



COMMUNITY ACTION AND THE TEST OF TIME: LEARNING FROM COMMUNITY EXPERIENCES AND PERCEPTIONS

Case Studies of Mobilization and Capacity Building to Benefit
Vulnerable Children in Malawi and Zambia



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Academy for Educational Development



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**Case Studies of Mobilization and Capacity Building to Benefit
Vulnerable Children in Malawi and Zambia**

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Table of Contents

Acknowledgments	v
Acronyms.....	vii
Executive Summary.....	ix
I. INTRODUCTION	1
II. PURPOSE AND METHODOLOGY	3
A. Purpose of the Case Study Review	3
B. Methodology	5
III. EXTERNAL ACTORS: AN OVERVIEW OF COMMUNITY MOBILIZATION EFFORTS	9
A. Program History and Context	9
B. Mobilization Strategies in Malawi and Zambia.....	18
C. Community Group Profiles	25
IV. COMMUNITY ACTORS AND THEIR PERSPECTIVES.....	33
A. Purpose	33
B. Motivation.....	35
C. Sustaining Factors.....	36
D. Community Activities and Benefits to Vulnerable Children	39
E. Adult and Youth Attitudes toward Vulnerability.....	45
F. Community Members’ Perceptions.....	49
G. The Role of External Resources.....	52
V. SUMMARY OF FINDINGS.....	57
A. On Ownership.....	57
B. On Sustainability	58
C. Reaching the Most Vulnerable	61
D. Additional Findings: Differences between Malawi and Zambia	62
VI. RECOMMENDATIONS	65
APPENDICES.....	69

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Acronyms

AIDS	Acquired immunodeficiency syndrome
AED	Academy for Educational Development
CAC	Community AIDS Committee
CBCC	Community-based child care centers
CBO	Community-based organization
CIFF	Children’s Investment Fund Foundation
COPE	Community Options for Protection and Empowerment
COVCC	Community Orphans and Vulnerable Children Committees
DACC	District AIDS Coordinating Committee
DATF	District AIDS Task Force
DCOF	Displaced Children and Orphan’s Fund
DOVCC	District Orphans and Vulnerable Children Committee
HIV	Human immunodeficiency virus
MCDSS	Ministry of Community Development and Social Services
MoE	Ministry of Education
M&E	Monitoring and evaluation
NGO	Nongovernmental organization
PCI/Z	Project Concern International/Zambia
PCSC	Parent and Community School Committee
PLA	Participatory Learning and Action
RAC	Residential AIDS Committee
RFA	Request for applications
SCOPE-OVC	Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children
STEPS	Scaling-up HIV/AIDS Interventions through Extended Partnerships
USAID	United States Agency for International Development
VAC	Village AIDS Committee

Executive Summary

Background

Mobilizing community action—as opposed to securing interventions from external players—is an increasingly common component of numerous programs designed to address the safety, well-being, and development of especially vulnerable children. The United States Agency for International Development (USAID), through its Displaced Children and Orphans Fund (DCOF), has supported such initiatives for several years.

In Malawi from 1995 to 2000, DCOF supported the Save the Children US program, Community Options for Protection and Empowerment (COPE) through USAID Malawi. In Zambia, DCOF supported a similar approach to COPE from 1997 to 2002—first through Project Concern International (PCI/Z) and subsequently through CARE International, Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC).

In 2006, DCOF and the Africa’s Health in 2010 Project of the Academy for Educational Development commissioned a series of case studies to examine the Malawi and Zambia community mobilization experiences.

Purpose and Methodology

The case study review aimed to identify lessons learned from community experiences and perceptions, and to share these with a wide audience of policymakers and program designers. To test DCOF’s original assumption that community mobilization can lead to long-term and self-sustaining activities, the consultants developed four hypotheses:

1. The mobilization processes in the Malawi and Zambia were effective in catalyzing genuine “ownership”—the sense among those involved that the problems identified are theirs and that they hold primary responsibility for addressing them. Ownership in turn generated high levels of participation within the wider community.
2. Community-led action occurred because of genuine ownership.
3. Where community ownership was present, committees were able to sustain activities to benefit especially vulnerable children.
4. Through ownership of decision-making and action processes, communities could ensure that vulnerable children benefit from the support they mobilize internally or access externally.

The case study examined community groups in Malawi and Zambia most of which been functioning for eight to 10 years. The review team used a qualitative approach—based on focus group discussions and Participatory Learning and Action (PLA) tools—to understand community members’ issues, as opposed to the researchers’ constructs of their issues. For example, the team used PLA tools such as simple ranking exercises and Venn diagrams to understand the relative importance of issues regarding committee strength and which organizations were most important to the community.

To examine why and how community groups have sustained action to benefit vulnerable children over time, the team focused their visits to selected committees mobilized in the early years of the Malawi and Zambia programs, from 1996 to 2000.

The review team interviewed 34 committees (30 were at community level and four at district level) and conducted 40 focus group discussions with a total of 371 participants. In addition, the team carried out eight semi-structured interviews of a total of 58 community members from leadership committees. Finally, the team held seven individual interviews with key informants.

Summary of Findings

The four hypotheses above provide a framework for summarizing the findings of the review.

On Ownership

The first two hypotheses concerned ownership—the shared sense among those involved that the problems identified are theirs and that they hold primary responsibility for addressing them. They held that:

1. The mobilization processes created by the Malawi and Zambia program were effective in catalyzing genuine ownership. Ownership in turn generated high levels of wide community participation.
2. Community-led action occurred because of genuine ownership.

These hypotheses were confirmed by the team's findings. Overall, the team supports the view that mobilizing community action to assist especially vulnerable children is a worthwhile and sustainable approach. In brief, the findings suggest that:

- The participatory processes initiated in Malawi and in Zambia enabled communities to analyze the impacts of HIV/AIDS, which in turn generated a sense of urgency among community members to respond.
- Community members and their leaders came to see it as their responsibility to act using whatever resources they had; the mobilization process galvanized and empowered them to act collectively to address the impact of HIV/AIDS.
- Sharing the results of the participatory analysis stimulated a sense of ownership of problems and action beyond the leadership and committee members to the wider community.

On Sustainability

The third hypothesis held that:

3. Where community ownership was present, committees were able to sustain their activities over the long term to benefit especially vulnerable children.

The team concluded that community ownership was an essential ingredient for initiating community action. Furthermore, in order to maintain a sense of ownership over time, periodic attention is needed to cultivate and strengthen it.

The review team visited a total of 30 community-level committees¹ in Malawi and Zambia, and SCOPE-OVC, all but two of which are still active. Further, according to COPE and SCOPE-OVC personnel, the majority of committees initiated during the years of DCOF support—1996 to 2000 in Malawi and 1997 to 2002 in Zambia—remain active.

It is interesting to note that the few groups receiving significant external funding did not rank such support as critical to the longevity of their committee. And while the majority of the groups, which received little or no external resources had limited material capacity to meet children’s needs, they were still working together to do what they could with the available resources.

The visits and focus groups illuminated members’ sense of the factors essential to sustaining efforts. They included the following, in order of importance:

- **Compassion for children**—which triggered unity, led a committee’s vision, and galvanized community action,
- **Unity**—which emerged from a sense of common purpose (compassion for children) and from community support for a committees’ work,
- **Creation of a common vision**—which kept the committee on track and inspired the wider community to participate in activities to benefit vulnerable children and their families, and
- **Community participation and transparency**—closely interrelated, these strengthened the committee’s unity; any perceived lack of transparency undermined committees’ work.

In brief, the following aspects brought about and strengthened these sustaining factors:

- The initial mobilization processes in both countries were rooted in sound principles and tools of participatory development.
- Capacity building workshops that followed the initial mobilization were critical in helping committee members learn how to develop their own common vision, share it with the wider community, and then turn it into an action plan.
- The role of an intermediary proved invaluable in linking grassroots-level committees with a wider pool of resources and in representing the community in policy decisions at the district and higher levels.
- While external resources do not form the core of committees’ staying power, they can supplement and extend what committees are able to do.

Conversely, the following conditions worked against the sustaining factors:

- Providing external resources before a committee took root using their internal resources and before opportunists were ousted subverted community ownership and responsibility. (Careful timing of resources and a sound process by which they are channeled can offset the erosion of community ownership.)
- Donor pressure to push money to communities at a faster rate resulted in intermediary district committees being bypassed and weakened their relationships with community

¹ The four district-level committees that the team visited are not included in this total.

groups. This threatened the future continuity of support from an intermediary who could link groups to resources outside their community.

On Reaching the Most Vulnerable

The final hypothesis held that:

4. Communities who own the decision-making and action process ensure that vulnerable children benefit from the support that they are able to mobilize internally or access externally.

The review team's findings support this hypothesis. The team also concluded that committees are generally in a better position than external NGOs to manage efforts to meet the needs of especially vulnerable children. The team found that community groups consistently and convincingly:

- Described the care they gave to identifying the most vulnerable children,
- Ensured that the most in need were the first to benefit from any assistance, psychosocial support, or protection interventions, and
- Provided very clear criteria to decide who was most vulnerable and needed immediate assistance and who could wait.

An interesting distinction between youth and adult perceptions of children's vulnerability emerged during the focus group discussions. Young people felt that being prevented from going to school and having no free time to play with other children were more significant than material hardships. Adults focused more on material and physical needs. This is significant because the committees that determine need and allocate available resources are comprised of adults. The team felt that youth and adult perspectives, given equal weight, together would generate the best response.

Additional Findings: On Country Differences

- In Malawi, community groups relied more on resources mobilized internally and through linkages to a wide variety of external bodies (besides COPE and Save the Children). This appeared to be more effective in creating independent committees that sustained their activities.
- In Zambia, although there were significant efforts to link community groups to various external resources, the focus was on SCOPE-OVC's subgrant process. This appeared to create a somewhat dependent relationship between the groups and SCOPE-OVC.
- In Malawi, COPE had the benefit of being able to plug into the Government-mandated national network for HIV/AIDS activities. In Zambia, there was a weak connection between the district committees and district-level mechanisms sanctioned by the Government.

Recommendations

Mobilization and Capacity Building

Organizations seeking to develop ongoing action for the care and support of orphaned and vulnerable children should use a mobilization strategy that helps communities:

- Analyze their situation and discuss the implications,
- Identify internal community resources and knowledge, individual skills and talents,

- Identify priority needs,
- Develop a strategy to address the priority needs, and
- Plan activities needed to execute their strategy using internal resources initially.

These steps will help communities build on the innate sense of compassion and responsibility for children, create a sense of unity, develop a common vision, and elicit broad community participation. Outside organizations should serve as catalysts—not leaders or managers—helping community members to work through these steps at their own pace.

Community Participation

It is important to encourage committees to actively facilitate the participation of the wider community in implementing activities, rather than doing it all on behalf of their community. Opportunities to explore differences in child and adult perceptions should be deliberately included in training, technical assistance, or other capacity building activities in order to ensure that the voices of children and youth are heard and that their views are considered.

External Resources

For sustained action, the impetus for support and decisions about its use should emerge from the community itself; the external organization can then formulate its agenda around community priorities, concerns, capacities, and commitments. The internal resources a community has should be used to determine the initial activities.

After community groups have demonstrated ownership by investing their internal resources to carry out their priority activities, it is important to link them to a wide variety of assistance from multiple sources, including their own government. If significant external financing is available to respond to locally identified priorities, its provision should be arranged through dialogue grounded in mutual respect to ensure that funds coming from the outside will not overwhelm the management capacity of the community group or create dependency.

Policymakers and donors should seriously engage in a campaign to develop truly innovative mechanisms for delivering external funds to community groups in such a way that balances the need to get funds out through fiscally accountable avenues, with that of respecting and building upon community initiatives that are working.

Inclusion of Intermediary Groups

Any plan to scale up community mobilization efforts over a wide area should incorporate intermediary bodies to link community groups to information, material resources, and government and other programs and services.

Targeting of Vulnerable Children

Policymakers, donors, and development organizations should avoid imposing specific eligibility criteria as to which children and households should be targeted for assistance. Assuming that a genuine mobilization process is in place, communities are best able to determine the most vulnerable among them.

Conclusion

The authors of this report have been careful to portray communities affected by the impacts of HIV/AIDS as the active agents they truly are—addressing the needs, problems, and challenges

of especially vulnerable children. Grassroots community efforts to improve the well-being of orphans and vulnerable children have been documented in many countries across Africa. Yet much more can be done. Greater efforts are needed to understand how to best support such action and mobilize more communities.

The ongoing work of the grassroots groups described in this report, and the others like them, challenge the international community to match their level of intensity, generosity, and continuity in addressing the impacts of HIV/AIDS. This report is a humble tribute to their integrity, courage, and dedication to young people.

I. INTRODUCTION

The sound of children at their lessons competes with our discussion with community members who manage the community school and coordinate care and support for vulnerable children. The community group informs us that this year they've had to introduce three shifts to cater for all the children enrolled in the school they started. The quality of this school's administration, its teachers, the pupils' test scores and enrolment levels rival the nearby government school.

- Observation by the review team during the site visit to Mulenga compound, Zambia

Throughout Africa, community groups have been at the forefront of efforts to address the needs of especially vulnerable children. Recognizing the fundamental importance of such work, many development organizations committed to improving the well-being of children have designed programs to mobilize and strengthen these community responses. Such efforts aim to build grassroots' own capacities to identify, protect, and serve such children, either directly or by bolstering the households in which they live.

DCOF has been funding and supporting such community mobilization and capacity building initiatives for several years. In 1995 through USAID Malawi, DCOF helped start the Save the Children US program, Community Options for Protection and Empowerment (COPE) in Malawi. In 2000, COPE secured funding from other sources and changed its name to STEPS. Currently, the project operates with the name of *Tisamalirane* ("Taking care of each other" in Chichewa) and has funding from Family Health International; the Hope for the African Child Initiative; the Global Fund for HIV/AIDS, Tuberculosis, and Malaria; and Banca Intesa (through Save the Children Italy).

In Zambia, DCOF supported a similar community mobilization and capacity building approach from November 1997 to September 1999 through Project Concern International's (PCI/Z) program for orphans and other vulnerable children. From January 2000 to September 2002, DCOF provided funding for the Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC) program of CARE.² Both the PCI/Z and CARE projects were managed by USAID Zambia. CARE has continued SCOPE-OVC, the current funding for which is provided by the USAID-funded Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) program of World Vision, the Hope for African Children Initiative, the Department for International Development of the United Kingdom, and other private donors.

The initial community mobilization processes in these projects were similar, although the efforts unfolded in diverse ways in the communities. In most cases, a small team of outside mobilizers—with the agreement and support of local leaders—initiated a process to help community members review local conditions and to identify concerns and potential solutions. Often Participatory Learning and Action (PLA) tools were used for this process.³ Most communities decided to form committees to take action.

² Initially, CARE implemented SCOPE-OVC in conjunction with the Zambian organization, Family Health Trust, with funding channeled through Family Health International.

³ See, for example, http://www.iied.org/NR/agbioliv/pla_notes/backissues.html.

In Malawi, these committees addressed the needs of orphans and youth, as well as HIV prevention and care for people with chronic illness. In Zambia, the focus of mobilization efforts was specifically on needs among orphans and vulnerable children. In both countries, training, information, and sometimes financial support were provided over time to the community committees, so the basic processes included both initial mobilization and some level of capacity building.

All of the community groups mobilized during the early years of these initiatives in Malawi are still active today and most of those in Zambia are as well. Indeed, across Africa, community child protection committees have become a standard component of much of the programming for children affected by war and HIV/AIDS. In 2006, DCOF and the Africa's Health in 2010 Project of the Academy for Educational Development (which is supported by USAID's Africa Bureau, Office for Sustainable Development) undertook a review of community efforts in Malawi and Zambia to capture lessons learned about this approach—and the factors that enable some communities to sustain efforts, while others do not.

"In Chipata compound, Zambia, some missionary volunteers entertain a small group of children with an impromptu lesson on bracelet making. Afterwards, the children are released from their lessons for the day to make way for our meeting and the government appointed teacher calls it a day. A group of boys play boisterous soccer in the small courtyard of the school, which also doubles as a church. This committee speaks wistfully of their hope that someone somewhere will support them with funding."

- Observation by the review team

II. PURPOSE AND METHODOLOGY

This review is based primarily on the experiences and perceptions of the community members who were responsible for the initiatives described. The review team's approach follows researcher David Hulme's assertion that it is the community's perception of reality that counts:

"At heart, PLA [Participatory Learning and Action] theorists do not agree that ultimately there is one objective reality that must be understood. Rather, there are multiple realities and before any analysis or action is taken the individuals concerned must ask themselves, 'whose reality counts?' The answer must be that the perceived reality of the poor must take pride of place."⁴

A. Purpose of the Case Study Review

The case study review focused on the action that communities have taken for children. It was designed to identify lessons drawn from community experience and perceptions. These lessons will be shared with the participating organizations and community groups, but they are also relevant to those who recognize that mobilizing and strengthening communities is critical in ensuring the safety and well-being of children. Specifically, the study aimed to:

- Assess the long-term results of mobilization processes initially supported by DCOF, from the perspective of community members in Malawi and Zambia,
- Identify—in terms of community-sustained activities—what worked, what did not, and why, and
- Identify lessons that community members have learned that could be relevant to future design and implementation of programming to improve the safety, well-being and development of especially vulnerable children.

A major assumption underlying DCOF's decision to support to the initiatives in Malawi and Zambia was that the capacity built through a community mobilization strategy would lead to *self-sustaining* activities beyond the limited period of project funding. A manual developed by the COPE program in Malawi (based on its experiences in catalyzing community ownership and participation) describes the process in this way:

"Through active participation in the mobilization process, communities feel ownership of their problems and are empowered to control the decision-making process to solving their problems. Brazilian educator Paulo Freire explains this best in his teachings about community development. Freire recognized and promoted the role of dialogue with communities as a means towards building a critical awareness of the world in which they live. By participating in this dialogue, community members link the process of knowing and learning, in an ongoing cycle of taking action and reflecting on that action. By linking these concepts, community members begin to critically understand and analyze the world around them. Critical thinkers then feel empowered to act on the conditions that affect their lives. This critical awareness leads individuals to participate actively in the development of their community, which

⁴ Hulme, David. *Impact Assessment Methodologies For MicroFinance: A Review*. Prepared for the Consultative Group to Assist the Poorest Working Group on Impact Assessment, Institute For Development Policy And Management, University Of Manchester. 1997.

then increases their access to resources, addresses the inequalities that exist within that community and society, and improves opportunities for a better life.”⁵

In order to test the assumption that community mobilization and capacity building can lead to sustained action for vulnerable children, the team developed the following four hypotheses to test throughout their inquiries:

1. The mobilization processes in the Malawi and Zambia were effective in catalyzing genuine ownership. Ownership in turn generated high levels of participation within the wider community.
2. Community-led action occurred because of genuine ownership. (The team defined community-led action as members taking primary responsibility to find solutions to the challenges facing them, taking control of decision-making about which activities to carry out and mobilizing internal resources with which to initiate activities.)⁶
3. Where community ownership was present, committees were able to sustain their activities to benefit especially vulnerable children over the long term.
4. Communities that owned the decision-making and action process were better able to ensure that vulnerable children benefit from the support they mobilize.

The team was successful in gaining in-depth community perceptions about the process of mobilizing and sustaining community ownership of activities to ensure the well-being of especially vulnerable children. The study gathered information about activities that the various community groups initiated and maintained over time. In addition, community members shared their perceptions of the results that they achieved and how children benefited from the activities carried out. However, a shortcoming of the review process was that—apart from gathering the perceptions of community members—the team did not have sufficient time to quantify the impacts and effectiveness of the activities in improving the well-being of especially vulnerable children.

This report focuses on the process of mobilization, which many advocates and experts of participatory development hold is itself valuable. The Communication for Social Change Network, an initiative dedicated to strengthening participative approaches, published a Working Paper Series to document network members’ worldwide experience.⁷ One paper indicates:

“Communication for social change [community mobilization] is valued as a process in and of itself ... positive outcomes are already affected when community members learn how to think critically at a group level, work together to identify problems and come up with solutions. The act of people coming together to decide who they are, what they want and how they will obtain what they want demonstrates success.”

⁵ Save the Children US. *STEPs: A Community Mobilization Handbook for HIV/AIDS Prevention, Care and Mitigation*. 2003.

⁶ The team felt that “using internal resources to initiate activities” was a crucial part of the definition for community-led action. When a community accepts external resources to initiate activities, it is difficult to determine whether their decision-making is being driven by the community’s genuine ownership of problems and solutions, or the promise of the resources.

⁷ See, Figueroa, et al. *Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes*. Johns Hopkins Center for Communications (developed for the Rockefeller Foundation). 2002. Available at <http://www.comminit.com/socialchange/stcfscindicators/sld-1500.html>.

That said, community members—including young people—told the team that they felt the situation of vulnerable children had improved. In fact, it was this very perception of progress that motivated communities to continue their efforts, in spite of often daunting challenges.

B. Methodology

This case study review was not an evaluation; it was a process of reviewing some of the consequences of community mobilization and capacity building work. Typically, when donors or development organizations appraise their programs, they want to know whether their goals were achieved and whether impact can be attributed to their investment. This case study employed a different and somewhat rare methodology—specifically, a follow-up to see whether the project’s investments resulted in ongoing activities sustained by the communities. By design, the intended beneficiaries’ perspectives were given greater emphasis than that of project designers and development organization staff.

In Malawi and Zambia, the focus of the study was on examining the history of community groups that have been functioning for several years—eight to 10 years in most cases. The activities of a total of 34 committees (four of which were at the district level) were reviewed during the case study process. Since these are community-led initiatives catalyzed through participatory processes, the methodology highlights community perceptions and experiences. Again, using the experience of the Communication for Social Change Network, evaluating programs using participative processes is not a documentation of a static situation:

“[Community mobilization] is not a one-time activity or characterized by a series of inputs; it is a continuous process which underlies a project’s progress. ... [It] cannot be adequately understood using traditional gauges that isolate and analyze quantitative resources. Rather, it demands a more qualitative assessment.”⁸

The qualitative approach of the study was used to examine the assumption that capacity built through community mobilization leads to sustained activities. This approach views community ownership as a reflection of the process of people coming together, thinking critically about their situation, and deciding what they want to do about it and how to obtain what they need. Community ownership is also considered as a key element to sustaining a community’s continued efforts to address the needs of vulnerable children.

While the case study team reviewed selected secondary information from agency reports, and other evaluations and reviews, it focused primarily on exploring community perceptions. Thus, the primary sources of information were people who have been at the forefront of community-led activities: community leaders, residents, personnel of nongovernmental organizations (NGOs) and community-based organizations (CBOs), and government officials. Field work relied on qualitative techniques to gather relevant information and community perceptions about what has and has not worked. Key methods included:

- Individual key informant interviews (with community leaders, NGO and CBO personnel, and government officials),
- Semi-structured interviews with executive members of the community committees formed through mobilization initiatives, and

⁸ Figueroa et al. *Ibid.*

- Focus group discussions (using Participatory Learning and Action tools) with committee and community members, families/caregivers of vulnerable children and youth group members who have been involved in or benefited from activities.

Experience with PLA has shown that community members provide accurate information when it is validated in an open forum with their peers. Facilitation of group discussions, when handled by a moderator skilled in using PLA tools, avoids a situation where participants simply give the answers they feel are expected by the researcher.⁹ Similarly, this approach aims to understand community members' issues, as opposed to the researchers' constructs of their issues.

The case study team possessed a combination of skills that enabled them to reflect community perspectives accurately. One of the consultants, Jill Donahue, is a certified service provider of PLA techniques as has used the tools to conduct several studies examining various aspects of the impacts of HIV/AIDS on households and children. She has also reviewed the COPE, PCI/Z and SCOPE-OVC programs periodically from the beginning of the programs. The other consultant, Luis Mwewa, has had a long relationship with communities and mobilization approaches in Zambia and with some of the community groups visited during the study. He has extensive experience with the approaches used by agencies and the Zambian government to address the needs of especially vulnerable children. He speaks the languages and is familiar with the cultures of the communities studied. He was recently elected chairperson of the District Orphans and Vulnerable Children Coordinating Committee in Lusaka.

To examine why and how community groups sustained action to benefit vulnerable children, the team visited selected committees in the communities where the Malawi and Zambia programs first launched their mobilization efforts—the team targeted both effective, ongoing efforts and those groups that had not sustained their activities. In Malawi, most of the original committees were still active, and the team did not interview members of committees that were no longer functioning. In Zambia, the team was able to visit former committee members from groups that had ceased their activities.

Table 1 illustrates the broad lines of inquiry and methods that the team used to ensure consistency across the community-led initiatives, communities, and committees included.

Table 2 lists the communities within which the team conducted 40 focus group discussions with a total of 371 participants. In addition, the team carried out eight semi-structured interviews, which included 58 community members from leadership committees. Finally, the team held seven individual interviews with key informants.

⁹ For more detail regarding the specific PLA tools utilized, and the organization of the focus group discussions, please see Appendix 3.

Table 1. Focus and Methods Used for Structured Information-Gathering

Issue Area	General Focus	Methods Used
Context	What contextual factors explain how/why the community mobilization process evolved as it did?	Secondary data (reports, studies)
		Local Gov't officials/NGO staff
		Semi-structured interviews
Community mobilization process	To what do community groups attribute their ability to sustain activities? How did the various mobilization processes and capacity building methods and tools compare across the sites?	General focus group discussion guide
		Ranking of sustaining factors
		Time series of crisis
		Pair-wise ranking of sustaining factors
Activities to Benefit Vulnerable Children	How do communities (adults and youth) determine whether children have benefited from their activities? What are the specific activities and the criteria for participating children? Who carries out the activities?	General focus group discussion guide & semi-structured interviews
		Vulnerability ranking (youth/adult perspectives)
		Activity ranking (benefit to orphans and vulnerable children)
		Venn diagram
External Resources	What role do external resources play in sustaining activities? What financial, technical and human input originated outside the immediate community?	General focus group discussion guide
		Semi-structured interviews
		Venn diagram

Table 2. Community Groups Included in Focus Group Discussions and Interviews

Zambia			Malawi		
District	Committee	Year Established	District	Committee	Year Established
Kitwe	Kitwe DOVCC	1999	Mangochi	NACC	1996
	Mulenga COVCC	1998		Namwera VAC	1996
	Malembeka COVCC	1998		Balakasi VAC	1996
	Chipata COVCC	1998		Nombo VAC	1996
	Itimpi COVCC	2001		Chimwala CAC	1996
	Musonda COVCC	2002		Chiwaula VAC	1996
Livingstone	Livingstone DOVCC	1999	Dedza	Dedza DACC	1997
	Nakatindi COVCC	1997		Kanyesi CAC	1997
	Sawmills COVCC	1997		Msampha VAC	1997
	<i>Sakubita COVCC</i>	1997		Kutsoro VAC	1997
	<i>Malota COVCC</i>	1998		Kutsoro Youth	1997
	Mapenzi COVCC	2002		Lilongwe DACC	2000
Kalomo	Muzya COVCC	1994 CINDI 2000 SCOPE	Lilongwe	Lumbadzi CAC	2000
				Kulamula VAC	2000
				Kulamula Youth	2002
				Kaliyeka RAC	2001
				Ngoza VAC	2004
			Nkhotakota	Mpamantha CAC	1997
				Njimbula VAC	1997
				Kanyambo VAC	2000
				Kanyambo Youth	2000

Committees in **red** are no longer functioning, while those in regular text are still active.

COVCC= Community Orphans and Vulnerable Children Committee, DOVCC = District Orphans and Vulnerable Children Committee, NACC = Namwera AIDS Coordinating Committee, CAC = Community AIDS Coordinating Committee, VAC = Village AIDS Committee, RAC = Residential (urban) AIDS Committee, CINDI is a project of Family Health Trust focused on children in distress.

III. EXTERNAL ACTORS: AN OVERVIEW OF COMMUNITY MOBILIZATION EFFORTS

A. Program History and Context

Malawi

In 1994, Malawi's National AIDS Control Program and UNICEF, recognizing the need to mobilize a collaborative response to HIV/AIDS by all segments of society, developed the concept of a three-tiered national network of AIDS committees. The plan included providing support in each of the country's districts to form a District AIDS Coordinating Committee (DACC). In turn, each DACC was to organize a Community AIDS Committee (CAC) in each of its health catchment¹⁰ areas. Finally, each CAC was to mobilize a Village AIDS Committee (VAC) in every village within its area. Committees at the district and health catchment area levels included representation from government ministries, NGOs, religious bodies, and the private sector. In order to address the impacts of HIV/AIDS holistically, the national strategy also included provision for the creation of four technical subcommittees within each committee (see box).¹¹

In 1995, with support from USAID's DCOF, Save the Children US launched the COPE program (later called "STEPS" and now "Tisamalirane") to promote activities that enhanced the care and support of orphaned and vulnerable children. The initial approach consisted of staff identifying problems and working with local volunteers to take action on behalf of the community. In 1996, during a joint review of the project with DCOF, COPE staff realized that it needed to evolve from this "top-down" approach to one that was more participatory and mobilized communities to analyze their own situation and take responsibility for it.¹²

Technical Subcommittees

- High-Risk Groups (later changed name to Behavior Change and Communication, or BCC)
 - Home-Based Care (HBC)
 - Orphans and Vulnerable Children
 - Youth (generally recognized as "youth clubs")
-

At this point, COPE staff made a strategic decision to build on the framework of the national HIV/AIDS network (DACC-CAC-VAC). Funding for this structure had ended and many of the committees originally mobilized with UNICEF support were no longer active—yet this structure was government sanctioned, and COPE staff felt that supporting it would legitimize a community mobilization process aimed in part at improving the situation of orphans and other vulnerable children.

COPE initiated the mobilization process at the health catchment level, in the middle of the three-tiered structure (not at the top). Together with district-level Government personnel, COPE helped convene three-day workshops that brought together religious, business, and political leaders and local line ministry personnel to reflect on the impacts of AIDS in their health catchment area. The COPE personnel, while acknowledging that they worked for Save the Children, explained to workshop participants that they were participating as members of the DACC and that Save the Children could only support their work in the catchment area for a few

¹⁰ The health catchment area refers to the geographic area covered by a given health center or clinic.

¹¹ Although the technical subcommittees still appeared to be active at the time of the case study review, the team did not gather information on all of them, but concentrated specifically on issues and activities related to orphaned and vulnerable children.

¹² Donahue, Jill and John Williamson. *Developing Interventions to Benefit Children and Families Affected by HIV/AIDS: A Review of the COPE Program*. DCOF. 1996. Available at: http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/reportlist.html.

months. This was done to encourage sustainable committees that saw themselves as part of a national structure, rather than as potential beneficiaries of assistance from Save the Children. The workshop process helped participants recognize that they were facing problems due to the impacts of AIDS and the growing number of orphans, that external parties alone could not solve these problems, and that the best approach was to work together. By forming a CAC, participants could tap into the DACC-CAC-VAC structure; they also received training in participatory mobilization skills to help them mobilize VACs in their catchment area.¹³

The first Training for Transformation workshop was held in 1997 within the Namwera health catchment area in Mangochi District. By the time COPE personnel left six months later to begin work in another district and health catchment area, the Namwera CAC (with assistance from COPE personnel) had mobilized 16 VACs, each with a subcommittee focused on orphans and other vulnerable children. Three years later, the number of VACs had almost doubled in Namwera due to the CAC's ongoing mobilization work.¹⁴

An interesting development occurred as the village-level committees in Namwera and other areas implemented their activities and sought resources to support them. Many VACs and some CACs added a fifth subcommittee for resource mobilization and fundraising. These subcommittees focused on identifying and mobilizing internal resources as well as accessing external resources.

In Mangochi, the initial composition of the DACCs relied on primarily health and social welfare government staff members. However, by 2000, Mangochi DACC included officers from the Ministry of Tourism, Parks, and Wildlife; Ministry of Forestry, Fisheries, and Environmental Affairs; Ministry of Agriculture and Irrigation; and Ministry of Labour and Vocational Training, as well as a growing number of NGOs. During this period, the spirit within all the DACCs was characterized by a willingness to "go the extra mile" and to convene with little notice to organize a visit to a newly formed CAC or to receive visitors. Although members did receive a lunch allowance, this was not the motivation for participating in field work (mobilizing or following up on committees) or attending meetings.

In general, the role of a DACC was to:

- Mobilize CACs and assist them in catalyzing communities in their catchment area to form VACs,
- Provide technical assistance regarding HIV/AIDS (including issues regarding vulnerable children) to the CAC technical subcommittees,
- Relay information, training opportunities and resources to the CAC members who were then responsible for sharing this with the VACs in their catchment area,
- Monitor CAC activities and ensure members were passing on information, resources and capacity building to VACs.

¹³ Training for Transformation tools, an approach to mobilization similar to PLA, were used in the initial workshops. PLA methods were added over time. For more information, see Hope, Anne and Sally Timmel. *Training for Transformation: A Handbook for Community Workers, Book 4*. ITDG Publishing. 1999.

¹⁴ Donahue, Jill and John Williamson. *A Review of the COPE Program and Its Strengthening of AIDS Committee Structures*. DCOF. 2000. http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/report1st.html

In 2004, everything changed. Malawi's application for funds from the Global Fund was successful. Donors and the Malawi government sat down and agreed that the National AIDS Commission should spearhead a national strategy to manage and dispense the funds. The Malawi government also felt that local government—represented by the District Assembly and headed by the District Commissioner—be given the mandate to manage the funds at each district level.

According to all of the former DACC committee members—including Save the Children field staff—with whom the team spoke, this national strategy overlooked the existing composition of DACCs and their terms of reference. New guidelines regarding the role of the DACC and its composition were introduced. The DACC were to report directly to the District Assembly and a permanent position of District AIDS Coordinator was introduced.¹⁵ An executive committee within the DACC would be formed, and the District AIDS Coordinator would convene this committee to review proposals. The Coordinator would report to the District Commissioner, who heads the District Assembly. Only registered CBOs or NGOs would be eligible to apply for funds. Since the District Assembly needed time to build its capacity before assuming its new role as Global Funds administrator for the district, donors proposed that international NGOs act as “umbrella grantors” in the short term. In each district, a lead NGO was designated to manage the grant administration process and oversee proposal reviews.

In view of the new funding and distribution mechanism, new DACC elections were held and many of the former members were no longer eligible to hold office. The transition was neither smooth nor amicable. During the study, the team interviewed some of the members of the original DACCs.¹⁶ In every case, the hard feelings were evident; some more diplomatically stated than others. One person summed up the sentiment expressed by other former members:

“We’ve [the DACC] gone from a spirit of ‘we have seen the need for a new CAC, let’s organize to move out to help them get started’ with little thought to what [personal gain] we would get out of it. Now, everything is about allowances and perks. And when we go to National AIDS Commission meetings, all we hear is ‘DACCs, what are you doing? We have all this money and it isn’t moving; get busy and organize a lot of community organizations so that this money flows!’ And now that there is money for DACCs to meet each other, we get compared to each other in terms of how much money has been received. Colleagues say to each other, ‘Our district has received a lot of money and your district has been left behind!’”

For the most part, however, the changes brought about by the injection of Global Funds have had only slight ripple effects on CACs and VACs. To date, the CACs have functioned as coordinator, advisor (but not supervisor), and link between village and district-level committees and between village committees and other external sources of technical assistance, and in-kind or financial resources. Some of the CACs’ other roles:

¹⁵ The District Assembly is the “hub” entity that coordinates the activities of the local government departments present in a given district.

¹⁶ Lilongwe was the only DACC where new members managed to find time to meet with the team. In Mangochi, one of the former members readily volunteered to accompany us to the focus group discussions and helped to translate when needed. In Nkhotakota, the former chairperson also accompanied us to the focus group discussions. In Dedza, five members arrived at our meeting: three were Save the Children staff, one was a former member still on the new DACC, and one was new member representing youth organizations. The chairperson, a new member, arrived as we were wrapping up.

- Mobilize VACs where none exist, but where there is an interest (often VACs act as mentors for other villages and then inform the CAC of the new VACs so that they can support them),
- Serve as “watch dog,” verifying that resources channeled to VACs go to the appropriate people,
- Organize monthly meetings to convene VAC representatives and area leaders (Traditional Authority,¹⁷ Area Development Committee) and gain an opportunity to share information and experiences,
- Provide assistance in resource mobilization, in particular for secondary school fees and in support of Community-Based Child Care Centers (CBCC),
- Disseminate HIV/AIDS prevention and awareness messages, and
- Work to reduce stigma and discrimination against people living with HIV/AIDS and orphans and other vulnerable children.

CACs are generally careful not to confuse their role as coordinators with the VACs’ role as implementers. For example, whenever a CAC member goes to a village to monitor activities or verify resource allocation, s/he will go through the VAC. In Nkhotakota and Dedza Districts, this has enabled most of them to win over the CBOs, many of which initially viewed the CAC with suspicion and as a potential competitor. By coordinating and networking, many CBOs have joined the CAC “umbrella” to positive effect. In addition, it has reduced duplication of efforts and enhanced the effectiveness and credibility of CBOs.

There is pressure, however, for CACs to transform into CBOs so that they become a conduit for Global Funds. Most of the former DACC members that the team interviewed and several Save the Children staff felt that doing so would undermine CACs’ current role. As an organization receiving Global Funds, the CAC would automatically become an implementer, which would pit CACs and CBOs against each other as competitors for funds. It would also change the nature of the CACs’ relationship with VACs. When receiving funds, an organization is ultimately accountable to the donor. At present, the CAC members perceive that their duty is to respond to and facilitate VAC and community goals, which makes them accountable to the VAC.

Such a change in relationship between CAC and VAC occurred with the Namwera AIDS Coordinating Committee (NACC), which became a CBO and then an NGO several years ago. At first, NACC performed as any CAC, but as they became accountable to donors for funds and results, subtle changes appeared. For example, NACC staff, when they spoke with the review team, stated that the organization had 20 staff and 4,000 volunteers. Upon closer questioning, it turned out that the 4,000 volunteers are actually members of the VACs for whom NACC, in its role as a CAC, should act as a support and an umbrella.

This raises the question, who are those volunteers working for and whose “program” are they carrying out? A fundamental principle accepted at the start of the COPE program was that community ownership and sustainability depend upon community members’ perception that they are working for the benefit of their communities, not to meet the goals of an external organization. In fact, several of the VACs stated that NACC will bring blankets, food and/or medicine that they never requested.¹⁸ The VAC appreciated the donations and accepted them;

¹⁷ The Traditional Authority is the formalized version of the indigenous chief, village, and clan head system.

¹⁸ This perception is detailed in more depth in Section III.F: Community Members’ Perceptions.

but the interaction left the impression that the community is a compliant recipient of NACC resources rather than an active participant taking control of and facilitating its own development.

Theoretically, it is possible that external funds can be made available in way that is consistent with a community's goals. However, in the experience of the review team, funds from NGOs typically come with strings attached. The timing of disbursement, the amount of money that is spent, the results to be achieved with the money, and even the way in which activities are carried out are determined to suit the requirements of the donor rather than the community concerned.

The team recognizes that recipients must be held accountable for the resources they receive; but the manner in which accountability is determined and the timing and amount of funding can either bolster community ownership or tear it down. During the review, it appeared that attention was given to encouraging community ownership of an initiative only when a group was first mobilized. Further, it seemed that external actors considered achieving community ownership a one-time event and undervalued the need to nurture and protect it after group is established. Our impression, however, is that a committee's sense of ownership and its commitment to ongoing action can be undermined if external resources are imposed without regard to the committee's perceptions of community needs and its own priorities. In addition, attention to refreshing and further strengthening community ownership is an ongoing process.

Zambia

In 1997, PCI/Z developed a strategy based on catalyzing community-based action to enhance its support to the protection and care of orphaned and vulnerable children. It began its work in Zambia with a focus on HIV/AIDS and other health programming and in 1997 was in the midst of fostering and building the capacity of the first multisectoral DATFs in five districts, including the sites where it would eventually launch its community-based orphaned and vulnerable children program.¹⁹

When DCOF funding for orphans and other vulnerable children became available through USAID Zambia, PCI/Z identified the Department of Social Welfare in the Ministry of Community Development and Social Services (MCDSS) as its primary partner, based on the Department's key role in the provision of family and child welfare services in the country. District Social Welfare Offices (part of MCDSS) and PCI/Z identified several urban communities—known as “compounds” in Zambia—in Livingstone and Kitwe as appropriate places to start the child-focused work. The PCI/Z-MCDSS team also co-opted several NGOs active in vulnerable children programs, and subsequently conducted PLA exercises with community members.²⁰ The results of these activities were used to develop action plans, and each compound elected a Community Orphan and Vulnerable Children Committee (COVCC) to facilitate implementation of the action plan. The COVCC was tasked by community members to:

- Mobilize and raise awareness among the entire community around the care and protection of orphaned and vulnerable children,

¹⁹ The DATFs, which coordinate all HIV/AIDS activities carried out by various organizations within a given district, are a recognised structure under a statutory instrument established by parliament. They operate under the Ministry of Health.

²⁰ The PLA process is described in more detail in the following section of this report.

- Coordinate and facilitate the implementation of action plans that resulted from PLA exercises, including mobilizing wide community participation, and
- Organize and monitor information collection on the situation in the community of children who are orphaned or otherwise vulnerable.

In 1999, with PCI/Z support, District Social Welfare Offices in Livingstone and Kitwe established multisectoral District Orphans and Vulnerable Children Committees (DOVCC). These committees included participants from district government, NGOs, faith-based organizations and CBOs. The DOVCC was intended to:

- Facilitate coordination and implementation of orphaned and vulnerable children activities within the district,
- Conduct PLA exercises in new communities and assist in the creation of COVCCs,
- Facilitate COVCC access to information, capacity building opportunities, and funding resources,
- Conduct fundraising activities at the district level for the benefit of the COVCCs,
- Serve as a “watchdog” by monitoring activities (including periodic elections of new committee members) and verifying the appropriate use of any resources accessed by the COVCC,
- Act as the “eyes” of the district by collection information about who is doing credible work to care and support especially vulnerable children, and
- Provide quarterly activity reports to the District Social Welfare Office, the Department of Child Affairs, and the District Council.

At the outset, Social Welfare and PCI/Z personnel attempted to enable DOVCCs to integrate within the DATF in Kitwe and Livingstone, including them as subgroup of the Task Force. However, over time DOVCC members found it a challenge to interact with the DATF, as it was very difficult to have a direct link to the decision-makers. In some cases, the DATF was dormant, so there was little reason for the DOVCCs to cultivate a connection with it. Where DATFs were active, orphaned and vulnerable children’s issues fit within its Social Protection subcommittee, which included all vulnerable groups—for example, the elderly, handicapped, and destitute. This meant that the DOVCCs were a subcommittee of a subcommittee. Finally, although most people on the DATF also belonged to the DOVCC, when sitting for DATF, they would be obliged to represent the interests of their organizations, and not those of the DOVCC. As a result, an effective relationship never materialized between the two district entities.

Beginning in 2000, SCOPE-OVC carried on the work initiated by PCI/Z, establishing DOVCCs in additional districts and building their capacity to mobilize COVCCs. SCOPE-OVC enhanced the capacity of the DOVCC and COVCC through subgrants, workshops, and technical assistance provided through its Community Mobilization Officers. The latter was a new, full-time role introduced to strengthen the capacity of the both the District- and community-level committees and to facilitate the two-way flow of information and communication between the committees and SCOPE-OVC.

The report on SCOPE-OVC prepared when funding from FHI ended in 2004 said the following about the effectiveness of the DOVCC:

“Although part of the project strategy was to link DOVCCs to a district structure, DOVCCs are not linked to either the District Development Coordinating Committee (DDCC) or the DATFs. A number of reasons include the perception that DOVCC is a project, account for this inadequacy. Regardless of the cause, long-term sustainability issues require a formal linkage with a district-based permanent structure to help ensure that orphaned and vulnerable children issues are fed into district level planning with central support.

Despite the challenges, there were apparent benefits from the DOVCCs. The formation and capacity building of the DOVCCs enabled district stakeholders to elevate orphaned and vulnerable children issues to an important status in the district—at least amongst the DOVCC members. Additionally, the committees assisted the members to plan better and coordinate efforts thereby reducing duplication of efforts and resources in the same catchment areas.”²¹

What the team found confirms the Final Project Review Report’s findings. On the one hand, the mentoring and quality control aspect of the DOVCC essentially evolved in a promising way. An important development during the years 2000 to 2004 was the establishment by SCOPE-OVC of a stakeholders group, of which the DOVCC was the executive committee. This group brought together various players from government, NGO, and community leadership who were involved in addressing issues facing orphaned and vulnerable children. It enabled wider participation in, and raised the profile of, district level activities focusing on such children.

It was clear during this review that the DOVCCs were not nearly as active as they had been from 1998 to 2004. Several factors may have contributed to this. In subsequent years, SCOPE-OVC had more donor pressure to award a high number of grants within a relatively short period, which resulted in the Community Mobilization Officers bypassing the DOVCCs in the interests of time. Consequently, the relationship of the COVCCs to the Community Mobilization Officers and SCOPE-OVC became more important than their link to a DOVCC. This weakened the role of the DOVCCs and created tension and frustration among the members.

Another aspect leading to the decline of the DOVCCs was illustrated by the chairperson of the Livingstone DOVCC. She felt strongly that SCOPE-OVC “spoon fed” the committee members through transport allowances and other perks. She observed that this weakened members’ genuine commitment to DOVCC work. In her words, “Now that money [from SCOPE-OVC to support the DOVCC] is phased out, you can see who is really committed and who was coming for what they could get.” She felt it vital that the DOVCC continue to be the “eyes” of the district, providing a neutral mechanism to verify the credibility of COVCCs and monitor the use of funds. However, at the time of the review team’s interview with her, the Livingstone DOVCC had not met for several months and it was not possible for the chairperson to play this role as an individual.

The team also observed frustration and tension at other levels, resulting from pressure to respond to donor aims to channel money to communities. In an interview, a former SCOPE-OVC staff member observed that in order to provide grant awards in the timeframe available, project staff had to “jump over” the DOVCC to get the money out to the COVCCs. “We didn’t want to

²¹ Family Health International/Zambia. *Final Project Review Report, SCOPE-OVC*. March 2004. Available at http://sara.aed.org/tech_areas/ovc/FinalScopeEval.pdf#search=%22Final%20Project%20Review%20Report%2C%20SCOPE-OVC%22.

do this, but we had no other choice," the staff member noted. In another interview, a frustrated Livingstone social worker remarked, "Donors and NGOs behave like politicians in an election year, coming in with a bang and a lot of money; only to say 'Sorry, we've made a mistake' two years later—leaving us with the problems."

Finally, since the DOVCC had no direct support from any particular entity, and once SCOPE-OVC phased-out its support to the administration of the DOVCC, the majority of committee members could not justify using (or were unwilling to use) their organizations' resources to support their continued involvement. As stated earlier, if the members also sat on the DATF, they were there to represent their organization's interests, not that of the DOVCC.

One of the original reasons for creating the DOVCC was to cultivate a permanent relationship between communities and the district, where most development resources are allocated. The committees were conceived with the aim of ensuring community groups' credibility and the quality of their activities to various donors that made funding available in a district. This would enable communities to maintain links to funding even after a particular NGO's project ended or when donor priorities changed, thus avoiding disruption of support. In the end, donor pressure to achieve an adequate "burn rate" of funds seems to have taken precedence over maintaining a sustainable relationship with communities.

Table 3. Comparison of Malawi and Zambia Mobilization Structures

Malawi			Zambia		
Structure	Level	Role	Structure	Level	Role
National AIDS Commission	National	Original architect, in partnership with UNICEF, of the cascading DACC-CAC-VAC structure to coordinate all HIV/AIDS activities in the country.	Ministry of Health	National	Responsible for the DATF, developing its terms of reference and monitoring progress.
District Council	District	<ul style="list-style-type: none"> Originally, the Council was invited to DACC meetings and events and kept informed of DACC's activities; oversight was relaxed and informal. Currently, the Council is slated to take over the management of Global Funds for CBOs within its District; the DACC will report directly to it. 	DATF	District	<ul style="list-style-type: none"> Mandated by Parliament to coordinate all HIV/AIDS activities in the country. Coordinates activities related to HIV/AIDS, capacity building, and channels resources to compound or village level organizations. Currently slated to receive funding from European Union.
DACC	District	<ul style="list-style-type: none"> Coordinates activities, implements capacity building and channels resources and information to Community AIDS committees. DACC members were originally self-selected from line ministries, church leaders, CBOs and NGOs to coordinate HIV/AIDS activities within the District and to channel information, capacity building and resources to CAC. Currently, DACC membership is mandated by the National AIDS Commission and is limited to 11 members. Its role is to promote, disburse, and monitor Global Funds to CBOs within its district. 	DOVCC	District	<ul style="list-style-type: none"> Falls in the Social Protection subcommittee of DATF, along with other structures concerned with vulnerable people. Coordinates activities and capacity building; channels resources to compound and village-level COVCCs. Originally supported by PCI/Z, then SCOPE-OVC. Members selected from government line ministries, church leaders, CBOs, NGOs and other community leaders.
CAC	Health catchment area	<ul style="list-style-type: none"> Has five technical subcommittees (home-based care, orphans/vulnerable children, behavior change and communication, and youth and resource mobilization). Intermediary between district and village levels; coordinates the channeling of information, resources or capacity building to VACs. Acts as advisor and mentor to VACs. Monitors proper distribution of resources to intended recipients. 	COVCC	Village or compound	<ul style="list-style-type: none"> Implements activities and mobilizes community to care for and protect vulnerable children. Has the same five technical subcommittees as indicated above for a CAC in Malawi.
VAC	Village	<ul style="list-style-type: none"> Implements activities and mobilizes community to address the impact of HIV/AIDS; including the care and protection of vulnerable children. Also has the five technical subcommittees mentioned above for the CAC. 			

B. Mobilization Strategies in Malawi and Zambia

The community mobilization strategies and participatory methods used in the communities reviewed were broadly similar. The approach used in Zambia was influenced by COPE in Malawi, which started earlier. Although PCI/Z had already started to develop its approach, staff eventually visited Malawi to observe COPE and benefit from its lessons. COPE was influenced, as well, by this exchange and used more PLA methods (described in more detail below).

In general, both Malawi and Zambia programs used the following conceptual approach to the sequence of the participatory process (see Table 4):

1. Facilitating recognition among community members that they are already dealing with the impacts of HIV/AIDS and that they can be more effective if they work together,
2. Catalyzing a sense of responsibility and ownership to address their concerns,
3. Community identification of internal resources and knowledge, individual skills and talents,
4. Community prioritization of needs they will address,
5. Community-led development of an action plan based on the internal resources at hand, and
6. External support over time to enhance the capacity of community members to continue carrying out their chosen activities, to access external resources when necessary, and to sustain their efforts.

Table 4. Participatory Methods and Tools Used in Malawi and Zambia

Malawi	Zambia
Look, Learn, and Listen —the “3 L’s” from Training for Transformation. This stage is for observation of community dynamics. Allows external catalyst to gain insight into the identity of a community.	Build leadership support —participatory discussion with community leaders and opinion makers. Included church elders, RDC chairperson and section (or ward) leaders.
Build leadership support —participatory group discussions and individual interviews with District officials (DACC), Area and Village Development Committee leaders (at health catchment area and village level). At village level, group village and clan heads, as well as chiefs also included.	Community mapping and transect walk —to identify resources and problem areas; location of orphans and vulnerable children or people living with HIV and AIDS. Also used as a tool to promote discussion and analysis.
Community meeting —typically called by community leaders. Results of discussions with leaders shared with the wider community. An election for the CAC or VAC often held at this meeting.	Community meeting —typically called by community leaders. Results of mapping and/or discussions with leaders shared with the wider community. An election for the COVCC often held at this meeting. The meeting may come before mapping or a transect walk.
Community mapping —to identify resources, problems, and locations of orphans and vulnerable children and people living with HIV/AIDS. Used as a tool to promote discussion and analysis.	Problem tree —develop, and transform into a solution tree .
Prioritization exercises —simple ranking or pair-wise ranking.	Rank problems and solutions.
Develop an Action Plan .	Develop an Action Plan .

The committees in Malawi and Zambia differed in terms of the issues around which the communities first mobilized. In Malawi, the process considered the impacts of AIDS on the community as a whole, whereas in Zambia, the focus was on orphaned and other vulnerable children, HIV/AIDS being one of the major factors contributing to their vulnerability. Even so, especially vulnerable children emerged as a priority concern of community groups in both countries. For example, in Malawi, the stated purpose of community groups was to “care for and support vulnerable children, the chronically ill, and the aged.” When caring for the ill, the children in that household were part of the care. Concern for the elderly was usually because they were caring for children whose parents had died of HIV/AIDS. In Zambia, activities revolved around children from the start; but over time, communities found it necessary to mobilize support for chronically ill parents and aged grandparents or guardians in order to support adequate care and protection for especially vulnerable children.

In both countries, the mobilization process and the tools used seemed equally successful in catalyzing initial community action towards the care, support, and protection of especially vulnerable children.

The review team feels that this is because both approaches were based

Lesson Learned about the Mobilization Process (from the STEPs Manual, 2003)

“No single approach is appropriate for all communities. Through a process of dialogue and reflection with the community, the members develop their own solutions to the impact of HIV/AIDS. The members may be presented with options, afforded the opportunity to select from those options that are most promising in their locality, and given the training and support necessary to implement those options on their own.”

on a sound grasp of the principle of community participation, which resulted in a genuine sense of ownership among community members.

Both countries were able to catalyze a forum to enable community members to come together initially, enter into dialogue, analyze the issues, and receive accurate information on the situation. However, differences in effectiveness did emerge in the way each country helped groups to continue community dialogue, how the groups sustained their activities and mobilized resources for them. These differences are addressed at the end of this section and in latter parts of this report.

Malawi’s Mobilization Strategy

COPE began participatory discussions with district and community leaders and held Training for Transformation workshops to catalyze community ownership of and action addressing the impacts of HIV/AIDS; it also used elements of Stepping Stones (see boxes, below).²²

The District AIDS Coordinating Committee (DACC) used these elements for the participatory process to mobilize the health catchment area committees (CACs), who, in turn, used the same tools to mobilize village committees.

²² See, for example: <http://www.steppingstonesfeedback.org/>.

COPE personnel took special care during the community-level work to clarify that they were participating as an integral part of the DACC. They wanted to underplay the profile of Save the Children in the interests of encouraging an ongoing, two-way relationship between a newly mobilized village or health catchment area committee and the DACC. Nonetheless, during the first two or three years in a given district, COPE personnel supplemented the role of the DACC by conducting follow-up visits to monitor the progress of the health catchment area and village-level committees and to solidify community ownership.

Within two to three years of the start of COPE's mobilization process, its personnel began to notice spontaneously formed VACs.²³ This occurred when one village, inspired by the work of a neighboring VAC, asked its members to come and help them start a committee. According to some DACC members, these spontaneously formed community groups were stronger than the ones that had been mobilized. The reason they offered was that the villages that self-mobilized already felt ownership of the process, whereas in the original committees, this sense of community ownership had to be cultivated before the VAC formed and took action.

Capacity Building

Although individual committees may have benefited from other capacity building opportunities beyond those that the DACC (including COPE personnel) provided, the following list describes the types of capacity building that most of the committees visited by the review team had received:

- Training for Transformation—how to catalyze community concern and collective action through dialogue and participatory analysis of problems and possible solutions.
- Resource mobilization—mapping assets and conducting an inventory of skilled people in the community to identify internal resources and opportunities to generate income. Presented simple fundraising ideas to support group efforts to benefit vulnerable children. Also introduced ways of bolstering individual household income through identifying market opportunities and through access to microfinance.

Training for Transformation

Work is based on participative development principles from Paulo Freire, which emphasize transformative education to spark hope, dialogue on issues relevant to the community, and problem-posing for reflection and action. Techniques used in Malawi include:

- Listening survey (Look, Learn, Listen)
 - Focus group discussions, skits and role playing for community self-reflect and analysis on issues relating to impact of HIV/AIDS
 - Community mapping to identify resources and location of vulnerable children
 - Ranking exercises to establish priority issues and activities
 - Action planning
-

Stepping Stones

Stepping Stones is a training that promotes gender equity, inter-generational respect and solidarity with HIV positive people, in a human rights framework. All sessions use a participatory approach of non-formal learning through shared discussions, role play, and drawing exercises. The overall workshop process is divided into four separate themes:

1. Introduction and group cooperation development.
 2. HIV and safer sex.
 3. Why we behave in the ways we do.
 4. Ways in which we can change.
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²³ The team did not have time to gather information on the total number of spontaneously formed committees compared to those mobilized by the DACC and COPE.

- Psychosocial Support for orphaned and vulnerable children—explained psychosocial needs and problems and trained community members to identify and assist children with emotional or psychological troubles. Introduced the basics of simple counseling.
- HIV/AIDS awareness and prevention (including promotion of Voluntary Counseling and Testing).
- Prevention of Child Abuse—how to recognize abuse, including abuse related to over working children.
- Home-Based Care—how to provide palliative care to people living with HIV/AIDS.
- Proposal Writing (mainly for CACs).
- Education—teacher training for community-based child care (CBCC) volunteers.
- Agricultural techniques for communal gardens (such as pest identification and management, composting, and processing techniques for cassava and sweet potato).
- Project planning and reporting—basic principles of planning activities estimating and tracking costs, and documenting results.

In Malawi, in order to document and share its experience with community mobilization and capacity building, Save the Children US developed a manual titled, *STEPS: A Community Mobilization Handbook for HIV/AIDS Prevention, Care, and Mitigation*.²⁴

Zambia’s Mobilization Strategy

In 1997—the beginning stage of the PCI/Z program in support of orphans and other vulnerable children—mobilization using selected PLA tools was carried out by PCI/Z personnel in partnership with the District Social Welfare Office and selected local NGOs engaged in child-focused work. This initial group then trained other district-level officials (including members of the DATF) in the use of these tools. These district officials and selected NGO personnel working in the area became the DOVCC. From roughly 1998 to 2004, these district committees—typically in partnership with PCI/Z, and later with SCOPE-OVC staff—used these tools to mobilize COVCCs.

The first participatory exercise was organized in Livingstone in 1997. Forty people drawn from local NGOs, CBOs, the target communities, and the DATFs were trained over three days in PLA theory and practice. The participants were then divided into groups of ten to carry out a mobilization process in a separate community. These processes focused initially on promoting community awareness of the needs of orphans and vulnerable children, and stimulated a commitment to action—but there was a shift at the end. Participants were then told that funding could be available to them for the solutions they identified, and each community was encouraged to develop a written proposal. Communities then identified major income-generating projects as a tool to solve their

Participatory Learning & Action

PLA is a tool by which participating communities, with the assistance of outside facilitators, collect and analyse information about their own lives and community. PCI/Z used the following PLA tools:

- Focus group discussions,
 - Problem and solution trees
 - Venn diagrams
 - Community mapping
 - Transect walks
 - Priority ranking (of problems or activities) and
 - One-on-one interviews
 - Action planning
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²⁴ A copy of this manual can be downloaded at the Save the Children US website, www.savethechildren.org. Or, contact Caroline Bertolin, Program Associate, HIV/AIDS Office through the website to request a copy.

priority concerns (hunger and education), neglecting other endeavors to engage the entire community in resolving orphan and vulnerable children issues as well as psychosocial issues raised during the PLA.

Concerned that the promise of external funds had shifted the focus of the communities away from the care and protection of vulnerable children, PCI/Z adjusted the approach before beginning mobilization work in Kitwe District. During the second exercise in Kitwe, a few months after the one in Livingstone, staff asked communities to identify internal resources that they could readily mobilize themselves. This PLA exercise involved 36 participants from NGOs, CBOs, local government, churches, and government ministries as well as grassroots community members. The action plans drawn up by community groups in Kitwe focused on raising awareness among the entire community, and mobilizing internal resources to address the material needs of the most vulnerable children and to create community schools for all children.

From 1998 to 2000, DOVCCs were mobilized, which began supporting Community Orphans and Vulnerable Children Committees (COVCCs). PCI/Z personnel often supplemented the district committees' efforts by conducting participatory discussions with the COVCCs to deepen their appreciation and grasp of the issues and to assist them in reaching out to engage the wider community. PCI/Z also provided limited funding to DOVCCs to support their work.

From 2000 on, following a competition for USAID/DCOF funding, SCOPE-OVC took the lead in mobilizing new COVCCs in Zambia. It followed a process similar to that used by PCI/Z and the DOVCCs. SCOPE-OVC also used PLA tools with the original committees to facilitate their identification of additional needs and preparation of action plans. A significant difference introduced by SCOPE-OVC was a small grant mechanism, which provided COVCCs access to external funds after they had had initiated and sustained action for vulnerable children using community resources. SCOPE-OVC also provided funding support to DOVCCs.

Capacity Building

PCI/Z and SCOPE-OVC also helped build the capacities of district and community committees to sustain their efforts to benefit orphans and vulnerable children. Among the examples are:

- Participatory Learning and Action—including training to the DOVCC members who then took over training new community groups,
- Monitoring and Evaluation—a workshop introduced forms with which to register and monitor numbers of orphaned and vulnerable children,
- Resource Mobilization—including information on types of fundraising ideas as well as how to organize and manage them,
- Financial management—instructing COVCC members on how to manage a budget, track costs and perform basic accounting functions,
- Education—provided training in classroom management for community-school teachers (provided by the Ministry of Education) and linked community school committees with the Zambia Open Community Schools (an organization that strengthens community schools),
- Proposal Writing—prepared COVCC members to apply for SCOPE-OVC subgrants successfully,
- Care & support to vulnerable children (Models of Care)—explored various ways that community groups could organize to cater for vulnerable children's developmental needs,

- Psychosocial support and counseling—described the emotional and developmental effects of death and loss on children, how to recognize troubled children, and counseling techniques to help children cope with grief,
- Organization development and management—covered the principles of initiating and managing a CBO,
- Networking with other COVCCs —organized occasional events where COVCCs could meet and share experiences and learn from one another, and
- Child Rights and Child Labor issues—explained the Convention for the Rights of the Child and helped participants to recognize situations where children are being exploited for their labor.

Comparison of Approaches

In Zambia, two of the 11 COVCCs that the team visited were no longer functioning (Sakubita and Malota in Livingstone District). Of the nine that were functioning, two—Musonda and Itimpi in Kitwe District—did not seem to have the backing of the community. The Musonda COVCC appeared to be overshadowed by another group recently formed by the DATF. The team planned to visit a twelfth COVCC (St. Anthony in Kitwe District), but received news that it was recently disbanded. In the three districts visited, none of the COVCCs seemed genuinely functional.

In Malawi, the team visited 10 Village AIDS Committees, three youth clubs and six CACs at the health catchment level. All of these were active and were mobilized during the early years (1995 to 2000). The committees visited by the team appeared to be representative of other groups mobilized during the same period, since according to Save the Children personnel, all committees mobilized during 1995 to 2000 are still functional to date. Of the 10 VACs that the team visited, the three in the Namwera catchment area of Mangochi district seemed to be either overshadowed by NACC or almost entirely focused on managing the CBCCs. The two VACs in the urban setting of Lilongwe were active, but unlike the other committees appeared to have received seed money for their communal gardens and income-generating projects. This, coupled with the fact that the Lilongwe community groups were mobilized more recently than the other committees visited, more time is needed to determine the resilience of these groups. It isn't clear whether community ownership is genuine or based on the presence of the seed money. Of the six CACs, one (NACC) is an NGO and focused on implementation rather than facilitation. In Lilongwe, Lumbadzi CAC appears to be overly dominated by the chairperson. Of the four districts visited, only the DACC in Lilongwe was willing to meet with us. The other DACCs exist but do not appear fully functional, other than to review proposals for Global Funds with the District AIDS Coordinator.

The Malawi committees appear more resilient than those in Zambia. One of the reasons for this, in the review team's opinion, was that the capacity building approach in Malawi gave more emphasis to enabling grassroots committees to access external resources from a variety of sources than did the approach in Zambia. The DACC-CAC-VAC structure seems to have been less dependent on Save the Children US than the community committees in Zambia have been on SCOPE-OVC. The roles of CACs and DACCs have largely been to support action at the community level, and it is their combined efforts that enabled village committees to access external resources. In the team's opinion, the recent introduction of Global Fund management has significantly weakened the ability of district committees to serve as intermediaries. Until this change, DACCs could build the capacity of CACs; the latter will need periodic support to avoid eroding the foundation they have built thus far.

In Zambia, some communities have been able to access resources from sources other than SCOPE-OVC, but in general, it was SCOPE-OVC personnel who facilitated these linkages, as opposed to the DOVCC. And although access to a subgrant mechanism has enabled community groups in Zambia to launch activities more rapidly in the short term, it also appears to have fostered a more dependent relationship between SCOPE-OVC and the committees.

Another major difference between the two countries' programs is that Zambia's SCOPE-OVC carried out several more workshops to prepare community groups to handle the grants that it was planning to disburse than did Malawi. In Malawi, capacity building did include proposal development, but it focused more broadly on mobilizing internal resources and accessing various types of external sources of funding, as well as more participatory workshops focused on addressing various aspects of HIV/AIDS, protection of vulnerable children, and children's rights.

Table 5 provides a cumulative picture of the rate at which the creation of mobilization structures occurred in Malawi and Zambia. Verifying how many community groups remain active among all those that were mobilized from 1996 to 2004 was beyond the team's scope. Nonetheless, in Malawi, the team was able to verify how many of the groups mobilized during the years 1996 to 2000—the sample from which the committees in this study were chosen—are still active. Table 5 indicates that as of 2000, there were 208 VACs and 16 CACs. According to Save the Children personnel, all of these are actively functioning. In Zambia, by 2001, 34 COVCCs had been mobilized. According to SCOPE-OVC personnel, of these 34, 18 (53 percent) remain active. These results appear to confirm those that the team derived from the sample included in this review.

Table 5. Cumulative Total of Committees Mobilized in Malawi and Zambia 1996 to 2004

Malawi		Zambia	
1996	1 District AIDS Coordinating Committee 1 Community AIDS Committee 16 Village AIDS Committees	1997	8 Community Orphaned and Vulnerable Children Committees
2000	4 District AIDS Coordinating Committee 16 Community AIDS Committee 208 Village AIDS Committees	2001	7 District Orphaned and Vulnerable Children Committees 34 Community Orphaned and Vulnerable Children Committees
2004	4 District AIDS Coordinating Committee 43 Community AIDS Committee 1,389 Village AIDS Committees	2004	12 District Orphaned and Vulnerable Children Committees 125 Community Orphaned and Vulnerable Children Committees

Differences between the country contexts notwithstanding, it appears that the Malawi program was able to scale up and out at a faster pace than that in Zambia. One possible explanation is the presence of committees at the health catchment level—the CACs—in Malawi. The intermediary level of catalyst, which is closer to the grassroots level than district actors enabled quicker response to and from villages regarding information, funds, and capacity building opportunities. Another factor is that while COPE was implemented primarily in rural villages, PCI/Z initially focused on urban areas in Zambia. It is generally recognized that mobilizing urban communities tends to take longer since there is less cohesiveness than in rural areas;

people in urban areas also tend to be more transient. Finally, many more people in urban areas are employed in full-time jobs, making it more difficult to find time for community activities. It is worth noting, however, that when first proposed, some observers felt community mobilization in urban areas of Zambia would not be possible, due to these rural-urban differences. PCI/Z and SCOPE-OVC have proven the opposite.

While the attrition rate of urban community committees appears to be higher, the majority are still active. Whether attrition can be attached to the characteristics of an urban location or to programmatic issues is something the team was not able to determine with the available information.

C. Community Group Profiles

The following tables provide an overview of the activities for orphans and other vulnerable children that the community committees visited carry out. The review team did not have enough time to assess and quantify beneficiaries of these activities, nor were they expected to, but the ongoing community efforts for children listed below are consistent with what Save the Children US, PCI/Z, and CARE know about these communities.

Given the length of time most of the community groups have been operating, the team opted to include information about current sources of financial resources only. This is due to both (1) insufficient time for consultants to review past literature extract relevant information and (2) the sheer volume of information, which would have hindered its presentation.

Table 6. Malawi Community Group Profiles

Committee/Date Formed	Current Financial Resources	Ongoing Activities
Mangochi District		
Namwera AIDS Coordinating Committee (NACC)— established as a CAC in 1996, CBO status in 1997, NGO in 1998	<ul style="list-style-type: none"> • Funding from Family Health International and the Department of Social Services 	<ul style="list-style-type: none"> • Write proposals on behalf of VACs, e.g. scholarships, CBCC construction and equipment, supplying goats to guardians, mosquito nets, etc. • Mobilize new VACs, provides technical advice, support to VACs • Organize central training workshops for VACs • Assist DACC in facilitation of capacity building for other CACs
Namwera VAC – 1996	<ul style="list-style-type: none"> • Membership fees • Periodic fundraising • Communal garden (in kind and cash from sale of surplus) • Support from NACC 	<ul style="list-style-type: none"> • Provide community-based child care, recreational activities, and feeding • Make home visits to vulnerable children and guardians to offer psychosocial support and assistance with household chores • Use communal garden and membership fees to provide food, soap, clothes and school fees for vulnerable children
Balakasi VAC —1996	<ul style="list-style-type: none"> • Membership fees • Periodic fundraising • Communal garden (in kind and cash from sale of surplus) • Support from NACC 	<ul style="list-style-type: none"> • Provide community-based child care, recreational activities and feeding • Provide support to vulnerable children, chronically ill and the elderly via membership fees and communal garden • Provide psychosocial support for orphans and vulnerable children (behavior, outlook, activities) • Make home visits to households with orphans and vulnerable children to check on school attendance and to assess needs (especially food)
Nombo VAC	<ul style="list-style-type: none"> • Membership fees • Periodic fundraising • Communal garden (in kind and cash from sale of surplus) • Support from NACC 	<ul style="list-style-type: none"> • Provide community-based child care and related activities (recreational activities, feeding) • Provide material support to vulnerable children, chronically ill and the elderly • Maintain communal garden
Chimwala CAC —1996	<ul style="list-style-type: none"> • Resource mobilization (membership fees, networking with NGOs and churches, fundraising) 	<ul style="list-style-type: none"> • Coordinate external resources and information flow to VACs from DACCS • Meet monthly meetings VACs • Mobilize new VACs or support spontaneously formed VACs • Monitor resource allocation to orphans and vulnerable children and the chronically ill at VAC • Advise and provide technical support to VACs and other CACs • Disseminate HIV/AIDS awareness and prevention messages • Advocate prevention of and awareness raising regarding child abuse
Chiwaula VAC—1996	<ul style="list-style-type: none"> • Membership fees • Periodic fundraising • Communal garden (in kind and cash from sale of surplus) • Support from CAC 	<ul style="list-style-type: none"> • Provide material support to vulnerable children, chronically ill, and the elderly • Take the sick to the hospital • Mentor other VACs (donated bicycle ambulance to a new, more distant VAC) • Collect information on all vulnerable groups • Make home visits to provide counseling to children and chronically ill • Provide alternative accommodation to aged and orphans

Committee/Date Formed	Current Financial Resources	Ongoing Activities
Dedza District		
Kanyesi CAC—1997	<ul style="list-style-type: none"> • Channels support from Children’s Investment Fund Foundation • Communal garden • Membership fees to support VACs 	<ul style="list-style-type: none"> • Mobilize communities around HIV/AIDS issues • Build capacity VACs through strong partnership • Facilitate access to training on compost making, fish ponds and inputs for gardens for vulnerable households. • Sensitize communities and guardians about treatment of vulnerable children • Use communal garden to assist VACs in supporting vulnerable households, especially elderly guardians of orphans
Msampha VAC—1997	<ul style="list-style-type: none"> • Membership fees • Communal gardens (in kind and cash from sale of surplus) • Support from Kanyesi CAC • Support from Save the Children US 	<ul style="list-style-type: none"> • Contribute their own funds to buy soap and meet school needs of vulnerable children • Provide community-based child care and related activities (recreational activities, feeding) • Support youth clubs • Promote HIV/AIDS awareness raising and prevention • Maintain communal garden
Kutsoro VAC—1997	<ul style="list-style-type: none"> • Membership fees • Communal Gardens (in kind and cash from sale of surplus) • Support from Kanyesi CAC 	<ul style="list-style-type: none"> • Provide community-based child care, recreation, and feeding • Provide food, clothes and shelter to vulnerable families and children (via communal gardens, membership fees and donations) • Teach traditional values to orphans, especially those who have lost both parents • Make home visits for psychosocial support to children and guardians • Advocate HIV/AIDS prevention and awareness in the community • Mentor VACS in neighboring villages
Kutsoro Youth club—1997	<ul style="list-style-type: none"> • Communal Gardens • Income from day labor • Drama performances 	<ul style="list-style-type: none"> • Mobilize support to send children/youth to school (via fundraising) • Assist elderly people and other guardians with household chores to reduce on work load for orphans and vulnerable children • Use drama and poems to raise awareness on HIV/AIDS, orphans, and vulnerable children; also used as a way to provide advice to other youth • Distribute funds and/or food from communal garden to poor households or provide school fees to children and youth • Ensure children and youth aren’t isolated, by inviting them to join club or attend community-based child care center • Work with community leaders to resolve abusive situations • Have fun!

Committee/Date Formed	Current Financial Resources	Ongoing Activities
Lilongwe District		
Lumbadzi CAC—2000	<ul style="list-style-type: none"> • Food distribution through Save the Children US • World Food Program provides food for home-based care • Resource mobilization on behalf of VACs 	<ul style="list-style-type: none"> • Channel resources to VAC technical subcommittees (World Food Program food, home-based care, drugs, assistance from churches) • Facilitate access to vocational training (tinsmithing) for VACs • Organize regular meetings with VAC leadership • Mobilize new VACs or support spontaneously formed VACs • Monitor resource allocation to vulnerable children and chronically ill at VAC • Advise and provide technical support to VACs and other CACs • Disseminate HIV/AIDS awareness and prevention messages • Coordinate resources and information flow to VACs
Kulamula VAC—2000	<ul style="list-style-type: none"> • Support from Lumbadzi CAC (see above) • Membership fees • Food rations from well wishers • Poultry and pigs sales • Communal Garden (in kind and cash from sale of surplus) 	<ul style="list-style-type: none"> • CBCC and related activities (recreational activities, feeding) • Raise poultry and pigs • Maintain communal garden and provide nutritional training within VAC • Make home visits (spiritual training/counseling to orphans, vulnerable children, and guardians, ensure school attendance) • Provide school fees and material support • Provide home-based care and advocate for HIV/AIDS awareness • Provide recreational activities (Dumbbell Clubs, Soccer, Netball)
Kaliyeka Residential AIDS Committee (RAC) ²⁵ —2001	<ul style="list-style-type: none"> • Channels funds from Save the Children US (CARE subgrant) • Assists VACs in resources mobilization through linkages 	<ul style="list-style-type: none"> • Channeling resources and information to VAC • Organize regular meetings with VAC leadership • Mobilize new VACs or support spontaneously formed VACs • Monitor resource allocation to orphans, vulnerable children, and chronically ill at VAC • Advise and provide technical support to VACs and other CACs • Disseminate HIV/AIDS awareness and prevention messages
Ngoza VAC—2004	<ul style="list-style-type: none"> • Membership fees and community donations • Poultry sales • Communal Garden (in kind and cash from sale of surplus) 	<ul style="list-style-type: none"> • Raise poultry • Distribute food rations, provide porridge and soap via fundraising • Provide community-based child care and related activities (recreation, feeding) • Provide love and care by playing, singing, dancing with the children • Make sure children are attending school; talk to their guardians if they aren't. • Maintain communal garden • Prevent property grabbing and other forms of child abuse • Provide skills training (pottery) for youth

²⁵ Kaliyeka is a CAC located in an urban area, thus the term "Residential" AIDS Committee, or RAC.

Committee/Date Formed	Current Financial Resources	Ongoing Activities
Nkhotakota District		
Mpamantha CAC—1997	<ul style="list-style-type: none"> • Membership fees • Communal garden (in kind and cash from sale of surplus) 	<ul style="list-style-type: none"> • Coordinate condom distribution program • Organize drama groups to disseminate information on HIV/AIDS • Train leaders from VACs on all issues pertaining to awareness • Assist VACs to raise funds by themselves or at times provide funds (if available) to support vulnerable children and the sick.
Njimbula VAC—1997	<ul style="list-style-type: none"> • Membership fees and community donations • Communal Garden (in kind and cash from sale of surplus) 	<ul style="list-style-type: none"> • Provide community-based child care and related activities (recreation, feeding) • Maintain communal garden • Mold bricks for vulnerable households • Raise awareness about HIV/AIDS and needs among orphans and vulnerable children
Kanyambo VAC—established 2000. Spontaneously formed. CAC came after mentoring by neighboring VAC	<ul style="list-style-type: none"> • Membership fees and community donations • Communal Garden (in kind and cash from sale of surplus) • Fundraising 	<ul style="list-style-type: none"> • Provide community-based child care and related activities (recreation, feeding) • Provide crafts training (pottery) for vulnerable children • Do HIV/AIDS education and awareness raising, including promoting voluntary counselling and testing for HIV • Maintain communal garden • Teach good traditional and cultural values (story telling) • Provide counselling (group therapy) • Raise community awareness of VAC activities • Support the chronically ill and elderly (home-based care, material support) • Produce composite manure for gardens • Promote growing fruit trees
Kanyambo Youth club—originally established in 1994, but members dropped out once workshop allowances from National Association of AIDS Service Organizations ended. New committee mentored by Save the Children US established in 2000	<ul style="list-style-type: none"> • Wages from day labor • Communal garden (maize) • Molding bricks • Watermelon sales 	<ul style="list-style-type: none"> • Promote HIV/AIDS awareness through drama and plays and sports clubs • Visit the sick (for social support and to do household chores) • Maintain communal garden and grow watermelon • Prepare land for gardens of chronically ill persons • Harvest rice or maize and carry produce off the field for chronically ill persons • Gather grass for fencing houses of elderly or chronically ill persons

Table 7. Zambia Community Group Profiles

Mulenga COVCC – Kitwe District established in 1998				
Mobilization Process	Initial Activities	Workshops	Financial Resources	Ongoing Activities
<ul style="list-style-type: none"> • Transect walk revealed many orphans and vulnerable children. • Representatives mobilized from local structures, especially churches • COVCC elected at a community meeting. • COVCC representatives attended a PLA workshop, lead PLA exercises, and developed a community action plan. 	<ul style="list-style-type: none"> • Community school identified as the priority need. • Rented an empty bar for a community school. • Made home visits to identify vulnerable children and offer support 	<ul style="list-style-type: none"> • PLA • Psychosocial support • Models of Care • Monitoring & Evaluation • Resource Mobilization, • Financial and Organizational mgt. • Codes of practice for NGOs 	<ul style="list-style-type: none"> • Internal funds (membership fees, donations and community fundraising) • Previous OXFAM grant (to buy the empty bar-after 1 ½ years). • Previous SCOPE-OVC and Development Cooperation Ireland grants for additional school buildings. • Current Ministry of Education support for school material and government teacher. • Promotes education for the girl child via SMART initiative • Partnership with SOS for orphans and vulnerable households 	<ul style="list-style-type: none"> • High quality community school at a par with nearby gov't school. (1,583 children during 3 shifts) • Home visits to offer psychosocial support to children and guardians. • Selected orphans and vulnerable children sent for vocational training
Malembeka COVCC – Kitwe District established in 1998				
<ul style="list-style-type: none"> • PCI/Z conducted a community evaluation • Participatory discussions with community leaders • Community used own resources to address needs of orphans and vulnerable children • COVCC elected at community meeting 	<ul style="list-style-type: none"> • Community school identified as the priority need. • Identified church to use as school. • Home visits to identify orphans and vulnerable children 	<ul style="list-style-type: none"> • PLA • Psychosocial support • M&E • Resource mobilization • Proposal writing • Classroom mgt for teachers 	<ul style="list-style-type: none"> • Past SCOPE-OVC grant for teaching materials and school supplies, MoE continues to supply materials • National Training Foundation provides vocational training for selected youth • SOS provides support (food and school fees/materials) to vulnerable children and their households 	<ul style="list-style-type: none"> • Community school at church • Home visits to provide Psychosocial support to children and guardians • Youth group that conducts peer education on HIV/AIDS • Life skills education for out-of-school children
Chipata COVCC—Kitwe District established in 1998				
<ul style="list-style-type: none"> • Established from an existing group (1997) active in HIV/AIDS issues • Leaders attended a PCI/Z PLA workshop • Community meeting held to discuss PLA & elect COVCC 	<ul style="list-style-type: none"> • Community school identified as the priority need. • Identified church to use as school. • Home visits to identify vulnerable children 	<ul style="list-style-type: none"> • PLA • Psychosocial support • Resource mobilization • Proposal writing 	<ul style="list-style-type: none"> • Community contributions; • Proceeds from petty trading • MoE support for teaching materials, exercise books and gov't teacher • Recently identified source for iron sheets to replace those on the church they use as a school 	<ul style="list-style-type: none"> • Community school at church • Psychosocial support to children and guardians during home visits • Soccer, netball for all children • HIV/AIDS peer education youth group

Musonda COVCC—Kitwe District established in 2002				
Mobilization Process	Initial Activities	Workshops	Financial Resources	Ongoing Activities
<ul style="list-style-type: none"> • PLA workshop facilitated by the Kitwe DOVCC • Developed action plan • Held COVCC election at community meeting 	<ul style="list-style-type: none"> • Community school identified as the priority need • Home visits to identify vulnerable children and necessary support 	<ul style="list-style-type: none"> • PLA • Psychosocial support • Leadership • Care & support to vulnerable children • Resource mobilization 	<ul style="list-style-type: none"> • Previous SCOPE-OVC grant to construct school • Current MoE support for teaching materials, exercise books and gov't teacher 	<ul style="list-style-type: none"> • Community school (402 children) • Psychosocial support to children and guardians during home visits • Soccer / netball for all children • HIV/AIDS Peer Educators (10 adults and 3 youth)
Itimpi COVCC—Kitwe District established as a COVCC in 1999				
<ul style="list-style-type: none"> • Established from an existing community group formed in 1995 • Leaders attended a PCI/Z PLA workshop and returned to mobilize community 	<ul style="list-style-type: none"> • Community school at UCZ initially, but taken over by St. Francis • Identified empty tavern for school • Home visits to identify vulnerable children 	<ul style="list-style-type: none"> • PLA • HBC • Resource mobilization • Proposal writing • Care & support to vulnerable children 	<ul style="list-style-type: none"> • 2 past SCOPE-OVC grants for construction of school (one was misused by first COVCC) • TransAfrica supports feeding program at the school 	<ul style="list-style-type: none"> • Community school (950 children) • HIV/AIDS awareness; different approaches tailored for age groups (young, pre-puberty, engaged couples) • Communal garden to benefit elderly caregivers
• Nakatindi COVCC—Livingstone District established in 1997				
<ul style="list-style-type: none"> • PCSC established as a subcommittee in 1998 • PLA conducted with PCI/Z • Developed action plan 	<ul style="list-style-type: none"> • Community school identified as the priority need. • Constructed school with internal resources • Home visits to identify vulnerable children and necessary support 	<ul style="list-style-type: none"> • PLA • Psychosocial support • Leadership • Care & support to vulnerable children • Resource mobilization • Proposal writing 	<ul style="list-style-type: none"> • Previous SCOPE-OVC grant for construction of community school • Current: MoE supplies school materials and a government teacher 	<ul style="list-style-type: none"> • Community school managed by PSCS, subcommittee of the COVCC • COVCC responsible for children at household level • Visits to ensure children attend and delivery of asst to children • Take sick children to clinic
• Malota COVCC—Livingstone District established in 1998				
<ul style="list-style-type: none"> • PCI/Z conducted needs assessment • COVCC elected at community meeting and mobilized community to register vulnerable children 	<ul style="list-style-type: none"> • Community built school with own resources • Home visits to identify vulnerable children and necessary support 	<ul style="list-style-type: none"> • Psychosocial support and counseling • Organizational development • Proposal writing 	<ul style="list-style-type: none"> • Previous SCOPE-OVC grant for revolving fund • Currently, Catholic Diocese supports feeding²⁶ program and grant for school roof (iron sheets) 	<p>This COVCC is no longer functioning</p>

²⁶ Although the Malota COVCC is no longer functioning, the community school still continues and is supported by the Catholic Diocese.

Mapenzi COVCC—Livingstone District established in 2000				
Mobilization Process	Initial Activities	Workshops	Financial Resources	Ongoing Activities
<ul style="list-style-type: none"> • SCOPE-OVC mobilized through PLA • COVCC elections at community meeting 	Community school	<ul style="list-style-type: none"> • PLA • Psychosocial support and counseling • Organizational development • Proposal writing • Networking with other COVCCs 	<ul style="list-style-type: none"> • Catholic Bishop's fund grant for construction of school • SCOPE-OVC grant for school supplies • CARE provides high energy porridge for school children • Blind Corporation grant for communal garden 	<ul style="list-style-type: none"> • Community school and feeding program • Home visits for psychosocial support • Sports (soccer and netball) • Communal Garden
Sakubita COVCC— Livingstone District, COVCC established in 1988				
<ul style="list-style-type: none"> • Initially established in 1997 through Catholic Church Home-Based Care program • COVCC formed in 1988 • DOVCC conducted PLA workshop 	<ul style="list-style-type: none"> • Grocery store (IGA)/community school identified as priority needs • Home visits to identify vulnerable children and offer support 	<ul style="list-style-type: none"> • PLA • Psychosocial support and counseling • Organization development • Proposal writing • Networking with other COVCCs 	<ul style="list-style-type: none"> • Past SCOPE grants for 3 income-generating activities - Grocery Store, Piggery and Chicken rearing • Used part of IGA grant for school supplies • Catholic Diocese supports community school 	<ul style="list-style-type: none"> • All 3 IGAs failed • COVCC currently suspended by DOVCC chairperson • Community school operational • Small group visits vulnerable children in the school to offer psychosocial support
Muziya COVCC— Livingstone District, COVCC established in 2000				
<ul style="list-style-type: none"> • Initially established as CINDI branch in 1994 • COVCC in 2000; CINDI introduced DOVCC to committee 	<ul style="list-style-type: none"> • Communally pooled maize 'revolving fund' • Cattle fattening • Home visits to identify vulnerable children and offer support 	<ul style="list-style-type: none"> • Proposal writing • Organizational development • Psychosocial support and counseling • Child rights and child labor issues 	<ul style="list-style-type: none"> • CINDI grant in 1995 to support ongoing maize pool • DOVCC linked to support for vulnerable households (agricultural inputs) • SCOPE-OVC grant for goat rearing for vulnerable households 	<ul style="list-style-type: none"> • Still an affiliate of CINDI • Supporting educational needs through fund raising • Communal pooling of maize for vulnerable children & households • Household goat project • Sensitization on children's rights and ensuring attendance at school
Zambezi Sawmills—Livingstone District established in 1997				
<ul style="list-style-type: none"> • PLA conducted with PCI/Z • Developed action plan 	<ul style="list-style-type: none"> • IGA and community school identified as the priority needs. 	<ul style="list-style-type: none"> • PLA • Psychosocial support • Leadership • Care & support for vulnerable children • Resource mobilization • Proposal writing 	<ul style="list-style-type: none"> • Past SCOPE-OVC grant for community school • CARE provides support to community school 	<ul style="list-style-type: none"> • Community School; PSCS is seen by community members as more important than the COVCC

IV. COMMUNITY ACTORS AND THEIR PERSPECTIVES

A. Purpose

In each country, the review team's initial focus group discussions with current or former committee members concentrated on how the committee started and why it was important. The consultant team used a general discussion or a semi-structured interview guide for these initial discussions.²⁷ Where the committee was still functioning, typically one-third to one-half of the original members were still participating; turnover appeared to occur when people moved, died, or were replaced for non-performance. In areas where the committee had ceased to function, former members were invited to participate in a focus group discussion or an interview.

The team was warmly received in each community they visited. Participants seemed genuinely eager to share their experiences and the team witnessed many displays of affectionate banter and laughter during animated discussions. Several groups provided unsolicited feedback stating that they loved having visitors because it gave them the opportunity to "show off" and interact with people outside their community. Others said that they had learned a lot during the process of the focus group discussions. When asked to describe what they had learned, many cited the opportunity to reflect collectively on issues that emerged during the discussion. Doing so made them realize how much they had grown, gained them additional insights, and made them even more proud of what they had accomplished.

In both countries, a consistent pattern emerged from the discussions with community members about the initial mobilization process. When participants spoke of how and why they started their committee, they invariably mentioned their concerns about the mounting numbers of adults dying and leaving behind children; yet more compelling was the *process of becoming aware* that the cause of these deaths had a name: HIV/AIDS. The crucial moment came when they, together as a community, realized the scope of the impact on their community. This imparted a sense of urgency—to paraphrase: "don't wait for outsiders to come and help, it is up to us to act now!" Further, given the size of the response needed, it was clear that everyone needed to take part.

The Malembeka COVCC chairperson summed it up well, "Even though our community had suffered a long time with vulnerable children, it wasn't until the community meeting where we came together [to share the results of the PLA exercise²⁸] that we realized how big a problem we had and that everyone was affected. So, it was up to us to solve problems regarding our children. Only we could do it, no one could do it for us. For the first time at that meeting, we became aware of our mutual concern about the number of children being neglected. We knew we had to put our efforts together in order to come to a solution. No one person could do it alone, it needed all of us."

When speaking of why it was important to have a committee to spearhead efforts to protect and care for vulnerable children and their families, the most commonly mentioned factor was

²⁷ The focus group and semi-structured interview guide are included in Appendix 3.

²⁸ Generally, COPE, PCI/Z and SCOPE-OVC launched a PLA process to raise awareness and gather information about a given community's situation regarding HIV/AIDS and/or vulnerable children at the outset of the mobilization process. Various community leaders were included in the PLA, but the results were shared at a meeting where all community members were invited, usually within a month after the initial PLA exercise was carried out.

the need for an organized approach. As one COVCC chairperson said, "It is necessary to pull people into leadership so that things can move. The community chooses people [at elections] who they feel can take them forward." Similarly, participants in both Zambia and Malawi put great emphasis on the role of community leaders. A member of the COVCC in Mulenga noted that, "Using recognized leaders is a traditional practice, s/he is the only person who can mobilize the entire community and give your committee credibility in the eyes of the people."

In addition to the backing of leaders, committee initiatives' credibility also came from a perception that the group's aims were not for the members' own interests or personal gain. According to the Chimwala CAC chairperson, "Nothing kills a committee quicker than gossip and suspicion." Committees repeatedly observed that they went through a 'weeding out' phase. In their view, the committee didn't become effective until people with hidden expectations for personal gain dropped out. It was then possible to replace them with others whose "one wish was to see children benefit from their efforts," as a VAC member in Chimwaula, Malawi stated. This was the case particularly in Malawi among the CACs and VACs operating since 1996/1997. However, even at the relatively young Mapenzi COVCC in Zambia (established in 2002), one committee member said, "Not everyone works from the heart; a person can be hard working, but not be working with the heart. Inside of this hard working is an expectation of getting something. So, that person will disappear the next day when she or he finds out the work is voluntary."

Many focus group participants also pointed to the benefit of speaking with one voice and achieving consensus so that everyone (within and outside the community) would know "who speaks for the children here." The Mulenga COVCC said, "Having a committee allows us to speak with one voice. It is mandated by the community and therefore accountable to the community. Speaking with one voice reduces confusion; it is easier to organize as everything is flowing through one system. One system that is accountable to the community reduces chances for corruption—everyone is watching."

People also knew where to go with problems and for information regarding children. In addition, committees played an important oversight role. The police, for example, were more likely to take seriously a recognized committee than an individual. The Chipata COVCC treasurer said "some [people in the community] can see what is happening [abuse], but they don't mind. The COVCC is there to be the watch dog—even taking people [abusing children] to the police."²⁹

Participants also perceived that speaking with one voice and having one system enabled them to pool internal resources and lobby other organizations for assistance. Addressing the needs of vulnerable children and their caregivers requires a range of skills; the committee was able to identify appropriate people and organize and divide the work to ensure smooth progress. In addition, some of the COVCCs in Zambia and most of the CACs and VACs in Malawi have an established tradition of contributing to an internal fund (usually via membership fees) and of mobilizing donations from sympathetic parties within the community.

Over time, it appeared that the committee had gained the trust of the wider community; the members gained approval from traditional authorities, and proved through their actions that they were not motivated by personal gain. The majority of the community groups said that the rest of the community actively participated in making the best use of the available resources. In addition, all groups that the team visited kept some type of prioritized register of children and

²⁹ In Zambia, some COVCCs have developed strong links to the Victim Support Unit attached to the police.

households needing assistance. The community at large participated in gathering and verifying this information and the priorities. According to the focus group discussions, workshops and advice or guidance from the district committee and other NGOs helped strengthen the system of registering all vulnerable children and prioritizing action for those who were especially in need.

In Zambia, all the COVCCs in Kitwe District felt that a major contribution to committee efficiency and wide representation was they utilized the existing 'zonal' structure within their urban compounds.³⁰ In the Kitwe COVCCs, each zone had a representative as did each church. This greatly facilitated problem solving and the fair distribution of resources. In Malawi, a similar efficiency was achieved by creating intermediary CACs at the health catchment area level. As stated earlier, proximity to the grassroots level enabled the CAC to (1) link village committees and external resources, and (2) facilitate the two-way flow of information between the village level and the district, and among the village committees in the catchment area.

B. Motivation

Committee members' motivations were similar in both countries and across the communities that the team visited. The primary factor was usually sympathy or compassion for vulnerable children. Most participants also felt that it was their religious duty, as expressed by the Mulenga COVCC chairperson: "The Bible teaches us that, as adults, we are responsible for the well-being of vulnerable children. Surrendering ourselves totally to the service of meeting children's needs is doing God's work." Others felt an obligation as parents who loved their own children—as a Zambian community member said, "We cannot sit idly by whilst children are suffering, we would be irresponsible as parents." Still others were motivated by the interaction with and response from the children themselves. For example, a teacher in the Chipata COVCC community school said, "Sometimes, as a [volunteer] teacher, I feel tired and I don't want to go to the school. But then I go out my front door and there will be a whole lot of children waiting for me. When I see them, I can't refuse to go teach."

Seeing the fruits of their labor was another effective motivator. As a member of the Malembeka COVCC noted, "We are resolving problems faced by the community; we have seen improvement in our children. We all feel good about what we have accomplished and this good feeling spreads throughout the community." The Chipata COVCC chairperson said, "We can see a change in our children from the past to where they are now. They started from nowhere, but now our children can read, write, and even speak English."

During many of the focus group discussions, participants mentioned that, "everyone has been affected; all of us are looking after children of our relatives." So for them, the existence of the committee gave peace of mind—they could rest easy knowing if something happened to them, there was a community support mechanism to look after their children. The Chimwala CAC chairperson said that he typically tried to motivate community group members who dropped out by saying, "You do not need care today, but who knows? Tomorrow you might. You are alive now, but who knows? Your children may need this care one day."

³⁰ This topic was not mentioned as frequently by the COVCCs in Kitwe. Participants did not appear to view the demarcation of their compounds into zones as significantly as their counterparts in Livingstone.

C. Sustaining Factors

In order to gain a deeper understanding of what sustained the various committees over time, the review team conducted focus group discussions using PLA simple ranking first and then followed with pair-wise ranking exercises once a clear trend for the top four factors emerged.³¹ The purpose of these exercises was to determine what—from the participants’ perspective—led to a committee’s longevity. Participants also discussed why they felt particular factors were more important than others. The chart below shows the nine most commonly cited factors.

Figure 1. Factors that Sustained Action by Committees

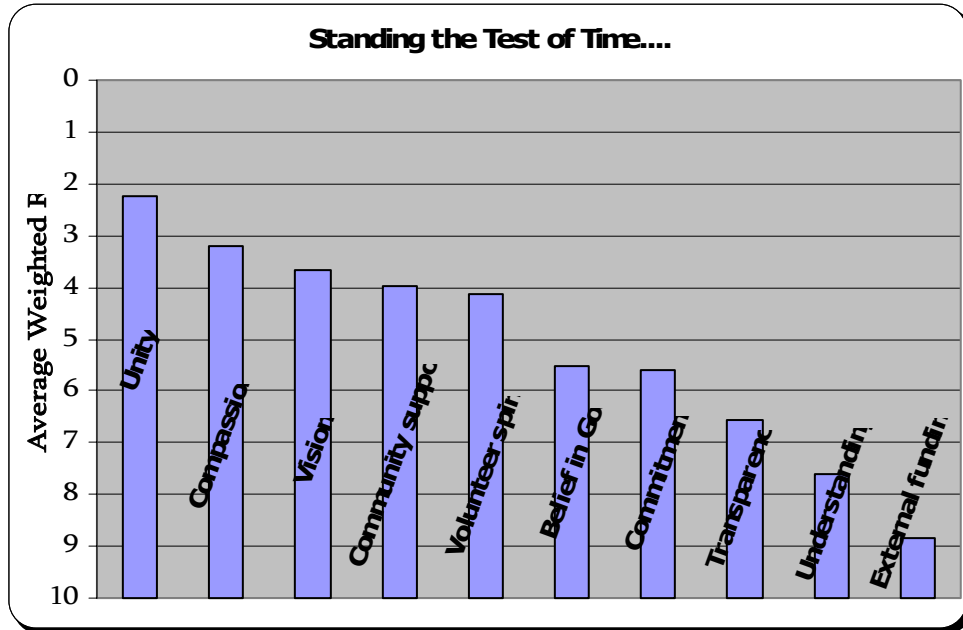


Table 8 includes quotes from focus group participants that clarify the importance of each factor.

Table 8. In the Words of Committee Members: Factors Supporting Ongoing Action

Unity	<ul style="list-style-type: none"> • Sitting together as a community, understanding our problems and their causes allows us to work together with one accord. Also we are aware that this issue is affecting all of us. • Disagreements are sorted out through discussion and listening to each other with respect. We share ideas and have compassion for each other’s problems; there is no gossiping or arguing. • Each person comes with a different specialty; together we find ways to help children.
Compassion for children	<ul style="list-style-type: none"> • Compassion means that we put ourselves in the shoes of the vulnerable child and are touched by her/his plight. We are moved to do something. • You must treat orphans as other children—maybe even better than your own. • It means that we work to achieve children’s goals as opposed to adults’ goals.

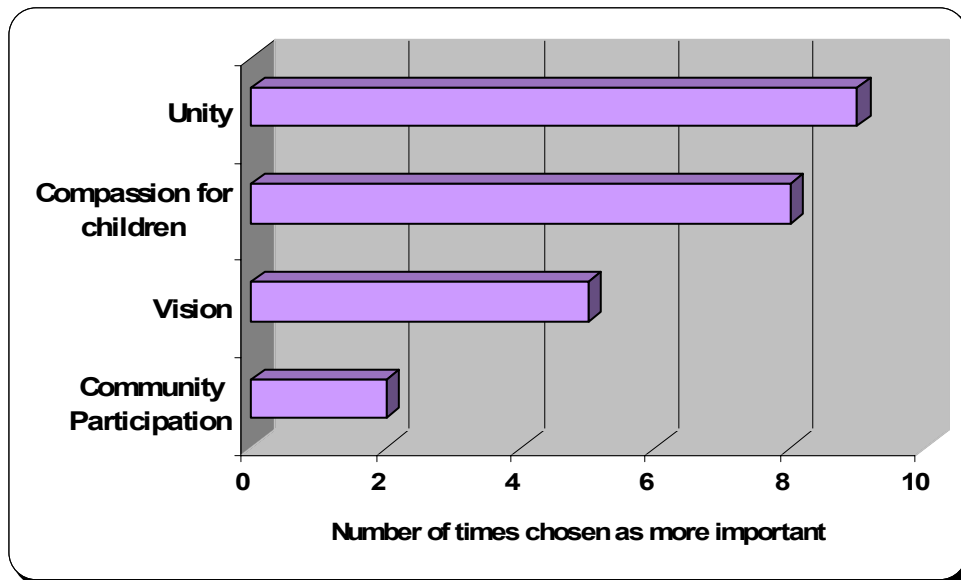
³¹ See Appendix 3 for a description of these PLA tools.

Vision	<ul style="list-style-type: none"> • We get together and identify problems, and then we decide on the way forward. We envision what kind of future we want for our children. • Vision is anticipating problems that might arise, so when they do arise, the committee is prepared • Our vision prevents us from taking on activities that aren't serving our purpose as a community concerned about children.
Community participation	<ul style="list-style-type: none"> • This means ownership and understanding as a community. The problems are ours and it is up to us to resolve them. We can't wait for someone to do it for us. • Vulnerable children do not belong to the committee; their guardians are in the community. We can't make decisions about their children without them. The committee cannot do the work alone, everyone is needed. • Community members recognize the good work we do and this brings credibility.
Volunteer spirit	<ul style="list-style-type: none"> • Once united, we decide how to get done what we have planned. Since we have no resources, we must use volunteers. • We could not do the work that needs to be done if people didn't give freely of themselves. We want to show that we are not working for ourselves. • Agreeing to work for free, not for personal gain; being motivated by the wish to see children benefit
Belief in God	<ul style="list-style-type: none"> • God inspires people to come forward and give freely of themselves to work for the benefit of children. • Jesus helps the poor, and we follow this principle; it binds us together. • Giving yourself to the service of children is doing God's work.
Commitment	<ul style="list-style-type: none"> • We can easily see if an individual is lazy or hard working by the way they work in the team. It is within the team that you prove your commitment. • Commitment keeps us moving forward, even when there are difficult times. We just keep thinking of the children.
Transparency	<ul style="list-style-type: none"> • It is important to let everyone know what we are doing, where money comes from and how it is used. The community would not support us if they couldn't see this. They would be suspicious. • Transparency is how we got and are keeping community support. In fact, community support also helps us to keep transparent. • We couldn't be successful without community support. If the community is suspicious— no support.
External funding	<ul style="list-style-type: none"> • External funds built our school, but even if we didn't have external support, we can, and would, still help the children. • Donors verify the committee's work by observing what we have done. Otherwise, the committee will just take the donors money and misuse it.

It became very clear that participants from COVCCs and VACs consistently ranked unity, compassion for children, vision, and community participation as the top four sustaining factors. Yet, it wasn't always clear why participants felt one factor was more critical to sustainability than the others. The pair-wise ranking tool allowed the team to focus more specifically on the top four factors and delve into comparisons.³² The discussions resulted in the following order of importance, presented in Figure 2.

³² Appendix 3 explains this in greater depth. In brief, pair-wise ranking enables a detailed examination of key factors identified during focus group discussions where a simple ranking tool was used. Generally, the top three to five factors from the ranking discussions are chosen and compared against each other to determine which one emerges as the key factor.

Figure 2. Pair-Wise Ranking of Sustaining Factors



Most focus group participants noted that compassion for children triggered unity, led the committee’s vision, and galvanized community action. Committee members reported a continuing sense of urgency as the number of orphaned and vulnerable children increases in their communities. As a Chimwaula VAC member said, “You sympathize with children when they experience death/loss of a parent, are living in poverty, living with grandparents and we have a responsibility to respond to children’s situation. You find you have to do something; the compassion you feel makes it impossible to stand by.”

Participants felt just as strongly that unity is the committee’s most important “weapon” and that it is derived from two factors: a sense of common purpose (compassion for children) and community support for their work. Most participants felt that the process of raising awareness of and analyzing the magnitude of challenges inherent in supporting vulnerable children cemented unity in committees. Without such unity, committee members did not see how they could achieve what compassion was driving them to do. For example, one participant stated, “you can have compassion as an individual, but you can’t respond by yourself.” Yet compassion for children remained the more important element as it fuels members’ determination to stay united. “Unity does not come in one day. You don’t wake up one day and you are united. It is very hard work. If not for the love of our children we would not stay united,” noted another participant. In addition, members felt that if the community did not perceive unity, there would be little motivation to participate in the committees’ work because they wouldn’t believe there could be progress.

Discussing and understanding problems facing vulnerable children leads to a common vision, which is critical to keeping the committee on track and inspiring wider community participation. Committee members felt that a vision could not be developed without the participation of the community. Again, in Chimwaula VAC, a member argued, “The children belong to the guardians in the community, not to the committee. It isn’t possible to decide what to do for a child without involving the guardian.” There was general consensus, however, that unity and compassion for children were still the most important

factors—a group cannot have a vision before it is united, and that vision must be driven by compassion for children.

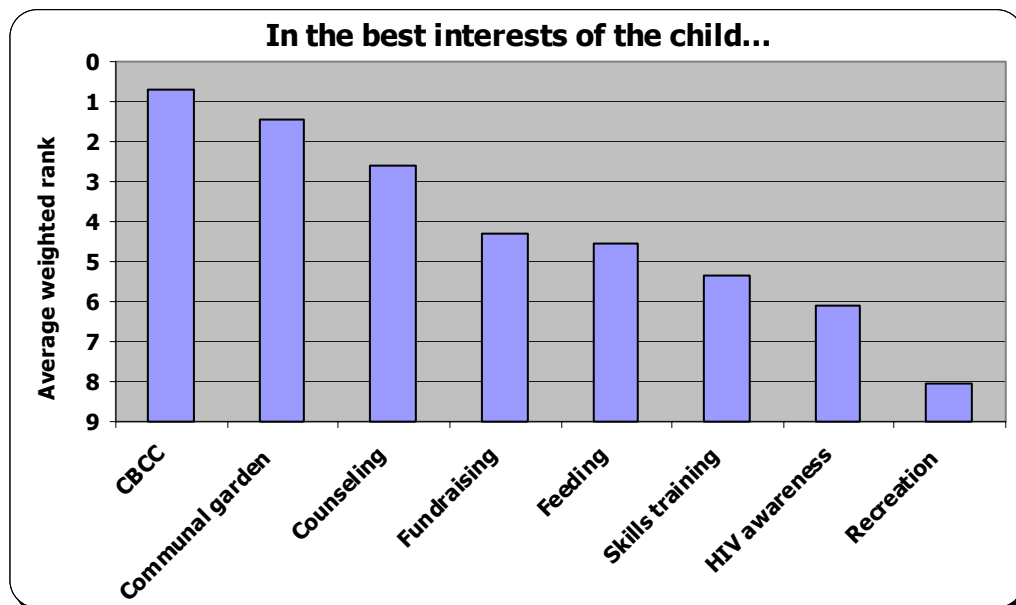
Community participation, ownership, and transparency were interrelated, and many participants felt these factors strengthened their unity as a committee. Many participants felt that community participation was the foundation of their committee. If the community was suspicious or thought the committee members were in it for their own benefit, the committee would collapse. One committee said that had secured funding for toilets, but that community members refused to use them because they had not been consulted. As with other factors above, community involvement and transparency were outranked by—and considered impossible without—compassion for children, unity, and vision. One participant said, “Compassion means you know the suffering of children and you do something about it. This is where participation comes in. Through compassion, activities start.” Another participant noted, “Who will lead the community or get them involved if there is no unity within the committee? Without unity, the vision cannot be carried out, because not enough people will join in.”

D. Community Activities and Benefits to Vulnerable Children

The committees and community members that the team visited perceive that children are benefiting from their efforts. In fact, many stated that it is this perception of positive results that has sustained their enthusiasm. The chairperson of Malembeka COVCC said, “We have seen improvement in the children. They are no longer roaming the streets. We feel good when we see results. This good feeling is spread throughout the community. We all feel good about what we have accomplished.” Another committee member added, “Joy, we feel joy even before we see the fruits of our labor; we desire to see the results; to make good things happen for the children.” Many committees felt that without visible progress, the rest of the community would not get involved in caring for and supporting vulnerable children and their families; the committee would be forced to do so alone.

The team used a semi-structured interview format in Zambia to obtain general information about the type of activities that the COVCCs carried out. However, in Malawi, two ranking exercises were added: one to gain insight regarding which activities committee members felt were most beneficial to vulnerable children, and the other to establish how VACs determined the level of children’s vulnerability. The team conducted the vulnerability exercise with adults and youth separately to highlight their differing perceptions in this area. Although the Figure 3 shows the average weighted ranking of activities from the focus group discussions in Malawi, the Zambia interviews revealed that COVCCs carried out many of the same activities.

Figure 3. The Most Beneficial Activities for Vulnerable Children, as Identified by Committees in Malawi



1. Community-Based Child Care Centers (CBCC) (see box) ranked highest among VAC activities in Malawi (this ranking exercise was not conducted in Zambia). In Zambia, committee members and non-members alike valued community schools highly. In fact, in Zambia, managing community schools and encouraging the enrollment of out-of-school children were major areas of activity for COVCCs (see box).

Community-Based Child Care Centers in Malawi started as day care centers managed by VACs (Amwera AIDS Committee, now an NGO, started the first one). The intention was to provide a safe place for children under age 5 while their parents worked, cared for a sick family member, etc. They developed into pre-schools that incorporated education and early childhood development.

One Save the Children US staff member mentioned that some development practitioners in Malawi have criticized the quality of the country's CBCCs. There has also been some criticism in Zambia about the state of community schools' education and facilities. Yet these are often the only opportunities for education for these children; committee members in both countries were adamant about the importance of education. As a committee member from the Mapenzi COVCC, in Livingstone said, "No one can succeed without an education now. You need it for

everything—even for a job sweeping floors!"

Many children in Zambia cannot afford to attend or are not close to government schools; community schools offer a free and convenient alternative. In Malawi, community perception was that the CBCC gives children a head start for primary school. Other attributes of the CBCC and mentioned by committee members in Malawi:

- **Social inclusion, reduction of stigma and discrimination**—"The CBCC is for all children. Orphans are integrated with all others and are not

Community Schools in Zambia cater to primary-level education, often for older children who have started education late. Initially, these schools facilitated access to education for children too poor to afford, or too far away, to attend government school. They were not included in formal education system. Now, there is a secretariat for community schools under the Ministry of Education, and these schools are often assigned government-appointed teachers.

isolated; they learn to play with other children. No one can point fingers at them and orphanhood can be forgotten. The word 'orphan' is stigmatizing; 'you are an orphan' is difficult for children to hear. At the school, that word is not mentioned; the child is simply a child."

- **Alleviating pressure on overworked or stressed guardians**—"Children keep parents busy, and when they are too preoccupied, parents can ill treat their children. But if children are at the CBCC, a parent/guardian can focus on preparing good meals for their children. Parents are freed up and since they are not constrained by child care, they can get to work on time, or take a job in an office."
- **Opportunity to transfer traditional/cultural values and good behavior** — Participants pointed out that, depending on their circumstances, some vulnerable children at the CBCCs no longer had access to parental guidance where they would normally learn about traditions and cultural norms.³³ The perception was that if children did not learn cultural values, they would not know their identity; and if they didn't learn good behavior, they would turn to drugs/alcohol, crime and become a menace to society.
- **Children can benefit from at least one hot meal** — Most CBCCs in Malawi have feeding programs, either supported by community donations or by an external organization. Some community schools in Zambia also have feeding programs, usually supported by an external organization.

One participant in Malawi said, "The CBCC kills three birds with one stone: (1) the child gets educated, (2) comes home to find parents are relaxed, take better care of them and provide good food, and (3) can play with others [at the school]."

2. Communal gardens were reported by a few COVCCs in Zambia, but were ubiquitous in Malawi. The team felt that this was because in Malawi, mobilization efforts focused on rural areas. Traditionally in Malawi, it is common for village chiefs or heads to use communal gardens as a major source of fundraising and food distribution to vulnerable children and families. In Malawi, the gardens are a source of maize meal for the CBCCs. According to one participant, "A hungry person is an angry person. Children can't absorb what teachers, parents, or guardians are teaching them if they are hungry." Funds generated from the sale of maize or other produce are used to purchase school supplies, clothes or medicine, or go towards paying for a promising child's secondary education. The Kutsoro Youth club in Dedza District in Malawi, for example, harvested and sold enough maize to send one of their members to secondary school. Additional attributes mentioned by participants included:

- **Communal gardens are more sustainable sources of funds and food** than other types of income-generating projects such as chicken raising or pig rearing. As some participants observed, "The VAC can have enough food even without chickens and pigs, but not vice versa." And, "No one can steal a garden, but anything can happen to chickens!" Finally, "Chicken and pig rearing require much more capital than the garden does, thus they are more risky."
- **A garden is multi-purpose and offers many possibilities**—some VACs have gained access to soybeans, which can be converted to milk, oil, or flour; any of which can be used to feed chickens or pigs. Several CACs have linked village committees to agricultural development programs where the communal garden is sometimes used as a demonstration

³³ The loss of access to parental guidance could be due to one or more of the parent's deaths, or where a parent (usually the mother) is preoccupied with caring for a bedridden relative or the other parent.

plot or where inputs are provided. In Malawi, Save the Children implemented the Children's Investment Fund Foundation's (CIFF) Food Security program through the Mpamantha CAC. CIFF and Save the Children worked through the CAC and a VAC to identify vulnerable families, who could then access seeds and fertilizers and reduce their dependence on the VAC.

3. Counseling vulnerable children and their guardians takes many forms, the most common being psychosocial support and spiritual guidance. Committee members viewed counseling through home visits as more important than fundraising and providing material support. Participants saw spiritual counseling particularly important since it helped give hope back to people in despair. As one of them said, "A person may be poor, but if they have hope, they can imagine a better future, where they can be rich." And, "[Without home visits,] material support cannot be provided. It is necessary to see if the child is vulnerable and to verify what they need, then verify the child actually receives assistance."

Generally, counseling takes place during home visits and can include one or more of the following:

- Providing psychosocial support to help children and their guardians deal with grief, depression or feelings of anger and isolation resulting from the loss of one or both of a child's parents;
- Providing advice to guardians or to a child, for example, to enroll in or attend school;
- Assessing children's needs or verifying that material assistance provided has gone to the intended children; and
- Identifying cases where children are being mistreated—for example, being overworked or not allowed to go to school—and counseling the guardians about changing such mistreatment.

The Kutsoro Youth club in Malawi has developed another approach, which they refer to as providing **counseling through drama**. They create plays that relate to a specific young person's situation and then use it as a platform to get the young person to talk and open up about their problems.

4. Fundraising was another activity seen as beneficial to children. This included donations from well-wishers in or outside the community and membership fees from committee members. Participants reported that when a committee wanted money for something but was unable to contribute it themselves or obtain it by selling garden produce, they found an opportunity for casual labor and used the wages to meet the need. Another approach to generating funds was applying for financial support to start income-generating projects like grain mills or fattening chickens or pigs. However, participants in the focus groups perceived this approach as less reliable and more risky than communal gardens. In addition to using communal gardens, the



Kutsoro and Kanyambo youth clubs in Malawi earn money by performing dramas for hire. They use the resulting funds for material goods such as soap, medicine, notebooks, pens, and clothes for school and for fees to attend secondary school.

Many village committees have been able to secure small grants to reinforce or expand their activities. Although most of the early community schools and CBCCs were built using internal resources, many committees have since secured funding to construct sturdier buildings made of iron sheets.

5. Feeding programs are, according to participants, one important way in which adults show compassion toward children. As noted above, it is widely believed that children cannot learn or behave properly if they are hungry. These programs operate primarily through the CBCCs in Malawi and community schools in Zambia. Kulamula VAC in Malawi organizes an additional Saturday feeding program to ensure that particularly vulnerable children have food over the weekend. Although communal gardens are a more important source of food for feeding programs, other sources include:

- World Food Program in both countries,
- NGOs, including Save the Children in Malawi and CARE in Zambia,
- Donations from the community, and
- Donations from external parties, such as businesses.

Community donations may come in the form of periodic contributions of food or occasional gifts to households brought by volunteers when they visit children and their guardians. In Malawi, feeding programs are supported more through communal gardens and donations and less by external organizations, while in Zambia the reverse appears to be the case.

6. Skills training is one way of empowering children, particularly adolescents who are heads of their households. Preparing children to support themselves is a matter of some urgency, particularly in the light of the AIDS pandemic where the future is uncertain. One committee member summed this up by saying, "They [children] will be able to have a livelihood even if we are not around." Skills training activities cited by committees included crafts such as pottery, tinsmithing, carpentry and sewing. Some committees have sent children to nearby centers that offered a variety of vocational skills. Community groups' assumption is that the skill will enable vulnerable children to eventually secure a decent livelihood; given the scope of its work, the team was unable to gather evidence regarding actual positive changes in income.

7. HIV/AIDS awareness was rated by all CACs as one of their strongest activities. All of the youth clubs the team spoke with are very active in peer education, drama, and disseminating information about HIV/AIDS. VACs also feel that it is their responsibility to raise awareness among community members. According to Save the Children in Malawi, the nature of the HIV/AIDS awareness messages has changed over the years. The focus is still on prevention, but it is much easier to be open about information. Many now concentrate on promoting access to anti-retroviral drugs and voluntary counseling and HIV testing.

8. Recreational activities included sports clubs (soccer and netball) and activities organized at CBCCs, such as traditional dancing and singing with the young children. The Kutsoro Youth Club writes poems and plays music as a way to attract young people to join their club. The Kanyambo Youth Club has organized soccer and netball after school for older kids to keep them away from "immoral behavior." Additional activities mentioned by committees included:

- Home-based care for the chronically ill,
- Child abuse prevention and prevention of property grabbing,
- Grief counseling, particularly to older children,
- Raising awareness on children’s rights,
- Training children in household chores,
- Nutritional training for volunteers or teachers at CBCCs in Malawi and community schools in Zambia,
- Supporting youth and children’s clubs, particularly in Malawi,
- Caring for and provision of food to elderly people in both Malawi and Zambia,
- Performing household chores for the chronically ill in both countries, and
- Performing household chores where guardians are over-working their children in Malawi.³⁴

Table 9 summarizes major activities and community groups’ perception of the results they’ve achieved. The team did not have adequate time to verify quantitative results or assess impacts on children.

Table 9. Participants’ Views on How their Activities Benefit Vulnerable Children

Activities	Benefits to Vulnerable Children
Community-based child care centers (Malawi) and Community schools (Zambia)	<ul style="list-style-type: none"> • CBCCs prepare children for future education (CBCC), those that attend a CBCC do better when they enter primary school than their peers who don’t. • Stress and pressure on guardians and parents has been reduced because their young children are cared for during the day at the CBCC while they work, and they treat their children better. • Community schools provide access to primary education for children who wouldn’t otherwise be able to go. Many such children have since gone on to secondary school and some to university. • Orphaned children who attend a CBCC or a community school are integrated with other children. This has reduced stigma towards them and those in the school are no longer shy and withdrawn. • In CBCCs and community schools, cultural values, customs, and norms of behavior are passed on to orphaned or vulnerable children whose parents are no longer able to do so themselves. This allows children to fit in to society and not be isolated and engage in anti-social behavior.
Communal gardens (also a form of fundraising)	<ul style="list-style-type: none"> • In Malawi and rural communities in Zambia, gardens provide a reliable source of food to vulnerable households and the children in their care. • Access to produce has improved nutrition of children and the chronically ill. • Funds raised via the sale of produce has sent many children to secondary school, supplied others with books and clothes to go to primary school.
Feeding programs	<ul style="list-style-type: none"> • A more adequate diet helps improve children’s health. • Better access to food helps increase children’s ability to concentrate and learn in school.
Fundraising (casual labor, membership fees, raffles, big walks)	<ul style="list-style-type: none"> • Through the use of such funds, children have been provided exercise books, school uniforms, food, medicine, blankets, and other support.

³⁴ The purpose of performing chores where children are being overworked is to influence the guardians and to reduce the workload on children.

Activities	Benefits to Vulnerable Children
Home-based care	<ul style="list-style-type: none"> • This provides comfort and helps to prolong the lives of ill parents and guardians, which benefits their children • Children also receive counseling, which helps prepare them for their parent or guardian's death and alleviates their anxiety about what will happen to them 'afterwards'
Counseling	<ul style="list-style-type: none"> • This helps relieve the anxiety of children as well as parents and guardians • It helps children overcome grief, depression, and isolation • It also increases the chance that a child will become a productive and healthy adult • Counseling through drama helps influence young people's behavior
Skills training	<ul style="list-style-type: none"> • Children who face a premature need to support themselves (and sometimes younger siblings) are able to prepare for a future livelihood
HIV/AIDS awareness	<ul style="list-style-type: none"> • Some committees have been able to close down informal drinking places to reduce risky behavior • Some groups facilitate access to condoms • Increasing awareness of HIV/AIDS has helped reduce stigma and discrimination regarding people living with HIV/AIDS
Recreational activities	<ul style="list-style-type: none"> • Recreation keeps children active and helps prevent dwelling on their grief or worries about their ill parent(s) • Interaction with other children reduces isolation and stigma • Keeping teens busy with sports helps them avoid risky sexual behavior or engaging in sex before they are ready
Raising awareness on children's rights (including prevention of child abuse, child labor and property grabbing)	<ul style="list-style-type: none"> • This helps reduce abuse or the exploitation of children through forcing them to do work beyond their capacity • Preventing property grabbing improves economic situation of orphaned children and reduces pressure on community to provide for them
Supporting youth and children's clubs	<ul style="list-style-type: none"> • Participation in clubs helps prepares children and youth for future leadership roles • Clubs seek to prevent early sexual activity to reduce the risk of members contracting HIV/AIDS • Some clubs help provide care and support to vulnerable children
Care and provision of food to elderly people	<ul style="list-style-type: none"> • This improves their capacity to care for orphaned children
Performing household chores for chronically ill and guardians of orphans	<ul style="list-style-type: none"> • Such activities are used to reduce household dependence on child labor and provide opportunities to discourage ill treatment of orphaned and vulnerable children

E. Adult and Youth Attitudes toward Vulnerability

During the initial general focus group discussions, when the team asked how "people in your community identify children who need assistance and about whom they are concerned," participants answered with variations on: "We just know! We are residents; we make home visits and are able to say, 'These are the needs.' Community members also bring needs to the attention of the committee." In order to identify specific criteria used by community and committee members, the team used vulnerability ranking.³⁵ The team conducted separate focus group discussions with youth and adults to ascertain differences in their perspectives.

³⁵ See Appendix 3 for a description of this PLA focus group discussion tool.

Table 10. Adult Perspectives on Children’s Vulnerability

Most vulnerable	Vulnerable	Not Vulnerable
<ul style="list-style-type: none"> • Live in mud house with holes in the floor 	<ul style="list-style-type: none"> • Home has packed dirt floor, mud bricks, and a neat compound 	<ul style="list-style-type: none"> • Cement brick house with iron sheets for roof
<ul style="list-style-type: none"> • Has no blanket at all, sleeps on a piece of cardboard or old sack 	<ul style="list-style-type: none"> • Uses chitenge³⁶ for blanket or has a blanket to share with siblings 	<ul style="list-style-type: none"> • Has a bed with a mattress and her/his own blanket
<ul style="list-style-type: none"> • Wears thin, dirty, torn clothes • Doesn’t have soap for bathing • Has dry, cracked lips 	<ul style="list-style-type: none"> • Clothes are used but clean and neat • Some soap for bathing, though not regularly 	<ul style="list-style-type: none"> • Wears shoes, and has new clothes • Has healthy shiny skin and eyes
<ul style="list-style-type: none"> • Has chronically ill parents or has lost both parents • Living with grandparents or with parents who can’t provide basic needs 	<ul style="list-style-type: none"> • Parent(s) are fish mongers or marketers (petty traders). 	<ul style="list-style-type: none"> • Parent(s) or guardian(s) has/have jobs or a business
<ul style="list-style-type: none"> • Has to beg for food 	<ul style="list-style-type: none"> • Has at least one meal/day 	<ul style="list-style-type: none"> • Three meals a day and a balanced diet
<ul style="list-style-type: none"> • Does not attend school (or leaves to engage in casual labor to earn money) 	<ul style="list-style-type: none"> • Attends school, but may engage in casual labor with parents 	<ul style="list-style-type: none"> • Has transport to school; goes to secondary school • Has books to read at home
<ul style="list-style-type: none"> • Is withdrawn, does not play with others 	<ul style="list-style-type: none"> • Plays with friends when not working 	<ul style="list-style-type: none"> • Happy when playing with friends
<ul style="list-style-type: none"> • Suffers ill treatment 	<ul style="list-style-type: none"> • Parental care/ attention is weak 	<ul style="list-style-type: none"> • Child has all s/he needs

Table 11. Youth Perspectives on Children’s Vulnerability

Most vulnerable	Vulnerable	Not Vulnerable
<ul style="list-style-type: none"> • Never has a choice to do what s/he wants • No free time to play 	<ul style="list-style-type: none"> • Sometimes given a chance to do what s/he wants to do, not forced to work all the time 	<ul style="list-style-type: none"> • Never forced to do anything, or forced to labor • Has plenty of free time
<ul style="list-style-type: none"> • Isolated from others and always miserable • Will not come to play when called 	<ul style="list-style-type: none"> • Able to associate with friends • Joins in with others most of the time 	<ul style="list-style-type: none"> • Joins with others in many activities • Smarter, since s/he is always with friends and learns from them
<ul style="list-style-type: none"> • Not allowed to go to school, is forced to work while others go to school 	<ul style="list-style-type: none"> • Goes to primary school, but parents struggle to send to secondary school 	<ul style="list-style-type: none"> • Goes to primary and secondary and family can even send to University
<ul style="list-style-type: none"> • Guardians neglect child, who is not fed and always dirty • Even if there is food, s/he won’t eat and has no appetite 	<ul style="list-style-type: none"> • Guardians provide some care; child is clean, eats once/day, and has exercise books and a school uniform 	<ul style="list-style-type: none"> • Doesn’t have to fend for self; guardians provide all support • Not ill treated by guardian
<ul style="list-style-type: none"> • Has one set of clothes, very dirty, many holes 	<ul style="list-style-type: none"> • Has a change of clean clothes with only a few holes 	<ul style="list-style-type: none"> • Clothes are new and always clean
<ul style="list-style-type: none"> • Weak and always sick 	<ul style="list-style-type: none"> • Physically fit, sick sometimes 	<ul style="list-style-type: none"> • Fit, strong, and never sick

³⁶ A chitenge is a length of light weight factory-woven cotton cloth, usually in bright colors and African designs.

Interestingly, young people's perceptions about what makes a child vulnerable differed from those of the adults, as Tables 10 and 11 illustrate. Furthermore, although "orphans" were frequently mentioned in nearly half of the focus group discussions, there was almost no mention of the word during the vulnerability ranking exercises.

Differing Perspectives

Young people appeared to consider psychosocial issues as compelling aspects of children's vulnerability than did adults. Youth immediately cited working very hard or being ill-treated as an indicator of children's vulnerability; it was not until the very end of the exercise that they mentioned material goods. One youth club member at Kutsoro said, "A child who is not vulnerable has free will; he is very free to choose what he wants to do. A vulnerable child sometimes is able to choose what he wants to do. A very vulnerable child has no options; he is forced to work very hard. It can reach the point where this child is kept from going to church; he will have to stay and watch over the household, whilst the others go [to church]."

Next, youth mentioned withdrawing or being isolated from other children and the community. As one noted, "A very vulnerable child may be in a group, but still isolates himself by being withdrawn from what the others are doing." As a result, youth clubs prioritized alleviating vulnerable children's workload and ensuring social inclusion. Counseling was also mentioned frequently as an activity in which youth clubs engage. However, the typical approach was not formal therapy; rather, it appeared to entail members reaching out and encouraging a withdrawn child to talk about his/her troubles and then participate in club activities.

Adults spoke mostly about unmet material and physical needs as contributing to a child's vulnerability.³⁷ While they did cite ill treatment and being sad and withdrawn as indicators of vulnerability, it was late in the discussion. Similarly, in focus group discussions featuring activity ranking, adults immediately mentioned things like having no home, torn clothes, no food, and living with aged grand parents as compelling factors of vulnerability. It follows that activities mobilizing material support were a high priority for the adult-led VACs and COVCCs.

It would be tempting to advise policy makers and practitioners to ensure that the communities they fund prove they are conferring with young people and taking their point of view into account when prioritizing activities. However, in the team's opinion, this would be a mistake. A community's collective efforts are more likely to reduce the vulnerability of children in a profound and authentic manner if mobilization processes include an aspect where adults and children are able to express their views and share them in a mutually respectful way. External actors can facilitate this process and the dialogue, but imposing it will negate its authenticity.

Orphans—or Vulnerable Children?

Committees used several factors to identify which children they prioritized for assistance. One related to the perceived level of vulnerability of the child, another was contingent on the resources available to the committee and community at the time and yet another was the child's extended family situation outside of the immediate community.

Perceived Level of Vulnerability

Participants' comments about identifying children who are vulnerable included:

³⁷ These youth-adult differences in perception are consistent with those reported in the study commissioned by Save the Children Sweden: Mann, Gillian. *Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi*. 2002. Available at: <http://www.crin.org/bcn/details.asp?id=8789&themeID=1004&topicID=1025>.

- “When going on a home visit, we look at the eyes of the child and we can tell if he has gone without food for two days. We look at the type of bedding and we use class attendance. If a child is missing from school, we make a follow-up.”
- “From a young person’s perspective, we observe the way someone is relating to us. If they withdraw, we speak to them until they open up and share what is happening.”
- “HIV/AIDS has left many parents dead and grandparents have had to care for their children. We look for grandparent-headed families, and visit them to assess their situation.”
- “COVCC links to the home-based care program: volunteers come to the COVCC upon the death of the parents; the COVCC goes to verify this and see whether the children need assistance and then conduct follow up visits. The COVCC uses a questionnaire that was developed during workshops, which helps them identify those needing assistance.”
- “Home-based care and care for vulnerable children are inseparable. Children are affected psychologically, so they are attended to at the same time [as the chronically ill]. This assists us to identify a vulnerable child and build a relationship with him or her while the parents are still living. When parents die, children are already familiar with the people who will ensure their care.”
- “During a home visit, the COVCC checks on how the child looks. We talk to the child because they tell the truth about their situation. We ask, have you had a bath, when was the last time you ate? We look at the house; how does it look, is it clean and in order?”
- “The COVCC relies on observation. They see whether a child is always wearing the same top or shorts day after day. They might follow the child home and see how the mother looks. Does she look worried, tired, or ill? Or if we arrive at the house to find the child sleeping; but then, when giving food to the child, he jumps up and gets active. Then we know that child was very hungry and hadn’t eaten for some time.”
- “Workshops also helped us to see which children need psychosocial support”
- “Neighbors will also give information about [what is happening in] the household.”
- “School is a good way to follow up on certain cases. For example, at school a child complains about not having eaten or is seen selling ground nuts in the market and not in school. We know to follow up and see what is happening.”

Different Levels of Need: A Balancing Act

Comments about how a committee decides which needs are most urgent included:

- “Not all children who come to COVCC’s attention get assistance. The COVCC gives according to what they have. They prioritize children, they take care of the most in need first, and then when resources allow, they go on to the next.”
- “Problems vary from one situation to the next; COVCC weighs them and comes to a decision about who needs help now and who can wait.”
- “Our system is well developed. School is for all children, but other resources and assistance is given out only to those most in need.”
- “Residents just ‘know’ which children need assistance. The community knows if someone is just pretending they need help. For example, if a household has a relative or son working in a mine who sends them money, the COVCC will decide the child could wait for assistance while we attend to a child who has no other support.”

Methods of Allocating and Tracking Resources

All of the community groups the team spoke with maintain registers that enabled members to track who needed help and to sustain transparency with the wider community. Registers allowed the committee members to prove they were allocating resources as they and the community had agreed. Although committee members didn’t explicitly state the origin of the

practice, the team had the strong impression this came about from workshops and guidance from external resources, such as SCOPE-OVC, COPE, district committees, and other donors.

Comments on how resources are made available and their use monitored by a committee included:

- “The distribution of food, money, or in-kind assistance goes according to who is on the register, through discussion among the committee and other leaders or community members with information on a particular case.”
- “There must be a strong partnership between leaders and community. Everyone should see how resources are distributed. The VAC and CAC leadership are the watchdogs to be sure all is done according to plan.”
- “The COVCC has experienced ‘cheating’ in the past, but because we have a monitoring and evaluation system that we use to collect information from the community; we are able to control cases of cheating.”
- “The CAC sees to it that orphans and other vulnerable children and the chronically ill get the resources meant for them. We monitor activities at the VAC and ensure that support is filtering to the intended beneficiaries. To do this, we visit the chronically ill and orphaned/vulnerable children and interview them to see that they are receiving assistance.” (It should be noted here that in Zambia, only the DOVCC chairperson in Livingstone appeared to be monitoring the COVCC activities. As far as the team could determine, CARE/SCOPE-OVC staff carry out this function).

F. Community Members’ Perceptions

The team felt that it was important to verify the perception of the committee members by getting the wider community’s point of view. To that end, the team conducted focus group discussions using the Venn diagram (a PLA tool) with residents of the same communities, but who were *not* on the local committee.³⁸ The purpose of this exercise was to find out if community members’ perceptions differed from those of the committee. The team was interested in people’s opinions about which organizations and groups—including grassroots and higher-level committees concerned with orphans and vulnerable children—were most important and why.

The Venn diagram tool was used to clarify community views on the significance of and relationships among various organizations and groups operating in their area. During the exercise, paper circles of three different sizes were used to indicate the level of importance of these bodies. Participants used the largest circles for the groups that they perceived were the most important to the community. The smallest circles were used for the least important groups, and the mid-sized circles represented moderate importance. Participants also discussed the relationships among organizations and groups, and placed the circles in arrangements that reflected this—for example, groups that work together had overlapping circles. Those operating independently of others were placed separately. The organizational diagrams created in two different communities are described below.

³⁸ See Appendix 3 for a detailed description of the Venn focus group discussion.

Venn Exercise in Balakasi Village (Mangochi, Malawi)



Interestingly, in the diagram developed by Balakasi community members, NACC—a local organization that began as a health catchment committee (CAC) and evolved into a CBO and ultimately an NGO—was ranked in the “most important” category, with a larger circle than the VAC.

The diagram appears to indicate that, as NACC evolved from a health catchment committee to an NGO, it moved from facilitator to implementer. It appears that community members perceive NACC as the “master” of the VAC, a perception that is bound to undermine the latter’s effectiveness. As an example, participants said that whenever the VAC—which works directly with the school—identifies children who need assistance, this is reported to NACC. However, when NACC brings assistance, it goes directly to the school and bypasses the VAC, instead of working through it.

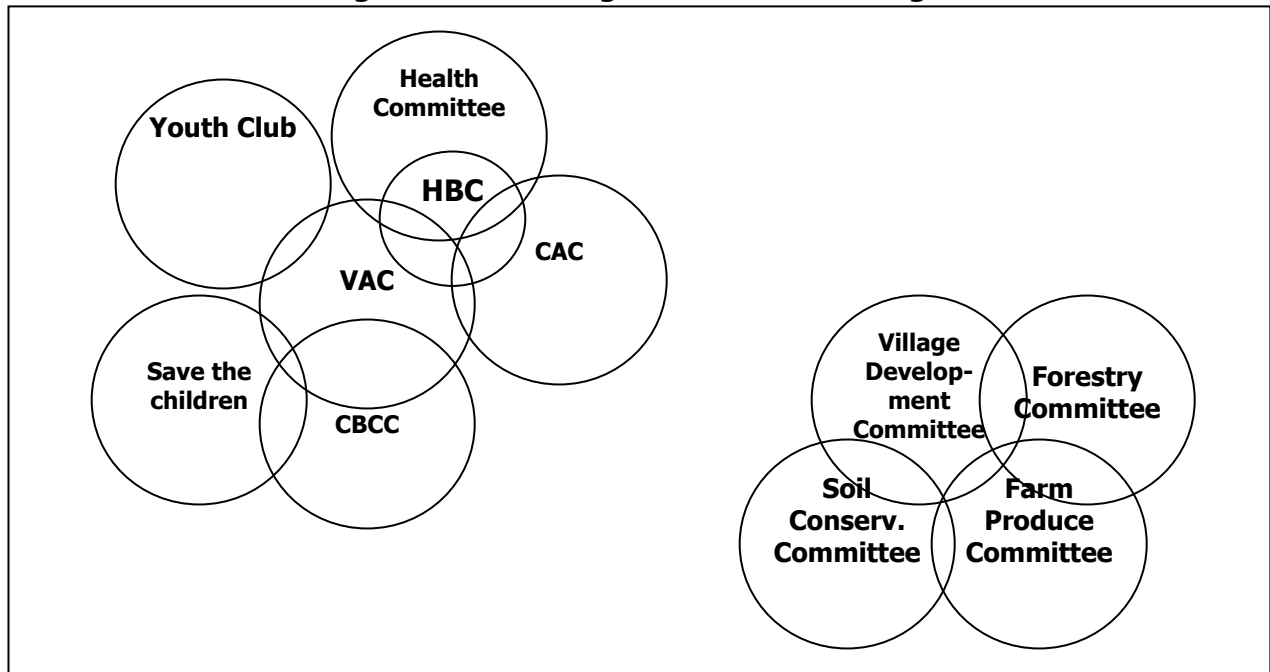
Another interesting dynamic in this community is the presence of a CBO that also caters to orphans and vulnerable children. According to participants, this CBO is “weak”—in part because it uses a

definition of orphan with which the community does not agree (a boy child that has lost his father or a girl child that has lost her mother). The VAC has apparently met with the CBO to negotiate a solution, but was unable to hold the CBO accountable to the agreement. This CBO was awarded a Global Fund grant; the VAC, which has the backing of the community, was not eligible for a grant because it does not have the required legal status. It appears that the VAC could become sidelined and stop functioning—due not to incompetence, but because organizations with access to external resources are pushing it aside. This could disrupt community action to support and protect vulnerable children.

Venn Exercise in Kutsoro Village (Dedza, Malawi)

A different pattern of working relationships is reflected in the Venn diagram developed by members of Kutsoro Village in Malawi. In it, the CAC and village committees are of equal importance. Most activities and organizations are clustered around the VAC and the Village Development Committee. While the two clusters are separate, participants did report collaboration between the VAC and the Forestry Committee—the VAC often used timber from the Forestry Committee’s communal forest to construct shelter for elderly guardians of vulnerable children.

Figure 4: Venn Diagram in Kutsoro Village



The reasons participants offered for designating the VAC as one of the most important organizations in the community included:

- “It has been very quick to respond to the needs of the community. If there is a food shortage at the CBCC, the committee quickly finds a solution and gets food.”
- “The Village AIDS Committee opened up opportunities for the community. It created awareness of HIV/AIDS, voluntary testing, and the needs of vulnerable children.”
- “Orphans need support and to be able to forget about orphanhood and live normally, like any other child, and it has been through the work of the Committee that stigma and discrimination against orphans has been reduced.”

Participants also said that the CAC was important because it raised awareness about HIV/AIDS in their community. The CAC passes information to VAC, improving the latter’s capacity.

When asked for observations about the Venn diagram, community members reflected that more work is done through the VAC than any other structure. In their opinion, this was due to the speed of the committee’s responses. It is quick because the committee is the community’s initiative using its own resources; there is no need to apply for external resources or submit to a lengthy review process. One participant offered this thoughtful insight: “Community

organization and coordination have created a unity which makes our community 'tick'. It is why actions are so quick and responsive."

In addition, the VAC was cited as quicker to move than the Village Development Committee. The latter was also rated as among the most important, but for a different reason—because "everything that comes to this community must first pass through them." Participants noted that the Village Development Committee is "more bureaucratic and it takes a very long time for it to respond. We need a direct road because we are dealing with issues of life and death [HIV/AIDS issues]. If we wait for the Village Development Committee, it wouldn't work."

G. The Role of External Resources

Of the 19 community groups the team visited in Malawi, 11 groups (61 percent) continue to function without significant grant funding. In Zambia, nine of the 11 community groups the team visited are still functioning, and of those, four groups (44 percent) continue to do so without grant funding. It would appear, then, that external resources are not the determining factor in a committee's sustainability. This impression was confirmed during focus group discussions where community groups ranked the factors most important to sustaining their longevity. External resources ranked of ninth out of 12 among sustaining factors.³⁹

This is not to say that external funding was unimportant; rather, it was not perceived as central. Community groups receiving grant funding saw these resources as enhancing their collective ability to care for and protect vulnerable children. Also, some committees that received little or no external funding were hopeful that they would eventually access such resources, and some who had received funding felt they could use more.

Of the older committees, only a few still receive significant grants, mostly in Zambia. In general, these grants are for developing community schools. The other committees rely on proceeds from communal gardens (in Malawi), from fund raising events (in both countries), from membership fees (in both countries), and from periodic linkages to external resources (donation of clothes, school books, food, or school fees for children who are accepted into secondary school but cannot afford to attend). It is more common for the newer committees to have current grants, a number of which are for income-generating projects and for feeding programs in either the CBCC (Malawi) or the community school (Zambia).

Advantages of External Resources

The review process suggests that external support can be a double-edged sword. On the positive side, committees that have been together for nine or 10 years and retain their energy and commitment point to their accomplishments as a motivating force. Many of the accomplishments—school buildings, irrigated communal gardens and children attending secondary school—required some external assistance. The Mulenga COVCC, for example, was able to construct three school buildings using external resources, and over 1,500 children are currently enrolled. That school's educational quality is competitive with that of the nearby government school. The Muzya COVCC has used grants from CINDI and SCOPE-OVC to invest in several income-generating projects. The proceeds rescued several households from destitution, sent numerous children to school, and enabled the committee to supply the community school with teaching materials.

³⁹ This is an average weighted rank. Out of all the possible factors mentioned by the groups, external resources ranked twentieth out of 24.

Another form of external assistance that appeared very effective was links that district committees facilitated between committees and organizations with resources. In Zambia, a district committee linked several village committees to SOS Children's Villages, which provided food and school assistance to vulnerable families.

A former COPE staff member praised the continuous efforts of Save the Children and the district committee to connect the CACs and VACs with capacity building opportunities, NGOs in their area, and funding or in-kind assistance. Among the in-kind assistance were the agricultural inputs that several village committees obtained from various organizations, which they donated to vulnerable households or used to expand their communal gardens.

Disadvantages and Cautions

The experiences of the communities highlighted several risks associated with external resources. As noted earlier, in Livingstone, Zambia, the early promise of external funding distorted the group's behavior and as a result, genuine community ownership was slow to develop. Some committees that received external funding have since disbanded—for example, the Sakubita COVCC in Livingstone received three grants for income-generating projects, all of which failed. In addition, some groups lack the community backing to seek funding, as was the case in Kalomo District, Zambia where a women's club that cares for orphans and vulnerable children received treadle pumps from SCOPE-OVC. Although they have been successful in generating income for themselves, the rest of the community is resentful of the resources they've received.⁴⁰

Another potential pitfall is that donor priorities may shift community efforts away from the groups' priorities. For example, in Malawi, Tisamalirane (previously COPE) receives significant funds for village committees from a donor other than Save the Children. One staff member felt that the donor's need for quantitative results has prevented the Tisamalirane staff from further cultivating and deepening community ownership and participation.

Lunch, transport, or "sitting allowances"—money an individual receives from an external organization for agreeing to be a committee member—also appeared to cause conflicts within some communities. For example, the Kulamula youth group in Malawi explained that all previous members quit the group when sitting allowances for attending workshops were withdrawn. Some committees in Malawi reported that members would lose enthusiasm when they realized they would not receive sitting allowances. In Zambia, the Livingstone DOVCC chairperson said that after getting used to receiving lunch and transport allowances, the other members were no longer interested in participating in the committee once these were withdrawn. In Malota, Zambia, some community members pressured the executive committee to disband to give way to new members. Once the new members were elected, they never took up their roles because there was no funding from which they could personally benefit.

According to nearly every group the team interviewed, committees pass through a phase where members expect the organization that initiated the mobilization will provide money for activities. If money is provided during that time, the committees will likely fold once support is withdrawn. Until all committee members and the community understand that that they must tap internal resources, there is unlikely to be a genuine sense of ownership or responsibility.

⁴⁰ See *Case Studies of Success in the SCOPE-OVC Project*. July 2004. Pages 8-9. Available at: <http://synkronweb.aidsalliance.org/graphics/OVC/documents/0000583e00.pdf>.

For example, the Chimwala CAC in Mangochi, Malawi (established in 1996) had several wavering village committees in the first two years. The chairperson explained that, "VACs that take the CAC's message seriously and begin activities with resources at hand, rather than waiting for external help to come usually move forward and are strong. They have the spirit 'it is our problem to solve', while others are waiting to get external support. A VAC must be working for itself before external assistance comes in. Without this work, the VAC will get weaker, not stronger from the external support."

When the team asked participants why this was so, a female committee member put it this way, "After the external support ends, they will still wait for the next assistance to come. Even as individuals, those who work and produce have something to carry on with after assistance has ended. If you don't work, and just beg, you will always have only what is given to you." To further emphasize this point, another woman offered an example of giving agricultural inputs to people who haven't yet prepared their land; "Just wait", she said, "the next thing you know they will be asking you to till their land, too!"

The Chipata COVCC (established in 1997) in Kitwe, Zambia, is one of the committees whose only external support comes from the Ministry of Education for their community school. Otherwise, they fund their activities with contributions from the community and the proceeds of petty trading. They are frustrated because they could do so much more if they did have external assistance. Yet they recognize their unity as a team as ultimately more important than the funding. "After all, the home-based care program [in Chipata compound] has a lot of funding, but they are already having trouble in their committee, they are arguing and accusing each other. Yet we are still here. Some of our children have gone through to grade 10, all with very little external funding."

Comments from community members about external assistance included:

- "People feel proud when doing things on their own. Others [who get assistance] don't care as much about what is accomplished."
- "SCOPE-OVC provided support so we could build our school, but this support is less important than having community support, being united, and having commitment in our team. This internal support and strength must exist before a donor can come and help."
- "If we got resources from outside before we had the internal support, then it would be a mess. Everyone would just take for himself. The committee would eventually collapse."
- "Donors will be able to verify and know that the work of the committee is good by observing what they have done as a team. Otherwise, the committee is just going to take the donor's money and misuse it."
- "External assistance is important; because it is through this that we were able to build a proper community school. But we couldn't have gotten this support if we didn't have the backing of the community or if people thought we were dishonest."
- "[External assistance] is important in that it helps us provide care and support for the children. But even if funds weren't there, there is still something we can do. And we are still surviving as a committee even without funds."

The Importance of Transparency

Another important element in the issue of external resources is the role of transparency—both in keeping the community actively involved and united, as noted in previous sections, and in preventing and detecting the misuse of external funds. The Kanyezi CAC in Dedza, Malawi,

described a case of fraud that was uncovered as a result of transparency. According to the CAC, an agricultural organization had arranged to distribute agricultural inputs to vulnerable households. The households were duly registered, but one of the committee's officers had removed some of the names and replaced them with his relatives. Given the openness of the records, the rest of the committee detected this and the executive members removed the inputs from the officer's possession and distributed them to the rightful people. The officer was replaced; he is still allowed to participate in committee activities but cannot hold an office.

Based on their experience, members of the Kanyezi CAC provided some useful advice on how community groups can avoid such fraud:

- The way the initial sensitization is carried out makes a big difference. It must be very clear to all where the resources are coming from, the purpose they are to be used for, and how much has been allocated.
- Monitoring must be done by the local leaders and cross-checked by donors, while clearly putting most of accountability on the local leaders. Donors should avoid the impression that they are driving the process of decision-making at the community level.
- There must be a strong partnership between leaders and community members. Everyone should see how and to whom resources are distributed.
- The leadership of the committees must act as the watchdogs to be sure everything is carried out according to the agreed plan.

Another interesting perspective from which to view external assistance was the view expressed by a man in Itimpi (Kitwe, Zambia), who said that in poor communities, "our poverty ruins organizations that come in to help us." He explained that when people living in a poor community see a new organization come in with resources, their first reaction may be to rush and see what angle they should take to get as many resources with as little effort as possible. He regretted this saying that "we should be working together to use resources with integrity instead."

V. SUMMARY OF FINDINGS

The hypotheses introduced at the beginning of this report provide the framework for summarizing the findings. The first two hypotheses concerned ownership—the shared sense among those involved that the problems identified are theirs and that they hold primary responsibility for addressing them.

A. On Ownership

The first two hypotheses were:

- The mobilization processes created by the Malawi and Zambia program were effective in catalyzing genuine ownership. Ownership in turn generated high levels of wide community participation.
- Community-led action (taking responsibility for finding solutions, controlling decision-making, and mobilizing internal resources to initiate activities) occurred because of genuine ownership.

The team has concluded that its findings confirmed these hypotheses. The participatory processes initiated by COPE in Malawi and PCI/Z and SCOPE-OVC in Zambia enabled communities to analyze the impacts that HIV/AIDS continues to have. When communities realized the scope of the impacts on their community and in particular on their children, they felt a sense of urgency to respond. Although most had an implicit awareness of the mounting deaths and vulnerability of children before the initial mobilization activities, the collective reflection and dialogue enabled the individuals (including leaders) to truly grasp the implications.

Before the mobilization, community members who were trying to respond often felt alone in their concern and disempowered by the overwhelming nature of HIV/AIDS impacts on their household, relatives and neighbors, and their own lack of resources. Through the mobilization process, the participating community—with their leaders at the forefront—came to see it as their responsibility to act using whatever resources they had. Just as communities have always accepted child care as their responsibility, the project galvanized and empowered them to act collectively to address the impact of HIV/AIDS.

Community members and leaders who carried out the PLA shared and discussed the results of the exercise with the wider community; thus, the sense of ownership extended beyond committees. Given the scope of the problem and the work required, it became clear that wide community participation was needed. This participation was fostered and sustained by the community's own perception of their responsibilities to the most vulnerable among them. Committees often spoke of the wider community coming together, for example, to make bricks to repair a house, to work in the communal garden, to engage in day labor to raise funds for a child's school fees, or to guard against and report abuse or exploitation of vulnerable children.

At the same time, community members often looked to the committee to provide leadership and coordination, and to represent them at the district level or to outside resources.

Although the participatory tools used for mobilization in Malawi and Zambia differed, both countries were equally effective in catalyzing community ownership, wide participation, and community-led action. Furthermore, the findings of the review support the view that mobilizing community action to assist especially vulnerable children is a worthwhile and sustainable approach over the long term.

B. On Sustainability

The third hypothesis held that:

- Where community ownership was present, committees were able to sustain their activities over the long term to benefit especially vulnerable children.

The review team visited a total of 30 community-level committees mobilized by COPE, PCI/Z, and SCOPE-OVC, and all but two of which were active.⁴¹ Of these communities, 21 (62 percent) had been mobilized in 1998 or earlier (1996 to 1997 in Malawi and 1997 to 1998 in Zambia).⁴² This was not a random sample, but rather was selected based on travel time required and the potential to shed light on issues related to long-term, ongoing community action.

In considering the hypothesis, it is important to take into account how many committees are still active among all the communities that were mobilized. The majority of committees initiated through mobilization processes during the years of DCOF support (1996 to 2000 in Malawi and 1997 to 2002 in Zambia) are still active. Save the Children US considers all of the committees in Malawi that were mobilized during the initial years of DCOF funding as having active committees (although individual members may have changed). In Zambia, SCOPE-OVC reports that of the 34 communities mobilized in Kitwe (13), Livingstone (10), and Kalomo (11) during the period of DCOF support, a total of 19 (56 percent) are still active— six in Kitwe, one of which is a CBO; seven in Livingstone, and six in Kalomo.

Thus it seems appropriate to conclude that community ownership was essential to initiating community action. Yet it is not enough to simply establish community ownership. In order to maintain a sense of ownership over time and prevent its erosion, periodic attention is needed to cultivate and strengthen it.

It should be noted that all these communities are seriously affected by the impacts of HIV/AIDS. Conventional wisdom has sometimes argued against community mobilization as a strategy in such communities, on the basis that the high morbidity and mortality would prevent community groups from continuing to function over time. This is not supported by the team's observations.

Community groups perceived the following factors as critical to sustaining efforts (listed in order of importance):

- **Compassion for children**, an inbuilt cultural trait, which triggered unity, led the committee's vision and galvanized community action.

⁴¹ The four district-level committees that the team visited are not included in this total.

⁴² Muzya committee in Zambia started functioning as a CINDI branch in 1994, but only joined the SCOPE-OVC program in 2000. It is counted among the older committees.

- **Unity**, which emerged from a sense of common purpose (compassion for children) and from the community believing in what the committee is leading them to do.
- **Creating a common vision** happened when people discussed and understood problems facing vulnerable children collectively. This common vision was critical to keeping a committee on track and inspiring the wider community to participate in activities to benefit vulnerable children and their families.
- **Community participation and transparency** were closely interrelated, and many participants felt these factors strengthened their unity as a committee. In fact, a perceived lack of transparency often undermined the work of the committees.

The fact that the mobilization and capacity building processes in both countries were rooted in sound principles and tools of participatory development both brought about and strengthened these factors. In particular, the initial PLA, Training for Transformation, and Stepping Stones workshops helped build the capacity of committees to work together and to encourage community action and involvement. These initial workshops also raised community awareness of the concept of mobilizing internal resources—this was strategically important because people in poor communities often believe they cannot take effective action without external resources.

The capacity building workshops that followed the initial mobilization were critical in helping committee members learn how to develop their own common vision, share it with the wider community, and turn it into an action plan. Through such workshops, committee members gained skills in leadership, psychosocial support and counseling, financial management, organizational development, and other areas and gained confidence in themselves. The new skills alone served to motivate many committee members. The technical assistance and encouragement from district and CACs (in Malawi) further reinforced what participants learned in the workshops.

Having an intermediary—the DOVCCs in Zambia and the DACCs and CACs in Malawi—proved invaluable for linking grassroots-level committees with a wider pool of resources and for representing the community in policy decisions at district and higher levels. Linking community groups to ongoing sources of information, material resources, capacity building opportunities, and government or other programs and services improved the effectiveness and outreach of the activities already underway in communities. It exposed members to new ideas and ways of doing things, which boosted community confidence in the committees and helped maintain the willingness to participate in efforts to benefit vulnerable children. Also, by linking communities to services, material resources, or funding for particular activities—for example for gardens, periodic supplies for students, or to finish a child care center or a community school building—the committees were not burdened by the ongoing financial reporting requirements typical of project grants.

There were other important supportive factors. For example, in Zambia, churches appeared to play a very important role in binding people together to promote unity, compassion, and a sense of responsibility towards the more vulnerable in the community. This seemed to offset the weaker cohesiveness that is typical in urban sites. In Malawi, traditional leadership was important even in urban communities. Although church leaders from different faiths joined hands and provided inspiration to their followers, village heads and chiefs played a more prominent role in promoting unity, compassion, and catalyzing wide community participation.

Challenges to Sustainability

There were also aspects that worked against these sustaining factors. The most frequently mentioned was the provision of external resources before a committee took root and opportunists were weeded out. As described in previous sections, this often subverted local ownership and responsibility. External resources have proven key to strengthening community initiatives and significantly increasing benefits to vulnerable children—but the timing and the process through which they are provided must be carefully considered.

These resources may not be necessary: some groups that received significant external resources did not rank this factor as critical to the longevity of their committee. Moreover, while groups receiving little or no external resources had limited material capacity to meet children's needs, many were still working together to do what they could with the resources they had. In the review team's view, the community groups are in a better position than external NGOs to serve as case managers for meeting the needs of especially vulnerable children—and external resources may help but are not likely to be core sustainers.

Another challenge that the review team identified was that holding workshops or meetings in a central location to which committee members had to travel necessitated providing lunch and transport allowances. In some cases, this created suspicion and jealousy among the wider community, especially if information about the event wasn't adequately shared. Also, some committee members masked their true intentions for joining a committee in the hopes of benefiting from these allowances. In a very few cases, some chiefs and committee leaders tried to use their influence to channel resources to themselves and their families.

Similarly, donor pressure to push money to communities at a faster rate resulted in intermediary district committees being bypassed and weakened their relationships with community groups. This threatened the future continuity of support from an intermediary that could link groups to resources outside the community. Pressure to move money placed more emphasis on achieving numerical targets of children or families reached, at the expense of continuing to nurture community ownership and participation. This can lead to the collapse of community groups when funding ends.

Weighing the competing priorities of benefiting more children (at least in the short term) via donor funds versus sustaining the functioning community structures is not always easy. As important as the committees are, they cannot necessarily meet the needs of all vulnerable children; what they do for children is often limited in material terms. However, a significant question is, what is "enough" in terms of providing for the well-being of children? Whose standard is used? The perception of an external actor, coming from entirely different economic circumstances, is bound to differ considerably from that of the people living in the community.

There is growing donor commitment to providing substantial resources to improve the well-being of orphans and other vulnerable children, particularly in the face of HIV/AIDS. These issues are long-term. A child may be vulnerable for many years, and for the foreseeable future, Malawi, Zambia, and all the countries severely affected by poverty and HIV/AIDS can expect an ongoing supply of highly vulnerable children. Consequently, donor resources must be provided in ways that strengthen, support, and sustain community action to protect and care for these children. If imperatives to move resources within a donor's timeframe are allowed to determine the timing and process—and likely undermining local efforts—the intended beneficiaries may be made even more vulnerable over time.

C. Reaching the Most Vulnerable

The fourth hypothesis held that:

- Communities that own the decision-making and action process ensure that vulnerable children benefit from the support that they are able to mobilize internally or access externally.

The review team's findings support this hypothesis; community groups consistently and convincingly described the care they gave to identifying the most vulnerable children and ensuring that they were the first to benefit from any assistance, psychosocial support, or protection interventions. Tables 6 and 7 present an impressive array of activities to benefit orphans and vulnerable children. The committees and community members in the areas the team visited believe that children are benefiting. In fact, many stated that seeing positive results sustained their enthusiasm. In some cases, this perception extended beyond the immediate community into neighboring areas, which were inspired to seek the help of existing committees to start their own initiatives for children. For the review team, such examples were a powerful endorsement of the initial community's efforts and of the ability of mobilized communities to offer benefits beyond that of targeted programming.

Community groups used very clear criteria to decide who was most vulnerable and needed immediate assistance and who could wait. These criteria varied slightly among communities and typically changed within communities over time. They accounted for household composition, proximity of extended relatives and their capacity to help, and the resources at the community's disposal. Nearly all of the committees the team visited spoke of the importance of the wider community in both providing information about vulnerable children and carrying out activities to support them.

The range of activities to benefit children was increased significantly by the various capacity building workshops and the technical assistance provided by COPE, PCI/Z and SCOPE-OVC. Without these efforts, communities would likely have addressed only children's material and physical needs. The workshops opened participants' eyes about the psychological and social impacts of HIV/AIDS on children, as well as raising awareness about what constitutes exploitation (child labor, sexual abuse) and ill treatment (inappropriate labor, discrimination within the household).

Similarly, external financial resources—given in the right amount and at the right time—enabled community groups to scale up their activities and reach many more children than was possible using only their own resources.

One qualification must be noted regarding the case study findings and the fourth hypothesis. The youth groups that the team interviewed viewed children's vulnerability somewhat differently than did adults—and the committees determining who is most vulnerable comprise adults. The youth felt that being prevented from going to school and having no free time to play with other children (due to being overworked by guardians) were more significant than material needs. Adults felt that the material needs were more serious and deserved priority attention. The essential point is that "vulnerability" has different aspects, and the best decisions

are likely made when the range of these factors is considered and youth and adult perspectives are given equal weight.

Another finding concerning youth groups was that those receiving adult mentorship from their own community seemed more creative and energetic than those established and mentored by an external organization.

D. Additional Findings: Differences between Malawi and Zambia

The team found that in many ways, the approaches to community mobilization and capacity building in the two countries were similar. The approaches used in both countries were effective in catalyzing community action, whether in rural or urban communities. There were, however, some differences in approach—most of which concerned the way groups mobilized human, material, and financial resources to sustain their activities.

For example, in Malawi, community groups relied more on resources mobilized internally and linkages to a wide variety of external bodies (in addition to COPE and Save the Children US). Additionally, the district and health catchment area committees (CACs) maintained primary responsibility for facilitating links between village-level committees and external sources of funds, training, donations, or access to programs. While their capacity to continue this role is constrained by the recent focus on and mechanisms for moving Global Funds out to community groups, the CACs still appear to be facilitating linkages between village committees and outside bodies.

In Zambia, a mechanism for making subgrants to community committees was a major component of SCOPE-OVC, and although there were still significant efforts to link COVCCs to external resources in addition to those from SCOPE-OVC, the focus was on the subgrant process.⁴³

Another difference is the type of national structure to which the committees were connected. In Zambia, there was a weak connection between the district committees and district-level mechanisms sanctioned by the Government and even less connection to potentially relevant national structures. Within the district structure mandated by government for HIV/AIDS activities (the DATF), issues related to orphaned and other vulnerable children did not appear to have strong representation. Consequently, relationships between the DOVCCs and the DATFs never solidified. On the other hand, in Malawi, COPE had the benefit of being able to plug into the Government-mandated national network for HIV/AIDS activities. One of the factors that facilitated this was the technical subcommittees that included at each level one for orphans and vulnerable children.

Community Schools and Community-Based Child Care Centers

The team observed that where community schools and CBCCs were well supported and receiving funds, other aspects of child welfare went unattended. Most of the community's time seemed tied up in mobilizing human and financial resources to meet the demands of managing the school or child care center. In some cases, visits to children seemed to focus on whether they were attending school or not, with less attention to other issues.

⁴³ More detailed information on SCOPE-OVC's experience with the subgranting mechanism is provided in: Family Health International/Zambia. *Final Project Review Report, SCOPE-OVC*. March 2004. Available by request from: aidspubs@fhi.org.

The team also observed the tendency of some communities to mobilize around the same activities—such as the CBCC and community schools—as their neighbours. The first committees appeared to have genuinely engaged in an analysis of the issues facing children in their community and arrived at a consensus to initiate a CBCC or a community school. However, other communities that formed their committees later may have simply copied their idea without adequately analyzing whether it should be a priority for their children.

VI. RECOMMENDATIONS

Mobilization and Capacity Building

Organizations seeking to develop ongoing action for the care and support of orphaned and vulnerable children and their families should use a community mobilization strategy. There are many effective tools available; it is important to start with tools that can promote a sense of ownership and participation through community-wide dialogue, and enable members to:

- Analyse their situation and discuss the implications;
- Identify internal community resources and knowledge, individual skills and talents;
- Identify priority needs;
- Develop a strategy to address the priority needs; and
- Plan activities needed to execute their strategy using internal resources initially.

The aim is to build on a community's sense of compassion and responsibility for its children, create a sense of unity, develop a common vision, and elicit broad community participation. Ultimately, these are the factors that can sustain action for vulnerable children.⁴⁴

The team's findings indicate that the best role for an outside organization is as catalyst, not leader or manager. Such an organization should focus on enabling community members to work through the above steps at their own pace.

Once a community has moved through this process and demonstrated ownership by taking action using internal resources, the outside organization should facilitate a participatory, self-assessment with a community group to identify the capacity needed to continue carrying out the chosen activities. This self-assessment—and not a pre-determined set of topics selected by external actors—should drive the capacity building agenda. Furthermore, the assessment process should be incremental and iterative, following the evolution of community action.

Organizations should be creative in the delivery of capacity building, rather than relying solely on workshops. Field visits to offer technical assistance on demand, exchange visits with other communities, focus group discussions, and similar activities can help build both the awareness of possibilities and the skills that are needed. Such skills should be carefully matched to the content of a training activity. Facilitators should include only elements that will be immediately useful to the participants. Content should also focus on the practical rather than on conceptual or theoretical aspects of the topic.

It is important to ensure that the voices and views of children and youth are considered. Opportunities to explore differences in child and adult perceptions should be included in training, technical assistance, or other capacity building activities. Holding workshops with both separate and combined sessions with adults and children allows each to express their views among their peers, and share them with the other party. For example, asking children and adults separately to create maps of their community that note important places and risks can be an enlightening exercise, particularly when adults see the children's maps. The aim of such capacity building is to increase child participation in the community's decision-making process.

⁴⁴ In addition to PLA, Training for Transformation, and Stepping Stones, it is worth considering the use of The Journey of Life materials, which were developed in Zimbabwe in 2005 and are available at: <http://www.repssi.org/>.

When possible, capacity building/strengthening should take place in the participants' community (with the obvious exception of exchange visits). Alternatively, one can look for possibilities to "cluster" communities that are within walking distance of each other. This may not be efficient for the external organization, but it will avoid the necessity of paying allowances for meals or transport, helps keep activities transparent, and may reduce conflict.

It can be useful to encourage and enable community groups to learn from each other. This is already happening to a certain extent in Malawi and Zambia; however, it could be enhanced if selected community leaders developed skills in this area. Helping communities prepare for such exchanges can also prove helpful, as teaching requires a different skill and understanding than doing. The positive recognition a committee receives from its peers is another value of such exchanges, and can be a motivating factor.

Wide Community Participation

It is important to encourage committees to actively facilitate the participation of the wider community in implementing activities, rather than simply acting on behalf of the community. Introducing subcommittees to cover specific areas of concern is an effective way to extend responsibility outside of a committee, incorporate other community members, and expand coverage.

External Resources

Internal resources must be the starting point, if the aim is sustained community action. The internal resource a community has at its disposal should be the determining factor for initial activities. After community groups have demonstrated ownership by investing their internal resources to carry out their priority activities, it is important to link them to a wide variety of assistance—for example, information, training, advice, and material and financial support—from multiple sources, including their own government. Finally, if significant external financing is available to respond to locally identified priorities, its provision should be arranged through dialogue grounded in mutual respect to ensure that external funds will not overwhelm the management capacity of the group or create dependency.

Careful attention must be paid to the timing and type of external support or training provided to community groups. The impetus for support and its purpose should emerge from the community level; the external organization can formulate its agenda around community priorities, concerns, capacities, and commitments. Community decision-making tends to be personal and focused on specific local concerns and priorities, and often involves consideration of how to balance competing priorities and influences. Agency decision-making, on the other hand tends to be shaped by such factors as the need for efficiency, donor requirements, organizational capacities and priorities, and a bigger (if not national) picture. Both the agency and community approaches are legitimate, but long-term effectiveness requires that an agency work at the community's level, pace, and approach. Communities must be able to assess their own needs so that they will make choices that suit their strategies instead of complying with what external organizations say they will support or copy what neighbouring communities are doing.

Policymakers and donors should engage in a campaign to develop truly innovative mechanisms for delivering external funds to community groups in such a way that balances the need to get funds out through fiscally accountable avenues with that of respecting and building upon

effective community initiatives. The review team would like to encourage policymakers and donors to ask the advice of community representatives, who have extensive experience with their own initiatives. Experienced staff of NGO and governmental organizations that genuinely understand sound principles of community participation could also provide helpful advice.

Although there are no blueprints to fit all situations, donors might consider providing smaller grants for specific activities—as opposed to funding entire programs—already underway in communities. Since many community groups struggle to develop proposals, donors might consider entertaining oral presentations and district or subdistrict mechanisms to review such proposals at community level, rather than spending money on proposal writing workshops.

The Role of Intermediary Groups

Intermediary bodies—such as the health catchment area committees in Malawi and the district committees in both countries—can play an ongoing role in linking community groups to information, material resources, and government and other programs and services. Any plan to scale community mobilization efforts over a wide area should incorporate this type of ongoing effort. The specific intermediary used or developed must fit each country’s context, but the role should be that of facilitator and coordinator rather than manager and implementer.

An intermediary mechanism should also help child-focused groups to connect and deepen their relationship with other existing community-level structures, such as residential or village development committees, church groups, or women’s groups. This can reduce duplication of effort and introduce efficiency in accessing resources and information.

Targeting of Vulnerable Children

Policymakers, donors, and development organizations should allow community groups to decide how to assess vulnerability and which children and households should be targeted for assistance. They should avoid imposing specific eligibility criteria. Assuming that a genuine mobilization process is in place, communities are best able to determine the most vulnerable among them. Focus group discussions that draw out community members’ implicit understanding of vulnerability can be immensely helpful in facilitating local consensus about who should be targeted. In addition, facilitating dialogue with youth or between men and women, technical advice, or workshops can broaden the range of factors that a community group considers when deciding who to assist and how.

Allowing community groups to decide which children will be the focus of their efforts is key not only to appropriate targeting of resources, but to ownership and sustainability. Essentially, “the one who calls the tune must pay the piper.”⁴⁵ A community group may be quite willing to convey resources to specific children in keeping with externally defined priorities and eligibility criteria, but the implicit understanding in such a working relationship is that the outside body is responsible for supporting the process. Continuity of action thus depends upon continued assistance. An outside agency must choose between directing resources (resulting in control and efficiency in the short term) versus allowing community groups significant control in favor of sustained community action.

⁴⁵ Williamson, John. “ANNEX 10 Closing the Gap: Scaling up Action to Improve the Lives of Children Made Vulnerable by HIV/AIDS in Zimbabwe.” *Report on the Mid-Term Review of the Support for Replicable Innovative Village/Community Level Efforts for Children Affected by HIV/AIDS in Zimbabwe (STRIVE) Project*. USAID. 2003. pp. A-108.

In Closing: Community Action

Throughout this document, the authors have been careful to portray communities affected by the impacts of HIV/AIDS as the active agents they truly are—addressing the needs, problems, and challenges of especially vulnerable children. It is humbling to recognize that people whose own resources are so limited have done so much for so long.

Grassroots community efforts to improve the well-being of orphans and vulnerable children are not unique to those areas described in this report. Such action has been documented in many countries across Africa. Collectively, such community efforts are already significant, yet much more can be done. The review team believes that it is essential for organizations responding to the impacts of HIV/AIDS on children to make a greater effort to understand how to support such action effectively and to mobilize more communities.

It is our hope that international community will strive to match the grassroots groups' level of intensity, generosity, and continuity in addressing the impacts of HIV/AIDS. This report is a humble tribute to their integrity, courage, and dedication to young people.

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Appendix 2. Scope of Work

Learning from Community Experiences and Perceptions, Community Mobilization and Capacity Building to Benefit Vulnerable Children in Malawi and Zambia

Background and Rationale

One of the basic strategies for improving the safety, well-being, and development of especially vulnerable children is to mobilize and strengthen community capacities to identify and protect such children and to help meet their needs, either directly or through assisting and strengthening their household. USAID has supported community mobilization and capacity building as basic strategies in many of the programs it has funded, as have many other donors concerned with especially vulnerable children. Most of the programs supported through USAID's Displaced Children and Orphans Fund (DCOF) have included work with community groups to benefit these children. Given these investments, DCOF and USAID's Africa Bureau for Sustainable Development (AFR-SD) would like to assess the long-term results of three of the community mobilization initiatives that DCOF has supported in Malawi and Zambia, with the aim of identifying what worked, what did not work, and why. Such lessons are also of potential interest to many other bodies that support or implement community mobilization and capacity building as a programming approach to benefit especially vulnerable children.

While DCOF had previously supported work with community groups as a program component, the approach of community owned, led, and managed efforts to identify and benefit orphans and other especially vulnerable children first became the central approach of a DCOF-funded program in Malawi in 1996. The Community Options for Protection and Empowerment program (COPE) by Save the Children US in Malawi used DCOF funding from 1995 to 2000. The program initially involved community volunteers, but following a 1996 mid-term evaluation by DCOF, it made a radical shift in approach and began to mobilize communities. Local groups selected, initiated, and implemented various kinds of action to benefit orphans and other vulnerable children.

Influenced by the experience in Malawi, DCOF supported community mobilization and capacity building as central elements in its program for orphans and other vulnerable children implemented by Project Concern International in Zambia from November 1997 to September 1999. Through an RFA process of USAID/Zambia, DCOF provided funding to Family Health International for the Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC) program which was implemented by CARE from January 2000 to September 2002.

Community mobilization in each country was done at multiple levels. In Malawi, mobilization was undertaken at three levels: district, health catchment area, and village. In Zambia, this work was done at two levels: district and urban compound/rural village

Reports from the organizations that implemented these programs indicate that a number of mobilized communities continue to address the needs of especially vulnerable children, and that many have attracted support from other donors for their ongoing activities. In some of the communities where grassroots groups were mobilized to address the needs of vulnerable children, this approach was likely not sustained. There is the potential to learn lessons from both situations.

It is proposed that a joint review process be carried out by two consultants and will be guided by an inter-agency steering committee with representatives of the organizations concerned. DCOF and the Africa 2010 Project (in consultation with AFR-SD) will each hire one consultant. The consultants will carry out a review of current activities to benefit vulnerable children in selected communities in Zambia and Malawi and ascertain what role previous community mobilization and capacity building activities played in developing and sustaining subsequent activities intended to benefit children. *This is not intended to be an evaluation of the specific programs concerned. Rather it is to be a collaborative case study review exercise intended to identify lessons relevant to the development and implementation of programming to improve the safety, well-being and development of especially vulnerable children.*

The specific questions that the consultants will seek to answer for the case studies will be determined by the inter-agency steering committee in consultation with the consultants. The following are indicative of the questions to be addressed:

- What were the general demographic, social, cultural, and economic characteristics of the communities where mobilization work was done and how had that changed since the work was initiated? [Some baseline and current information will be available from the country offices of the three NGOs concerned and local government offices, but leaders and residents are expected to be the primary sources of information on changes in each community.]
- What specific methods and tools were used in each community to mobilize awareness and action and to build capacity?
- What were the approximate timeframe and specific steps related to community mobilization and capacity building taken in each community?
- Who participated and how were they selected? Why did they participate?
- Was an existing community group mobilized or was a new group mobilized?
- What roles did community, district or other leaders play in preparation, mobilization, implementation of activities to benefit children, monitoring or assessing such activities, capacity building, etc.?
- What actions to improve the safety, well-being, and development of especially vulnerable children have been taken by the community groups mobilized?
- How were these particular activities selected? How was "vulnerability" defined and by whom?
- To what extent did the community committee or child-focused group carry out activities itself and to what extent did it seek to mobilize broader community participation? How was the community engaged in monitoring of progress?
- To what extent were families or children directly involved in planning or implementing activities to benefit especially vulnerable children? How were they involved?
- To what extent did the community committee or child-focused group build upon traditional family, clan, or community-level mechanisms to address the needs of especially vulnerable children?
- Did the community committee or child-focused group receive a grant for child-related activities or capacity building from the mobilizing organization? If so, at what stage in their development as a group did they receive the funding and how much did they receive? How did they use the grant?
- Has the community committee or child-focused group received grants, material support, training or other support from any other organization?
- Approximately how many children have benefited from each of the various kinds of activities undertaken?

- What were the similarities and differences among the various mobilization and capacity building efforts and the actions taken by communities?
- What were the apparent strengths and limitations of the mobilization and capacity building methods and tools used?
- What were the apparent strengths and limitations of the various activities undertaken by communities to benefit especially vulnerable children?
- What lessons or guidance for future community mobilization work can be drawn from the review process?

It is recognized that once they are in the field the consultants need to have a significant degree of latitude to pursue issues relevant to how agencies can work effectively with communities to benefit especially vulnerable children. Some of the questions listed above may not be relevant to all settings, and undoubtedly the consultants will identify other important issues to pursue in some settings, with the aim of maximizing the practically learning from this process.

Proposed Activities

A virtual steering committee will be formed to guide the review process. It will function through e-mail correspondence and, as necessary, conference calls. John Williamson of DCOF and Renee DeMarco of AFR-SD will jointly facilitate the steering committee's activities. The steering committee will be open to one representative of headquarters and one from the relevant field office of Save the Children US, PCI, and CARE as well as representatives of the Office of the Global AIDS Coordinator (OGAC) and the Africa 2010 Project. It will be open to, USAID/Malawi, and USAID/Zambia and to an evaluation specialist with USAID. The steering committee will identify in Malawi two districts, two health catchment areas, and two or three villages in each district. In Zambia it will identify two or three districts and two or three communities in each. The areas selected for the case studies will be ones where community mobilization and capacity building was done with the aim of benefiting especially vulnerable children. The steering committee will seek to choose communities from whose experience potentially useful lessons can be drawn.

The consultants will:

- Develop a methodology for this follow-up review, including identification of indicators, development and use of measurement tools addressing skill use, mobilization, "sustained" activities, child benefits, etc.
- Discuss and refine it in consultation with a steering committee of the organizations concerned,
- Obtain information from project documents and as well as former (PCI, Care, SC/US), and where relevant, current project , as possible, from individuals involved in community mobilization and capacity building in the selected communities,
- Carry out visits to the selected communities to solicit their cooperation in the review and interview key informants about community efforts to benefit especially vulnerable children (if any) and how these may relate to previous community mobilization efforts,
- Interview beneficiaries and other community members, such as neighbors (i.e., non-key informants)
- Prepare a draft report for review by the steering committee, and
- Prepare a final report taking into account comments of the steering committee on the draft.

The steering committee will determine how to disseminate the final report and its findings. Provision will be made to report back to communities concerned the findings of the case study process and the significance of their efforts for especially vulnerable children. It is anticipated that these case studies and the lessons that can be drawn from them will inform not only future programming by the participating organizations but by other organizations and community groups concerned with especially vulnerable children.

Table A2-1. Stages and Timeframe

Activities	Primary Responsibility	Timeframe
Exchange views among all parties concerned	DCOF	February-March 2006
Establish the steering committee for the review	DCOF and AFR-SD	March -April
Identify communities	steering committee	May
Hire the consultants	DCOF and Africa 2010	May
Provide consultants with reports and documents relevant to the work in and by the communities concerned	DCOF and country offices of the three NGOs	May
Review documents, draft case study protocol, and select information gathering tools in consultation with the steering committee	consultants	three days work time for each consultant
Review the case study protocol and tools	steering committee	two weeks calendar time
Visits by consultants to communities and meetings with key former staff	consultants with support from the country field offices of the three NGOs	23 days work time by each consultant
Prepare initial draft report	consultants	five days work time by each consultant
Review of initial draft report	steering committee	two weeks calendar time
Prepare final report	consultants	three days work time by each consultant
Plan dissemination of the report	steering committee	two weeks calendar time
Present findings to the participating communities	one consultant with support from the country offices	six days work time by Louis Mwewa

Table A2-2. Consultants

Name	Location	e-mail address
Jill Donahue	Jeffrey's Bay, South Africa	jemdonahue@jbay.co.za
Louis Mwewa	Lusaka, Zambia	louismwewa@yahoo.co.uk

Table A2-3. Steering Committee

Name	Organization	Position and Location	e-mail address
John Williamson	DCOF	Sr. Technical Advisor/Richmond, VA	j.williamson@mindspring.com
Renee De Marco	AFR-SD	Advisor, Orphans and Vulnerable Children/Washington, DC	rdemarco@af-rsd.org
Marta Levitt-Dayal	USAID Zambia	Team Leader SO9	mlevittdayal@usaid.gov
Bill Philbrick	CARE	Program Manager, Hope for African Children Initiative/Atlanta GA	bphilbrick@care.org
Mary Simasiku	CARE	SCOPE-OVC Manager/	SimasikuM@carezam.org

		Lusaka, Zambia	
Karen Romano	PCI	Technical Officer for HIV/AIDS & Local Organization Capacity Building/San Diego, CA	kromano@projectconcern.org
Tom Ventimiglia	PCI	Lusaka, Zambia	tom@pcizambia.org.zm
Ronnie Lovich	Save the Children US	Westport, CT	RLovich@savechildren.org
Lesley Holst	Save the Children US	Lilongwe, Malawi	lholst@llmw.savechildren.org
Brenda Yamba (former manager of COPE/STEPS)	Save the Children US	Maputo, Mozambique	byamba@savechildren.org
Justin Opoku	Academy for Educational Development, Africa 2010	HIV/AIDS and Multisectoral Development Specialist	jopoku@smt.aed.org
Beverly Nyberg	OGAC	Senior Technical Advisor, Orphans & Vulnerable Children/Washington, DC	beverly.nyberg@verizon.net

APPENDIX 3. Case Study Review Guide and Overview of Participatory Tools

Background

USAID's Displaced Children and Orphans Fund (DCOF) has been supporting community groups in capacity building of basic strategies to improve the safety, well-being, and healthy development of vulnerable children. The aim of this support has been to mobilize and strengthen communities' ability to identify and protect vulnerable children as well as help meet children's needs, either directly or by assisting the households that care for vulnerable children.

DCOF first supported community-owned, -led and -managed efforts to identify and assist orphans and other vulnerable children in Malawi by funding the Community Option for Protection and Empowerment (COPE) program of Save the Children US from 1995 to 2000. COPE subsequently secured funding from other sources and changed its name to STEPS.

From November 1997 to September 1999, DCOF supported a similar approach by the program for orphans and other vulnerable children of Project Concern International in Zambia. Subsequently, through a USAID/Zambia RFA process, DCOF provided funding to Family Health International for the Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC) program; implemented by CARE from January 2000 to September 2002. CARE has received continued funding for SCOPE-OVC from the USAID-funded RAPIDS program of World Vision, the Hope for African Children Initiative, the Department for International Development of the United Kingdom, and other private donors.

Purpose of Case Studies

Learning from experience is critical in improving the efficiency and effectiveness of an organization. The assumption is that the capacity built through a community mobilization strategy will lead to self-sustaining activities after the initial project closes. Although each of the above programs has been evaluated, the authors of this report felt that it would be beneficial to compile what each program has learned about sustained community support for especially vulnerable children. It is also useful to determine which approaches have been particularly effective in improving the well-being and safety of vulnerable children.

Thus, the overall purpose of the "Learning from Experience" case studies is to:

- Assess, via a collaborative case study review exercise, the long-term results of three community mobilization initiatives supported by DCOF in Malawi and Zambia, with the aim of identifying what worked, what did not work, and why.
- Identify lessons relevant to the design and implementation of programming to improve the safety, well-being, and development of especially vulnerable children.

The results are intended to inform future programming undertaken by organizations and community groups concerned with especially vulnerable children. While the consultant team reviewed selected information from agency reports, other evaluations, and reviews, it focused primarily on exploring community perceptions. Thus, the primary sources of information were people who have been at the forefront of community-led activities: community leaders, residents, staff of NGOs and CBOs, and government officials. Field work relied on qualitative

techniques to gather relevant information and community perceptions about what has and has not worked. Key methods included:

- Individual key informant interviews (community leaders, NGO/CBO staff, government officials),
- Semi-structured interviews with the various committees' executive members, and
- Focus group discussions using Participatory Learning and Action (PLA) tools with committee and community members, families/caregivers of vulnerable children, and youth group members who were involved in or benefited from activities.

Experience with PLA has shown that community members are more likely to provide accurate information in an open forum with their peers. Facilitation of group discussions by a moderator skilled in using PLA tools can help ensure that participants are not simply giving the answers they feel are expected by the researcher. This type of qualitative approach aims to understand community members' issues as opposed to the researchers' constructs of their issues.

The intention was to visit communities where mobilization efforts appeared effective as well as those where activities had not continued, with the assumption that both situations could yield lessons that might inform future work.

Table 1 illustrates the broad lines of inquiry and methods that the team used to ensure consistency and comparability across the community-led initiatives and the communities and committees included.

Table A3-1. Focus and Methods Used for Structured Information-Gathering

Question Area	General Focus	Methods Used
Context	Which contextual factors explain how/why the community mobilization process evolved as it did?	Secondary data (reports, studies)
		Local gov't officials/NGO staff
		Semi-structured interviews
Community Mobilization Process	To what do community groups attribute their ability to sustain activities? How did the various mobilization processes and capacity building methods and tools compare across the sites?	General focus group discussion guide
		Ranking of sustaining factors
		Time series of crisis
		Pair-wise ranking of sustaining factors
Activities to Benefit Vulnerable Children	How do communities (adults and youth) determine whether children have benefited from their activities? What are the specific activities and the criteria for participating children? Who carries out the activities?	General focus group discussion guide & semi-structured interviews
		Vulnerability ranking (youth/adult perspectives)
		Activity ranking (benefit to OVC)
		VENN diagram
External Resources	What role do external resources play in sustaining activities? What financial, technical and human input originated outside the immediate community?	General focus group discussion guide
		Semi-structured interviews
		VENN diagram

As Table A3-2 illustrates, the team conducted:

- 40 focus groups with 371 participants, specifically, members of: Community Orphans and Vulnerable Children Committees (COVCC-Zambia), Village AIDS Committees (VAC-Malawi),

Community AIDS Committees (CAC-Malawi), non-committee community members (Zambia and Malawi), children (Zambia) and youth clubs (Malawi).

- Eight semi-structured interviews with 58 community members from the COVCCs, District AIDS Coordinating Committees (DACC-Malawi) and CACs.
- Seven individual interviews with members of CARE (Zambia), Save the Children (Malawi) and previous PCI/Z staff (Zambia), District Orphans and Vulnerable Children Committee (DOVCC-Zambia) members and staff from Social Welfare (Zambia).

Table A3-2. Community Groups Included in Information-Gathering

Zambia			Malawi		
District	Committee	Year Established	District	Committee	Year Established
Kitwe	Kitwe DOVCC	1999	Mangochi	NACC	1996
	Mulenga COVCC	1998		Namwera VAC	1996
	Malembeka COVCC	1998		Balakasi VAC	1996
	Chipata COVCC	1998		Nombo VAC	1996
	Itimpi COVCC	2001		Chimwala CAC	1996
	Musonda COVCC	2002		Chiwaula VAC	1996
Livingstone	Livingstone DOVCC	1999	Dedza	Dedza DACC	1997
	Nakatindi COVCC	1997		Kanyesi CAC	1997
	Sawmills COVCC	1997		Msampha VAC	1997
	Sakubita COVCC	1997		Kutsoro VAC	1997
	Malota COVCC	1998		Kutsoro Youth Club	1997
	Mapenzi COVCC	2002			
Kalomo	Muzya	1994 CINDI 2000 SCOPE	Lilongwe	Lilongwe DACC	2000
				Lumbadzi CAC	2000
				Kulamula VAC	2000
				Kaliyeka RAC	2001
				Ngoza VAC	2004
			Nkhotakota	Mpamantha CAC	1997
				Njimbula VAC	1997
				Kanyambo VAC	2000
				Kanyambo Youth Club	2000

Committees in red are no longer functioning, while those in regular text are still active.
 COVCC= Committee Orphans and Vulnerable Children Committee, DOVCC = District Orphans and Vulnerable Children Committee, NACC = Namwera AIDS Coordinating Committee, CAC = Community AIDS Coordinating Committee, VAC = Village AIDS Committee, RAC = Residential (urban) AIDS Committee, CINDI is a project of Family Health Trust focused on children in distress.

Tables 3 through 6 describe the tools used in different focus group discussions, the number of focus groups held, and the ages and gender of participants.

Table 3. Tools Used in Focus Group Discussions

Tools	# of Focus Groups
General focus group discussion guide	3
Success Factor Ranking	7
VENN diagram	10

Pair-wise Ranking Success Factor	4
Vulnerability Ranking + Activities	9
Activity Ranking	4
Time Series of Crisis	1
Time Series of Well-Being	1
Mobility Map	1
Total	40

Table 4. Adult Participants

Men	Women	Total
105	210	315
33.33%	66.67%	100%

Table 5. Youth Participants

Boys	Girls	Total
33	23	56
58.93%	41.07%	100%

Table 6. Committee Leaders Interviewed

M	W	Total
37	21	58
63.79%	36.21%	100%

Comparative Approach

The review provided an opportunity to compare various aspects of community mobilization as it relates to improving the well-being of especially vulnerable children. The following broad lines of questioning were applied to ensure consistency and comparability across the community-led initiatives that the team investigated:

Context—What, if any, contextual factors explain how/why the community mobilization process evolved as it did?

Community mobilization processes—how do processes compare across the sites, for example, what similarities and differences, strengths and limitations are there among the mobilization and capacity building methods and tools?

Activities for the benefit of especially vulnerable children—what specific activities were used? How were participating children and people involved in carrying out the activities identified?

Role of external resources—what financial, technical, and human input originated outside the immediate community?

Given the case study nature of this review and the emphasis on qualitative methods, the usual understanding of program indicators was difficult to apply directly. It was more useful to identify *trends* that emerged during the review, indicating which elements of the various approaches, activities, and processes seemed more successful than others—from a community perspective. These trends shed light on why various approaches worked and others didn't.

Table 7. Case Study Guiding Questions

Line of Questioning	Illustrative List of Specific Questions
Context	What were the general demographic, social, cultural, and economic characteristics of the communities where mobilization work was done and how had that changed since the work was initiated?
Community Mobilization Processes	<p>What specific methods/tools were used in each community to mobilize awareness and action and to build capacity?</p> <p>Was an existing community group mobilized or was a new group mobilized?</p> <p>What roles did community, district or other leaders play in preparation, mobilization, implementation of activities to benefit children, monitoring or assessing such activities, capacity building, etc.?</p> <p>What were the approximate timeframes and specific steps related to community mobilization and capacity building?</p> <p>To what extent was there broad community participation? How was broad participation achieved?</p> <p>What were the apparent strengths and limitations of the mobilization and capacity building methods and tools used?</p> <p>What were the similarities and differences among the various mobilization and capacity building efforts and the actions taken?</p>
Activities	<p>What actions to improve the safety, well-being, and development of especially vulnerable children have been taken by the community groups mobilized?</p> <p>How were these particular activities selected? What criteria did community members use to identify participating children? How were these criteria developed?</p> <p>To what extent did the community committee or child-focused group carry out activities itself and to what extent did it seek to mobilize broader community participation?</p> <p>To what extent were families or children directly involved in planning or implementing activities to benefit especially vulnerable children? How were they involved?</p> <p>To what extent did the community committee or child-focused group build upon traditional family, clan, or community-level mechanisms to address the needs of especially vulnerable children? How did the community view the role of the group?</p> <p>Approximately how many children have benefited from each kind of activity and in what ways has their safety, well-being or development been affected?</p> <p>To what extent have these activities been sustained? How were the activities that have continued over time been sustained?</p> <p>What were the apparent strengths and limitations of the various activities undertaken by communities to benefit vulnerable children?</p>
Role of External Resources	<p>From what source(s) are the resources to support activities that still exist coming?</p> <p>Has the community committee or child-focused group received grants, material support, training or other support from any other organization? How did the community committee use the grant?</p> <p>Did the community committee or child-focused group receive a grant for child-related activities or capacity building from a mobilizing organization? If so, at what stage in their development as a group did they receive the funding and how much did they receive?</p> <p>What roles did district or other leaders play in preparation, mobilization, implementation of activities to benefit children, monitoring or assessing such activities, capacity building, etc.?</p>

Line of Questioning	General Focus of Line	Source of Information	Tool
Context	What, if any, contextual factors explain how/why the community mobilization process evolved as it did?	Secondary data (reports, studies, etc)	Desk review
		Local gov't officials (i.e., at the district level) NGO staff	Individual semi-structured interview
Community Mobilization Processes	How did processes compare across the sites? What similarities and differences, and strengths and limitations existed among the various mobilization and capacity building methods and tools?	Community Care Committees (village)	FGD guide—committee
		Other type of committees at community level focused on vulnerable children	FGD guide—committee
		District- or other "higher-level" committee	Semi-structured interview
		Caregivers of vulnerable children	FGD guide—caregivers Venn diagram
Activities	Describe specific activities; how were participating children and the people involved in carrying out the activities identified?	Community Care Committees (village)	FGD guide—committee
		Other type of committees at community level focused on vulnerable children	FGD guide—committee
		District- or other "higher-level" committee	Semi-structured interview FGD guide—caregivers
		Youth members of Care Committee or Youth Group	FGD guide—committee Activity ranking Vulnerability ranking
Role of External Resources	What financial, technical, and human input originated outside the immediate community?	Community Care Committees (village)	FGD guide—committee
		Other type of committees at community level focused on vulnerable children	FGD guide—committee
		District- or other "higher-level" committee	Semi-structured interview FGD guide—caregivers
		Caregivers of vulnerable children	VENN diagram
		Youth members of Care Committee or Youth Group	FGD guide—committee Activity Ranking

NOTE: FGD = Focus Group Discussion.

In-depth interviews were conducted as the field work unfolded and the team identified a particular individual whose case identified and illustrated key issues. The team also looked for key informants who could comment on or who have a special insight into trends or issues that emerged from the focus group discussions.

The semi-structured interviews can be held with more than one person (for example, the team could speak to several NGO staff in one interview). The questions asked will be more directed than those in the focus group discussions.

Quantitative Tools

Although the emphasis was on qualitative tools, relevant information from previous studies was reviewed and incorporated where needed.

Qualitative Tools

The following is an illustrative list of qualitative FOCUS GROUP DISCUSSION techniques the consultants used during the review. The Excel sheets used to capture data and generate charts from the PLA tools used are included as a separate document.

- **Focus group discussions**—some members of the community and/or community groups and children who were involved with community activities participated in the focus groups. The detailed guides are included on the pages that follow. Some of the guides provided a framework for questioning. Others were based on PLA exercises.
- **Semi-structured interviews**—administered with key informants to levels of community empowerment and level of involvement, again incorporating case study guiding questions on the preview page.
- **In-depth interviews**—in order to have specific examples of activities or processes that highlighted factors in the success or failure of community mobilization efforts, the consultants identified key informants for this information.

Focus Group Moderation Techniques

What Is A Focus Group Discussion?

- Relatively new technique for data collection (more than 25 years old, but “younger” than surveys),
- Used to collect qualitative data; provides *descriptive* information not numbers and figures,
- Six to 10 homogeneous participants discuss a particular issue lead by a moderator,
- Probing (not prompting) and helping the group explore the issues *in depth*, and
- The discussion is recorded or thorough notes are taken.

As the term suggests, a focus group discussion concentrates (“focuses”) on a few key, generally related issues. These discussions enable the collection of a relatively large amount of data in a relatively short period of time. They also allow for more in-depth examination of issues through the dynamics of a peer-group discussion. Focus groups are therefore useful when qualitative or descriptive data and/or when detailed information is required in a short period of time.

Techniques

There are two basic techniques, which may be used singly or together in one client meeting. These techniques are:

- Discussion guide-driven groups rely on a written discussion guide prepared in advance.
- PLA-driven approaches do not use discussion guides; rather, the PLA tool drives the discussion.

The Role of the Moderator

Effective moderating encourages all participants to discuss their feelings, anxieties, and frustrations as well as the depth of their convictions on issues relevant to the topic without being biased. The moderator must:

- Fully understand research objectives,
- Ask appropriate questions and follow-up answers,
- Not bias by expressing his or her views or by being judgmental,
- Guide group/discussion, and
- Ensure good group dynamics by promoting discussion amongst participants and looking for disagreement and exploring it.

It is the discussion that makes focus groups powerful.

Moderator Should Answer the Research Problem

The objective of the research should always be to answer the research problem. There should be flexibility to implement the research agenda (discussion guide) in a way the group finds comfortable. Slavish adherence to an agenda undermines spontaneity and can turn a group into a question-answer session.

The moderator must be able to control group influences to avoid having a dominant individual or subgroup that might suppress the total contribution.

Moderator's Role: Putting Participants at Ease

In the discussion, the moderator should not be sitting above the clients—for example, on a bench while focus group discussion participants are on the ground—or sitting in the “power seat,” such as at the top end of a table, if a circular table is unavailable. The moderator must listen and learn and demonstrate interest in *all* the views and perceptions of the participants.

A moderator who puts on a “know-it-all” air risks making the participants feel inadequate. The participants are the experts in this setting; the moderator should explicitly note that s/he is there to learn from them, and then should listen with genuine interest. A shy moderator will also intimidate the group; it's important be outgoing and greet people in the manner of the place.

Managing the Discussion Process

The research objective is the reason behind the discussion. This means that not all the questions in the discussion guide need to be asked, provided the objectives are answered.

Because respondents may perceive whatever the moderator says to be correct, the moderator should say as little as possible to ensure that there is no bias. S/he should make responses that encourage discussion, for example: “mmmm,” “that's interesting,” “I see,” etc., while always making appropriate eye contact.

An unclear point should not be left un-probed. If a client says that something is “good” or “fine”, these are ambiguous words and the moderator should probe further, perhaps asking

"What do you like about the service?" so as to understand what is "good" about the product or service. Probing is in many ways the most important part of a moderator's work. The moderator must focus carefully on what is being said, analyze, and (where necessary) probe with questions to follow-up or relate statements to previous comments.

Common Techniques for Focus Groups

Chain reaction approach—the moderator continues to probe the comments that have already been made and thus building into new ideas.

Devil's advocate approach—the moderator expresses extreme viewpoints thus provoking reactions from the participants. This can keep the discussion moving forward in a lively manner.

False termination—the moderator falsely ends the discussion with conclusions and asks the respondents for further comments to provoke them further.

"Echoing"—the moderator repeats participants' points to:

- Paraphrase and check that s/he has understood correctly,
- Demonstrate that s/he has listened and is interested in the clients' views and opinions, and
- Slow down the discussion to enable better note taking.

In general, questions should be used to direct, not lead, the discussion. It is important to use open-ended questions that allow the respondent to express opinions without the sense that there is a preferred response. For example, instead of asking a closed-ended question, such as: "Is your committee doing good work?" an open-ended question would be, "What do you think of the work your committee is doing?"

Body language speaks loudly. It is therefore necessary to wear neutral expressions so as not to bias responses. A moderator with her arms crossed may make you look stern or judgemental; a moderator reclining too far back in his chair, legs crossed, may look too comfortable or bored with what the participants are saying.

It is not always necessary to follow the discussion guide religiously. If an issue is tackled in an earlier section it is best not to repeat it. Jumping between and around topics can confuse the research and hinder the flow of the discussion. The respondents don't have the guide, and will have a hard time understanding why the moderator changed a topic in mid-flow to answer the "next question" in the guide.

In some cases, respondents will not admit that they have not understood the question, and will instead attempt to respond. It is therefore important to know when the question is not understood and keep asking it differently until it is clear; moderators should not merely repeat a question that is not getting an answer.

As one informant responds, others may nod in agreement or frown in disagreement. This is important to note for analysis. The moderator should probe for the disagreement behind the frowns, and validate what the "nodding heads" agree with specifically with questions like "Edward and Nancy, I see you are nodding your heads. What is it that you agree with that Miriam said?" or "David, did I notice that you shook your head? Does that mean that you had a different experience?"

Difference between Probing and Prompting

Prompting and leading questions direct or give clues to the respondents, whereas probing questions are neutral. Probes are designed to crosscheck, clarify, or validate previous information offered by respondents. The ability to probe effectively is one of the most important skills that must be learned by aspiring moderators.

Encouraging Reluctant Participants

In any group discussion there is always the quiet respondent who is not willing to open up to the discussion. They may participate more if asked to directly comment on what others have said and are encouraged to say more through positive comments and being addressed by name—for example, “Ben, that’s very interesting could you tell us more please?” However, the moderator should be careful not to badger a shy participant who doesn’t feel comfortable speaking in the group.

Getting a Dominant Participant to Let Others Talk

On the other extreme is the respondent who wants to take over the group and air his views without allowing the rest to speak. These people should be quietened in a manner that will not make them—or others—feel unwilling to continue in the discussion. It should only make them know that they are supposed to give others a chance.

Avoiding eye contact, shuffling papers, looking down all can be used to show disinterest in further conversation, without being disrespectful.

Finishing off a Focus Group Discussion

Moderators should thank respondents and ask for any other comments, and explain to respondents how their contribution will be used. It is important to avoid any impression that you or the organization for which you are conducting the focus group discussions will be taking action on every comment the group made. A moderator should not promise participants anything that s/he cannot guarantee.

General Focus Group Discussion guides

Community Groups (Community Orphan and Vulnerable Children Committee – Zambia; Community AIDS Committee and Village AIDS Committee - Malawi)

Welcome (used with all community groups and individuals in Malawi and Zambia)

• Thank you for coming – we are grateful for your time.
• My colleague and I have been engaged by a variety of organizations who are interested in learning about your community group.
• We are holding discussions with many groups on different topics; but for this group we want to hear about your (<i>meaning the committee in general, not each individual</i>) experience with activities meant to care for and support especially vulnerable children.
• We would very much like to record these discussions to help us remember them and so that we do not miss any of the issues and ideas. The details of these discussions and your names will be kept confidential –please feel free to express your opinions openly.
• As a first step, we should introduce ourselves. My colleague here will prepare name-tags to help us remember your names.

Discussion Guide

Core questions	Probes
1. How did you (the committee) come to be involved in care for especially vulnerable children?	Who started or guided the committee? Was it already a group involved with something else? Are you the original members? Why or why not?
2. Why was/is it important to people in this community to have such a committee?	How does rest of community see the role of this committee? Do people outside the committee get involved? If so, why and how? If not, why?
3. How did the committee identify (or what criteria was used) the children that needed care and support?	Why did the committee identify the children in this way? Who proposed the criteria?
4. What factors contributed to the committee's success (or, to its continued existence)?	Why did these factors contribute to success?
5. What challenges has the committee faced?	Why are these challenges? How were the challenges met?
6. What activities is the committee engaged in now?	Why these activities? Which ones are most successful? How do you know they are successful? Did the activities change? How/why?

Semi Structured Interview with leadership groups (District Orphan and Vulnerable Children Committee – Zambia; District AIDS Coordinating Committee and Community AIDS Committee - Malawi)

- 1) How did the (relevant committee) get started?
- 2) How does the (relevant committee) see its role vis-à-vis the Village AIDS Committees and/or the Community AIDS Committees?
- 3) What makes the (relevant committee) strong? Observations.
- 4) What makes a strong Village AIDS Committee and /or Community AIDS Committee?

5) Three things the (relevant committee) feels they do best.

6) Challenges as perceived by the (relevant committee).

Ranking of Sustaining Factors (Participatory Learning and Action tool)

This method of ranking is used to find out what participants view as the key elements or factors contributing to the longevity of their community group and the relative importance of each factor.

Purpose

Ranking allows the team to see how participants (committee members) perceive sustainability, and which of the factors are important for them. It also helps challenge pre-conceived notions about what has enabled the community groups to sustain their activities over time.

Procedure

1. Ask the participants to describe in their terms what they feel has contributed to their sustained activities/longevity of their committee. The team varied the question slightly to fit circumstances, but generally the question we used to launch the discussion was, "What, in your (collective) opinion explains how this (community group) has been able to continue its activities for ___ time? A follow-up question to reinforce and further elicit response was, "What has made this group stick together and fulfil its goals?"
2. Continue the discussion and write each sustaining factor mentioned by the group on a manila card; it is important to write down factors that represent a consensus among the group. If there were any differences of opinion among the participants, the moderator facilitated discussion around the differences.
3. Ask participants to rank the cards, arranging them with the most important sustaining factor at the top and the least important at the bottom.
4. In some cases, participants will put the cards in order of the group's evolution, or how they first came together. When this happened during the team's discussions, the moderator requested that the group look at their ranking and asked, "Okay, now which one of these is the MOST important factor that sustains this group and keeps it moving and together?"
5. Ask participants probing questions, such as: "Why is this so important? Why is this more important than that one? What makes that a relatively small issue for you?" The ranking itself is not the most outcome of the discussion; rather, it is to promote discussion to get at WHY some factors are more important than others.
6. To compile results, add the average weighted rank of all the groups.

Venn Diagram (Participatory Learning and Action tool)

The Venn diagram exercise is designed to get an understanding of the organizations (formal and informal) with which the participants have interacted, and the perceived relative importance of these organizations. It also aims to spark further discussion of the institutions participants trust or value and why.

Purpose

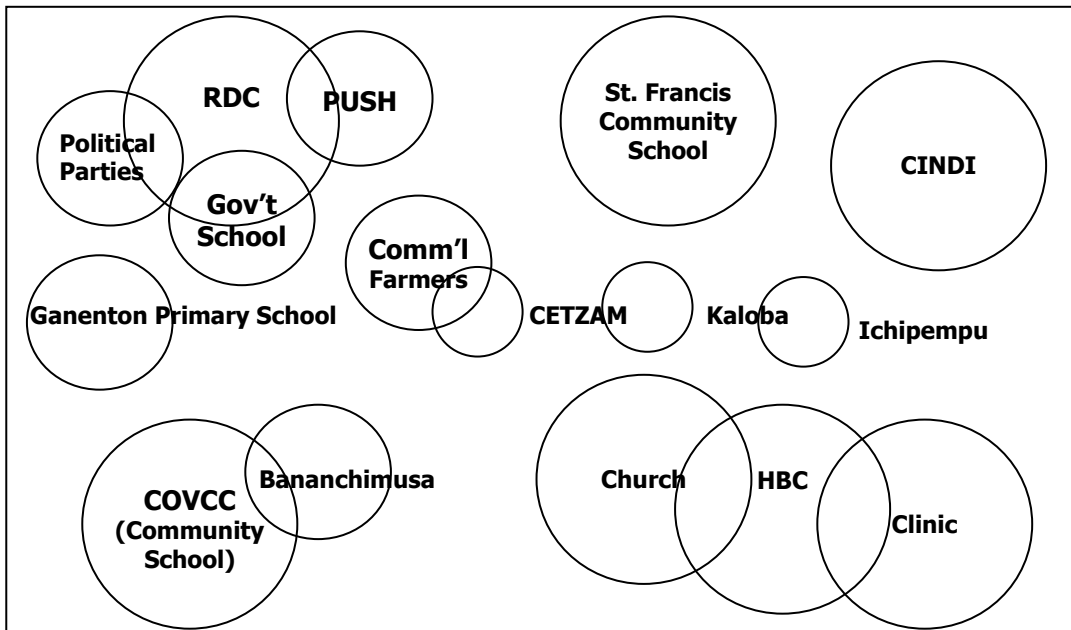
The Venn diagram tool allows the team to:

- Determine which organizations (formal and informal) are most important to community members and why,
- Gain an understanding of the participants' view of the Community Orphans and Vulnerable Children Committee, Community AIDS Committee or Village AIDS Committee as compared to other organizations in the community, and
- Compare the committee's perception of their importance to that given them by other, non-group, community members.

Procedure

1. Ask participants to list all the informal and formal organizations and/or structures that exist in their community. As they list the organizations, write each one on a separate manila card. The moderator must not rush the participants and ensure that s/he has allowed adequate time for the participants to recall as many organizations as possible.
2. Once participants have finished listing organizations, explain that they will now discuss which ones are more important than others. Introduce three sizes of circles—large, medium and small. Ask participants to give each organization the size circle that represents its relative importance to people in their community. Emphasize that they should be thinking of the community's overall perception, not just their view.
3. Ask participants to overlap circles where organizations work together or collaborate.
4. The moderator must probe to ensure that s/he understands why an organization was given a particular size and what relationship the overlapping circles represents.

Sample Venn Diagram (Itimpi - Kitwe District, Zambia)



Pair-Wise Ranking

Pair-Wise Ranking is a method for finding out details about the key sustaining factors previously identified through the simple ranking of these factors.

Purpose

Pair-Wise Ranking allows the team to:

- Determine how participants compare and contrast critical factors that explain how they have managed to sustain their committee over time,
- Fine tune the information derived on factors consistently ranked among the top four in the simple ranking exercise, and
- Fully understand which factor is the most important and why.

Procedure

1. Select the key factors to be ranked (usually no more than three to five, since many more will take too much time).
2. Draw up a matrix with factors listed on the left hand side and along the top. Each open square represents a paired comparison of the variables/issues listed.
3. For each comparison ask the group which factor is more important and why.
4. The moderator must ensure that s/he probes to understand exactly how the participants see the factors. As in the simple ranking exercise, the "why" is more important than the ranking itself.
5. When the chart is completed, add up the number of times each factor has been noted as more important than the rest, and arrange them in the appropriate order.

6. Review the list with participants.

Sample Matrix

Components/ criteria	Compassion for children	Community participation	Unity	Vision
Compassion for children		Compassion for children	Compassion for children	Compassion for children
Community participation			Unity	Vision
Unity				Unity
Vision				

Ranking

Compassion for children	3
Unity	2
Vision	1
Community participation	0

7. Repeat the exercise with other groups and add up all the ranking scores to determine the final ranking of the factors.

Activity Ranking

The procedure and purpose for Activity Ranking is similar to the simple ranking tool used for Ranking of Sustaining Factors described earlier.

Purpose

Ranking allows the team to see what activities the various community groups are involved in and how groups rank those activities in terms of what is most important for vulnerable children.

Procedure

1. Ask participants to list all the activities their committee and community members are involved in. Write each activity down on a manila card.
2. Once all the activities are listed, ask participants to rank the activities according to which one is most important for vulnerable children. Alternatively, we asked participants to rank according to which they felt benefited children most.
3. In some cases, participants will put the cards in the order that the committee started with. When this happens, the moderator asks the group to look at their ranking and ask, "Okay, now which one of these is the MOST important for the well-being of children (or which one benefits children most)?"
4. Ask participants probing questions, such as: "Why is this most important? Why is this more important than that one? What makes that a relatively small issue for you?" The ranking itself was not the most important outcome of the discussion; it was done to get at *why* some activities were perceived as more important than others.

5. To compile results, add the average weighted ranking of all the groups.

Vulnerability Ranking Factors

Purpose

The team used this ranking tool to understand how the community groups and individuals determine the vulnerability of children.

Procedure

1. Ask participants to think of the vulnerable children they have mobilized to support. Then ask them to think of them in terms of *most* vulnerable, vulnerable, and *not* vulnerable.
2. Put a manila card with the heading "Most Vulnerable" (the team wrote the term in the local language) on the ground facing the participants. In our discussions, the team typically worded the question, "How can you tell a child is *most* vulnerable?" Write each attribute down on a card and place it on the ground under the heading (card facing the group).
3. Once the group listed everything they could think of, we asked them why these particular attributes indicated a child who was *most* vulnerable.
4. Repeat steps 2 and 3 for the other two categories of vulnerable and not vulnerable.
5. After the three categories are completed, ask the group to compare attributes across the categories to obtain refined insights about perceptions of vulnerability.

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