
- ✓ Understand community dynamics and existing community responses/strengths.
- ✓ Work through local intermediaries, rather than directly with local communities.
- ✓ Provide resources, but not impose scale-up or their own agenda.
- ✓ Hold recipients of funding accountable.

- ✓ Adopt a long-term perspective and long-term funding cycle.
- ✓ Support both implementing and capacity building activities.
- ✓ Create an environment that is not competitive for funding.
- ✓ Consider providing CBO/NGO support organisations with core support and adequate overhead payments.
- ✓ Encourage/support documentation of good practice.
- ✓ Avoid imposing scale-up or specific programmatic responses on CBO/NGO support providers.

- ✓ Create a relationship with NGO support providers and governments.
- ✓ Provide funding for expanded and improved OVC work, including organisational development, technical support and policy/advocacy activities.
- ✓ Work with local partners in national/regional policy formation.
- ✓ Support identification and sharing of good practice information.
- ✓ Engage with government in dialogue and influence policy.
- ✓ Develop projects and strategies based on evidence and experience.
- ✓ Avoid imposing own organisational policies on intermediary organisations.
- ✓ Limit the use of aid for political expediency.

# Appendix 1: Workshop participants

Name	Organisation	Country
Pastor John Chiwarara (Day 2 only)	Chirovakamwe FOCUS Programme	Zimbabwe
Clara Dube	Programme Officer, Southern African AIDS Training Programme	Zimbabwe
Geoff Foster	Child Welfare Consultant, Family AIDS Caring Trust	Zimbabwe
Gill Grant	Project Director, Bethany Project	Zimbabwe
Kate Harrison	Programme Officer: Children, International HIV/AIDS Alliance	UK
Jairos (Day 2 only)	Chair, St. Joseph's Home-Based Care Fundraising Committee	Zimbabwe
Tenso Kalala	Organisation Development Specialist, SCOPE	Zambia
Tim Lee	Deputy Executive Director, International HIV/AIDS Alliance	UK
Lovemore Magwere	Independent Consultant, Family AIDS Caring Trust	Zimbabwe
Choice Makufa	Deputy Director Care and Prevention, Family AIDS Caring Trust	Zimbabwe
Richard Matikanya	Programme Officer: East and Southern Africa, International HIV/AIDS Alliance	UK
Mr. Matongo (Day 2 only)	Chairman, Marange FOCUS Programme	Zimbabwe
Sthembile Mawoneke	Programme Officer, Southern African AIDS Training Programme	Zimbabwe
Joyce Maziya	Program Management Assistant, USAID	Zimbabwe

# Appendix 1: Workshop participants

Name	Organisation	Country
Dr. M Elmore Meegan	Director Department of Epidemiology and Medical Ethnography, International Community for Relief of Starvation and Suffering (ICROSS)	Kenya
Alex Mugume	Projects Co-ordinator, The AIDS Support Organisation	Uganda
David Musendo	Deputy Director Training, Family AIDS Caring Trust	Zimbabwe
Ncazelo Ncube	Child Psychologist, Masiye Training Camp	Zimbabwe
Veronica Nhemachena	Training Co-ordinator, Midlands AIDS Service Organisation	Zimbabwe
Fikile Ngcobo	Community Mobilising Officer, Nelson Mandela Children's Fund	South Africa
Alick Nyirenda	Executive Director, Copperbelt Health Education Project	Zambia
Edward Phillips	Programme Manager, Hope Worldwide	South Africa
Henk Van Renterghem	Technical Advisor, Initiative Privée et Communautaire de Lutte Contre le SIDA, International HIV/AIDS Alliance	Burkina Faso
Exhilda Siakanomba	Program Officer, Family Health Trust	Zambia
Daphetone Siame	Country Director, Alliance Zambia, International HIV/AIDS Alliance	Zambia
Gail Snettro	Africa Regional Capacity Building Advisor for Health, Save the Children USA	South Africa
Carina Winberg	Advisor, Kubatsirana	Mozambique



**FAMILY AIDS CARING TRUST**

*"Working with others to promote  
quality HIV/AIDS interventions"*



International HIV/AIDS Alliance  
Queensberry House  
104-106 Queens Road  
Brighton BN1 3XF  
United Kingdom  
Tel: +44 1273 718 900  
Fax: +44 1273 718 901  
E-mail: [mail@aidsalliance.org](mailto:mail@aidsalliance.org)  
Websites: [www.aidsalliance.org](http://www.aidsalliance.org)  
[www.aidsmap.com](http://www.aidsmap.com)  
Registered British Charity Number 1038860

Family AIDS Caring Trust (FACT)  
12 R. Mugabe Way  
Box 970 Mutare  
Zimbabwe  
Tel: +44 263 20 61648/6615/67493  
Fax: +44 263 20 65281  
E-mail: [rgp@aloe.co.zw](mailto:rgp@aloe.co.zw)

Designed and published by Progression  
[www.progressiondesign.co.uk](http://www.progressiondesign.co.uk)  
Date of Publication: May 2002

© The International HIV/AIDS Alliance, 2002.

Unless a copyright is indicated, information in this publication may be reproduced, published or otherwise used without permission from the International HIV/AIDS Alliance. However, the International HIV/AIDS Alliance does request that it be cited as the source of the information. If a copyright is indicated on a photo, graphic or any other material, permission to copy these materials must be obtained from the original source.

This publication was made possible through the support provided by the African Bureau of the US Agency for International Development under the terms of Award Number HRN-G-00-98-00010-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the US Agency for International Development.



Paper manufactured from  
100% post consumer waste