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The full reports from which this summary is drawn are available at:

http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/comaction.html

and the Africa's Health in 2010 website:

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Front Cover, right–Members of the Kailyeka Residential AIDS Committee, Lilongwe District, Malawi, by Jill Donahue.

COMMUNITY ACTION AND THE TEST OF TIME: A SUMMARY OF THE RETROSPECTIVE STUDY OF COMMUNITY MOBILIZATION AND COMMUNITY FEEDBACK

February 2008

Based on field work in Malawi and Zambia and reports by Jill Donahue and Louis Mwewa, Consultants.

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Acronyms

AED	Academy for Educational Development
AFR/SD	USAID, Bureau for Africa, Office for Sustainable Development
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CAC	Community Aids Committee
CBCC	Community-Based Childcare Centers
CBO	Community-Based Organization
COPE	Community Options for Protection and Empowerment
COVCC	Community Orphans and Vulnerable Children Committees
DACC	District Aids Coordinating Committee
DCI	Development Cooperation Island
DCOF	Displaced Children and Orphans Fund
DOVCC	District Orphans and Vulnerable Children Committee
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
PCI/Z	Project Concern International/Zambia
PLA	Participatory Learning and Action
PTA	Parents and Teachers Association
RAC	Residential Aids Committee
RDC	Residential Development Committee
SCOPE-OVC	Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children
USAID	United States Agency for International Development
VAC	Village Aids Committee
VDC	Village Development Committee

I. Introduction

Mobilizing community action—with or without financial and material support from external players—is an increasingly common component of many programs designed to address the safety, well-being, and development of orphans and vulnerable children. In Malawi from 1995 to 2000, the United States Agency for International Development's (USAID) Displaced Children and Orphans' Fund (DCOF) supported the Community Options for Protection and Empowerment¹ (COPE) program, implemented by Save the Children/US through USAID/Malawi. In Zambia, DCOF supported a similar community mobilization approach from 1997 to 2002—initially through Project Concern International/Zambia (PCI/Z) and subsequently through CARE International's program, Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC).

This document combines the reports of a two-phase study undertaken by two consultants, with support from USAID/DCOF, USAID/AFR/SD, and AED, to record lessons learned from the two community mobilization activities in Zambia and Malawi, four years after direct funding from DCOF had ended.

The initial community mobilization processes in the two projects were similar (indeed, at an early stage of project development, the Zambia Project staff visited COPE in Malawi to exchange experiences), although the efforts unfolded in diverse ways at the community level. In both countries, a small team of outside facilitators, with the consent and support of local leaders, initiated a process to help community members review the circumstances of vulnerable children; assess local conditions, available resources, and constraints; and identify concerns and potential solutions. Following these assessments, most communities decided to form committees to take action.

In Malawi, these committees addressed the needs of orphans, vulnerable children, and youth as well as HIV prevention and care for people with chronic illness. Communities decided to form their committees in keeping with a framework that had been sanctioned by the national government, which involved every village organizing a Village AIDS Committee (VAC), with each including a subgroup focused on orphans and vulnerable children, as well as others on HIV/AIDS prevention, youth, and home-based care. Village committees were to be supported by Community AIDS Committees (CACs) for each health catchment² area, and these, in turn, were to be supported and coordinated from the district level by District AIDS Coordinating Committees (DACCS). Among the VACs, the sub-groups focused on orphans and vulnerable children and on youth tended to be the most active.

In Zambia, the mobilization efforts supported by DCOF exclusively focused on the needs of orphans and vulnerable children. At the community level, in both rural and urban areas, Community Orphans and Vulnerable Children Committees (COVCCs) were formed, and at the District level, District OVC Committees (DOVCCs) were

¹ This program continues under the name Tisamalirane.

² The health catchment area refers to the geographic area covered by a given health center or clinic.

formed. The initial mobilization of COVCCs and DOVCCs was done by PCI; then CARE took on this function through the SCOPE-OVC program.

At community level in both countries, NGO personnel played a catalytic role, enabling community members to:

- Identify their own concerns regarding child vulnerability;
- Analyze local resources and capacities, as well as threats and vulnerabilities; and
- Decide what action they were prepared to take to address the needs of vulnerable children.

NGO personnel used tools from Training for Transformation or Participatory Learning and Action (PLA) in this initial work with communities, and communities formed committees that assumed the responsibility to take the lead on next steps. In both countries, training, information, and sometimes financial support (particularly in Zambia) were provided over time to the committees. See the original report for a summary of the background of the two programs.

In 2006, DCOF in the USAID Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) and the Office of Sustainable Development in the USAID Bureau for Africa through the Africa's Health in 2010 project commissioned Jill Donahue and Louis Mwewa to undertake a series of retrospective case studies to document the ongoing results of the Malawi and Zambia community mobilization and capacity building efforts that had been carried out between 1995 and 2002.

This document combines the reports of the two-phase study undertaken by the two consultants--, Phase I was the original study, which documented lessons learned; and Phase II was a report about the dissemination of the results of Phase I to participating community members.

II. Purpose and Methodology

a. *Initial Assessment*

The two consultants, hired to carry out this study, visited 30 of the communities and four higher level committees that had been mobilized in the two countries. Their findings were presented in the report, *Community Action and the Text of Time: Learning from Community Experiences and Perceptions, Case Studies of Mobilization and Capacity Building to Benefit Vulnerable Children in Malawi and Zambia*.³ Following the completion of that report, the Academy for Educational Development's Africa's Health in 2010 Project arranged for Mr. Mwewa to meet with representatives of the communities visited to validate the findings.⁴

These community visits were not meant to evaluate the previously funded programs but rather to take a downstream look at what communities might still be doing as a result of actions the programs had helped communities to set in motion. The fundamental question was whether community action for vulnerable children continued. Also, the consultants sought to identify elements of the previous program planning, implementation and monitoring processes that had contributed either to the continuity or collapse of community efforts. The primary experts, whose experience and opinions were sought, were community members who had been involved in mobilization and capacity building efforts. The consultants also spoke with relevant government personnel and staff members of the participating non-governmental organizations (NGOs). A major goal of this case study process was to share its findings with a wide audience of policymakers and program designers.

To test the 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 orphans and vulnerable children.
4. Through ownership of decision making and activities, communities could ensure that vulnerable children benefit from the support they mobilize internally or access externally.

The assessments examined community groups in Malawi and Zambia, most of which had been mobilized eight to 10 years earlier. The review team used a qualitative

³ Available at http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/comaction.html and <http://africahealth2010.aed.org/pubs.html>.

⁴ See *Reporting Back: Community Feedback on the Report of a Retrospective Study on Community Mobilization for Orphan Care and Support in Malawi and Zambia* at <http://africahealth2010.aed.org>.

approach—including focus group discussions and Participatory Learning and Action (PLA) exercises—to draw out community members' perspectives. For example, the team used PLA tools, such as simple ranking exercises and construction of 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 over time to benefit vulnerable children, the team focused their visits to selected committees mobilized in the early years of the Malawi and Zambia programs, 1996-2000.

The review team interviewed 34 committees (30 at community level and four at district level) and conducted 40 focus group discussions with a total of 371 participants. Of the community-level committees visited, all but two were still active. In addition, the team carried out eight semi-structured interviews with a total of 58 community members from leadership committees. Finally, the team held seven individual interviews with key informants. They reported that all the community committees in Malawi remain active, while 56 percent of those in Zambia remain active.

b. *Community Feedback*

The original field visits were completed in July 2006 and a first draft report was reviewed by members of an Interagency Steering Committee that oversaw the conduct of the assessment. A final report was issued in December 2006.

In keeping with the participatory approach used for the case studies and to validate the report's findings and conclusions, it was decided to present the report's findings to the communities which participated in the assessment. The Africa's Health in 2010 project, managed by AED and funded by USAID, arranged for Mr. Mwewa to present the report to the communities and report their responses. This also fulfilled the commitment made initially to the communities to share the results of the original study with them. The feedback meetings were held in April 2007.

During the meetings with all the groups in Malawi and Zambia, the consultant presented the outcomes of the study to validate/authenticate the findings as an accurate reflection of their views. He did not introduce any new issues. Almost all the community groups that participated in the case study process were represented by one or more individuals at the meetings for reporting back. The meetings were held in central locations, such as district assembly halls or places that most communities could access. In Zambia, two dissemination meetings were conducted--in Kitwe and Livingstone. In Malawi, five dissemination meetings were held--in Lilongwe, Nkotakota, Mangochi, Dedza, as well as a meeting with Save the Children national office staff in Lilongwe.

The case study dissemination meetings brought together representatives from community groups in Malawi and Zambia who participated in the case studies. Also included were a few stakeholders working at district level, including representatives of district government, other governmental bodies concerned with the welfare of children, and local NGOs. During the dissemination meetings, the presentation was done on the

flipcharts or, where possible, using PowerPoint. After presenting the summary of the case study findings, focus group and plenary discussions, guided by questions, were used to help participants review the relative importance of issues raised by the study. This included such questions as: Which issues raised were the most important? Why were they important? How could participants use the information in their work with vulnerable children?

To ensure consistency of approach, the methodology used during these sessions was similar to that used for the case study process. The questions used were the same ones used in the ranking exercises, Venn diagrams, and general group discussions. Details of these processes are presented in the original study (Phase I) report.

In Zambia, a total of 42 people participated in the dissemination meetings and in Malawi, 69 people took part. Most participants that represented committees had been involved in the case studies. A meeting was held for Save the Children staff at the national office in Lilongwe. A total of 111 participants took part in the validation meetings in the two countries.

III. General Observations and Lessons Learned

a. *Community Actors and their Perspectives*

The review team began its interviews in Malawi and Zambia with current and former committee members by asking how and why the committees started and using a general discussion or a semi-structured interview format. Where the committee was still functioning, typically a third to a half of the original members was still participating; turnover appeared to occur when people moved, died, or had been replaced for non-performance. In other communities where the committee had ceased to function, former members were invited to participate in a focus group discussion or an interview.

A consistent pattern emerged in both countries 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, who left behind children; yet more compelling was the participants' voicing of 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**—don't wait for outsiders to come and help, it is up to us to act now! Further, given the immensity of the response needed, it was clear that **everyone needed to take part**.

Community members said that it was important to have a committee spearhead efforts to protect and care for vulnerable children and their families because of the need for an organized approach. The credibility of the committee initiatives came from a perception that the group's aims were not for the members' own interests or personal gain and because of the support of leaders.

Over time, a committee gained the trust of the wider community. The members had the 'nod of approval' from the traditional authorities and had proven through their actions that they were not motivated by personal gain. The majority of the community groups said that making the best use of the resources available was possible due to the active involvement of the rest of the community. In addition, all groups that the team visited kept some type of prioritized register of children and households needing assistance. The community at large participated in gathering and verifying this information and setting priorities. According to participants in the focus group discussions, the system of registering all vulnerable children and prioritizing action for those who were especially vulnerable was strengthened through various workshops and the advice or guidance from the District committee and other NGOs.

Most participants also felt that they were fulfilling a religious duty, as expressed by the Mulenga COVCC chairman; *"The Bible teaches us that, as adults, we are responsible for the wellbeing of vulnerable children. Surrendering ourselves totally to the service of meeting children's needs is doing God's work."*

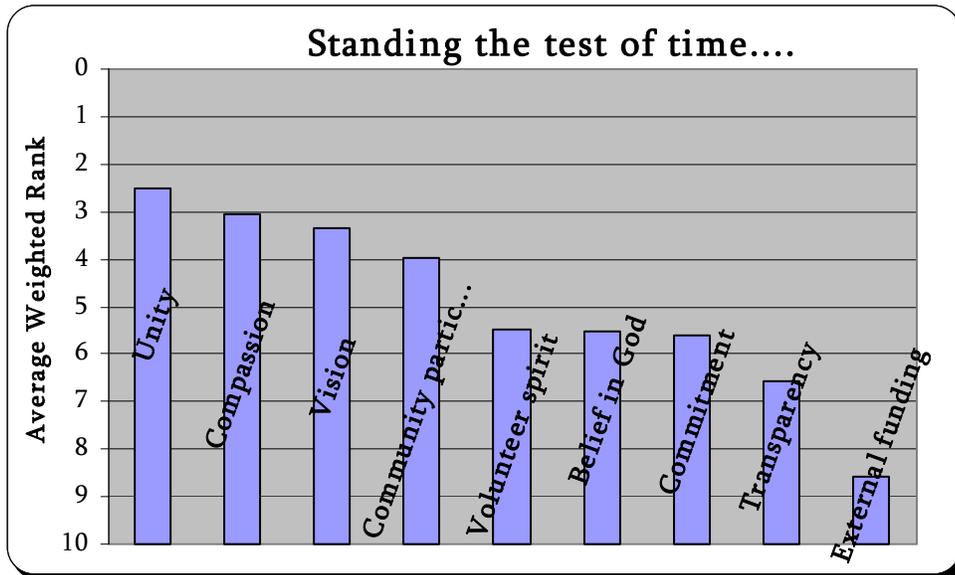
b. Motivation

The motivation of committee members was very similar in both countries and across the communities that the team visited. The prime motivating factor was usually sympathy or compassion for vulnerable children. In Zambia, community member said, *“We cannot sit idly by whilst children are suffering, we would be irresponsible as parents”*. Still others felt 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”*.

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 simple ranking exercises followed with pair-wise ranking, once a clear trend for the top four factors emerged. The purpose of these exercises was to determine what—from the perspectives of participants—led to the longevity of their committee. Participants also discussed why they felt some factors were more important than others. The chart below shows the factors most frequently ranked among the top nine.

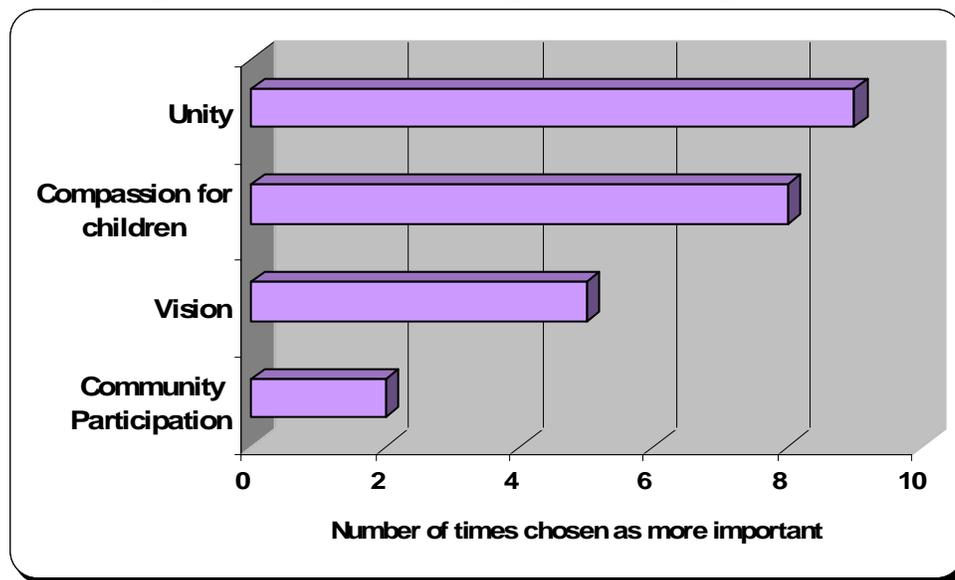
Figure 1. Factors that Sustained Action by Committees



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 was not initially clear why participants felt one factor was more important than the others or how they interrelated. The pair-wise ranking⁵ tool allowed the team to focus more specifically on the top four factors and delve into comparisons. The discussions resulted in the order of importance shown in Figure 2.

⁵ In brief, pair-wise ranking is used for 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. For more detail, see the Appendix 3 of the full report at <http://africahealth2010.aed.org/pubs.html>.

Figure 2. Pairwise Ranking of Sustaining Factors



Most participants viewed compassion for children as triggering unity, leading the committee’s vision and galvanizing community action. Committee members continue to feel a sense of urgency since the number of orphaned and vulnerable children is increasing in their communities.

Participants felt just as strongly that unity is the committee’s most important ‘weapon’ and that unity is derived from two factors, a sense of common purpose (compassion for children) and the commitment of the community as a whole to this common purpose. Most groups described the *process* of analyzing and becoming aware of the magnitude of the challenges facing them regarding care and support for vulnerable children as the key element to cement their committee’s unity. Without unity, committee members did not see how they could achieve what compassion was driving them to do. They realized and felt strongly that, faced with a large and growing number of vulnerable children in the community and their own households, the best prospect for responding was to work together. For example, one participant stated, *“you can have compassion as an individual, but you can’t respond by yourself.”* Yet compassion for children is 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.”* In addition, they felt, if the community did not see unity, they wouldn’t participate in the work initiated by the committee because they wouldn’t believe there could be progress.

Focus group participants stated that discussing and understanding problems facing vulnerable children leads to a common vision. A common vision is critical to keeping the committee on track and inspires the wider community to participate. At the same time, committee members felt that a vision could not be developed without the participation of the community.

Community participation, ownership, and transparency were closely interrelated, and many participants felt these factors strengthened their unity as a committee.

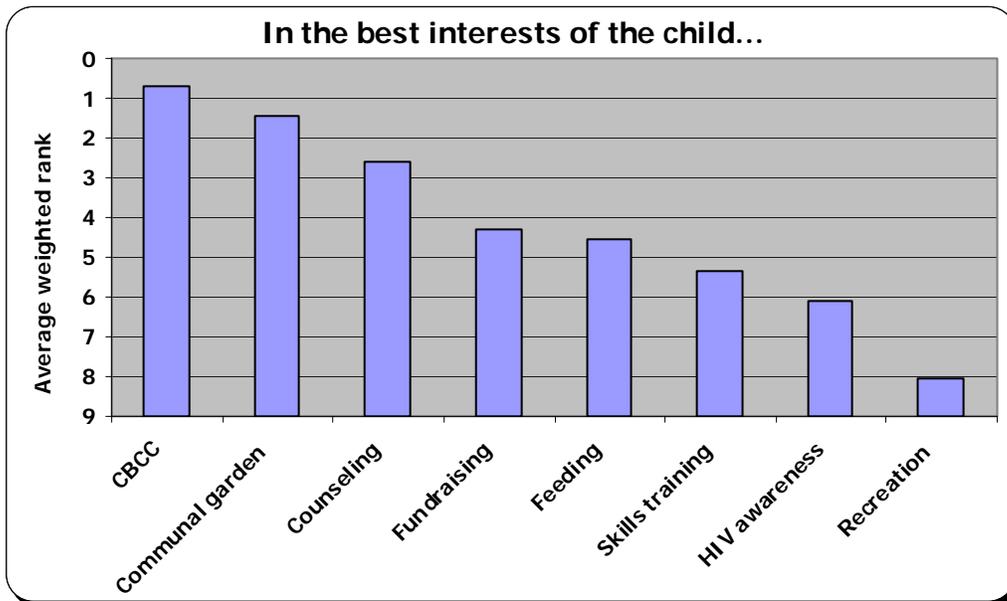
If the community was suspicious or thought the committee members were involved for their own benefit, the committee would collapse. Many participants felt that community participation was the foundation of their committee. One committee reported a lesson that they had learned. The committee had secured funding for toilets, but the community refused to use them because they had not been consulted.

d. Community Activities and Benefits to Vulnerable Children

The committees and community members that the team visited felt 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 chairman 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.”*

In Zambia, the review team used a semi-structured interview format 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 a child’s vulnerability. The team conducted an exercise with adults and youth separately, which identified their differing perceptions on child vulnerability. 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



In Malawi, the **Community-based Childcare Center (CBCC)** was the most frequent VAC activity. These centers started as day care centers managed by village AIDS Committees (although the Namwera AIDS Committee, a committee at health catchment level started the first one). The intention was to provide a safe place for children under five to go while their parents attended to other business (e.g., working in fields, caring for a sick family member). They later developed into pre-schools incorporating education and early childhood development. Although an activity ranking exercise was not conducted in Zambia, committee members and non-members alike valued community schools highly. In fact, in Zambia, managing community schools and encouraging out of school children to enroll were major areas of activity for COVCCs.

Table 1 gives an overview of the major activities of community groups and their perceptions of the results that they have achieved. The review team did not have adequate time to verify quantitative results or assess impact on children. They were only able to record the qualitative perceptions of the community groups regarding what they felt they had achieved and how children benefited.

Table 1. Activities and Perceived Benefits for Vulnerable Children

Activities	Benefits to Vulnerable Children Reported by Committees
<p>Community-based childcare centers (CBCCs) - Malawi</p> <p>and</p> <p>Community schools - Zambia</p>	<ul style="list-style-type: none"> • Like regular pre-schools, CBCCs prepare children for future education (CBCC); and children who attend a CBCC do better when they enter primary school than their peers who do not. • 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 as a result they treat their children better. • Community schools provide access to primary education for children who wouldn't otherwise be able to go. Many of these children have gone on to secondary school and even university. • Orphaned children who attend a CBCC or a community school are integrated with other children. This has reduced stigma and helped children to overcome shyness or being 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. Children integrate better into society, are not isolated and do not engage in anti-social behavior.
<p>Communal gardens</p>	<ul style="list-style-type: none"> • Gardens provide a reliable source of food to vulnerable households and the children for whom they care. • Access to produce has improved the nutrition of the children and the chronically ill. • Funds raised via the sale of produce are used to send many children to secondary school and has supplied others with books and clothes for primary school.
<p>Feeding programs</p>	<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.
<p>Fundraising (casual labor, membership fees, raffles, big walks)</p>	<ul style="list-style-type: none"> • Through the use of locally-raised funds, children have been provided exercise books, school uniforms, food, medicine, blankets, and other support.

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 chances that a child will become a productive and healthy adult. • Counseling using 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 their 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 bars 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 diverts them from dwelling on their grief or worries about an ill parent(s). • Interaction with other children reduces isolation and stigma. • Keeping teens busy with sports helps them to avoid risky sexual behavior or engaging in sex before they are ready.
Raising awareness of children's rights (including prevention of child abuse, child labor and property grabbing)	<ul style="list-style-type: none"> • This knowledge helps reduce abuse and the exploitation of children (forcing them to do work beyond their capacity). • Preventing property grabbing improves the economic situation of orphaned children and reduces pressure on the community to provide for them.
Supporting youth and children's clubs	<ul style="list-style-type: none"> • Participation in clubs helps prepare children and youth for future leadership roles. • Clubs seek to prevent early sexual activity to reduce the risk of members contracting HIV/AIDS.

Activities	Benefits to Vulnerable Children
	<ul style="list-style-type: none"> • 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 people who are chronically ill and guardians of orphans	<ul style="list-style-type: none"> • Such activities help to reduce household dependence on child labor and provide opportunities to discourage ill treatment of orphaned and vulnerable children.

e. *Adult and Youth Perceptions Regarding Vulnerability*

During the focus group discussions of the initial study (Phase I), when the team asked how people in the 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 ranking⁶. The team conducted focus group discussions with youth and adults separately to ascertain how their perspectives differed.

⁶ For a description of this PLA focus group discussion tool, see Appendix 3 of *Community Action and the Test of Time: Learning from Community Experiences and Perceptions*, at <http://africahealth2010.aed.org/pubs.html>.

Table 2. Adult Perspectives on Children’s Vulnerability

Most vulnerable	Vulnerable	Not vulnerable
<ul style="list-style-type: none"> • Suffers ill treatment • Live in mud house with holes in the floor 	<ul style="list-style-type: none"> • Parental care/attention is weak • Home has packed dirt floor, mud bricks, and a neat compound 	<ul style="list-style-type: none"> • Child has all s/he needs • 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 chitenge⁷ 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 regular 	<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 for basic needs 	<ul style="list-style-type: none"> • Parent(s) are fish mongers or 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"> • 3 meals a day and a balanced diet
<ul style="list-style-type: none"> • Does not attend school. Leaves school 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

Table 3. 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; Has plenty of free time; No forced labor
<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

⁷ A chitenge is a length of light weight factory-woven cotton cloth, usually in bright colors with African designs.

The team noted two interesting aspects of the responses on identifying vulnerable children:

- 1) As the two tables above illustrate, young people's perceptions about what makes a child vulnerable differ from those of the adults, and
- 2) Although there was frequent mention of "orphan" in nearly half of the focus group discussions, during vulnerability ranking exercises there was almost no mention of the word "orphan."

Differing perspectives. Young people appeared to consider relationships and psychosocial issues more compelling aspects of children's vulnerability than adults did. Adults focused on material circumstances. Youth club members did mention material goods during the focus group discussions, but only at the end of the exercise. On the other hand, youth immediately mentioned working very hard or being ill-treated as an indicator of children's vulnerability. One youth club member at Kutsoro summed it up by saying, *"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 vulnerability issues. As one said, *"A very vulnerable child may be in a group, but still isolates himself by being withdrawn from what the others are doing."* High on the priority list of youth were activities focused on alleviating vulnerable children's work load and ensuring social inclusion. Counseling was also mentioned frequently as an activity in which youth clubs engage. However, the counseling approach used by youth clubs was not formal 'therapy' as such; it seemed more along the lines of club members reaching out and encouraging a withdrawn child to talk about his/her troubles and encouraging participation in the group's activities.

On the other hand, adults spoke mostly about the lack of material goods as contributing to a child's vulnerability.⁸ Again, adults did mention ill-treatment and being sad and withdrawn as indicators of vulnerability, but these factors came later in the discussion. Adults were clearly more concerned about material and physical needs. Similarly, during focus group discussions that featured activity ranking, adults immediately mentioned things like having no home, torn clothes, no food, and living with aged grandparents as compelling factors of vulnerability. It follows that activities mobilizing material support are a high priority for the adult-led VACs and COVCCs.

Orphans—or vulnerable children? Committees used several factors to identify which children they prioritized for assistance. One factor was 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

⁸ These youth-adult differences in perception are consistent with those reported in the study commissioned by Save the Children/Sweden, "Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi" by Gillian Mann, 2002, available at <http://www.crin.org/bcn/details.asp?id=8789&themeID=1004&topicID=1025>.

child's **extended family situation** outside of the immediate community. While "orphans" were frequently mentioned in discussions, committees actually reported using their own judgment to determine which children were the most vulnerable and who most needed their assistance. For example, the following two comments were made:

"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," and "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."

f. *The Role of External Resources*

In both countries, the committees are in poor communities. Even so, of the 19 community groups the team visited in Malawi, 11 groups (61%) continue to function without significant grant funding. In Zambia, of the 11 community groups the team visited, nine are still functioning and of those, four groups (44%) continue to function without grant funding. It would appear then that external resources are not the factor determining whether or not a committee has staying power. This impression was confirmed during focus group discussions where community groups ranked the factors most important to sustaining their longevity. External resources were ranked 9th out of 12 among sustaining factors.⁹

This is not to say that external funding was unimportant, but that it was not generally seen as centrally important. Community groups that received grant funding saw such resources as enhancing their collective ability to care for and protect vulnerable children. Some committees that had received little or no external funding were still 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, mainly in Zambia, still receive significant grants. In general, these grants are used for developing the community schools. The other committees rely on proceeds from communal gardens (Malawi), from fund raising events and membership fees (Malawi and Zambia), and from periodic linkages to external resources--donation of clothes, school books, food or school fees for poor children who are accepted into secondary school. It is more common for the newer committees to have current grants, and a good number of these are for income-generating projects and for feeding programs in either the CAC (Malawi) or the community school (Zambia).

The review process suggests that external support is a double-edged sword. It can lead to either positive outcomes or unintended, but harmful results depending on when and how the external support is provided. **On the positive side**, committees, which have been together for nine or 10 years and are still full of energy and

⁹ This is an average weighted rank. Out of all the possible factors mentioned by the groups, external resources ranked 20th out of 24.

commitment, point to their accomplishments as a motivating force. Many of the accomplishments, such as constructing school buildings, irrigating communal gardens, and supporting children to attend 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. The educational quality of the school is competitive with that of the nearby government school. The Muzya COVCC has used grants from CINDI (Children in Distress) 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 their community school with teaching materials.

Another form of external assistance that appeared very effective is the linkages that district committees have facilitated between community committees and organizations with resources. For example, in Zambia a district committee linked several village committees to SOS Children's Villages, which provided food and school assistance to vulnerable families. According to a former COPE staff member, the strength of that program was due to the continual efforts of Save the Children and the district committee to link the health catchment and the village-level committees to capacity building opportunities, to NGOs starting programs in their area, and to funding or in-kind assistance. An example of in-kind resources is the agricultural inputs that several village committees obtained from various organizations. They have used the resources either to expand their communal gardens or to donate agricultural inputs to vulnerable households.

On the negative side, there are risks associated with external resources. As described in the section on Zambia's mobilization strategy, in Livingstone, where initial mobilization efforts of community groups included a promise of external funding, the behavior of groups was distorted and genuine community ownership was slow to develop. Also, some committees that received external funding have fallen apart, like the Sakubita COVCC (Livingstone, Zambia). It had received three grants for income-generating projects, all of which failed.

In addition, some groups do not have the backing of their community 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 have received.¹⁰

Another potential pitfall is that donors' priorities may shift community efforts away from their own priorities. For example, in Malawi, Tisamalirane (previously COPE) receives significant funds for the village committees from a donor other than Save the Children. One staff member felt that the donor's need to fulfill its goals in terms of quantitative results has prevented the Tisamalirane staff from continuing to further cultivate and deepen community ownership and participation.

¹⁰ See "Case Studies of Success in the SCOPE-OVC Project," July 2004, pp.8-9, at <http://synkronweb.aidsalliance.org/graphics/OVC/documents/0000583e00.pdf>.

Another type of external assistance that appeared to cause conflicts within some communities was sitting, lunch, or transport allowances, which are sometime provided by NGOs to meeting or workshop participants. For example, in Malawi, the Kulamula youth group explained that all their previous members quit the group when sitting allowances for attending workshops were withdrawn. Some committees in Malawi reported that some members lost their enthusiasm once they realized that they were not going to 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 when they realized there was no personal benefit.

According to nearly every group the team interviewed, committees experience a phase where members expect the organization that initiated the mobilization process to provide money for their activities. Until all committee members and the community realize that they must initially use their internal resources, they won't develop a genuine sense of ownership of or responsibility toward the problems they face. Commitment is limited at this initial stage. If money is provided during this time, a committee most likely will fold when support is phased out or withdrawn.

Transparency is another important factor that comes into play when external resources are used by a community committee. Transparency must be maintained to keep the community united and to prevent and detect the misuse of external funds. Committees felt that it is important for the community to be part of the decision making process when determining the extent and use of outside assistance. The Kanyezi CAC in Dedza, Malawi, described the following case of fraud to the team. Apparently, an organization had arranged with the committee 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. The rest of the committee was able to detect this manipulation because the records were open, and everyone knew who was on the register. When the executive members realized what had happened, they removed the inputs from the officer's possession and distributed them to the rightful people. The officer was replaced; and while allowed to participate in committee activities, he cannot hold an office.

Based on their experience, members of the Kanyezi CAC made the following suggestions on how community groups could avoid such incidents:

- The techniques used during the initial sensitization make a considerable difference. The source of the resources, their purpose, and the amount allocated must be very clear to all involved.

- Monitoring must be done by local leaders and cross-checked by donors, with clear accountability on the part of 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 have access to information about how and to whom resources are distributed.
- The leadership of the committees must act as watchdogs to ensure the agreed upon plan is carried out.

IV. Summary of Findings

a. *Findings of the Original Review (Phase 1)*

The **four** hypotheses (numbered 1-4 below) 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 are:

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

These hypotheses were confirmed by the team's findings. Overall, they found that mobilizing community action to assist especially vulnerable children had proven to be 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 analysis of initial participation stimulated a sense of ownership of problems and action beyond the leadership and committee members to the wider community.

On Sustainability

The third hypothesis was:

- 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.

According to COPE and SCOPE-OVC personnel, the majority of committees (all of those in Malawi and 56 percent of those in Zambia) initiated during the years of DCOF support—1996 to 2000 in Malawi and 1997 to 2002 in Zambia—remain active.

It is important to note that the few groups that received significant external resources did **not** rank this factor as critical to the longevity of their committee. And while the majority of the groups that 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 available resources.

The review team found that the focus group discussions illuminated participants' sense of the factors essential to **sustaining** efforts. They included the following, in order of importance:

- **Compassion for children**—which triggered unity, led the committee's vision, and galvanized community action;
- **Unity**—which emerged from a sense of common purpose (compassion for children) and from community support for the 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 factors strengthened a committee's unity and any perceived lack of transparency undermined the committees' work.

In brief, the following factors were critical to sustaining and strengthening the the work of the committees:

- 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 involvement of a supportive intermediary committee (at health catchment and/or district level) 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 did not form the core of committees' staying power, they did supplement and extend what committees were able to do.

Conversely, the following conditions worked against the factors sustaining the work of the committees:

- Providing external resources before a committee used internal community resources and before opportunists were ousted, subverted community ownership and responsibility. (The careful timing of resources and a sound, consultative 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, which undermined their relationships with community groups. This situation 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 was:

- 4. 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 as well. 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 careful thought they gave to identifying the most vulnerable children,
- Ensured that those children in the most critical need were the first to benefit from any assistance, psychosocial support, or protection interventions, and
- Provided very clear criteria to determine the children who were 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, for example, felt that being prevented from going to school and having no free time to play with other children were more significant vulnerabilities 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 review team felt that giving equal weight to youth and adult perspectives would generate the best response.

On Country Differences - Additional Findings

- 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, there was a focus on SCOPE-OVC's sub-grant 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.

b. *Community Feedback during the Validation Process (Phase II)*

Participants in the community feedback sessions confirmed that the information presented during the dissemination meetings on the purpose of the case studies was the same as that presented during the original discussions at community level. They expressed gratitude that the case study's purpose had been adequately addressed. Some organizations working with communities, which had not been part of the original case study, indicated that its purpose had been well thought out and was relevant to their work. They also observed that it was rare for their organizations to do the kind of reflection on and learning from previous work that was done in this study.

The Hypotheses

Participants in the dissemination meetings said that the four hypotheses helped them to clearly understand the findings of the original (Phase I) report and to make the study more meaningful. These hypotheses also provided a way to go through the summary of findings more easily and to follow their own story, which they had shared with the consultants during their community visits.

Participants confirmed that the first two hypotheses fully reflected how they themselves perceived *ownership* and helped them to recall what they had discussed with the consultants regarding ownership. The other two hypotheses on *sustainability* and *reaching the most vulnerable* were seen as a consolidation of their views regarding the process of community mobilization and capacity building. They also noted that the hypotheses reflected the consultants' understanding of the contributions of the communities and committees to the case study process. As one of the participants said during the Dedza meeting, "This report is truly ours, it fully tells our own story going by the hypotheses that were developed by the consultants; they have made it easier for us to hear our own story of our work in our own language."

Study Methods and Tools

It was noted that the participatory approaches adopted by the consultants provided great learning opportunities both to the communities and to the district committees. Furthermore, most of the participants thought that the study's tools were quite appropriate for the communities and committees, as they were simple, straight-forward, and well-administered. Some participants indicated that they would like to learn how to use the tools within their communities and committees.

On Ownership

Participants said that the issues that were presented in the study report concerning ownership were very well outlined and gave an accurate picture of their own communities and committees. They also noted that its points on ownership were very

useful for the communities and committee members because they helped them to think more about how to safeguard the principles of ownership.

Most participants that came from NGOs or government institutions said that the information that has been provided would be very useful in their work. This brought to their attention the fact that on previous occasions they had taken for granted communities' involvement, without considering issues pertaining to ownership. They said that the information that was presented during the dissemination was going to be put to good use as they plan their activities with communities and committees. The discussion created an opportunity for participants to look at other means of exploring more resources that would help them to rejuvenate genuine ownership. In both Livingstone, Zambia, and Dedza, Malawi, participants said that most communities start with the good motive of trying to bring local change; however, before they acquire the skills that are required to build community ownership, they sometimes end up getting resources for themselves. This disrupts the sense of joint ownership, leading to total collapse of the committees.

In order to continue strengthening and fostering genuine ownership, participants also noted that there is an ongoing need for community leadership to give motivational talks and organize skills-building initiatives. They also said that when people know what skills, talents and resources they have as a community, they can call on them to build and strengthen the four factors identified as holding community committees together:

- Unity,
- Compassion,
- A common vision, and
- Community participation with transparency.

On Sustainability

Participants said that for sustainability to take root, programming should include allowing communities and their leaders to invest more in aspects that will continue to safeguard and promote genuine ownership. In most communities, despite the great things that have been done as a result of good mobilization, little attention had been paid to safeguarding the factors that promote genuine ownership. After hearing the summary of findings of the case study, participants from both countries said that they had been enlightened. They realized that there would be no true sustainability without ownership. There was a consensus by all participants that the report provided a very important insight on the issue of sustainability.

On Targeting the Most Vulnerable

The participants noted that, while including young people in decision-making should be a priority, the empowerment process is critical. Participants acknowledged the finding that there were differences between young people's and adults perceptions concerning vulnerability. Just as the original mobilization processes were great for building ownership by the communities, the same should be done for grooming young

people for leadership. Then as they become leaders, opportunities would arise to address the prevailing differences between youth and adult on perceptions on children's vulnerability. Adults would take young peoples' perceptions seriously, and programs would target vulnerable children correctly.

Other Comments by Community Members

Participants mentioned that they were excited to receive the feedback from the case study. They felt that the consultants valued their input and respected their views. Participants felt that the report represented their interests, and they viewed it as their own. They felt that nothing extraneous was added to the information that they had shared with the two consultants.

The report was endorsed by all those who participated in the meetings as an accurate record of the information that they had provided. Generally, participants held that all issues raised in the report are very important, because the issues contributed to presenting the true picture of community mobilization and capacity building. They felt that the case study report contained facts that would stand the test of time. The study was described as a record of testimony that would be used as a tool to inspire them in their work.

V. Recommendations

Mobilization and Capacity Building

Organizations that seek to develop ongoing action plans 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 trying to act on behalf of the 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 to support action and decisions about the use of local resources should emerge from the community itself; an external organization can then formulate its agenda around community priorities, concerns, capacities, and commitments. The internal resources of a community should be used by the community to determine 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 develop truly innovative mechanisms for delivering external funds to community groups in ways that balance their need to get funds out

through fiscally accountable avenues, with that of respecting and strengthening community initiatives that are working.

Capacity Building

Having helped a community to identify its own needs and concerns and mobilize to take action, it is important to follow through to help the resulting group to increase its capacity to function effectively and achieve its aims. External agencies should think in terms of both community mobilization and capacity building. Where communities have mobilized themselves, the agency's role should be limited to the latter. An external agency could help a community group identify its strengths and weaknesses, provide relevant training, link the group to a more advanced community committee from which it can learn, or link it to another agency that can help develop and strengthen key capacities.

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 specifying which children and households should be targeted for assistance. Where there is genuine ownership of action to address the needs of vulnerable children, communities are best able to determine the most vulnerable among them.

Next Steps for the Report

The following were proposed as some of the different ways the report could be used in the two countries:

- ▶ Most participants thought that *Community Action and the Test of Time* could be used to mobilize resources – at community level, with government, as well as with external donors.
- ▶ It was also mentioned that the report will help when participants go back to their communities and share information and seek community support to continue working with vulnerable children.
- ▶ The information could also be used to develop sensitization campaigns on community mobilization and capacity building—particularly following on the five steps identified in the report's recommendations:
 - Analyze the situation in their community 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.
- ▶ Participants said that they would use the report as an orientation tool for new leaders at community level and for those who want to support community mobilization and capacity building activities. Regarding district structures, it was observed that some actors do not know how to mobilize communities; therefore this report would be significant in orientating them.
 - ▶ The report could be used to stimulate and formalize networking activities, which have been a missing link.
 - ▶ Community groups need to learn from one other and to understand that compassion, unity, a common vision, and community participation with transparency are key factors that require investment.

Participants in the validation process said that they will share information from the report with the wider community. For the purposes of making the report more user-friendly in Malawi, there was a proposal to have it translated. Participants proposed to use the report to lobby government to come up with a common strategy on community mobilization and capacity building at national level. This was prompted by the fact that certain support that is meant for community mobilization and capacity building does not reach the intended target. Participants in both countries observed that some groups have gone to sleep because they may have not gone through a genuine mobilization process.

Another idea was to use the report to draw up guidelines for agencies on mobilization and capacity building. This was proposed in view of the fact that often when agencies come to communities in the name of building the capacities of the community, earlier efforts are either duplicated or frustrated. This pattern was noted in all the places in Zambia and Malawi where the findings were presented.

VI. Conclusions

Community Action and the Test of Time portrays communities as the active agents that they often 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 many others like them, challenges the international community to match the intensity, generosity, and persistence of communities in addressing the needs of vulnerable children. This summary of the two reports is a way to extend the range of many community voices that deserve to be heard, and from which there is much to learn. It is also a tribute to the integrity, courage, and dedication of the uncounted thousands who are doing what they can to help young people in need.

Additional Resources

The following resource material is relevant to community mobilization approaches described in *Community Action and the Test of Time*:

A Community Mobilization Handbook for HIV/AIDS Prevention, Care and Mitigation: Save the Children USA Malawi Experience.

Scaling Up HIV/AIDS Interventions Through Expanded Partnerships (STEPS), Save the Children Federation USA, 2003. [PDF, 11MB]

<http://hivinsite.ucsf.edu/InSite?page=kbr-03-03-07>

PLA Notes.

A series of short guidance documents on participatory learning and action.

<http://www.iied.org/pubs/search.php?s=PLA>

Training for Transformation.

There are several publications on Training for Transformation. This link is for the three volume set and a fourth Handbook for Community Workers.

<http://styluspub.com/books/BookDetail.aspx?productID=46595>