A review of community-based programmes for children orphaned and made vulnerable by AIDS in sub-Saharan Africa

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August, 2010

A thesis submitted to McGill University in partial fulfilment of the requirements of the degree of Masters of Social Work.

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Acknowledgements

It is with immense pleasure that I extend a warm and thoughtful thank you to several people without whom this thesis would not have been possible. I owe my deepest gratitude to my advisor, Wendy Thomson, who, from the beginning stages to the end, provided me with guidance, support and expertise. Thank you for your encouragement to apply for the Institute of Health and Social Policy Fellowship, which heightened my passion and provided me with first hand experiences and lessons. To my professors and colleagues at the School of Social Work, your stories, knowledge and discussion have constructively challenged my ideas and widened my perspectives. To Ms. Lillian Lannone, Student Affairs Coordinator, thank you for your problem-solving skills and being accommodating to my queries.

My family and close friends have been fundamental through my academic journey. To my parents and siblings, Kelly, Paul, Brent and Hannah, your unconditional support has been my foundation for success when I wanted to give up. Thank you for providing space to set my dreams high and giving me the direction I needed to achieve each challenge. To Patrick, thank you for your love, patience and unfailing confidence in my abilities to achieve my goals. To Martha Jack, thank you for your friendship, refreshing clarity, and acute attention to detail. I would like to give special mention to my friends Kim, Kate, Katie, Kye and cousin Chris, who positively involved themselves by providing continuous support and light-heartedness.

Lastly, I offer my regards and blessing to all those who provided me with words of support and encouragement along the way.

Abstract

Community-based programmes are a popular approach to providing care and support to AIDS orphans and vulnerable children (OVC) as they are able to operate on a large scale and are informed by locally-appropriate responses. Using strength based and anti-oppressive theories of social work practice, this study aims to review community-based programmes for OVC in sub-Saharan Africa and explore the experiences of the targeted children and the communities in which they reside. A systematic review of literature was completed to ascertain 39 evaluations representing 29 different externally funded community-based programmes. The findings and analysis consider the strengths and limitations of local approaches, participation of local community members and the relationship between the North and South in regards to collaborative partnerships through the concepts of capacity building, ownership and power. Implications for policy, practice and theory, as well as limitations and opportunities for future research, are outlined.

Les programmes communautaires sont une approche populaire pour fournir des soins et du soutien aux orphelins du SIDA et aux orphelins et enfants vulnérables (OEV) car ils sont en mesure de fournir un service à grande échelle et ils sont informés par des réponses appropriées au niveau local En utilisant les capacités et les théories anti-oppressives de la pratique du travail social, cette étude vise à explorer la question, "Quel est l'effet des programmes communautaires pour les orphelins du SIDA et des OEV en Afrique sub-saharienne sur les enfants ciblés et les communautés dans lesquelles ils résident?" Une revue systématique de la littérature a été effectuée pour déterminer 39 évaluations représentant 29 différents programmes communautaires avec les financés par l'extérieur. Les résultats et l'analyse considèrent les points forts et les limites des approches locales, la participation des membres de la communauté locale et les relations entre le Nord et le Sud en ce qui concerne les partenariats de collaboration à travers les concepts de formation des capacités, la propriété et le pouvoir. Implications pour la politique, pratique et théorie, ainsi que les limites et les possibilités pour de futures recherches, sont présentées.

Abbreviations

ACTafrica	AIDS Campaign Team for Africa
AIDS	Acquired Immune Deficiency Syndrome
ASAP	AIDS Strategy and Action Plan
CARE	Cooperative for American Remittances to Europe
CBO	Community-based organizations
CHH	Child-headed households
COPE	Community-Based Options for Protection and Empowerment
CSS	Community Systems Strengthening
FBO	Faith Based Organizations
GPF	Global Partners Forum
HIV	Human Immunodeficiency Virus
IGA	Income generating activities
IHSP	Institute for Health and Social Policy
MAP	Multi-Country HIV/AIDS Program for Africa
NGO	Non-governmental Organizations
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PCI	Project Concern International
PLA	Participatory Learning and Action
POS	Programmes of Support
PRSP	Poverty Reduction Strategy Papers
RAAP	Rapid Assessment, Analysis and Action Planning Process
RAPIDS	Reaching HIV/AIDS Affected People with Integrated Development and Support
SCOPE OVC	Strengthening Community Partnerships for the Empowerment of OVC
STRIVE	Support to Replicate, Innovative Community/Community-Level Efforts for Vulnerable Children
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNAID	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Education Fund
WB	World Bank
WHO	World Health Organization

Chapter One: Introduction

1.0 Introduction

12 million children in sub-Saharan Africa have been orphaned by AIDS and millions more have been rendered vulnerable as a direct result of the disease (UNICEF, 2006). Orphans and vulnerable children[1] (OVC) experience multiple vulnerabilities affecting them psychologically, socially, physically and financially. With the world's highest HIV/AIDS prevalence rate, the number of OVC in sub-Saharan Africa is expected to increase and, consequently, policy and programmes to support these children need to be multi-faceted and have the ability to provide for a large number of children. Responses have been seen from all service levels: international, national, local and community. Community-based initiatives have increasingly been recognized as a viable approach to supporting OVC. The potential strength of this method comes from its organic approach which is based in its contextual understanding of the issue and ability to apply culturally-appropriate responses. Using the strengths-based and anti-oppressive theories of social work practice to explore the multiple relationships that exist in implementing community-based programmes, the following study aims to review community-based programmes for OVC in sub-Saharan Africa and explore the experiences of the targeted children and local community members.

1.1 Scale of the Problem

Programmes for OVC need to be able to support the increasing number of vulnerable children. Globally, sub-Saharan Africa continues to be the region most heavily affected by HIV/AIDS. In 2007, 2.1 million HIV/AIDS related deaths occurred worldwide (UNAIDS,

[1] The term orphans and vulnerable children (OVC) is used to describe children who have been orphaned by AIDS or made vulnerable because of AIDS. This rhetoric is used because of the widespread impact AIDS has on children and its implications for more inclusive responses, as further discussed in section 1.2.

2007). 76% of these occurred in sub-Saharan Africa. In addition, another 1.7 million people became infected in sub-Saharan Africa. With such a high prevalence rate, AIDS has become the leading cause of death for adults ages 15-59 in Africa (UNICEF, 2007). Currently, there are roughly 12 million children who have lost their parents to AIDS in sub-Saharan Africa (UNICEF, 2006). UNICEF (2006) estimated that more single orphans[2] have lost their fathers than mothers; however, because AIDS is sexually transmitted, an increasing number of children are becoming double orphans, losing both parents. Further, because of the long incubation period, even if infection rates remained stable or decrease slightly in the next few years, parental mortality rates will not level off until 2020 (UNAIDS, 2004). Subsequently, the number of children who are becoming orphaned is increasing and there are a limited number of adults available to provide care and support. Consequently, efforts to provide care and support to OVC need to be stable and sustainable over a long period of time.

1.2 Impact of AIDS on OVC

The majority of research on children orphaned by AIDS focuses on the impact of orphanhood on child well-being and identifies gaps which should be addressed through programming and policies. Research demonstrates that children orphaned by AIDS suffer negative psychological, social, physical and financial impacts. Psychological and social impacts have been demonstrated through experiences of depression, anxiety, low self-esteem and suicide (Bauman, et al., 2006; Cluver, Gardner, & Operario, 2007; Doku, 2009; Makame, Ani, &

[2] Most commonly, orphaned children are defined as individuals under the age of 18 who have lost one or both parents. Orphanhood is often described by the number of parents a child has lost, resulting in the two categories of single and double orphans. In addition, children may be described as maternal or paternal orphan. Children whose mother has died are maternal orphans and children whose father has died are paternal orphans. The number of maternal and paternal orphans may include double orphans, in which case, children are named by the first parent they lost. (UNICEF, 2006)

Grantham-McGregor, 2002), pre-bereavement isolation and feelings of uncertainty for the future (Withell, 2009), delinquency and conduct problems (Cluver, et al., 2007; Doku, 2009), experiencing overall high levels of distress related to experiences of anti-social behaviour, stigma, peer problems, isolation and loneliness (Doku, 2009) and the need to take on the responsibilities of an adult, such as household chores and primary care giving to siblings, which negatively impact peer social interactions and school attendance (Bauman, et al., 2006; Withell, 2009). Physically, orphans have been reported to be underweight (Wood, Chase, & Aggleton, 2006) and experience stunted growth (Beegle, De Weerdt, & Dercon, 2009). They are more likely to have restricted financial resources (Heymann & Kidman, 2009), participate in income generating activities to meet basic needs (Delva, et al., 2009) and have disruptions in schooling (Case, Paxon, & Ableidinger, 2004; Delva, et al., 2009; Evans & Miguel, 2007; UNICEF, 2007) due to financial challenges such as providing for basic needs (for example, hunger) and school fees for uniforms and exams (Makame, et al., 2002). The wide range of impacts of orphanhood emphasizes the need for a holistic response that targets all areas of child development.

In addition, orphaned children are not the only children affected by AIDS. Children whose parents are sick are also at risk of becoming orphans and, during the time that their parents are ill, are susceptible to vulnerabilities (Abebe & Aase, 2007; Ainsworth & Filmer, 2006; Bauman, et al., 2006; Doku, 2009; Heymann & Kidman, 2009; Schenk, et al., 2008; Withell, 2009). For example, children living in households that are caring for people who have AIDS or orphaned relatives may be vulnerable both economically and socially as resources are stretched within their homes (Schenk, et al., 2008; Sherr, et al., 2008). These children may experience significantly less time spent with their adult caregivers (Heymann & Kidman, 2009). Snider and Dawes (2006) highlighted some trends of children living in communities and

households affected by AIDS, some of which are: poverty, stigmatization and discrimination, increased adult responsibilities, separation from siblings and experience of multiple deaths. Due to the fact that the impact of AIDS on children extends beyond children who have been orphaned, the term "orphans and vulnerable children" (OVC) has emerged (Schenk, et al., 2008; Sherr, et al., 2008). This term has become more common within research and the implications of an inclusive response are becoming more widely recognized within international policies and programming models.

1.3 Living Arrangements

To meet the needs of OVC, both formal and informal fostering models have been explored. As the global community became more aware of the impact of AIDS on children, there was a significant increase in the number of orphanages built by international organizations to care for children in Africa. It was believed that because of the large number of orphans, orphanages were to be the most reasonable approach to meet the basic needs of many children (Schenk, 2009). UNICEF (2004) stated "while building more orphanages, children's villages or other group residential facilities would seem a possible response to caring for the growing number of orphans, this strategy is not a viable solution," (p. 37). This argument has been supported by research which suggests that while orphanages provide some nurturing and do meet the basic needs of children, institutional and residential care facilities negatively impact children psychologically as they do not provide consistent caregivers, undermine traditional models of care and alienate children from family and culture. Therefore, children do not receive the holistic care which leads to well rounded development (Phiri & Webb, 2002). Orphanages are considered resource intensive and unsustainable. In countries with mature epidemics, such as those in sub-Saharan Africa, the number of children needing support is too large for institutional

care to be considered a sustainable option. For example, it was found that for one child to remain in care for a year in Rwanda the cost was approximately $540, in addition to the cost of donated food (Williamson et al., 2000 as cited by Phiri & Webb, 2002). In Zimbabwe, Powell (1999 as cited by Phiri & Webb, 2002) reported that there were 41 institutions that could only provide care for approximately 3,000 children. UNICEF (2007) suggested that, because of their ability to provide for the basic needs and provide protection for these children, institutions should only be used for emergency short-term care but are not considered an adequate option for young children. "Rather than encouraging alternative placements, health and social welfare professionals should support existing informal arrangements where these are working well and refer at-risk children and families to social services that are geared to help families remain together," (UNICEF, 2007, p. 30).

Informal fostering takes place when an adult, other than the child's parents, assumes responsibility for the child's care and well-being. Traditionally in Africa, it has been the responsibility of the extended family to provide care and support for children whose parents can no longer provide, and this practice accounts for the majority of housing arrangements for OVC (Abebe & Aase, 2007; Foster, 2002b; Foster & Williamson, 2000; Lombe & Ochumbo, 2008). In terms of cost-effectiveness, community-based approaches were seen as the most effective form of care for OVC; however, quality of care is challenged by access to resources (Loening-Voysey & Wilson, 2001 as cited by Phiri & Webb, 2002). For example, in the majority of circumstances, the primary caregiver is a woman, as women were found to be more likely to assume responsibility for OVC and maintain care for their own children. As a result, female-headed households have the highest dependency ratios (UNICEF, 2006). Households that are providing care for multiple children have experienced strains on resources, which affect the well-

being of all children living within the household. Further, because of the prevalence of AIDS amongst the adult population in Africa, grandparents have been increasingly assuming primary responsibility for children. The shifting of responsibility to grandparents has direct programme implications, as the fear is that grandparents might not live until the children are 18 years of age and the grandparents may not have as many financial resources and are not a part of the prime working age (UNICEF, 2006).

There are situations where children are not living with the extended family or other adult caregivers and survive living in homes without an adult caregiver immediately present. These circumstances have been considered an indication of the strain HIV/AIDS has had on the family network (Foster & Williamson, 2000; Lombe & Ochumbo, 2008). The incidence of child-headed households (CHH) is significantly less common than other living arrangements and is thought to be the situation for approximately 1% of orphans in sub-Saharan Africa (UNICEF, 2006). Children living in CHH often receive some support from the extended family or community members and are often in temporary or transitional households until alternative arrangements are made (Meintjes & Giese, 2006). For example, in Zimbabwe, it was reported that CHH were most commonly established when a teenaged child experienced in childcare lived in the home, or if extended family members lived nearby (Foster et al., 1997 as cited by Foster & Williamson, 2000). However, despite support from family and community members, CHH, with higher risks of abuse and significant financial restrictions, are considered the most vulnerable living arrangement for children (UNICEF, 2006). For example, the average monthly income in child-headed households is $8, whereas non-orphaned neighbours reported a month income of $21 (Foster & Williamson, 2000).

1.4 Responses

The national, international and local communities have been contributing to the response for OVC. Foster (2002b) argued that the responses from international community and organizations that are external to the communities with which they work are predominately based on a situational analysis. Foster (2002b) stated that "situational analysis is the most common approach to analysis of socio-economic problems," (p. 7). It illustrates the different locations and needs of communities and families, as well as the different existing social services, to essentially create a map of the situation. Based on the gaps that can then be identified, strategies are designed to meet the need. Salole (1992) asserted that these responses have been driven by the enumeration of orphans across the sub-Saharan region and, consequently, are less grounded in the experience of what is happening at a local level.

In contrast to a situational analysis, Foster (2002b) and Salole (1992) have suggested that contextual analysis, which "necessitates understanding the environment in which that problem or crisis unfolds" (Foster, 2002b, p. 8), should be used to address the OVC crisis because it takes into account the multiple aspects of an environment to identify an appropriate approach. Community based responses are well positioned to make decisions which are informed by the local context. The following section briefly outlines external responses (discussed in greater detail in Chapter 3) and describes the principles, activities and scale of community-based responses, as well as introduces the involvement of external organizations in local responses.

1.4.1 External Responses

External responses are developed predominantly outside of the local community by the service agency (Foster, 2002b; Phiri, Foster, & Nzima, 2001). The priorities and, therefore, the actions of external agencies differ based on the ideology to which they subscribe. For example,

the World Bank focuses its activities on the capital market, whereas other organizations that are faith-based, such as World Vision, act in accordance to religious beliefs. However, practice, policy and interventions from the international agencies, large donors and government departments predominantly remain "orphan" focused, despite a wide application of OVC rhetoric (Meintjes & Giese, 2006).

External agencies are often noted for their large technical and financial resources (Foster, 2002b, 2005). For example, the United Nations has 192 member States involved in their initiatives. Also, multilateral institutions, philanthropic sectors and direct bilateral cooperation accounted for 48% of the US$13.8 billion global financing for AIDS in 2008 (UNAIDS, 2009a).

External organizations, such as international NGOs, often act as direct service providers. While there has been increasing dialogue and commitment to incorporating local participation in decision making power, final decisions and control over programmes are centralized to the external agency. Implementation of services without the involvement of the local community could lead to activities which undermine that community and may have serious adverse outcomes for the targeted children (UNICEF, 2004). For example, one study highlighted the negative implications of an externally provided programme that targeted orphaned children (Meintjes & Giese, 2006). It was found that linking children to scarce resources increased vulnerability, as their orphan status was "commodified."

1.4.2 Community Based Responses

In contrast to responses from external groups, community-based responses are initiatives taken by the local communities within sub-Saharan African. Local communities provided the original responses to the growing number of OVC and were in existence prior to the arrival of the international community (Foster, 2002b, 2005). The activities are often borne by a small

group of community members and have been described as extensions of the local practices that have adapted to a recognized need. The activities are usually simple and thought of as ordinary, unremarkable actions and often go unnoticed by the larger national and international communities (Foster, 2002b).

Community-based initiatives are based on the principles of consensus-based decision making, self-reliance, volunteerism, local leadership and innovation (Foster, 2002b; McLeod, 2003). Communities set the priorities for projects and manage resources and the programmes and services reflect the communities' preferences and the local context (McLeod, 2003). It is often thought that devolution of authority and responsibility is necessary for appropriate changes to take place (Connell, 1995) and one of the strongest premises of community-based initiatives is community-ownership.

Many community-based responses were initiated by members of local faith-based communities and take the shape of grassroots action. Some local initiatives have developed into community-based organizations (CBO). These organizations are based on self-defined communities and are primarily membership-based (Dongier, et al., 2003). CBOs differ from NGOs and government organizations as they are volunteer-based and pursue activities that are self-benefitting, based on their own objectives. Their range and scale of activities are generally smaller than that of NGOs and local governments (Dongier, et al., 2003).

The activities of community-based responses are frequently focused on self-help initiatives and limit handouts as a method to decrease dependency and promote ownership of activities. The activities often benefit the households as a whole, rather than individual children (Foster, 2005). There is great variability in terms of activities through community-based groups.

The activities are based on the decisions of the group and what the group believes are effective responses.

Community-based initiatives have been seen to produce results at a low cost per beneficiary (Donahue & Williamson, 1999). The major limitation of such projects is that they are restricted in terms of scale. There are numerous small projects taking place throughout the sub-Sahara African region (Foster, 2005); however, their geographic coverage is restricted (Donahue & Williamson, 1999; Foster, 2002b) and knowledge of the initiatives is not widely known outside of the immediate locale (Phiri, et al., 2001). As a result, they are not currently at a scale that is able to match the increasing number OVC.

1.4.3 External Organizations' Involvement in Local Responses

Some external organizations have been involved in local responses, suggesting that this type of programming can be fostered or initiated if the principles and processes are upheld (Phiri, et al., 2001). External agents may work with the local community to stimulate the community mobilization process. These organizations or individuals are from outside of the community but work with the local community to mobilize action through activities such as: technical assistance, capacity building, implementation, networking support, funding and policy influence. The external agent works to ensure that the community is setting the priorities. Phiri, Foster and Nzima (2001) state "external change agents use community mobilization techniques to assist communities in identifying and prioritizing their concerns, recognizing and affirming existing responses, and enabling planning and action to respond to the needs of children and families affected by HIV/AIDS," (p.7). In addition, external NGOs may also act as intermediary organizations which are organized bodies "with skills to mediate between grassroots groups or organizations and funding or resourcing organizations. Intermediary functions include training,

capacity building, resource channelling, advocacy, information sharing, facilitating of networks and linkages between communities and funding of organizations or government departments," (Carroll, Schmidt & Beddington, 1996 as cited by Phiri, et al., 2001, p. 8).

1.5 Implications for Policy, Practice and Research

The purpose of this research study is to explore the lessons that can be learned from existing externally funded community-based programmes for OVC in sub-Saharan Africa in relation to the experiences that the targeted OVC and local community members have had. Through the lens of social work theories of strengths-based approaches and anti-oppressive practices, the findings of this study are expected to point to the successes and challenges of this programming approach and contribute to the knowledge on community-based programmes in response to the AIDS crisis, social work practice with OVC, as well as identify implications for future research.

1.6 Thesis Outline

Following this introduction, Chapter Two explores the relationships between local community groups and members and national and international organizations. Theories of strengths-based and anti-oppressive social work practice are used to deconstruct the impact of community-based responses and collaborative partnerships between local and external organizations and assess the outcomes on community groups and local actors.

Chapter Three outlines the context for national and international policy and funding for OVC. While community-initiatives have been regarded as a positive approach to supporting OVC, there is little evidence that local community approaches are being supported. The degree to which community-based responses are supported is examined in the following sequence: commencing with a discussion on the rights of children and the global commitment to the well-

being of children, followed by an analysis of the national and global policy responses and concluding with mechanisms designed for channelling resources to community-level initiatives.

Chapter Four presents the research methodology. Guided by the concepts of reflexivity, my research journey is provided, as multiple experiences have influenced the research process. My application of a systematic review is described in detail, accounting for the selected databases, keyword searches and inclusion and exclusion processes used in order to ascertain the community-based programme evaluations to be included in the study. A brief description of my analysis approach and general data collection results are provided.

Using theories of strengths-based approaches and anti-oppressive social work practice, Chapter Five provides the research findings and analysis. Concepts of strengths and limitations of local practices, participation, capacity building and ownership are examined to explore what impact externally funded community-based programmes and the partnerships between local community groups and national and international organizations have had on local processes and actors.

Chapter Six presents the conclusions of the present study. Key findings in relation to the experiences targeted OVC and local community members have had from externally funded community-based programmes. This is followed by policy, practice and research implication of this study. The research is concluded by addressing limitations of this study and areas of future research.

Chapter Two: Theoretical Framework

2.0 Introduction

Theories of social work practice can be applied to deconstruct the multiple relationships that exist within community-based responses to providing care and support for OVC. The following chapter uses theories of strengths-based approaches and anti-oppressive social work practice to explore the effects that community-based programmes have on local actors and the consequences of partnerships between local and external actors. Strengths-based approaches are used as they are in line with the belief that communities have the capacity and assets needed to create change. Theories of anti-oppressive practice are used to explore concepts of power that exist in collaborative relationships and the multiple social positions of OVC.

2.1 Social Work and the Relationship between the Global North and Global South

The AIDS pandemic and need for support for OVC has formed interconnectivity between international agencies in the global North and individuals and communities in the global South. Both external organizations and local community groups are strategizing to provide care and support for OVC. The interconnectivity that exists between the North and the South has been critiqued through notions of imperialism, neo-colonialism, trans-nationalism and cultural hegemony (Raznack, 2000). The international, national and local communities each have assets, which if brought together, could develop into strong and mutually beneficial partnerships. It has been proposed that collaboration between community-based organizations and resources and technical support from international organizations and governments would strengthen care for OVC. As stated by Foster (2002a) "... with more resources, made available at the local level through a long-term commitment, communities could do much more. The combination of technical support and appropriate levels of funding could help community groups reach more

children and address other problems related to AIDS," (p. 3). As power operates across borders during collaborative ventures, deconstruction of the social positions of each group is required to avoid overlooking the strengths of the local community and hegemonic practices (Raznack, 2000). As community-based programmes are slowly being recognized as a viable option for responding to the epidemic, one calls into question the opportunities for a non-paternalistic partnership.

Social work has its roots in charity provided by wealthy individuals to the poor (Hick, 2002). With a history of friendly-visiting, the social work profession began through the practice of individuals from dominant social positions providing assistance to poor and marginalized people. The tradition has continued, as many of today's international development NGOs were formed as relief agencies, focusing on charity for individuals in need (Campfens, 1996). Less focus has been placed on social justice and, consequently, the relationship has been built on symptom relief of larger social issues. The relationship has been characterized as one-way, with the North providing for the South. Raznack (2000), however, maintains that it is not up to the North to make assumptions about the needs of individuals in the South or how they situate themselves and that the South should be guiding practice.

2.2 A Strengths Perspective

One approach to contribute to a collaborative relationship is to see the strengths of the community. By adopting a strengths perspective, external organizations can recognize the strengths of the community, rather than perceived weaknesses. Salole (1992) suggested the external organizations and researchers have had a heightened focus on the deficits of the community, for example, by focusing on the 1% of children who are without an adult caregiver. In contrast to this approach, the strengths perspective would aim to explore how the community

managed to provide care for the other 99% of orphans. The strengths perspective is based on the principles that all people and communities have strengths, capacities and resources (Healy, 2005). Workers perform collaboratively with the clients to create opportunities for the client to seize control over their environments (Healy, 2005). The strengths perspective is based on the assumption that people usually demonstrate resiliency (Saleeby, 1996 as cited by Healy, 2005). Community-based responses for OVC have demonstrated this notion through the principles of volunteerism, innovation and self-reliance. The guiding principles have been used to provide care and support for children when services have not been provided to the local community.

The strengths perspective, however, may become too focused on the assets of the community and overlook situations of real risk (Healy, 2005). For example, within child welfare, one may become so fixated on the strengths of the community that real issues of vulnerability, such as negative cultural practices relating to gender, health and social status are overlooked (Salole, 1992). Through a partnership with outside organizations, clear expectations and goals can be established and used as references for achievements.

From the strengths perspective, partnerships between the external agencies and the clients should recognize the assets of the community and the capacities the community has to offer (Saleeby, 1992 as cited by Roff, 2004). The emphasis is on collaboration, while the community remains the expert. The strengths perspective, however, has been critiqued because it overlooks the differences in power between the external organization and the local community (Finn & Jacobson, 2003; Healy, 2005).

2.3 Anti-Oppressive Perspective

In contrast to a strengths based approach, anti-oppressive perspectives highlight the inherent conflicts in terms of meaningful partnerships because of unequal power relationships

between those seeking the service and groups or individuals providing the service. For example, because the link between international NGOs who support more local ventures is primarily financial (Roff, 2004), the external groups are placed in a position of power. The external organization is usually staffed by professionals who are assisting communities to which they do not belong (Fisher, 1998 as cited by Roff, 2004). The external organizations have the power to refuse to financially support particular activities and have the ability to influence the way in which the money is being used. Further, as the primary financial provider, the external organization has the power to leave the relationship if the implementation is not matching their expectations (Wallis, Dukay, & Mellins, 2009). It has been suggested by Roff (2004) that "careful investigation of mission compatibility during the initial stages of relationship development between funders and community-based organizations will serve to discourage cooptation," (p. 209).

Anti-oppressive practices maintain that partnerships need to be based on a foundation of shared power, both at the interpersonal and institutional levels, by maximizing the service users' ability to take part in decision making (Healy, 2005). Through the community-based principles of local leadership and consensus-based decision making, local community members have the opportunity to take part in the decision making and influence outcomes. However, because oppression can be expressed at the individual and community levels, the principles of local leadership and consensus-based decision making do not ensure the care of the most vulnerable children. For example, as understood through theories of anti-oppressive practice, there are intersecting levels of oppression, whereby different types of oppression can occur in unison (Healy, 2005). A child may be oppressed in one regard, such as being an orphan; however, the social position based on gender may mean that child experiences privileges or additional

oppressions. In communities where the status of a male child is of higher regard than a female child, the female child may experience further hardship. This has been seen in circumstances where male children are favoured to be educated and female children are less likely to attend school (Ainsworth & Filmer, 2006; Word Bank, 2009).

The international community plays a role in challenging the local systemic and cultural barriers that contribute to the oppression of female children. This is seen through avenues such as the Convention on the Rights of the Child (UN General Assembly, 1989) and continuous advocacy through organizations such as Save the Children. However, external organizations may be overlooking the vulnerability of some children, as they often use orphan status as a measurement of need and inclusion for resources and support (Henderson, 2006; Meintjes & Giese, 2006; Oleke, Blystad, Moland, Rekdal, & Heggenhougen, 2006). Differences in levels of vulnerability have been documented, indicating that not all orphaned children share all the same experiences. Many of these subtleties of vulnerability require an understanding of the local culture and practices (Oleke, et al., 2006), which is best understood by local community members. Oleke et al (2006) highlighted sociocultural and economic factors which lead to significant differences of orphanhood. For example, family structure was reported to be associated with different levels of vulnerability. Within polygamous marriages, jealousy often prevails between wives and is transferred to children who have experienced maternal orphaning and are now being cared for by a junior wife. The family dynamic has been associated with deprivation of care, as well as social exclusion and displacement for maternally-orphaned children. In contrast, Oleke et al (2006) cited that children who reside with maternal kin are more likely to experience care by individuals who have genuine concern for their well-being.

In addition to family structure, differences in levels of sexual vulnerability were reported for boys and girls, with girls significantly more likely to fall victim to sexual exploitation (Oleke, et al., 2006). Further, age of orphanhood affected well-being of both male and female children (Oleke, et al., 2006). Younger children were at greater risk of starvation or hunger, which in some cases was independent of the experience of poverty, as young children may be left at home alone all day while their caregiver is working. The differences in social position of orphans based on sociocultural and economic factors indicates that orphaned children derive positions of further oppression or privilege based on other aspects of their identity. Therefore, using orphan status as the sole descriptor of a child's identity and assuming vulnerability is related ignores the other aspects of the child's identity, which may compound their situation or offer strength.

Through a collaborative partnership, NGOs can assist community groups in challenging structural oppressions that exist outside the local community. Community-based responses have been critiqued for having a narrow focus and not expanding outwards. With an emphasis in direct-service providing such as income-generation, home-based care and psychosocial support, community-based groups may not have the capacity to advocate for changes beyond the local community. NGOs often play the role of intermediaries between local and national/international levels (McLeod, 2003). By partnering with NGOs or other advocacy groups, the community-based organization can address the political, social and economic issues that may be influencing oppressions at the community level (Hall, 2007). As found by Campfens (1996), NGOs in the South are using their relationship with NGOs in the North to increase their capacity for an international voice. There is an expectation that the Northern NGOs engage in advocacy work and social justice, which accurately reflects international development from the Southern perspective.

2.4 Language and Relationships of Power

The language used to describe an individual or situation contributes to the reaction or solutions proposed (Healy, 2005). The language used to describe the circumstances of OVC and communities affected by AIDS relates to concepts of power, identity and the type of partnerships that exist between local groups and external organizations. The following section explores the impact of language on collaborative relationships between the local groups affected by AIDS and external organizations aiming to provide assistance.

Often, the language used by external organizations describes the situation of orphans as destitute and overlooks the responses from the local community. For example, UNAIDS (2004 as cited by Meintjes & Giese, 2006) referred to children orphaned by AIDS as "growing up in deprived and traumatic circumstances without the support and care of their immediate family" (p. 61); "without the protective environment of their homes" (p. 63); and their "parent's death . . . depriv[ing] them of the learning and values they need to become socially knowledgeable and economically productive adults" (p .63). The description portrays the children as victims who are in need of rescuing. Through this depiction of the situation of orphans in Africa, the active role of the community has become invisible, suggesting the need for an external rescuer. Such descriptions subscribe to the social rupture theory, which is based on the belief that the extended family and communities have eroded from the AIDS crisis and children need external support for basic needs (Abebe & Aase, 2007). These situational analyses have lead to immediate responses from additional external organizations that are based on generalizations and are not grounded in the contextual environment (Salole, 1992). Subsequently, the role of the expert is placed with the agencies from outside of the community.

In addition, the labels used by the global community to describe OVC do not necessarily coincide with the perceptions from the local community, thus creating a further divide for collaborative partnerships. As noted by Meintjes and Giese (2006), the concept of orphan at some local levels has negative value-laden connotations. For example, in some local African languages, "orphan" is associated with a lack of love or resources, destitute or isolated. Meintjes and Giese (2006) quoted a woman who was offended because she was widowed, making her children paternal orphans, but did not feel that because her children no longer had a father meant they were neglected. Other translations cited regarded "orphans" as "failed/forsaken by social mechanisms or 'cultures of relatedness' through which he or she should be supported," (Carsten 2000 as cited by Meintjes & Giese, 2006, p. 423). Such translations overlook the supportive mechanisms that are taking place within the family and at the community level and further regard the social mechanisms that are taking place as unfit. As stated by Meintjes & Geise (2006), "the labelling of a child in this way is not only stigmatizing the child, but a direct insult to those participants in the social network providing care and support to the child," (p. 423).

Power imbalances also exist at the community level which further subjugates the social position of children. For example, at the local level, the traditional practices for providing care for children and community-based responses do not always regard children as active agents for their own well-being. While community-based responses are built on the principle of consensus-based decision making, children may be significantly under represented. Based on notions of power from the post-modern perspective, power is not simply possessed but rather expressed. Each agent has the power within, but their social position is based on how, where and when that power is expressed (Fook, 2002). While external organizations have the capacity to have power-over local communities, community decision making models have the ability to further

marginalize children, as a child's opinion is not regarded as valuable. When children are not involved in the decision making processes, their individual power and strengths diminished. The dichotomous labels and, therefore, social positions of "child" and "adult" further perpetuates inequality, as the perspective of the adult is valued over the experience of the child. External organizations and international documents such as the Convention on the Rights of the Child may play an important role at the local level to speak out against marginalization of young people and challenge cultural and systemic barriers which limit the participation of OVC in decisions that impact their lives.

Decisions made from the strengths perspective, by placing the community as the expert, assume that communities are looking out for the well-being of orphaned children. However, there are circumstances where OVC are actively discriminated against. Within the local community, the social position of being an OVC may relate to experiences of stigmatization (Richter, 2001 as cited by Hall, 2007; UNICEF, 2004). While communities have spoken out about the negative connotations of the word "orphan", there have been circumstances where one's association to HIV has been viewed negatively. For example, moral attitudes and beliefs around sex may connect the presence of AIDS to punishment for immoral behaviour. Orphaned children have experienced the transfer of stigmatization placed on their parents for having succumbed to been infected by AIDS (Doku, 2009; Oleke, et al., 2006).

Fook (2002) discusses the presence of binary opposite labels ascribed to individuals to create hierarchy in social location. Relating AIDS to moral action creates a dichotomy of who is guilty and who is innocent and, thus, who is deserving and who is not. Stigmatization may also be rooted in wanting to create a divide between individuals who are seen as "healthy" and "unhealthy." OVC may be associated with the ill or thought to be infected themselves and,

therefore, weak and vulnerable, while the 'healthy' are socially separate and less vulnerable to negative situations. Socially created groups and labels have impact over the response. One role external groups have played in such circumstances is raising awareness of risks to AIDS and providing education to reduce stigma.

2.5 Summary

The large impact of the AIDS crisis requires action from all levels and has created greater interconnectivity between the global North and global South. Because of the differences in imbalance of power that exist at the two levels, facilitating collaborative responses which recognize the strengths of the local community requires a reflection on the roles and actions from both the local community and external organizations. Theories of social work practice provide context for deconstructing these working relationships. The strengths based perspective supports community-based responses, as it maintains the community has inherent strengths and assets which should be mobilized to respond to the situation. However, the theory is limited in an analysis of the power relationship between the local community and external agents providing support. Theories from anti-oppressive social work provide context for understanding the power differentials between the two groups and the ways which oppression can develop at the individual, cultural and systems levels. Both the local and external organizations have opportunities to challenge negative practices and have different resources to contribute to the care and support of OVC. Using the evaluations of community-based programmes for OVC ascertained in Chapter Four, Chapter Five uses these strengths-based and anti-oppressive practice theories of social work to further deconstruct the experience of community-based programmes for OVC and the relationship and roles of local community groups and external organizations.

Chapter Three: Policy and Funding for OVC Programmes

3.0 Introduction

The AIDS crisis has received considerable political attention since the disease was recognised in the early 1980s. The world, however, has been slower to address its impact on children and their developmental well-being. It was not until the late 1990s that the consequences for children were brought to the global political table (Foster, 2002b; Gulaid, 2008). The international community has broadly agreed that community-based interventions can be sustainable and effective (McLeod, 2003); nonetheless few resources are reaching the communities that are providing the direct care and support for OVC (UNICEF, 2004, 2006). Communities are understood to be a strong avenue for providing for OVC, but they require both financial and technical support (Foster, 2005). It has been estimated investments of US$ 2.5 billion would be needed in 2010 for orphan care and support in 132 low- and middle-income countries (UNAIDS, 2009c). Despite the claims by the international community to seek local involvement of civil society, there is little evidence that local approaches are being supported.

The following chapter reviews the international policy and funding commitments and approaches for supporting community initiatives for the care and support of OVC. These are demonstrated through the Convention on the Rights of the Child and the Millennium Development Goals, which commit to upholding the well-being of children and maintaining the importance of the local level actions through family and communities. This is followed by an outline of the national and international policy context. National development plans are reviewed with a focus on their integration of OVC and the mechanisms developed to allocate funds for community-based responses. The international context looks at the major agencies (United Nations, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank,

President's Emergency Plan for AIDS Relief, and NGOs), which have a significant impact in shaping the responses to the AIDS crisis. The chapter is concluded by an account of the mechanisms that are currently being used to channel money to the community level and strategies that may potentially be more effective.

3.1 AIDS and Children's Rights / Commitment to Children

The global community has made commitments to take action against the spread and impact of HIV and AIDS. In addition, through binding agreements such as the Convention on the Rights of the Child (CRC) and the Millennium Development Goals (MDG), separate pledges have been made from countries and international agencies to take ownership of child welfare and uphold the rights of the child. These documents recognize the importance that families and communities have on the welfare of children and state the need for strengthening their capacities. The following section frames the AIDS crisis and welfare of the children through internationally recognized covenants, the impact they have on children and the role of the community to uphold such commitments.

AIDS, in terms of access to antiretroviral treatment, HIV prevention, care and support, has been recognized as a global human rights emergency (UNAIDS, 2006). "Vulnerability to HIV infection and to its impact feeds on violations of human rights, including discrimination against women, and violations which create and sustain poverty," (UNAIDS, 2006). In 1989, the United Nations Centre for Human Rights and the World Health Organization (WHO) organized the International Consultation on AIDS and Human Rights (UNAIDS, 2006). Here the idea emerged for guidelines on how to uphold human rights in the response to HIV/AIDS. The guidelines were to serve as support to governments in developing a positive, rights-based response to HIV and AIDS. In 1996, the Second International Consultation on HIV/AIDS and

Human Rights took place to concretely discuss necessary guidelines and the International Guidelines on HIV/AIDS and Human Rights was published in 1998, with further revisions being made in 2002 and 2006 (UNAIDS, 2006).

In addition to HIV/AIDS being placed in the context of a Human Rights concern, which applies to all individuals regardless of age, the international community has made separate commitments to children. The global inequalities of children have been exacerbated by the AIDS crisis and the CRC has a role in upholding the well-being of children worldwide. In 1989, the CRC was signed, legally binding participating countries to recognize universal rights of all children throughout the world (UN General Assembly, 1989). The CRC and participating countries recognize children as an exceptional group which should be committed to globally and guaranteed well-being. It maintains that the family has the primary responsibility for the care and well-being of its children, but in circumstances when children are deprived of a family environment, the State holds responsibility for the child's well-being (UNICEF, 2004). Such notions suggest that countries have a responsibility to assist families to provide for their children and, in cases where children are without a caregiver, develop strategies to assure care and support is provided. The CRC is based on the guiding principles that all decisions relating to children should be based on the "best interest of the child", provided without discrimination, recognize the child's "right to survival, well-being and development" and "respect for the view of the child" (UN General Assembly, 1989).

The CRC has been described as the "single most important tool... around the world to deal with the critical and contemporary determinants impacting child health outcomes," (Goldhagen, 2003, p. 743). In relation to HIV and AIDS, McMillian & Simkiss (2009) stated that "if protection of human rights is seen as a societal precondition for human well-being, then

the promotion and protection of these rights is enmeshed with promoting and protecting children's protection from HIV," (p. 72). Articles in the CRC call for a standard of living that meets children's needs for health, shelter, education, spiritual, moral and social development (UN General Assembly, 1989).

A further commitment to the well-being of children was made in September 2000 when 189 countries endorsed the United Nations Millennium Declaration, effectively committing to reduce extreme poverty globally and established a series of eight target goals to be met by the year 2015 (United Nations, 2009). These goals, now referred to as the Millennium Development Goals (MDGs), are as follows: 1) eradicate extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; 6) combat HIV/AIDS, malaria and other diseases; 7) ensure environmental sustainability; 8) develop a global partnership for development.

The following year, in June 2001, Heads of States and Representatives of Governments signed the 2001 Declaration of Commitment on HIV/AIDS at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (United Nations, 2001). At this meeting, HIV/AIDS was declared a global crisis that required global action. While the declaration was not legally binding, it did reaffirm commitments to addressing the AIDS pandemic. Within the declaration, three specific points were made regarding children orphaned and affected by HIV/AIDS. They are:

> "By 2003 develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

> Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;
> Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa" (United Nations, 2001, p. 29).

The 2001 Declaration thus calls for strategies that strengthen family and community capacity, recognizing the importance of the local level on the well-being of children. Phiri and Webb (2002) stated that "as these principles enjoy increasing rhetorical dominance, there remains the issue of translation of principles into activities," (p12). Phiri and Webb (2002) continued to argue that programming must look to local and context specific definitions rather than pre-determined notions of vulnerability. This sentiment is further supported by UNICEF (2004) who suggests that the specific circumstances of needs for child well-being will be unique to the experiences of the community and that active involvement of the community can revitalize traditional support measures for children, thus contributing to the commitment to the rights of the child.

3.2 The National and Global Policy / Programme Responses

McLeod (2003) noted that community based programmes are widely acknowledged as cost-effective; however, community-based services have only recently been financed by the largest aid agencies. In 2008, global financing for AIDS reached US$13.8 billion, the highest amount in history (UNAIDS, 2009a). Of this, almost US$1billion was paid directly by the affected individuals and their families. Remaining funds came from multilateral institutions (12%), philanthropic sectors (5%), direct bilateral cooperation (31%) and domestic expenditures (52%). When differences in income levels are taken into account, the domestic spending within Sub-Saharan countries was six times greater than other parts of the world (UNAIDS, 2009a).

Through stand alone national plans of action (NPA) and the integration of child-focused strategies into existing sector or development instruments, countries in sub-Saharan Africa have begun to reflect their commitment to providing care and support for OVC. Action has also been seen from the international community through bilateral, multilateral and non-profit organizations. The following sections present the context of national responses and notes gaps in systems for allocating funds to and monitoring initiatives at the community level. This is followed by an account of the international policy context through actions from the United Nations, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief (PEPFAR), and NGO involvement.

3.2.1. National Policy Context

Since the 1990s, there has been an increase in national-level responses for OVC (Gulaid, 2008). 15 countries in sub-Saharan Africa have adopted a specific policy on orphans and vulnerable children or have ensured that general policies cover their needs (UNAIDS, 2009a). Responses from countries for the care and support of orphans and vulnerable children have included either stand alone National Plans of Action (NPA) or the integration of strategies into exiting sector plans and national development instruments (Gulaid, 2008). Most countries have been encouraged to develop NPAs. These plans include strategies for educational support, feeding and nutrition programmes, community care centres for children, psychosocial support, social cash transfers, health care, as well as intervention to prevent mother to child transmission, and improved legislation to protect children (Gulaid, 2008). Stand alone orphan and vulnerable children NPAs, such as those in Kenya and Tanzania, have been demonstrated to be more attentive to children, which has lead to the integration of children's issues into ministerial plans and other development documents (Gulaid, 2008 as cited by UNICEF, 2008a). This has also led

to increased donor funding, as demonstrated in Zimbabwe. After focusing its NPA on children affected by AIDS, Zimbabwe received USD 84 million through donor funding over 4 years (UNICEF, 2008b).

Many of the NPAs in Africa are focusing on broader vulnerability of children, rather than specifically on children affected by AIDS (Gulaid, 2008). This method is more inclusive because in the Eastern and Southern regions almost all children are affected by AIDS in some manner and in Central and West Africa children are vulnerable due to multiple causes in addition to AIDS, such as conflict, widespread poverty, food insecurity, abuse and violence (Gulaid, 2008). Only 2 of 13 NPA in Eastern and Southern Africa make mention of the terms HIV and AIDS, however, they all include the notion of "other vulnerabilities". In West Africa, with the exception of Cote d'Ivoire, all the NPAs are inclusive to all orphans and vulnerable children, with no specific mention on children affected by AIDS.

The development of a NPA has been effective in gaining external and bilateral funding. For example, in "Cote d'Ivoire, a PEPFAR-focused country, it is estimated that the government funded 4% of the 2004-2006 NPA, while UNICEF funded another 14% and PEPFAR funded the balance – 82% of the total budget," (Gulaid, 2008, p. 20). However, as noted by Gulaid (2008), the majority of donor money for national responses for orphan and vulnerable children is allocated to actions only with a focus on AIDS.

For effective care and support for OVC, resources at the community level are required (Bonnel, Temin, & Tempest, 2004). A study completed by UNICEF and the World Bank demonstrated that while the concept of community-based action is recognized in the majority of national strategic plans and some poverty reduction strategy papers (PRSPs), systems to direct funds to people at the community level is variable (Bonnel, et al., 2004). In PRSP, there is

limited mention of mechanisms for allocating funds to the local governments or community-based organizations for HIV/AIDS but most national strategic plans have some mention of methods of funding. It was suggested that this is alarming since the primary source of care is located at the community and local level.

Further, Taylor (2008, as cited by UNICEF, 2008a) identified challenges in monitoring programming at the community level and noted that national monitoring systems do not capture efforts from community initiatives. Significant gaps in monitoring included external and domestic resources reaching community initiatives and coverage, quality and impact of the initiatives on targeted children. Without accurate monitoring, opportunities for learning which strategies are effective and identifying areas which can be improved is limited.

The national responses are often developed with involvement from international agencies. For example, "although some action was taken following the UNGASS Declaration of Commitment on HIV and AIDS, especially in the hardest hit region of East and Southern Africa, the response was slow, inadequate or absent in most countries," (Gulaid, 2008, p. 7). To increase awareness and stimulate action, the Global Partner's Forum on Children Affected by AIDS (GPF) and a framework for the protection care and support of OVC was created (Gulaid, 2008). The GPF lead to the development of a coalition of donors who initiated the rapid assessment, analysis and action planning process (RAAAP) in 16 countries with high HIV and orphan prevalence rates (Gulaid, 2008). The global community has had a significant impact on the response to the AIDS crisis. As actors change, so do the rules and values (UNDP, 2002). The following provides the background of the major actors at the international level and their impact on the response to the AIDS crisis.

3.2.2 Global Context: Multi-Lateral and Bilateral Responses

Much of the global response to the HIV/AIDS endemic has been encouraged or initiated by the United Nations (UN). The UN is an umbrella organization for many multilateral institutions directly impacting the response to the global AIDS crisis (UNAIDS, 2010). The UN has a significant knowledge base and a strong ability to mobilize action on vulnerable groups, such as OVC. The leading body within the UN addressing HIV/AIDS is UNAIDS. It is co-sponsored by 10 UN system organizations, some of which include the WHO, UNICEF, UNDP and the World Bank (UNAIDS, 2010). The co-sponsorship works to provide a holistic response to children and AIDS. In addition, UNICEF focuses specifically on the needs of children. Through the Unite for Children, Unite Against AIDS campaign (a joint UNICEF and UNAIDS programme), UNICEF's vision is for the next generation to be AIDS free. One goal within that initiative is to reach 80% of children with the greatest need by 2010. The UNAIDS has recently begun to recognize the strengths of community initiatives (UNAIDS, 2009b) and, through partnership with the community, the knowledge sharing can be reciprocal.

In addition to the efforts of the UN, The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) provides one quarter of all international financing and is the largest source of finance for programmes to fight AIDS. The initiative's primary purpose is to manage and disburse resources and does not implement programmes directly. The Global Fund works in partnership with bilateral and multilateral organizations to provide additional financial support to existing efforts. "By June 2010, the Global Fund committed US$ 19.3 billion for 579 grants in 144 countries," (Global Fund, 2010). 61% of the financial resources supported HIV/AIDS initiatives, while 24% supported malaria and 15% was allocated to tuberculosis. Of the money allotted to all three diseases, 18% was allocated to Southern Africa and 26% to East Africa. "4.9

million basic care and support services have been provided to orphans and vulnerable children," (Global Fund, 2010).

The Global Fund includes an element of community systems strengthening (CSS) in most of their grant; however, it was only recently that the Board and Secretariat indicated how and why it should be a priority (Global Fund, 2008). CSS "encourages routine inclusion and thus funding of initiatives that contribute to the development of and/or strengthening of community based organizations to achieve improved outcomes for HIV/AIDS, TB and malaria," (Global Fund, 2009, p. 9). The three strategies for applying for funds include: capacity building, systematic partnership building and ensuring sustainability and financial predictability. The Global Fund still faces challenges with defining the content and boundaries of CSS, as well as developing a measurement framework which accurately represents contributions at the community level (Global Fund, 2009).

Another important multilateral financial provider is the World Bank (WB). The WB provides loans to national governments to assist with developmental plans. The loans are subject to conditions that are monitored by the WB. By June 2009, the WB had made available $1.8 billion for HIV/AIDS programmes in 30 countries (World Bank, 2010b). In 1999, the WB established the Multi-Country HIV/AIDS Program for Africa (MAP) (World Bank, 2010b). The programme supports countries with knowledge and technical assistance through the AIDS Campaign Team for Africa (ACTafrica) and the AIDS Strategy and Action Plan (ASAP) provides assistance to create prioritized, evidence-based, result focused and costed strategies and action plans. The WB's Community Based Development and Community Driven Development projects demonstrate their awareness of the importance of community concepts such as participation, accountability and empowerment (World Bank, 2010a).

In addition to other agencies providing financial support, PEPFAR was established in 2003 and has made the largest commitment by one nation for one single disease (PEPFAR, 2010a). On July 30, 2008, US$48 billion over the following 5 years was committed by PEPFAR through the legally binding Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. PEPFAR supports three initiatives: treatment, prevention and care. The care component has three dimensions: care for OVC, care and support (other than antiretroviral treatment) for people infected with or affected by HIV/AIDS, and HIV counselling and testing. 11 of 15 PEPFAR focused countries are located in East and Southern Africa (Gulaid, 2008) and through the 2009 fiscal year, PEPFAR claims to have supported more than 3.6 million OVC (PEPFAR, 2010b).

In addition to the multilateral organizations, non-government organizations (NGOs) have been assisting with addressing multiple issues related to HIV and AIDS. Faith-based organizations (FBO) and NGOs are the strongest supporters of community-based responses (Foster, 2002b). They have been involved in programming as well as policy development. Often, the role of NGOs has been to act as intermediaries between macro and grassroots levels. NGOs have been described as more closely linked to international organizations than government strategies. This was demonstrated through examples in Eastern and Southern Africa of NGOs' funding and reporting (UNICEF, 2008b). Though advocacy, NGOs and civil society have given strength to the national responses and international NGOs have had a significant impact on the shaping of policies and guidance (Gulaid, 2008). The largest challenge of the civil society sector is that actions are limited in scale and many community programmes are not linked together and, consequently, remain disjointed (Foster, 2002a; Gulaid, 2008).

3.3 Mechanisms for Channelling Money to Communities

In a stressed fiscal environment, an effective response needs creative and prioritized use of existing resources, strong efforts to gain external resources and methods for channelling resources for the direct use at the community level (UNICEF, 2004). However, despite efforts from national and international organizations, communities are not receiving support. For example, in 11 high-prevalence countries, only 15 percent of orphans received external assistance (UN General Assembly, 2008 as cited by Gulaid, 2008). Similar findings were demonstrated in a study of 18 countries between 2003 and 2007 (UNICEF, 2008b). Few households caring for OVC received external assistance such as education support, medical care, clothing, financial support or psycho-social services. The mean value of assistance found was 12 percent, with the lowest level of support found in Sierra Leone (1.3 percent) and the highest found in Swaziland (41 percent). The following discusses the potential reasons for minimal amount of financial support reaching communities, the potential for funding to undermine community initiatives and mechanisms for providing support to the local level.

Foster (2005) identified two major reasons why funding does not make it to communities: donor perception and the challenge of small grants. The challenge of donor perception is based on the notion that donors do not feel that community groups have the capacity to account for funding. Small grants were seen as a limitation because grant-makers are challenged by administering small grants, as it is often uneconomical for them because of high transactional costs. In addition, allocating money to community groups would create additional work. Further, it was found that grant-makers did not link the effectiveness of their funding to the proportion of money given to community groups.

In the same study, community respondents reported that they felt direct funding from government and large donors was less effective because: it is short term, the inflexibility in use of funding, the conditionality of funding (such as restricted age groups of children), remote decision making (decisions made at a far distance from community and without site visits), unreasonable monitoring, staff turnover, funding not available (for example, funds diverted by funding bodies for other uses) and loss of identity (Foster, 2005).

External funding or material assistance can be counter to government incentive or undermine local initiatives (Foster, 2005; Meintjes & Giese, 2006; UNICEF, 2004; Wallis, et al., 2009). Commonly, external organizations approach communities with already prepared services and look to the community to assist in implementation. By acting as a direct service provider, external organizations are undermining the strengths of the community (Wallis, et al., 2009) and have even contributed the negative changes in the culture, such as using the child as a commodity to receive financial assistance (Meintjes & Giese, 2006).

UNICEF (2004) stated "governments need to establish more coherent systems and mechanisms that enable funds from multiple donors and sources to be channelled to affected communities," (p. 25). Such plans need to have a long-term focus, as the AIDS crisis will have an impact for many years to come (Foster, 2002a; UNICEF, 2004). A decentralized, multi-sectoral coordination has been understood to be necessary for improving the care and support of children. As described by Gulaid (2008), "in several countries of East and southern Africa, large-scale, multi-sectoral activities, such as community-care centres and school feeding, are underway and effort is ongoing to establish and sustain district and community level coordination committees," (p. 22).

One effective method for channelling money to the community level is Zimbabwe's Programme of Support (POS). A collaborative partnership between the government, donor and civil society organizations led to six donors committing over US$ 80 million to a pooled fund.

> Twenty-six NGOs had successfully applied for funding for a period of three years, covering a range of activities in line with Zimbabwe's National Plan of Action (NAP for Orphans and Vulnerable Children). These NGOs in turn managed and funded over 150 community groups reaching an estimated 180,000 vulnerable children in 68 districts with potential to reach 400,000 children nationwide (UNICEF, 2008b, p. 16).

The programme had a unified monitoring system which made measuring coverage possible. Results showed that children and families were positively affected and that capacity building led to the ability of the programme to scale-up.

Other methods for support at the community and household level include direct cash transfers. "While traditional poverty alleviation and political and socio-economic development strategies remain important instruments for growth, their benefits do not automatically reach orphans and so direct interventions continue to be required to reach the socially and economically excluded," (UNICEF, 2007 as cited by Mushunje & Mafico, 2010). Cash transfers make money more accessible for families and communities and that responsibility of care of orphans is strengthened (Mushunje & Mafico, 2010).

Further suggestions for making money more accessible at the community level include: simple application systems, appropriate grant sizes, long-term funding, flexibility and capacity-building (Foster, 2005).

3.4 Summary

National governments and the international community have committed to providing care and support for vulnerable children; however, efforts have been slow, and lack clear methods for allocating funds to the local community and have limited strategies for effectively monitoring the

initiatives at the local level. Large amounts of money have been committed to the AIDS crisis, with the primary focus on prevention and treatment, but OVC have also received specific funding. However, mechanisms for channelling money to local communities have been ineffective in a number of ways. Through limitations of grant size, inflexible restrictions on money usage and committed money not being available, community initiatives are not receiving the support they require from external organizations. UNICEF (2004) highlight that in order for governments and the international community to provide care and support for OVC, "successful experience and lessons learned in supporting community initiative need to be widely disseminated and replicated rapidly." (p. 30). The following chapter (Chapter Four) provides the methodology used for this study which aims to explore the lessons learned from externally funded community-based responses in sub-Saharan Africa, from strengths-based and anti-oppressive social work perspective.

Chapter Four: Methodology

4.0 Introduction

The majority of the research on OVC looks at the impact AIDS has on the well-being of children. While the international community has demonstrated support to community-based programmes, few studies have evaluated the impact these programmes have on OVC and local community members. The purpose of this study is to review externally funded community-based programmes for OVC in sub-Saharan Africa and explore the experience of the targeted children and local community members. The research will be explored from strengths based and anti-oppressive social work perspectives.

The following chapter describes the methodology used to complete the study, beginning with my journey in relation to the conceptual design of the study, the pragmatic steps used to complete a systematic review of evaluations of community-based programmes and the general findings from the collected data.

4.1 Research Design

Ellis and Berger (2002) asserted that research is not value-free and that the researcher's personal, political and professional interests have an impact on the collected data. Based on such notions, my research methodology begins with an account of my research journey. My research journey consisted of three stages. First, I began with my application to McGill University and exploring possible methods to complete my study by speaking directly with OVC and relevant stakeholders. Second, I accepted a research fellowship which took me to Zambia, where I completed a separate study on civic participation with an indigenous NGO focused on community participation for women's development. Finally, after reviewing the possible

research methods, I completed a systematic review of literature. The following section outlines my journey in detail as it relates to the conceptual design of the study.

4.1.1 Stage One

I applied to McGill University's Masters of Social Work programme for the opportunity to study international social work as it relates to policy and programming. Specifically, I was interested in exploring the impact of HIV/AIDS on children and culturally appropriate responses to providing care and support to OVC. My passion towards the AIDS crisis likely relates to my being born in the 1980s. The controversy of AIDS appeared in mainstream media from the time I was young and what started as a general concern grew into my desire to be more actively involved in responses to an overwhelming crisis**.** I have always had an interest in child development and, through my undergraduate studies, I developed a strong interest in the politics of social work and international development in Africa. In my Master's application, I proposed to study the experiences of being orphaned and made vulnerable by AIDS in Africa by speaking directly with children and relevant stakeholders. This was based on the theoretical position that individuals are the experts of their situation and speaking directly with the targeted population would provide the most accurate account of their realities.

When exploring the research design, I came across logistical challenges. My original intention was to travel to countries in sub-Saharan Africa to speak directly with OVC; however, limited resources hindered this research design. As an alternative, I spoke with agencies in Toronto to better explore the possibility of speaking with children and relevant stakeholders who are now residing in Canada. This design was discarded because it became evident that few children who are truly orphaned or vulnerable have the opportunity to relocate to Canada. For individuals who had arrived in Canada, their account of their experiences would be based on

somewhat unreliable recall of past events, due to forgetting or recall bias which affects one's recollection and impressions of past experiences (Rubin & Babbie, 2008). Further, individuals who are now living in Canada are removed from the community about which they are speaking and this would limit what they could say about community-based responses and reduce the validity of their responses. In addition, individuals who have relocated to Canada may represent a slightly biased population as they have experienced privileges that are not the reality for many people living in sub-Saharan Africa, such as the opportunity to travel in the North.

While exploring different research designs to address my area of interest, I applied different lessons learned through my qualitative and quantitative research methods, programme evaluation and community organizing courses. From lessons within my qualitative research methods class, I learned various skills that would enhance my approaches if using a qualitative design were an option. I further explored this option in the final assignment where I prepared a detailed qualitative research outline on my area of study. In addition, lessons gained from completing the program evaluation and community organizing courses helped me focus on a particular aspect of community-services for OVC and narrow my research question. Further, the program evaluation and quantitative research methods courses provided an opportunity to learn and apply different research skills that were an alternative to collecting primary data. I received an introduction to systematic reviews through the program evaluation course, which was elaborated on in greater detail in my quantitative research methods class.

4.1.2 Stage Two

While exploring avenues to travel to sub-Saharan Africa, I successfully applied for a fellowship position with McGill University's Institute for Health and Social Policy (IHSP). Through this fellowship, I was seconded to Zambia for two months to study an indigenous NGO,

Women for Change. The organization uses community-based programming with the goal of equal development of rural women and men through active participation of all community members. I completed field research consisting of 43 in-depth interviews with local community members and participant observation of life in rural Zambia and the communities which I visited.

While the data I collected for the policy fellowship does not appear in this current study, my experiences in Zambia undoubtedly shaped the analysis of my current research. All of the communities I visited were impacted by AIDS and, as such, one of the core programming areas of Women for Change is HIV/AIDS mitigation. Through this programme, the organization aims to explicitly address the ways HIV/AIDS has hindered development within communities. I observed two workshops where the community members and traditional leaders were addressing the impact AIDS has had on their community and the relationship between AIDS and gendered behaviour. In addition, many of the study participants with whom I spoke shared their concerns and the challenges they have faced in trying to provide for the increasing number of OVC. Further, speaking with the Head Master of a local school, I learned in greater detail of the challenges children face in order to continue with their schooling, often having to withdraw from their education because of lack of financial support or needing to care for family members.

In addition, this experience taught me first hand lessons of the vulnerabilities children face in everyday life. For example, while living in two different local villages I resided in shelters made from local materials which were susceptible to inclement weather. Food was scarce and often while I was eating, young people would come by to share my food. Further, from drinking the local water, I became very ill for several days, which served as a reminder that even after travelling a far distance to collect water, the quality was not always safe for consumption.

My fellowship experience expanded my application of research techniques I had learned in the classroom setting. I built on my knowledge of preparing a research proposal, interview guide and organizing details for the completion of the research, such as arranging for translators and transportation. In addition, I further developed my qualitative interviewing and participation observation skills and supported this learning through field notes and memo writing. Through the final stages of the fellowship, I was able to complete a thematic analysis of the collected data to complete my manuscript of my research.

4.1.3 Stage Three

After returning from Zambia, I decided to complete a systematic literature review of evaluations on community-based programmes for OVC. A literature review allowed me to engage in a large volume of published works covering many community-based programmes and this served to expand my knowledge in the subject area. It also provided an opportunity to expand my technical capacity of designing and conducting an analysis of different programmes for OVC through a selected theoretical lens and explore the experiences of the programmes on the children and local community members.

"The purpose of a systematic review is to sum up the best available research on a specific question. This is done by synthesizing the results of several studies," (Campbell Collaboration, 2009). There is a growing accumulation of literature on community-based programmes; however, only one other systematic review focusing on the methodology of reviewing community-based interventions on community-based programmes for OVC had been completed (Schenk, 2009). I chose to complete a theoretical review because of my interest in the assumptions in which community-based programmes are grounded. Many claims have been made about community-based responses being about building on the capacity of local responses

and maintaining local ownership (Connell, 1995; Foster, 2002b; McLeod, 2003). My study reviews these claims in a systematic way. "A systematic review uses transparent procedures to find, evaluate and synthesize the results of relevant research," (Campbell Collaboration, 2009) and, therefore, minimize bias (Campbell Collaboration, 2009; Cochrane Collaboration, 2009). This study looks at the literature on community-based programmes for OVC in order to build on the existing knowledge and stimulate new ideas.

Despite an exhaustive search, there were limited types of studies available. Not all programmes are evaluated or critically assessed and, as such, my findings include only those programmes that were the subject of funded research. Often the research was been funded by the same source as the programme delivery and, in some cases, also carried out by the same organisation responsible for delivering the programme. In addition, the studies were often limited in terms of scale as the interventions were generally one off programmes completed within smaller communities. Further, systematic reviews are challenged in ability to gather studies with similar methods and sample groups. My review was clear in terms of the targeted population, but in terms of how the studies were evaluated, criteria needed to be broadly set in order to gather sufficient data to validate the study.

4.2 Methodology

After establishing the research design, the methodology was developed and executed. In order to minimize the limitations, an extensive amount of time was spent on developing a robust approach to reviewing the literature by employing many of the techniques of formal systematic reviews. I examined the approach of systematic reviews as employed by the Campbell Collaborative and Cochrane Collaborative approaches and took advice from several professors from different fields to explore the potential for practically applying this methodology. The

degree to which I approximated these approaches had to do with my particular topic and the types of resources I had available.

As a result of these considerations, my systematic review was similar to the Campbell Collaborative and Cochrane Collaborative in terms of having clear, set procedures in advance of commencing the review (Campbell Collaboration, 2009; Cochrane Collaboration, 2009). A clear, concise research question was developed to guide the direction of the review. Keyword searches, database selection and inclusion and exclusion criteria for data were prepared in advance and peer reviewed by a colleague in the graduate studies department and my thesis advisor. Steps were meticulously recorded for easy retrieval of data and to ensure methods could be replicated. Further, grey literature was explored by including Google as one of my databases. My study differed from the guidelines of the Campbell Collaborative and Cochrane Collaborative, which suggests inclusion of both qualitative and quantitative data, because of limited quantitative data on the topic. As a result, my study was limited to qualitative and mix-method studies.

The following section provides a detailed account of the steps I used to complete my systematic review of literature on externally funded community-based programmes for OVC in sub-Saharan Africa.

4.2.1 Systematic Review

During the months of October 2009 to May 2010, a thorough and comprehensive review of literature was completed to ascertain evaluations of community-based programmes for OVC in sub-Saharan Africa. Relevant databases were researched and reviewed for their appropriateness for the study. The final databases were chosen based on their ability to gathering a wide range of literature from different perspectives (medical, social, psychological). The six

databases selected for the final review were: Pubmed (including Medline), PsychINFO (Ovid), ISI Web of Knowledge, Joint Learning Initiative on Children and AIDS (JLICA), the World Bank and Google.

The final keyword searches were chosen because of their ability to represent the target population, focus area and the type of study. The final keyword searches were completed in English and included: "AIDS and Orphan and Program," "AIDS and OVC and Program," "AIDS and Orphan and Community," "OVC and Community and program," "OVC and care and support," "AIDS and Orphan and Community and Evaluation," "OVC and AIDS and Evaluation," and "AIDS and Orphan and Intervention."

Evaluations that were included in the study satisfied my inclusion and exclusion criteria. The purpose of the review was to ascertain evaluations from community-based programmes providing care and support for OVC in sub-Saharan Africa. Therefore, data included in the study needed to be located within this geographical region and meet the principles/goals of community-based initiatives/programmes as described in Chapter One. Both qualitative and quantitative evaluations were included, as well as programmes that were either internally or externally evaluated. All evaluations needed to clearly describe the programme, the date in which the evaluation occurred, who evaluated the study and the methods used to evaluate the programme. Case studies and promotional materials of programmes were eliminated from the data set. In addition, the studies needed to demonstrate a significant focus on OVC. For example, while a community-based programme may include an OVC component, the reviewed evaluation must include outcome data that directly related to the well-being of OVC.

The original search results yielded 1180 potential studies. From that number, 286 studies were duplicated results and were eliminated, leaving 894. Of the 894 potential studies, 47 were

eliminated because the programmes were not located in sub-Saharan Africa. 344 were eliminated because they did not present an actual evaluation. For example, 300 were promotional materials for the organization running the programmes or individuals' resumes that they have posted online and 44 were either case studies, summaries of other articles or did not present a methodology. 453 articles were eliminated because they were not about community-base programmes for OVC. For example, their focus was on the psychological impact of being orphaned by AIDS or the health status of orphans compared to children who are not orphans or epidemiological studies. An additional 22 potential studies were unavailable either because they were published on sites only accessible to organization members, failed links to websites or the studies were forthcoming and not yet published.

This resulted in 28 potential studies. From that number, 15 were not included in the final data because they did not provide significant focus on OVC. For example, while the programme did include a component which provided care and support to OVC, the evaluation did not provide outcome data on these children. 13 of the studies were included in the final data and the bibliographies of those articles were reviewed to locate additional studies, resulting in 26 additional studies, bringing the total number of studies used for the final data results to 39.

4.2.2 Analysis

The analysis of the collected data was guided by the theoretical propositions of the strengths perspective and anti-oppressive social work. After collecting the final evaluations to be included for the study, I reviewed each evaluation, ascribing thematic codes in the margins to identify common themes across the data set. During this process, each study was read three times. The first time, I gained familiarity with the studies. The second time, I assigned codes based on the topics discussed. After completed this stage, I organized the codes to create a

comprehensive and concise list. This list was used to reassign codes during the third read of the data. After completing the coding, the data was organized for easy retrieval.

4.3 Data Collection Results

The data collection process resulted in 39 evaluations representing 29 different programmes. The majority of programmes were implemented in the late 1990s/2000s. The programmes took place in: Uganda, Zambia, Zimbabwe, Malawi, South Africa, Botswana, Lesotho, Namibia, Swaziland, Kenya, Tanzania, Rwanda and Burundi. Of those countries, Zambia, Malawi, South Africa and Tanzania were represented the most.

The programmes represent a range of activities and approaches for OVC support, some of which include: anti-AIDS clubs, home-based care, home-visits, referrals, providing education materials, assistance with school fees, income generating activities, psychosocial support, recreational opportunities, vocational training, after-school programmes, training community members, food programmes, health services, counselling, community-mobilization, awareness raising, HIV prevention activities, succession planning, cash-transfers, loans to start small businesses and building linkages/partnerships with other organizations. Due to the fact that the focus of the community-based programmes varied, the evaluations concentrated on different components of the programmes and activities. For example, some evaluations were assessing the level of community ownership and communication between the different networks, whereas others were assessing the impact of the interventions.

4.4 Summary

After reviewing potential research designs, a systematic review of literature was completed to gain a better understanding of the experiences OVC in sub-Saharan Africa and local community members have from externally funded community-based programmes. This

method was chosen because it allowed me to theoretically review the assumptions on which community-based programmes for OVC are built. 39 evaluations representing 29 different programmes were systematically collected and thematically coded. The following chapter presents the findings of the structure through which the programmes are implemented and an analysis of the findings through the theoretical framework of the strengths perspective and anti-oppressive social work practice.

Chapter Five: Findings and Analysis

5.0 Introduction

The following chapter uses theories from the strengths perspective and anti-oppressive social work practice to analyse the processes of community-based programming for OVC. The analysis begins by reviewing the governance structure used by the implementing organizations, followed by highlighting the strengths in existing practices and a review of the limitations faced by communities in executing such approaches. This is followed by an account of participation whereby social positions and relationship dynamics at the community level are discussed as they relate to the environment in which community-based programmes are built. In relationship to partnerships with intermediary organizations, methods of capacity building are reviewed as they are a strategy for enhancing the strengths and assets which pre-exist within the community. The assessment is closed with a discussion of the relationship between local groups and larger intermediary organizations which aim to facilitate community programming.

The literature search described in Chapter Four resulted in 39 evaluations representing 29 different community based programmes. With the exception of two programmes, the interventions were either implemented by or facilitated through partnerships with organizations which were external to the community with which they were operating. Some programmes, such as FOCUS (Foster, Makufa, Kambeu, & Saurombe, 1996; Lee, 1999; Lee, Foster, Makufa, & Hinton, 2002) or the Orphan Care Committee in Chikankata (Mulenga, 2002), began as community led initiatives; however, they later partnered with NGOs such as FACT and Save the Children, which played a significant role in the structure and implementation of programme activities. The external NGOs acted as an intermediary between the communities and governments or multilateral organizations and, in some cases, provided capacity building and

sub-grants to local groups. In addition, the intermediary NGOs worked as facilitators of the community programmes with the goal to mobilize community members to take collective action to provide care and support for OVC.

The programmes described in the studies took place at an individual or family level. Through activities such as home-based care and income-generating activities (IGA), the focus of the interventions had been on improving the local environment in which OVC reside. With regards to anti-oppressive practice, the reviewed approaches did not work to influence larger policies or advocate for change beyond the local level. Many of the programmes were focused on communities and children looking after themselves, even programmes supported externally and through the national governments.

Acting as facilitators or moderators, the intermediary organizations focused on mobilizing actions at the community level. Local volunteers were used to implement the activities and influence the community dynamic and community orphan care committees were formed. In addition, some programmes such as COPE (Donahue & Williamson, 1998; Esu-Williams, Duncan, Phiri, & Chilongozi, 2000), SCOPE (Craft, 2003; SCOPE-OVC/Zambia & International/Zambia, 2003), STRIVE (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; Depp, Maranda, & Yates, 2006) and Project Concern International (PCI) (DCOF & War Victims Fund, 1999) had been working to develop decentralized multilevel interventions which provide support for local level action by organizing a structure which mobilized the village, community and district level government members and stakeholders. The programmes were projects from international NGOs such as Save the Children and partnerships between Family Health International, CARE and Family Health Trust and they had operated

through the countries' governments, for example through the Ministry of Youth, Sport and Child Development or Ministry of Community Development and Social services.

It should also be noted that many of the NGOs and international NGOs were receiving financial support from multilateral organizations and these agencies influenced the types of activities receiving funding support and the manner in which the activities took place. For example, one programme evaluation expressed frustration with UNICEF's policy of non-support for IGA as community members were limited in terms of start-up capital (Mulenga, 2002).

5.1 Strengths in Existing Practices

The strengths-based approach is based on recognizing the potential of all people, and understanding and building up their assets, abilities and knowledge (Grant & Cadell, 2009). The first stage of the approach is to "identify client's sources of resilience; what they have learned from difficult situations; and the culture, ethnic, community, and familial factors that can contribute to their adaptation" (Saint-Jacques, Turcotte, & Pouliot, 2009, p. 455). This is derived from the notion that change must be built on the capacities and assets that are pre-existing in a community (Healy, 2005). The programme evaluations focused interventions on activities that traditionally took place in the communities. These activities may result in practices that are more culturally relevant and recognize that locally developed initiatives may have potential for providing effective care and support for OVC. Based on the data collected, the two most frequent community responses identified were home-based care/visiting and income generating activities/sustenance farming. The following sections review these two approaches and the lessons learned from the programmes' experiences.

5.1.1 Home-Based Care/Visiting

Many of the studies reviewed focused on home-based care/visiting programmes as a primary method for providing direct care and support to OVC. This approach emphasizes mobilizing local resources and building on the strengths and capacities that exist within local community members. The study results demonstrated that home-based care/visiting was the most common, traditional programming strategy used for OVC and their families (Depp, et al., 2006; Esu-Williams, et al., 2000; Lee, et al., 2002; Nyangara, Thurman, Hutchison, & Obiero, 2009). Traditionally, family members and other close community members have looked after the vulnerable but, with numbers increasing of OVC, more formal structures of care giving have developed (Esu-Williams, et al., 2000). The purpose of home-based care/visiting is to provide care and support to OVC. This may, in turn, result in also providing care to the entire household and effectively reduce the workload obligations of the child.

Services provided are usually executed by community volunteers and include: counselling to OVC and their caregivers (Brown, Rice, et al., 2007; Esu-Williams, et al., 2000; Kidman, Petrow, & Heyman, 2007; Nyangara, Obiero, Kalungwa, & Thurman, 2009), educational assistance (Chatterji, et al., 2009; Nyangara, Kalungwa, Obiero, Thurman, & Chapman, 2009; Nyangara, Obiero, et al., 2009), HIV educations (Chatterji, et al., 2009; Esu-Williams, Searle, & Zulu, 2008; Nyangara, Kalungwa, et al., 2009; Nyangara, Obiero, et al., 2009), referrals (Chatterji, et al., 2009; Esu-Williams, et al., 2000; Esu-Williams, et al., 2008; Nyangara, Kalungwa, et al., 2009; Thurman, Rice, et al., 2009), practical assistance such as household chores, hair cutting, fetching firewood and cooking (Chatterji, et al., 2009; Esu-Williams, et al., 2000; Lee, et al., 2002; Nyangara, Kalungwa, et al., 2009), psychosocial support (Brown, Rice, et al., 2007; Chatterji, et al., 2009; Esu-Williams, et al., 2008; Kidman, et al.,

2007; Lee, et al., 2002; Mutandwa & Muganiwa, 2008; Nyangara, Kalungwa, et al., 2009; Nyangara, Obiero, et al., 2009; Thurman, Rice, et al., 2009), material assistance (Chatterji, et al., 2009; Lee, et al., 2002; Mutandwa & Muganiwa, 2008; Nyangara, Kalungwa, et al., 2009) and nutrition and services for chronically ill adults (Chatterji, et al., 2009; Esu-Williams, et al., 2008; Nyangara, Kalungwa, et al., 2009).

The reviewed evaluations demonstrated multiple positive outcomes of home-care/visiting programmes, such as improving psychosocial wellbeing and educational assistance. Children formed positive relationships with the visitor and appreciated the assistance they received (Lee, 1999; Nyangara, Kalungwa, et al., 2009; Nyangara, Obiero, et al., 2009; Population Council, 2010; Thurman, Rice, et al., 2009). For example, participants from the Kilifi programme reported cordial, trusting and empathetic relationships with the volunteers (Thurman, Rice, et al., 2009) and the children from the FOCUS programme reported positively comparing the volunteers to that of family (Lee, 1999). In addition, home-based visits were demonstrated to positively impact school attendance (Chatterji, et al., 2009; Population Council, 2010). The evaluation of Bwafwano demonstrated the programmes' success in increasing the number of children who were either under-age or on-time in terms of age-for-grade school attendance (Chatterji, et al., 2009).

5.1.2 Income Generating Activities

Another example of the community groups' ability to adapt and work towards support for OVC was the development of income-generating activities (IGA). IGAs can have a positive impact on the health and well-being of OVC (Depp, et al., 2006; Esu-Williams, et al., 2000; SCOPE-OVC/Zambia & International/Zambia, 2003). For example, groups that used gardens and agricultural fields as income generating activities often sold a portion and kept the remaining

amount for their basic nutritional needs (Depp, et al., 2006). SCOPE reported that fewer children needed to work for food or worry about having insufficient quantities at home (SCOPE-OVC/Zambia & International/Zambia, 2003). This finding was further supported by STRIVE who documented that the groups involved in IGA were adding to the local food security safety nets (Depp, et al., 2006). Having an increase in food security has created opportunities for extended family members and appointed caregiver to focus on other unmet needs such as emotional support and assistance with homework (SCOPE-OVC/Zambia & International/Zambia, 2003). In addition, community groups and individuals have used the money generated to purchase school supplies that families and children otherwise would not have been able to afford (Depp, et al., 2006; Horizons Program, Makerere University, & Plan/Uganda, 2004).

Not all areas had economic environments that were conducive to some IGA and, as such, community groups adapted to focus on sustenance farming to provide for the needs of children themselves. For example, the FOCUS programme took place in an area where income generation is challenging but the need for food was high (Lee, et al., 2002). Community members in that area took part in the traditional practice of "Zunde raMambo," where the local Chief organized a field in the community and community members participated in planting and harvesting the crop to assist the most vulnerable. Additional programme evaluations cited sustenance farming as a successful practice, referencing activities such as rearing goats and rabbits and the production of honey to provide for OVC (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; Mutandwa & Muganiwa, 2008). Another alternative to traditional income generating activities was the organizing of fundraising activities (Clacherty & Donald, 2005; Donahue & Williamson, 1998, 1999). Donahue & Williamson (1998) documented the

benefits of fundraising activities as opposed to longer term IGAs, stating that they were advantageous because they did not require continued time commitments and the risks associated with failure were less profound.

While community members had found success in home-based care and IGA, the programmes had not been without their challenges. The following section reviews some of the limitations which exist in traditional, existing practices.

5.2 Limitations in Existing Practices

The strengths perspective has been criticized for ignoring the challenges people faced; however, proponents respond that paying attention to one's strengths does not mean overlooking their challenges (Saleeby, 2006 as cited by Grant & Cadell, 2009). Understanding both the strengths and needs of individuals and groups reveals opportunities for action and potential partnerships. The following section reviews some of the limitations of home-based care/visiting and IGAs that were identified through the reviewed evaluations, including geographic challenges relating to high numbers of OVC, transportation and limited skills and resources. The language used in the evaluations suggested that the limitations identified by community groups indicated opportunities for strengthening practices.

5.2.1 Large Numbers of OVC

While home-based care/visiting has developed from traditional practices within the community, the high rates of OVC have led to an increasing number of homes to attend and considerable pressure on volunteers (Esu-Williams, et al., 2000). Obligations for 8-10 homes was viewed to exert excessive responsibility on the volunteers and the houses that did not receive the expected number of visits reported less positive feelings (Nyangara, Obiero, et al., 2009; Nyangara, Thurman, et al., 2009). This sentiment was also supported by the Mentorship

Programme which found that more frequent visits was positively associated with positive feelings towards the volunteer-youth relationship (Brown, Rice, et al., 2007).

5.2.2 Transportation

Transportation challenges were mentioned as a barrier to programme implementation (Attawell, Chitty, & Purvis, 2005; Donahue & Williamson, 1998). The distance volunteers were expected to travel to visit beneficiaries impacted the number of visits that could be completed in a month (Esu-Williams, et al., 2000; Lee, 1999; Mulenga, 2002; Nyangara, Kalungwa, et al., 2009; Thurman, Rice, et al., 2009). For example, for the Kilifi programme, volunteers had ten beneficiaries and were asked to visit each at least once a month. However, less than half the participants reported being visited each month, resulting in 60% feeling as though they were not visited enough (Thurman, Rice, et al., 2009). Alternatively, volunteers at the FOCUS programme were expected to visit participants at least twice a month; however, many frequently visited participants 3 times a month (Lee, 1999). Differences may be found in the proximity of volunteers to participants. FOCUS considered proximity when assigning caregivers and worked to ensure volunteers lived within a 1-2 km distance from the participants (Lee, et al., 2002). This was further supported by COPE who reported caregivers being challenged by long and sometimes costly distance to complete their visits (Esu-Williams, et al., 2000).

5.2.3 Limited Skills and Resources

Many of the evaluations reported limited skills as a barrier to success in executing activities (Attawell, et al., 2005; Depp, et al., 2006; Esu-Williams, et al., 2000; Mulenga, 2002; Nelson, et al., 2008; Roby & Shaw, 2008; SCOPE-OVC/Zambia & International/Zambia, 2003). For example, while successes had been noted, major constraints such as the ability to select appropriate IGA to support the basic needs of OVC had been documented (Mulenga, 2002).

This ability was particularly important, as many of the communities were located within hostile economic environments. Different challenges were faced based on the economic conditions and opportunities. The SCOPE evaluation suggested that the success of activities was impacted by the proximity to urban areas, concluding that rural IGA were generally unsuccessful, as the market was limited (SCOPE-OVC/Zambia & International/Zambia, 2003). STRIVE (Depp, et al., 2006) concluded that in Zimbabwe, where the economy was hostile, IGAs would have benefited from mostly providing products of need, such as food. Many of the evaluations concluded that community groups needed entrepreneurship and management training (Attawell, et al., 2005; Esu-Williams, et al., 2000; Nyangara, Thurman, et al., 2009; Population Council, 2010; SCOPE-OVC/Zambia & International/Zambia, 2003).

In addition to narrow skills of the participants, organizing projects such as IGAs were hampered by requirements of start-up capital (Ledward, Kamowa, Kananji, Gandiwa, & Mkamanga, 2001; Mulenga, 2002). Save the Children reported that community members requested to be linked with external agencies which would assist with IGA and increase access to micro-finance to improve economic stability (Ledward, et al., 2001). In addition, evaluations of home-based care programmes noted limited materials, citing resources as being inadequate for meeting the multiple needs of the households with whom caregivers were working (Esu-Williams, et al., 2000; Population Council, 2010).

5.3 Participation

Participation in programming was a common theme throughout the reviewed evaluations, noting community dynamics that hinder participation. "Oppression results from economic and social relationships which construct life chances in favour of particular groups at the expense of others emotionally and materially," (Preston-Shoot, 1995, p. 15). In terms of adult participation,

frequent reference was made to the workload of female volunteers and the infrequent participation of men. The disproportion of female involvement in comparison to males related to the social positions of men and women at the community level. In addition, it was found that children were often under-represented in the decision-making process and implementation of activities. Patterns of participation speak to the level of ownership of the programme at the local level. The following section discusses the participation of adults and children based on the findings from the reviewed study. The relationship to theories of social position and power are examined in an attempt to highlight the imbalances that take place within community-based programming.

5.3.1 Gender

Many of the community-based programmes were being sustained by large numbers of volunteers who supported the implementation of the activities (Beard, 2006; Esu-Williams, et al., 2000; Foster, et al., 1996; Lee, et al., 2002; Population Council, 2010; Schenk, 2009). Volunteering often took place due to spiritual belief, community responsibility or hope for reciprocity (Esu-Williams, et al., 2000; Foster, et al., 1996; Mutandwa & Muganiwa, 2008; Schenk, 2009); however, the common structure of community-volunteering may contribute to inequalities between women and men. It has been said that "...inequalities and injustices are maintained and reproduced by social institutions and by personal attitudes or values; effectively excluding people from exercising power to engage in activities or to influence those processes by which value is ascribed and relationships defined," (Preston-Shoot, 1995, p. 15). The following assesses the gendered activity of community volunteering for the care and support of OVC.

Frequent references were made to women being over-represented in volunteering and caregiving (Esu-Williams, et al., 2000; Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda,

2001; Lee, et al., 2002; Muhwezi, Muhangi, & Mugumya, 2009; Mutandwa & Muganiwa, 2008). While it had been suggested that the gender divide was appropriate to the cultural practices of childcare (Lee, 1999), as the number of OVC increased, the workload and expectation on behalf of women also increased. Because of the increasing number of community members who required support, volunteers were making multiple personal sacrifices which affected their social position and power. For example, Esu-Williams, Duncan, Phiri & Chilongozi (2000) noted that many caregivers had lost their own source of income because they were providing full-time care to community members.

The impact of the gender imbalance that took place with volunteering further came to light when looking at volunteer retention. Many of the evaluations referenced attrition or retention rates, citing differences in the success of maintaining volunteers. For example, the Valley Trust programme found a high rate of attrition among volunteers, citing that almost half of the 98 volunteers had left between baseline and endline surveys (Nelson, et al., 2008) whereas FOCUS found volunteer retention to be very high, with only one reported case of a volunteer dropping-out (Lee, et al., 2002). The differences found can likely be linked to volunteer incentives. Because the act of volunteers took away from paid labour or providing directly for one's own family, incentives often related to assisting the volunteers' daily life. Incentives helped to circumvent burnout and supplement losses that may have taken place by not participating in paid labour.

The importance of volunteer incentives were frequently referenced as a tool for volunteer retention (Attawell, et al., 2005; Brown, Thurman, et al., 2007; Esu-Williams, et al., 2008; Lee, 1999). Some incentives included: bicycles and a monthly allowance for supplies, monthly volunteer committee meetings, formal recognition activities, supplies (for example, medical kits,

bikes and aprons, tennis shoes), small bonuses at Christmas and volunteer-focused income-generating activities in response to the emotional and financial need of volunteers to provide for their own families (Attawell, et al., 2005; Brown, Thurman, et al., 2007; Esu-Williams, et al., 2008; Lee, 1999). In addition to incentives, there must be reasonable expectations on volunteers, as too many responsibilities may overburden volunteers, hindering their devotion to the programme (Lee, 1999; Thurman, Rice, et al., 2009).

Furthermore, in addition to decreasing the workload of women, enhanced male involvement could lead to increased awareness of OVC issues and interests. Increasing male participation in programme development and implementation could have an impact on the overall well-being of beneficiaries and reduce stigmatization (Horizons Program, et al., 2004). This is in line with the notion of the strengths perspective which encourages mobilizing the community and building upon all members strengths.

5.3.2 Children's Rights

The reviewed evaluations, while noting minimal child participation, discussed the importance of OVC involvement in the implementation and processes of the programme (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; Clacherty & Donald, 2005; Esu-Williams, et al., 2000; Esu-Williams, et al., 2008; Lee, 1999; Lee, et al., 2002; Mulenga, 2002; Schenk, 2009; SCOPE-OVC/Zambia & International/Zambia, 2003). Grant & Cadell (2009) stated "focusing on the strengths of an individual without hearing and attempting to understand their pain has the potential to create a barrier to expressions of need," (p. 439) which further speaks to the importance of increasing child participation. However, increasing the level of child participation should be done with caution and sensitivity because in some cultures

children are regarded as passive actors and, in cases where adults are already the leader of the programme, participation could be negatively received (Lee, 1999; Lee, et al., 2002).

Social stigma of being an OVC or being associated with HIV is still strong in many communities (Esu-Williams, et al., 2000; Gilborn, et al., 2006; Gilborn, et al., 2001; Ledward, et al., 2001; Lee, 1999; Nelson, et al., 2008; Nyangara, Kalungwa, et al., 2009; Population Council, 2010; Thurman, Hutchison, et al., 2009; Thurman, Rice, et al., 2009). While community members may collectively have strengths and capacities to provide care and support for OVC, negative perceptions of people affected by AIDS may hinder individual's willingness to respond. For example, the Integrated AIDS Programme found that higher rates of stigma towards orphans were associated with significantly lower levels of community support (Thurman, Hutchison, et al., 2009). The study reported that one third of guardians felt community members rejected orphans and families affected by AIDS and over one quarter felt there was jealousy towards families receiving services.

The succession planning programme recommended creating more community awareness of HIV/AIDS issues, as stigma and discrimination was hindering the success of parents appointing a guardian for their children and writing wills (Horizons Program, et al., 2004). Specifically, the evaluation suggested that increased understanding should be focused towards men and local leaders because, based on social positions, they are strategically important in upholding wills and reducing the occurrence of property grabbing (Horizons Program, et al., 2004).

Programmes have noted the high success of child-led programmes and high rates of child participation, which have positively impacted the community members' perception of OVC. For example, the Vijana Simama Imara (VSI) programme is a youth-led initiative which includes an

income generating component whereby participants receive slip payments for helping elderly community members, have organized a VSI bank among the group members, organized auctions and taken part in IGA (Clacherty & Donald, 2005). The community members responded well to the VSI activities and mentioned a changed perception of OVC from once holding the identity of an "orphan" to now becoming "contributing members of the community." Similarly, the Anti-AIDS Club programme reported that youth received greater respect by community members and praise from traditional leaders as they volunteered to successfully provide care and support for the chronically ill and OVC (Esu-Williams, et al., 2008). Participation in such programmes led to increased confidence of OVC, had increased OVC social networks, decreased emotional stress and feelings of worry, increased confidence, increased future orientation, survival knowledge, income generation/money management, and increased coping skills (Clacherty & Donald, 2005).

5.4 Capacity Building

To address the limitations of community groups' responses for OVC, intermediary NGOs used capacity building. This strategy is in line with the strengths based approach which aims to increase community members' capacities and abilities (Healy, 2005). The approach aims to expand the resources within communities by building on existing strengths, which provide greater opportunities for community members to gain control over their environment (Saint-Jacques, et al., 2009). The following reviews the experiences of community-based organizations/groups and intermediary NGOs which work to enhance the capacities of the community members and groups through training, loans and grants, building upon existing resources and facilitating site exchanges.

5.4.1 Training

As a method of strengthening community groups' strengths, many programmes have included training components (such as skills training for home-based care, business management and youth vocational training). One programme noted the lack of capacity building in terms of training community group's programme management and noted this oversight as a significant error, as the groups had limited experience with planning, managing, monitoring, and evaluating multi-sectoral and comprehensive home-based care and OVC programmes (Attawell, et al., 2005).

Some programmes worked directly with youth by implementing vocational training to assist with IGA (Clacherty & Donald, 2005; Ledward, et al., 2001; Population Council, 2010; Rowan & Kabwira, 2009). Youth demonstrated an eagerness to learn the skills; however, similar to the community IGA, the success of the vocational training was challenged by the economic environment (Ledward, et al., 2001; Rowan & Kabwira, 2009). Gender differences of youth involvement were noted, with greater participation (Population Council, 2010) and momentum from the projects with male youth (Ledward, et al., 2001; Population Council, 2010). In addition, precautions needed to be taken to ensure that IGA and vocational training was not taking away from the overall development of OVC. Save the Children (Ledward, et al., 2001) warned that many OVC programmes were focusing on income generating and vocational training, which may take away from attending school.

Training as a capacity building effort can further build upon local skills, as the Rural Livelihoods Support Programme (Rowan & Kabwira, 2009) noted the availability of local community members who were able to provide training, such as vocational training. The practice of using local knowledge was also noted by COPE which suggested youth be linked

with local artisans to learn vocational skills, as it mirrors the tradition of passing on skills. Further, the use of locals for providing skills training would overcome the barrier found by SCOPE (SCOPE-OVC/Zambia & International/Zambia, 2003) who suggested training be conducted in the local language to assist with understanding complicated ideas.

Training was also a tool for motivating volunteers and community members (Attawell, et al., 2005; Brown, Thurman, et al., 2007; Population Council, 2010). It assisted with lessening feelings of being overwhelmed and discouragement from volunteer caregivers, especially with psychosocial support. Refresher training was requested by programme volunteers to maintain up-to-date skills. Further, the importance of training was widely noted as integral for successful IGAs and loan management (Clacherty & Donald, 2005; Donahue & Williamson, 1998; Esu-Williams, et al., 2008; Ledward, et al., 2001; Mulenga, 2002; Rowan & Kabwira, 2009; SCOPE-OVC/Zambia & International/Zambia, 2003).

5.4.2 Loans

Loans have been used to address the economic disadvantages some community groups face in terms of starting-up and scaling up community based activities. This method has been described as a tool for reducing dependency and fostering sustainability. This approach has been welcomed by community members and, in some cases, even requested (Ledward, et al., 2001). However, while loans can be an empowering practice to some groups, the structure of the loan can create further marginalization of people at the community level. The following section reviews some of the lessons learned from organizations providing loans to community-based organizations/groups designed to support OVC.

Two evaluations directly reviewed revolving loaning structures (“merry-go-round” loans) and found them to be successful. STRIVE found that the community savings & lending (CS&L)

scheme was positively received by the community groups, which took ownership of it immediately because it was said to be simple and accessible (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; Depp, et al., 2006). SCOPE reported that children of households involved in micro-finance of community based revolving loans were able to concentrate more on school work rather than income generating (SCOPE-OVC/Zambia & International/Zambia, 2003). The successes of revolving funds has caught the interest of other programmes, such as Chikankata which was interested in organizing an interest free micro-credit scheme similar to one already in existence in northern Zambia (Mulenga, 2002).

It was noted by STRIVE (Depp, et al., 2006) that groups who 'self-selected' themselves were more successful compared to groups that were organized and brought together by external organisations. However, self-selection was noted to contribute to further marginalization of community members (Depp, et al., 2006; SCOPE-OVC/Zambia & International/Zambia, 2003). SCOPE (2003) noted that when self-selecting households to be involved in economic security interventions, those who were not regarded as being in a financial or social position to be successful were not included. This was driven by the fear that if the project was reported to be unsuccessful, the community group would not be included in future projects supported by the intermediary NGO.

To reduce the oppression and marginalization of vulnerable community members, the size of the loan needed be taken into consideration. COPE (Donahue & Williamson, 1998) spoke in detail about methods of loan repayment. Smaller loans allowed for the most marginalized individuals to receive start-up capital for short-term, rapid turnover trading activities and created opportunities for increasing credit. Further, the evaluation suggests that microcredit projects could have a positive, indirect impact on the community safety nets, as joining solidarity for

reducing vulnerability of loan repayment, citing that the size of the loan greatly increased the manageability of groups requiring individuals to vouch for each other and provide moral support. However, the COPE (Donahue & Williamson, 1998) evaluation also warned that microcredit was extremely challenging to implement successfully. This warning was in line with SCOPE's recommendation that "the best way to support loan initiatives is through linkages to institutions that specialise in the savings and loans with vulnerable groups," (SCOPE-OVC/Zambia & International/Zambia, 2003, p. 17). The SCOPE evaluation also suggested that this method provides further sustainability, as these institutions are skilled in providing training, able to offer credit and households could continue having access to credit even after the closure of the project on behalf of the intermediary organizations (SCOPE-OVC/Zambia & International/Zambia, 2003).

5.4.3 Exchange Visits

As a method of respecting local knowledge and strengths, the strengths based approach works to "discover the resources available in the environment of the service user," (Guo & Tsui, 2010, p. 234). One such method utilized and recommended by intermediary organizations has been organizing exchange visits between different community groups completing similar community projects (DCOF & War Victims Fund, 1999; Esu-Williams, et al., 2000; Ledward, et al., 2001; Lee, 1999; Lee, et al., 2002; Mulenga, 2002; SCOPE-OVC/Zambia & International/Zambia, 2003). This upholds the position that locals have the knowledge to solve their own situations and helps to maintain locally appropriate responses. Many community-based programmes are limited in resources and could benefit from sharing experiences with other groups and expanding their knowledge. Further, because the processes of development are on-going, activities taking place in each community will be changing over time to reflect the

current progress and challenges experiences (DCOF & War Victims Fund, 1999). Community-based organizations and NGOs can learn and adopt new activities and strategies from each other.

Some benefits of conducting exchange visits between new and old sites within the organization, as well as between different organizations include: enhanced knowledge gained from understanding other's experiences, lessons, challenges and achievements, as well as ensuring the use of local resources, uplifted moral, and increased potential for scale-up and replication of successful interventions (DCOF & War Victims Fund, 1999; Esu-Williams, et al., 2000; Ledward, et al., 2001; Lee, 1999; Lee, et al., 2002; SCOPE-OVC/Zambia & International/Zambia, 2003). The FOCUS evaluation referenced hosting multiple exchange visits from other organizations outside of Zimbabwe, such as donors, church groups and member of political establishments (Lee, 1999). Subsequently, the programme has been replicated in Kenya, Malawi and Zambia. However, based on the organization's experiences, Lee (1999) recommended that organizations adopt a policy on visitors, because a large volume of visits can strain the functioning of the project (Lee, 1999).

5.4.4 Collaboration with Existing Resources

In addition to sharing knowledge between different groups, programmes have expanded their resources by collaborating with existing services. This strategy is in line with the social work principles of minimal intervention, which advocate working with existing resources to increase their accessibility and use (Healy, 2005). The reviewed evaluations highlighted the importance of making use of existing resources in the surrounding community as it could strengthen existing programmes and provide opportunities for more holistic programming (Esu-Williams, et al., 2008). For example, the STRIVE evaluation found that while community-based organizations/groups had a high capacity to expand activities, they were limited in resources

(Depp, et al., 2006). The review noted that community-based organizations were not utilizing existing resources and services, such as existing sports clubs, church events, burial societies, and health workers, which the evaluators felt would strengthen the community members' knowledge and abilities to provide more comprehensive services. Similar findings came from the Tumaini evaluation, which recommended "programs establish referral relationships between specific communities and local health care centers to facilitate follow-up and enable client monitoring" (Nyangara, Kalungwa, et al., 2009, p. 28). Furthermore, SCOPE (2003) noted that a concerted effort to be aware of activities by other OVC actors could reduce duplication of intervention and increase the resources reaching intended beneficiaries.

5.5 Ownership

A strong component of community-based programmes is a sense of ownership of the projects. Based on the strengths perspective, it is believed that change must begin from inside the community. Healy (2005) stated that when actions are owned by the community, "the process of creating and sustaining change will build pride and independence within the community." The majority of the programmes reviewed were involved with intermediary organizations or facilitated through government programmes with a focus on community sustainability and ownership. However, not all strategies used promoted community ownership. The following sections review strategies for fostering ownership at the community level and power differences that take place between intermediary organizations and groups at the community level.

5.5.1 Methods for Fostering Ownership

The Displaced Children and Orphans Fund and War Victims Fund (DCOF & War Victims Fund, 1999) stated that it would be unrealistic "to assume that because some community

groups have spontaneously addressed the needs of orphans that all communities will eventually do this on their own," (p. 6). The following sections review strategies used by intermediary organizations for fostering ownership at the local level.

5.5.1.1 Entrance and Exit Strategy

Because intermediary organizations are external to the local community, having an effective entrance and exit strategy can be helpful to ensure that their presence does not undermine the local processes and to assist with facilitating sustainability after withdrawing from the development process.

For external organizations, locating effective channels for entering a community was understood to be necessary for fostering community ownership. The scale of the implementing organization will impact the level from which they seek to access communities. Evaluations from FOCUS and SCOPE found that entering communities through religious groups such as churches increased acceptance by the community and were reported to recruit committed volunteers (Foster, et al., 1996; Lee, 1999; Lee, et al., 2002; SCOPE-OVC/Zambia & International/Zambia, 2003). Working from a larger scale, the World Bank's programme with Burundi accessed communities though civil society organizations which were found to be highly organized and responsive (World Bank, 2009).

Prepared exit strategies are necessary for ensuring that proper mechanisms are in place to firmly ground the project after the intermediary organization departs. Exit strategies did not appear frequently in the literature; however it did appear in three evaluations (DCOF & War Victims Fund, 1999; Esu-Williams, et al., 2000; Lee, et al., 2002).

The evaluation of the COPE programme reviewed the programme's decision to phase-out of one area after seven months of operation (Esu-Williams, et al., 2000). It was concluded that

seven months was not a sufficient amount of time to build adequate capacity and trust and to implement project activities and strategize roles post-COPE. The respondents felt a concrete plan needed to be in place to ensure coordination, sustainability and trust.

PCI's phase out strategy for leaving a district ensured that another body, such as the district level OVC committee, was available for on-going support (DCOF & War Victims Fund, 1999). The evaluation recommended that exiting strategies take into account the need for mobility. In more rural areas, developing links between community and district groups was challenged by transportation limitations. The evaluation suggested that ensuring community groups have bicycles would reduce isolation and increase access to external resources. Alternatively, FOCUS has made deliberate actions to decrease communities' dependency on external donations (Lee, et al., 2002). The organization distributes only minimal resources throughout the year (such as maize during the planting season and blankets during the winter) and only in small quantities. By focusing on local responses and facilitating expansion of such local actions, FOCUS aims to create minimal dependency. However, while FOCUS reported having three sites classed as "mature", the organization did not have a specific phase-out strategy prepared (Lee, 1999).

The practice of organizing income-generating activities can promote self-reliance and foster sustainability of the programme activities after the community is no longer working with the original intermediary organization (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; Esu-Williams, et al., 2008). For example, the Anti-AIDS Club programme demonstrated that activities could be successfully sustained even after significant funding decreases. The Anti-AIDS Club programme found that, when faced with significantly reduced funding by the implementing organization, club members developed income-generating project and completed

proposals for funding from external agencies (Esu-Williams, et al., 2008), thus demonstrating ownership and continual activity from the community**.**

5.5.1.2 Community Mobilization

Healy (2005) suggests that mobilizing community support and fostering a sense of community could positively impact self-reliance and help mobilize capacities within the community. This was supported by the findings from the Mentorship Programme that found that baseline findings of the programme reported community members felt the children were being favoured (Brown, Thurman, & Snider, 2005); however this decreased with the implementation of community workshops and youth participants reported significant increases of feelings of adult support and decreased feelings of marginalization and depressive symptoms (Brown, Rice, et al., 2007). Similarly, the Integrated AIDS Programme reported that guardians who reported attending OVC care and support meetings had significantly lower perceived negative attitudes towards OVC (Thurman, Hutchison, et al., 2009).

Community mobilization can lead to a sense of empowerment for community members and a feeling of having control over things that were affecting their lives (Donahue & Williamson, 1998). Some organizations use community mobilization as a tool when they begin working with new communities. The use of participatory learning and action (PLA) was found to be an effective mobilizing strategy by intermediary organizations (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; DCOF & War Victims Fund, 1999; SCOPE-OVC/Zambia & International/Zambia, 2003). The success of PLA techniques was related to increasing awareness, developing concern and commitment, prioritizing needs and identifying local resources. The process gave a voice to community members and enhanced participation

from more marginalized groups such as children. PLA worked to develop strategies that were reflective of the community members' values and practices.

However, the process of community mobilization calls into question the ownership of the programme. For examples, the majority of the reviewed programme evaluations cited the efforts of intermediary organizations working to mobilize communities, which effectively placed the intermediary organization at the centre of the programme. In these circumstances, the organization external to the community assumed the role of facilitator and leader, displacing the local community members who were experiencing the reality of mass orphanhood.

Further, the majority of the reviewed programmes were implemented by organizations largely operating from the West. The concept of ownership when reviewing mobilization techniques from external organizations from the West is reminiscent of the concepts of the colonial past. Social constructions, such as childhood, family and volunteering are culturally specific; however, as programmes are organized by external groups, value sets may also be imposed. For example, for many isolated communities, the notion of exchanging labour as a commodity is rare. Although the concept of childhood as an age of innocence is only a more recent construct in Western history, Save the Children (Ledward, et al., 2001) discusses the need for children to be in school rather than participating in sustenance farming or IGA.

5.5.1.3 Involvement of Local Leaders

While not explicitly regarded in the governance structure of the reviewed community-based programmes, there has been increasing action to gain support from local and traditional leaders, as they are thought to be a successful strategy for increasing ownership and participation from the community (Donahue & Williamson, 1998; Esu-Williams, et al., 2000; Esu-Williams, et al., 2008; Ledward, et al., 2001; Mhamba, 2004; Schenk, 2009; SCOPE-OVC/Zambia &

International/Zambia, 2003; Thurman, Rice, et al., 2009). For example, Save the Children (Ledward, et al., 2001) found that the full support from the local headman was crucial and, as a member of the orphan care committee, he was well acquainted with the development work and able to promote and encourage the programme. In addition, youth caregivers from the Anti-AIDS Club reported receiving support and encouragement from the Chiefs and noted that the Chiefs would notify the community of their activities (Esu-Williams, et al., 2008). As traditional leaders, these individuals have a great deal of influence over people at the local level and have been shown to be an effective strategy for gaining OVC support and mobilizing communities.

5.5.1.4 Collaborative Decision Making

Another method for increasing ownership was the involvement of the local community in decision making. Cowger, Anderson and Snively (2006 as cited by Grant & Cadell, 2009) noted that a collaborative process with shared decision making could decrease power differentials, which were reinforced when an outside agent took an expert role. This is based on the idea that change is relationship driven and should foster collaboration between different sectors (Healy, 2005). Increasing the level of decisions being made by community members rather than external organization raised levels of autonomy, control and more accurate selection of vulnerable beneficiaries (Brown, Thurman, et al., 2007; Clacherty & Donald, 2005; DCOF & War Victims Fund, 1999; Donahue & Williamson, 1998; Foster, et al., 1996; Lee, et al., 2002; Nyangara, Obiero, et al., 2009; Schenk, 2009). For example, in one programme, volunteers were responsible for designing the programming logo to be printed on their t-shirts, determining meeting times and drafting agendas (Brown, Thurman, et al., 2007). Further, communities should be identifying OVC who were eligible for support, as community members had more frequent contact with potential beneficiaries and could more easily identify changing needs

(DCOF & War Victims Fund, 1999; Donahue & Williamson, 1998; Foster, et al., 1996; Lee, 1999; Schenk, 2009). In circumstances where community members and caregivers are not involved in project decision making, negative feelings may be projected onto OVC (Nyangara, Obiero, et al., 2009) and community members may feel responses do not meet their needs (Population Council, 2010).

5.5.1.5 Congruent Goals

Collaboration between local and external groups should include a discussion of the limits and opportunities that could be provided from a particular partnership. The groups need to have similar goals and visions to be sure that one is not being undermined (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; Rosenberg, Hartwig, & Merson, 2008; SCOPE-OVC/Zambia & International/Zambia, 2003). For example, SCOPE found pressure from donor organizations to focus primarily on the number of children being reached by the services, while SCOPE was equally interested in the process of achieving long-term, sustainable care which focused on community-driven activities (SCOPE-OVC/Zambia & International/Zambia, 2003). Similarly, STRIVE found that non-congruent visions between funding sources and implementing organizations has lead to management challenges and over-involvement from donors, which disrupted efficient programming and resulted in high administration costs (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003). As a result, it was recommended that STRIVE clarify their operating principles to clearly reflect their vision.

5.5.2 Power Differences

However, despite attempts to foster local ownership, significant power imbalances remain. Healy (2005) suggests that some professionals are reluctant to take part in genuine partnerships, instead opting to protect their professional power. For example, Lee (1999) noted

that local groups treat visiting members of the intermediary organization with great honour, signalling differences in power. While Lee (1999) suggested that this may be a part of the local culture, by accepting the status quo members of the intermediary organizations are contributing to the power inequity.

The differences in power noted in the implementation process of the community-based programmes are a reflection of the power divide between the global North and South. For example, SCOPE found that the local groups were renaming their local organizations and increasing the visibility of logos from supporting institutions to more closely identify themselves with the international intermediary organization which provided funding (SCOPE-OVC/Zambia & International/Zambia, 2003). The evaluation stated that this action undermined local ownership which pointed to the differences in power between the local and intermediary organization. The local group felt they needed to more closely identify with the funding body in order to receive grants; however, the evaluation suggested that maintaining the local name made the group more visible and approachable within the local community. Such findings have led to the recommendations that these organizations should maintain low profiles within communities to avoid undermining local work (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; SCOPE-OVC/Zambia & International/Zambia, 2003).

Preston-Shoot (1995) stated that what is often regarded as partnerships, is often more of participation within pre-set frameworks. This statement is supported by the power relationship that is maintained by narrow agreement as to the manner in which intermediary organizations collaborate with local groups. For example, STRIVE, which provides sub-grants to local organizations through Christian Relief Services introduced a model which provided collaboration with local groups in four areas: school fees, psychosocial support for OVC, community gardens

and training with internal savings and lending groups (Depp, et al., 2006). The evaluation suggested that "perhaps greater quality could be achieved if partners were freed from the four fixed STRIVE components and were provided adequate resources to strengthen their own community activities" (Depp, et al., 2006, p. 22). In addition, the participants from the RAPIDS programme noted a disconnect between the resources they were provided and the supplies they needed. The programmes participants felt the materials provided were "supply-driven rather than demand-driven, reflecting the stocks of programme supplies and the restrictions of donor policies" (Population Council, 2010, p. 19). Such examples of maintaining power and limiting the areas in which community groups could provide interventions can have a negative long-term impact on sustainability and ownerships at the community level.

However, this is not to overlook to the agency of local community groups. The community groups that have collaborated with intermediary and external organizations are not powerless. This has been demonstrated by differences in programmes even when they are 'replications' from a previously successful endeavour. Differences in the community-based programmes exist, which reflects the desires and values of the local community. For example, the Valley Trust programme in South Africa demonstrated resistance to activities that did not reflect the values of the local community (Nelson, et al., 2008). In addition, FOCUS has seven operational sites that, while similar, are unique to the area in which they are located (Lee, et al., 2002). Further, in cases where NGOs have exited the community and the programme has sustained, the local community has taken control and ownership of the activities and is able to make adjustments that they deem necessary.

5.6 Summary

In spite of the increasing number of OVC, communities have adapted to provide care and support to children and demonstrate resiliency through actions such as home-based care/visiting and IGAs. The actions by community members make use of the resources and assets that exist at the local level to provide care and support for OVC. Similarly, intermediary organizations who are aiming to facilitate community-level action have replicated such traditional methods of providing support. The evaluations suggest, however, that community groups are facing limitations in executing projects due to financial, technical and resource constraints. Partnerships with larger intermediary organizations offer opportunities for capacity building, such as skills training and access to expanded resources, which can further enhance strategies used by local community groups. However, partnerships with external organizations change the programme dynamic as goals may not be congruent and the differences in power between the external group which is able to provide resources and the local community groups which is receiving the resources. Further, when using partnerships for development projects, conscious efforts need to be made to ensure ownership of such projects is maintained at the community level and that facilitating organizations remain critical of their interactions with local community groups.

Chapter Six: Conclusion

6.0 Introduction

The following presents the conclusions of the study which explored the experiences of externally funded community-based programmes for OVC in sub-Saharan Africa in relation to the targeted children and the communities in which they reside through strengths based and anti-oppressive theories of social work practice. The key findings are reviewed, the limitations of the study are considered and followed by the implications of this research study for social work practice, policy and areas for future research.

6.1 Major Findings

The following section provides a summary of major findings in relation to the experiences of externally funded community-based programmes for OVC and their local community members.

6.1.1 Client being the Expert of their own Realities

Through strengths based theories of practice, clients are understood to have the capacity to determine their own best interest and what is best for them (Healy, 2005). The client should be regarded as the expert of her/his own reality, as no one has lived the situation to the degree that the client has (Sheafor & Horejsi, 2006). Through anti-oppressive theories of social work practice, individuals' social locations are composed of multiple layers of privilege and oppression (Fook, 2002; Healy, 2005). Based on this notion, even individuals who have been living in similar circumstances have not been a part of that particular community wherein differences surely lie. Maintaining a stance of the client being the expert validates that individual's unique experiences.

As found in the data in Chapter Five, there are local strengths that have been used to provide care and support for OVC. While some practices may go unnoticed by external actors

because they are simply understood as the way people live their lives, these actions can potentially provide the safety net needed. While the extended family is under stress to provide support, traditional methods have been a means of survival for many years (Abebe & Aase, 2007; Foster, 2002b).

One method for upholding the notion that clients are the expert of their own situation has been to organize exchange visits between similar communities (DCOF & War Victims Fund, 1999; Esu-Williams, et al., 2000; Ledward, et al., 2001; Lee, 1999; Lee, et al., 2002; Mulenga, 2002; SCOPE-OVC/Zambia & International/Zambia, 2003). There, community groups learn from each other and share their own knowledge and experiences. It maintains that practices are locally appropriate and groups have a chance to build upon their strengths.

As a part of understanding that individuals from the local communities have a strong understanding of their situation, participation from all of the community members should be encouraged. From theories of strengths-based approaches, it is widely thought that each person's experience has value, which adds to the community's collective assets (Healy, 2005; Roff, 2004). Understanding the situation from multiple perspectives within the community provides a more exhaustive assessment and provides an opportunity to amalgamate individual skills for a greater outcome.

However, theories of anti-oppressive social work practice, as well as the findings explored in Chapter 5, demonstrate that the contributions and method of participating will be different for each community member. While encouraging participation, one must avoid being paternalistic by advocating for a type of participation that is inappropriate in a given context. For example, it was found in Chapter Five that the way women, children and men participate may be different based on traditional gender roles and family care practices (Esu-Williams, et al.,

2000; Gilborn, et al., 2001; Horizons Program, et al., 2004; Lee, et al., 2002; Mutandwa & Muganiwa, 2008; Population Council, 2010). If only one method of participation is highlighted, development within the community may be stalled as people resist action that go against their value set.

6.1.2 Importance of Partnership

While local groups have the ability to provide care and support for OVC, they were found to be limited in terms of resources (Attawell, et al., 2005; Depp, et al., 2006; Esu-Williams, et al., 2000; Mulenga, 2002; Nelson, et al., 2008; Population Council, 2010; SCOPE-OVC/Zambia & International/Zambia, 2003). As encouraged by the strengths perspective, collaborative partnerships between local groups in the South with organizations in the North can enhance resources and build on the capacities that already exist in the South. For example, intermediary organizations partnered with local groups were shown to be able to provide skills training in areas that local groups felt better enhanced their initiatives or provide access to physical and monetary resources which were limited (Catholic Relief Services/Zimbabwe & USAID/Zimbabwe, 2003; Clacherty & Donald, 2005; Depp, et al., 2006; Ledward, et al., 2001; Population Council, 2010; Rowan & Kabwira, 2009; SCOPE-OVC/Zambia & International/Zambia, 2003).

Further, partnerships with external organizations can provide space for challenging negative practices within local communities, which marginalize particular segments of the populations and minimize their voices. For example, organizations like Save the Children advocate for the rights of children who have been marginalized by local practices and systemic barriers (Ledward, et al., 2001). By organizing activities which address stigmatization of people

affected by AIDS and enhancing participation of traditionally marginalized individuals, organizations external to the local community can act as allies to local residents.

Theories of anti-oppressive practice highlight the power differences that take place in collaboration between clients and social workers. In context to the current study, the power difference seen between local community groups and external organizations can be paralleled to that of client/worker relationships. For example, organizations that are external to the local community have the power to leave the working relationship or to use their position to exert power over the local community (Wallis, et al., 2009). In contrast, community groups can resist particular aspects of the programme and partnership (Nelson, et al., 2008).

6.1.3 Awareness of Colonial Past

Most of the programmes that were reviewed represented organizations from the global North partnering with local groups in the South (For example: Chatterji, et al., 2009; DCOF & War Victims Fund, 1999; Esu-Williams, et al., 2000; Gilborn, et al., 2006; Mulenga, 2002; Nyangara, Kalungwa, et al., 2009; SCOPE-OVC/Zambia & International/Zambia, 2003). Having an awareness of the colonial past is necessary for minimizing power relationships that take place between the North and the South (Raznack, 2000).

Arguments such as those seen in international social work in terms of globalization and neo-colonialism often speak of the dominance of groups from the North over groups in the South (Raznack, 2000; Rowe, Hanley, Repetur Moreno, & Mould, 2000). For example, as demonstrated in Chapter 3, many international stakeholders have displayed interest in community-based programmes but the mechanisms for channelling money to local community groups limit the power local groups have over their own autonomy.

Furthermore, as seen in Chapter 5 through the FOCUS and SCOPE evaluations (Lee, 1999; SCOPE-OVC/Zambia & International/Zambia, 2003), some local groups feel a need to align themselves with the external actors or treat visitors from these groups with prestige because of the power that these external players have. This perpetuates power imbalances that are reminiscent of the colonial past. As a method of minimizing power differences between the two groups, prior to collaborating, one should ensure that the goals are congruent and organize a method for fostering practices of collaborative decision making.

In addition, it is necessary for individuals representing the external organization to be aware of their social locations and how they may be perceived by the members of the local community (Raznack, 2000). Knowing how aspects of their identity and history may impact their working relationship is necessary for building trusting professional relationships.

6.1.4 Sustainability

Because the number of OVC is expected to increase in the coming years as parents succumb to the disease, interventions must be sustainable for providing for a large number of children. Interventions must be sustainable even after intermediary and international groups have pulled away. If methods lack continuity, a dependency on external actors is created. Providing a structure that includes local leadership and ownership will help to ensure suitability of the programme. Using local leaders was found to be a potentially strong method for maintaining culturally appropriateness in leadership (Esu-Williams, et al., 2008; Ledward, et al., 2001). Without methods of increasing local ownership, community members become passive actors in the development and, consequently, interventions faltered after the external agency left.

6.2 Study Implications

The following reviews the policy, social work practice and theoretical implications from this research study.

6.2.1 Policy Implications

The findings from this study have implications for policy in relation to providing assistance to community-based groups. While international groups have become more aware that community-based responses have benefits such as cost-effectiveness and culturally-appropriate responses, limited action has been taken to uphold respect for these groups. Extended families and community groups were the first to respond to the needs of multiple vulnerable children, demonstrating that even subtle local actions can have a large impact. The study highlights the need for exploring ways of maintaining local agency while regarding the skills and knowledge that the international community has to offer. Policies need to build on local strengths by identifying aspects of community-based interventions that are working well and identifying areas that need improvement. Policies should build upon positive practices, while strategizing around areas of limitation. In addition, policies need to find a balance of assisting local community groups while leaving room for local autonomy. A two-way exchange of ideas with the involvement of local community members needs to take place during the design and implementation process in order to enhance local ownership and, therefore, increasing sustainability of projects.

6.2.2 Practice Implications

The findings from this study have implications for community based and international social work. Understanding the successes and challenges of these interventions relates to social work in community and international development. While the area of focus is on child welfare,

one must be aware of the construction of family and community in a particular geographic area. For example, within this study, children were understood to largely be a part of their extended family and community and, as such, the interventions focus on the development of the entire community while being mindful of the impact on OVC. Alternatively, in cultures or geographic regions that are more individualistic, children may be viewed as a separate entity to the family unit or communities may be less close knit and, therefore, interventions may be better focused on child development as an individual. Further, the lessons from partnerships and collaboration reinforce the notion that the worker should meet with the client where she/he is at and work at a pace with which the client is comfortable. While at times social workers need to challenge the dominant viewpoints, it is necessary for the worker to be mindful of appropriate timing as to not force opinions onto the community.

The findings point to the importance of reflexivity and critical consciousness in community and international social work. Social workers working within communities to which they are not a part need to include reflexivity and critical reflection as a part of their practice (Morley, 2004). Having an awareness of their own social location and the different aspects of their identity that influence their actions and responses will enhance practice as they will be able to contextualize their experiences. Further, having critical consciousness of how they are perceived by members of the community with whom they are working is necessary for forming meaningful, professional relationships. Having an awareness of similar and contrasting aspect of one's social location to those of community members will assist in deconstructing how the situation is understood and what knowledge is regarded as relevant (Howe, 1994 as cited by Pease, 2002).

6.2.3 Theoretical Implications

The combination of strengths based approaches and anti-oppressive social work theories is important because anti-oppressive practice provides an avenue to exploring relationships at an individual, community and structural level, while strengths perspectives are focused more on the abilities of the individual and relationships at the local level. The following reviews the implications for using these two theoretical approaches of exploring community based interventions for OVC.

Social work theories of anti-oppressive practice allow one to deconstruct social positions from multiple levels, looking beyond the local context. For example, a part of the marginalization OVC experience has to do with local level issues, such as stigma, and aspects of their social locations, such as gender and age. However, children may also be marginalized because of their geographic location, as seen in examples of community groups' limitation in IGA because of the market. This further relates to systemic barriers faced due to a more globalized world and influences over the local economy.

However, references to higher order theories such as anti-oppressive practice can lose context of the individual. While the theories are appropriate because they provide a starting point for deconstructing intersecting layers of oppression, the theory can be limited if space is not given to personal agency and may begin to victimize individuals. One must remain cognizant that aspects of one's social location give opportunities for marginalization, but also privilege. Individuals may be marginalized but they still have strengths from which they can draw. For example, as demonstrated in examples such as the VSI (Clacherty & Donald, 2005) programme in Chapter Five, children who have been traditionally excluded within their communities can take collective action to provide for their own needs and can impact the

community's impression of them**.** Also, communities groups have strengths and are not necessarily passive victims to the global North. Community groups demonstrated resistance to changes that they did not believe were appropriate for them. For example, community members would not participate in meetings or complete tasks if they did not feel the activities were in line with their value set (Nelson, et al., 2008).

An analysis that combines the strengths perspective with anti-oppressive theories of social work practice provides space for highlighting the experiences at the individual and community level, as well as providing a platform for deconstructing broader and more abstract influences. Such analysis recognizes the experiences, strengths and knowledge at the local level while situating limitations at a more cultural and systematic level. Consequently, the problem is externalized from the individuals and sources of power and resistance can be acknowledged.

6.3 Limitations and Future Research

While a systematic review methodology is strong in gathering clear, concise conclusions from multiple sources, it relies on secondary data that may not have been gathered with the intension of this type of study. The evaluations focused on the areas of interest of either the organization which was being evaluated or a third party stakeholder.

In addition, one must be critical of the data that was available. The studies that were gathered were completed by organizations that were external to the immediate community which they were evaluating. As noted by Schenk (2008), the presence of evaluations predominantly by international groups speaks to the inability of local groups to be able to afford thorough self-evaluation. As a result, few programmes that did not have an external influence were included in this study. One must also be critical of whose interest is being served in evaluating the studies

and publishing the findings. Because the majority of the studies received funding from larger funding bodies, one may be cautious of the possible unspoken intentions of the evaluation.

In addition, the study is limited in the approach used to deconstruct the power relationships that impact transmission of AIDS. When looking at the relationship of how people contract HIV/AIDS, one may further look at influences which lead to participating in survival sex. For example, women are often the primary caregiver to children, leading to high dependency ratios and, in cases where a caregiver is not available, children must provide for themselves. As a result, many women and children take part in transactional sex in order to meet basic needs. One can further analyze the transmission of HIV in terms of the relationship between the global North and South which has lead to issues such as migrant labour and has resulted in transient populations that contribute to the spread of the disease.

Based on the limitations found in this study, future research of programme interventions should be completed by an independent researcher to limit funding and reporting biases. While it is understood that community-based interventions will vary based on the community in which the programme is operating, future studies should focus on identifying aspects of community-based programmes that need to remain consistent in order to have a positive impact. This will assist in replication and increasing the scale of programmes. In addition, future research should focus on increasing sample size so that findings can be integrated at the level of gender, race and age.

While the AIDS crisis presents urgency for future research to be immediately applicable, a longitudinal study would allow for better understanding of how a programme impacts children and community members over time. However, due to the time sensitivity of the AIDS crisis, such a study would need to take place in addition to alternative studies yielding more immediate

results. Further, while random control samples cannot take place due to ethical responsibilities, a comparison between children who are currently involved in community-based responses and children who are not can offer insights which may be applicable to future circumstances.

Reference List

Abebe, T., & Aase, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science and Medicine, 5*, 1058-2069.

Ainsworth, M., & Filmer, D. (2006). Inequalities in children's schooling: AIDS, orphanhood poverty and gender. *World Development, 34*(6), 1099-1128.

Attawell, K., Chitty, J., & Purvis, G. (2005). *Assessment: CARE Tumaini program. Provides home-based care for people living with HIV/AIDS and support for orphans and vulnerable children*: United States Agency International Development.

Bauman, L. J., Foster, G., Johnson Silver, E., Berman, R., Gamble, I., & Muchaneta, L. (2006). Children caring for their ill parents with HIV/AIDS. *Vulnerable Children and Youth Studies, 1*(1), 56-70.

Beard, B. J. (2006). Prioritized needs of community based orphan care programs in Malawi. *International Journal of Child and Family Welfare, 9*(3), 145-160.

Beegle, K., De Weerdt, J., & Dercon, S. (2009). The intergenerational impact of the African orphan crisis: A cohort study from an HIV/AIDS affected area. *International Journal of Epidemiology, 38*(2), 561-568.

Bonnel, R., Temin, M., & Tempest, F. (2004). *Poverty reduction strategy papers: Do they matter for children and young people made vulnerable by HIV/AIDS.* New York: UNICEF/World Bank.

Brown, L., Rice, J., Boris, N., Thurman, T., Snider, L., Ntaganira, J., et al. (2007). *Psychosocial benefits of a mentoring program for youth-headed households in Rwanda. Horizons research summary*. Washington, DC: Population Council.

Brown, L., Thurman, T., Kalisa, E., Rice, J., Bizimana, J., Boris, N., et al. (2007). *Supporting volunteer mentors: Insights from mentorship program for youth-headed households in Rwanda. Horizons Research Summary*. Washington, DC: Population Council.

Brown, L., Thurman, T., & Snider, L. (2005). *Strengthening the psychosocial well-being of youth-headed households in Rwanda: Baseline findings from an interventional trail. Horizons research update*. Washington, DC: Population Council.

Campbell Collaboration (2009). What is a systematic review? *What help? What harms? Based on what evidence?* Retrieved October 28, 2009, from http://www.campbellcollaboration.org/what_is_a_systematic_review/index.php

Campfens, H. (1996). Partnerships in international social development: Evolution in practice and concept. *International Social Work, 39*, 201-223.

Case, A., Paxon, C., & Ableidinger, J. (2004). Orphans in Africa: Parental death, poverty, and school enrolment. *Demography, 41*(3), 483-508.

Catholic Relief Services/Zimbabwe, & USAID/Zimbabwe (2003). *Report on the mid-term review of the support for replicable innovative village/community level effort for children affected by HIV/AIDS in Zimbabwe (STRIVE) project.*

Chatterji, M., Hutchinson, P., Murray, N., Buek, K., Mulenga, Y., & Ventimiglia, T. (2009). *Evaluating the impact of community-based interventions on schooling outcomes among orphans and vulnerable children in Lusaka, Zambia*. Chapel Hill, NC: MEASURE Evaluation.

Clacherty, G., & Donald, D. (2005). *Impact evaluation of the VSI (Vijana Simama Imara) organization and the Rafiki Mdogo group of the HUMULIZA orphan project.* Nshamba, Tanzania.

Cluver, L., Gardner, F., & Operario, D. (2007). Psychological distress amongst AIDS-orphaned children in urban South Africa. *Journal of Child Psychology and Psychiatry, 48*(8), 755-763.

Cochrane Collaboration (2009). Cochrane reviews. *Working together to provide the best evidence for health care* Retrieved October 28, 2010, from http://www.cochrane.org/cochrane-reviews

Connell, J. (1995). New approaches to evaluating community initiatives: Concepts, methods and contexts. Roundtable on comprehensive community initiatives for children and families. Retrieved December 21, 2009, from Aspen Institute: http://www.eric.ed.gov/PDFS/ED383817.pdf

Craft, D. (2003). *Education evaluation of the SCOPE/OVC project: The impact of the SCOPE education sub-grant on community schools in selected districts*. Lusaka, Zambia: Family Health International.

DCOF, & War Victims Fund (1999). *Community mobilization for orphans in Zambia: An assessment of the orphans and vulnerable children program of Project Concern International*. Washington, DC: Displaced Children and Orphans Fund and War Victims Fund Contract.

Delva, W., Vercoutere, A., Loua, C., Lamah, J., Vansteelandt, S., De Koker, P., et al. (2009). Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children in Guinea. *AIDS Care, 21*(12), 1490-1498.

Depp, R., Maranda, S., & Yates, E. (2006). *Final assessment USAID/Zimbabwe assistance to orphans and vulnerable children (through Catholic Relief Services STRIVE program).* Washington, DC: United States Agency for International Development.

Doku, P. (2009). Parental HIV/AIDS status and death, and children's psychological wellbeing. *International Journal of Mental Health Systems, 3*(1).

Donahue, J., & Williamson, J. (1998). *Community mobilization to address the impact of AIDS: A review of the COPE II program in Malawi*. Washington, DC: United States Agency for International Development, Displaced Children and Orphan Fund & War Victims Fund and TvT Associates.

Donahue, J., & Williamson, J. (1999). *Community mobilization to mitigate the impacts of HIV/AIDS*: Displaced Children and Orphans Fund.

Dongier, P., Van Domelen, J., Ostrom, E., Ryan, A., Wakeman, W., Bebbington, A., et al. (2003). Chapter 9: Community driven development. In World Bank (Eds.), Poverty Reduction Strategy Resourcebook (Vol. 1: Core techniques and cross-cutting issues, Available from http://siteresources.worldbank.org/INTCDD/Resources/CDDPRSP.pdf

Ellis, C., & Berger, L. (2002). Their story/my story/our story: Including the researcher's experience in interview research. In J. F. Guber & J. A. Holstein (Eds.), *Handbook of Interview Research: Context and Method* (pp. 849-875). Thousand Oaks: Sage.

Esu-Williams, E., Duncan, J., Phiri, S., & Chilongozi, D. (2000). *A retrospective assessment of the COPE 1 program in Namwera, Malawi*. Washington, DC: Population Council, Horizons.

Esu-Williams, E., Searle, C., & Zulu, A. (2008). *Involving young people in the care and support of people living with HIV in Zambia: An evalution of program sustainablity. Horizons Research Summary*. Washington, DC: Population Concil.

Evans, D. K., & Miguel, E. (2007). Orphans and schooling in Africa: A longitudinal analysis. . *Demography, 44*(1), 35-57.

Finn, J. L., & Jacobson, M. (2003). Just practice: Steps towards a new social work paradigm. *Journal of Social Work Education 39*(1), 57-78.

Fook, J. (2002). *Social work: Critical theory and practice*. London: Sage.

Foster, G. (2002a). Supporting community efforts to assist orphans in Africa. *New England Medical Journal, 346*(24), 1907-1910.

Foster, G. (2002b). Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons Learned for External Agencies. Unpublished Draft paper prepared for the UNRID project HIV/AIDS and Development.

Foster, G. (2005). *Bottlenecks and drip-feeds: Channelling resources to communities responding to orphans and vulnerable children in Southern Africa*. London: Save the Children, UK.

Foster, G., Makufa, C., Kambeu, S., & Saurombe, K. (1996). Supporting children in need through a community-based orphan visiting programme. *AIDS Care, 8*(4), 389-403.

Foster, G., & Williamson, J. (2000). A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS, 14*((suppl. 3)), S275-S284.

Gilborn, L., Apicella, L., Brakarsh, J., Dube, L., Jemison, K., Kluchow, M., et al. (2006). *Orphans and vulnerable youth in Bulawayo, Zimbabwe: An exploratory study of psychsocial well-being and psychosocial support programs*. Washington, DC: Population Council, Horizons Program.

Gilborn, L., Nyonyintono, R., Kabumbuli, R., & Jagwe-Wadda, G. (2001). *Making a difference for children affected by AIDS: Baseline findings from operations research in Uganda*. New York, N: Population Council.

Global Fund (2008). Civil society success on the ground. Community systems strengthening and dual-track financing: Nine illustrative case studies. Retrieved May 9, 2010, from The

Global Fund to Fight AIDS, Turberculosis and Malaria: http://www.theglobalfund.org/documents/publications/progressreports/Dual-Track_Report_en.pdf

Global Fund (2009). Involving civil society: Progress and challenges. Retrieved May 9, 2010: <http://fondoglobale.org/documents/regionalmeetings/malawi2009/Presentation%20-%20Civil%20Society%20-%20Planery%20session.ppt>

Global Fund (2010). Portfolio and grant performance. *Investing in our future* Retrieved August 9, 2010, from http://www.theglobalfund.org/en/performance/grantportfolio/

Goldhagen, J. (2003). Children's rights and the United Nations Convention on the Rights of the Child and HIV/AIDS. *Pediatrics, 112,* 742-745.

Grant, J., & Cadell, S. (2009). Power, pathological worldviews, and the strengths perspective in social work. *Families in Society, 90*(4), 425-430.

Gulaid, L. (2008). *National responses for children affected by AIDS: A review of progress and lessons learned*: Inter-Agency Task Team (IATT) on Children and HIV and AIDS Working Group on National Plans of Action

Guo, W., & Tsui, M. (2010). From resilience to resistance: A reconstruction of the strengths perspective in social work practice. *International Social Work 53*(2), 233-245.

Hall, N. (2007). We care don't we? *Social Work in Health Care, 44*(1), 55-72.

Healy, K. (Ed.). (2005). *Social work theories in context: Creating frameworks for practice*. New york: Palgrave Macmillan.

Henderson, P., C. (2006). South African AIDS orphans: Examining assumptions around vulnerability from their perspective of rural children and youth. *Childhood 13*(3), 303-327.

Heymann, J., & Kidman, R. (2009). HIV/AIDS, declining family resources and the community safety net. *AIDS Care, 21*(S1), 34-42.

Hick, S. (2002). The history of social work. In S. Hick (Ed.), *Social work in Canada* (pp. 39-53). Toronto: Thompson Education Publishing.

Horizons Program, Makerere University, & Plan/Uganda (2004). *Succession planning in Uganda: Early outreach for AIDS-affected children and the families. Horizons final report*. Washington, DC: Population Council.

Kidman, R., Petrow, S. E., & Heyman, J. (2007). Africa's orphan crisis: Two community-based models of care. *AIDS Care, 19*(3), 326-329.

Ledward, A., Kamowa, O., Kananji, F., Gandiwa, A., & Mkamanga, H. (2001). Orphan care evaluations, Mchinji District, Malawi. Save the Children (UK).

Lee, T. (1999). *FOCUS evaluation report 1999: A report of a participatory, self-evaluation pf the FACT Families Orphans and Children Under Stress (FOCUS) programme*. Mutare: FACT.

Lee, T., Foster, G., Makufa, C., & Hinton, S. (2002). Families, orphans and children under stress in Zimbabwe. *Evaluation and Program Planning, 25*(4), 450-470.

Lombe, M., & Ochumbo, A. (2008). Child-headed households in sub-Saharan Africa: Challenges and opportunities *International Journal of Social Work 51*, 682-698.

Makame, V., Ani, C., & Grantham-McGregor, S. (2002). Psychological well-being of orphans in Dar El Salaam, Tanzania. *Acta Paediatr, 91*, 459-465.

McLeod, D. (2003). Community-based social services: Practical advice based on lessons from outside the World Bank. Retrieved March 26, 2010, from World Bank,:

http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172671461088/CommunityBasedMcLeod.pdf

McMillian, S., & Simkiss, D. (2009). Editorial: The United Nations Convention on the Rights of the Child and HIV/AIDS. *Journal of Tropical Pediatrics, 55*(2), 71-72.

Meintjes, H., & Giese, S. (2006). Spinning the endemic: Making mythologies of orphanhood in the context of AIDS. *Childhood, 13*(3), 303-327.

Mhamba, R. (2004). *Impact assessment of the most vulnerable children community based care, support and protection in Musoma Rural.* Dar es Saalam, Tanzania: United Nations Children's Fund.

Morley, C. (2004). Critical reflection in social work: A response to globalization? *International Journal of Social Welfare, 13*(4), 297-303.

Muhwezi, W., Muhangi, D., & Mugumya, F. (2009). Intra-household differences in health seeking behaviour for orphans and non-orphans in an NGO-supported and non-supported sub-county of Luwero, Uganda. *African Health Sciences, 9*(2), 109-117.

Mulenga, S. (2002). *Report of the evaluation of the UNICEF support Chikankata CBOSP and OVC training projects*. New York, NY: United Nations Children's Fund.

Mushunje, M. T., & Mafico, M. (2010). Social protection for orphans and vulnerable children in Zimbabwe: The case for cash transfers. *International Social Work, 53*(2), 262-275.

Mutandwa, E., & Muganiwa, C. P. (2008). Enhancing foster-parent orphan relationships in rural community based orphanages. *International NGO Journal, 3*(5), 98-103.

Nelson, T., Esu-Williams, E., Mchunu, L., Nyamakazi, P., Schenk, K., Searle, C., et al. (2008). *Training youth caregivers to provide HIV education and support to orphans and*

vulnerable children in South Africa. Horizons research summary. Washington, DC: Population Council.

Nyangara, F., Kalungwa, Z., Obiero, W., Thurman, T., & Chapman, J. (2009). *Promoting a home-based program model for supporting children affected by HIV/AIDS: Evaluation of Tumaini Project in Iringa Region, Tanzania*. Chapel Hill, NC: MEASURE Evaluation.

Nyangara, F., Obiero, W., Kalungwa, Z., & Thurman, T. (2009). *Community-based psychological intervention for HIV affected children and their caregivers: Evaluation of the Salvation Army's Mama Mkubwa program in Tanzania*. Chapel Hill, NC: MEASURE Evaluation.

Nyangara, F., Thurman, T., Hutchison, P., & Obiero, W. (2009). *Effects of programs supporting orphans and vulnerable children: Key findings, emerging issues, and future directions from evaluations of four projects in Kenya and Tanzania*. Chapel Hill, NC: MEASURE Evaluation.

Oleke, C., Blystad, A., Moland, K. M., Rekdal, O. B., & Heggenhougen, K. (2006). The varying vulnerability of African orphans: The case of Langi, northern Uganda. *Childhood, 13*(2), 267-285.

Pease, B. (2002). Rethinking empowerment: A postmodern reappraisal for emancipatory practice. *British Journal of Social Work, 32*(2), 135-147.

PEPFAR (2010a). About PEPFAR. *The United States President's Emergency Plan for AIDS Relief* Retrieved February 14, 2010, from http://www.pepfar.gov/

PEPFAR (2010b). World AIDS Day 2009: Latest PEPFAR results. *The United States President's Emergency Plan for AIDS Relief* Retrieved February 14, 2010, from http://www.pepfar.gov/documents/organization/133033.pdf

Phiri, S., Foster, G., & Nzima, M. (2001). *Expanding and strengthening community action: A study of ways to scale up community mobilization interventions to mitigate the effects of HIV/AIDS on children and families*. Washington, DC: The Displaced Children and Orphans Fund and War Victims Fund.

Phiri, S., & Webb, D. (2002). *Chapter 15: The impact of HIV/AIDS on orphans and programme and policy responses*. Florence.

Population Council (2010). *RAPIDS Evaluation Final Report 2005-2009 Key Findings*. Lusaka: Population Council.

Preston-Shoot, M. (1995). Assessing anti-oppressive practice. *Social Work Education, 14*(2), 11-28.

Raznack, N. (2000). North/South collaborations. *Journal of Progressive Human Services, 11*(1), 71-91.

Roby, J., & Shaw, S. (2008). Evaluation of a community based orphan care program in Uganda. *Families in Society, 89*(1), 119-128.

Roff, S. (2004). Nongovernmental organizations: The strengths perspective at work *International Social Work, 47*, 202-212.

Rosenberg, A., Hartwig, K., & Merson, M. (2008). Government-NGO collaboration and sustainability of orphans and vulnerable children projects in southern Africa. *Evaluation and Program Planning, 31*(1), 51-60.

Rowan, D., & Kabwira, D. (2009). Empowering HIV/AIDS orphans through teaching vocational trades: A SWOT analysis of a community-based orphan training program in Malawi. *Journal of Global Social Work Practice, 2*(1).

Rowe, W., Hanley, J., Repetur Moreno, E., & Mould, J. (2000). Voices of social work practice: International reflections on the effects of globalization. *Canadian Social Work, 2*(1), 65-87.

Rubin, A., & Babbie, E. (2008). *Research methods for social work* (6th ed.). Belmont, CA: Thomson Brooks/Cole.

Saint-Jacques, M., Turcotte, D., & Pouliot, E. (2009). Adopting a strengths perspective in social work practice with families in difficulty: From theory to practice. *Families in Society, 90*(4), 454-461.

Salole, G. (1992). *Building on people's strengths: The case for contextual child development* (No. ISSN-0925-2983). Harare, Zimbabwe: Bernard Van Leer Foundation, The Hague.

Schenk, K. (2009). Community interventions providing care and support to orphans and vulnerable children: A review of evaluation evidence. *AIDS Care, 21*(7), 918-942.

Schenk, K., Ndhlovu, L., Tembo, S., Nsune, A., Nkhata, C., Walusiku, B., et al. (2008). Supporting orphans and vulnerable children affected by AIDS: Using community-generated definitions to explore patterns of children's vulnerability in Zambia. *AIDS Care, 20*(8), 894-903.

SCOPE-OVC/Zambia, & International/Zambia, F. H. (2003). *SCOPE/OVC: Final project review report*. Lusaka: Family Health International.

Sheafor, B., & Horejsi, C. (2006). Basic communication and helping skills. In B. W. Sheafor (Ed.), *Techniques and Guidelines for Social Work Practice* (7 ed., pp. 134-180). Boston, MA: Pearson Education, Inc.

Sherr, L., Varrall, R., Mueller, J., Richter, L., Wakhweya, A., Adato, M., et al. (2008). A systematic review on the meaning of the concept 'AIDS Orphan': confusion over definitions and implications for care. *AIDS Care, 20*(5), 527-536.

Snider, L., & Dawes, A. (2006). *Psychological vulnerability and resilience measures for national-level monitoring of orphans and other vulnerable children: recommendations for revision of the UNICEF psychological indicator*: UNICEF.

Thurman, T., Hutchison, P., Ikamari, L., Gichuhi, W., Murungaru, K., & Nyangara, F. (2009). *Community education and sensitization as an OVC care and support strategy: Evaluation of the Integrated AIDS Program-Thika in Kenya*. Chapel Hill, NC: MEASURE Evaluation.

Thurman, T., Rice, J., Ikamari, L., Jarabi, B., Mutuku, A., & Nyangara, F. (2009). *The difference interventions for OVC guardians can make: Evaluation of the Kilifi Orphans and Vulnerable Children Project in Kenya*. Chapel Hill, NC: MEASURE Evaluation.

UN General Assembly (1989). Convention on the Rights of the Child. Retrieved November 4, 2010, from United Nations: http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/CRC.C.58.En

UNAIDS (2004). HIV/AIDS & Education: The role of education in the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS. Retrieved November 5, 2009, from UNAIDS Inter Agency Task Team on Education: http://unesdoc.unesco.org/images/0013/001355/135531e.pdf

UNAIDS (2006). International guidelines on HIV/AIDS and human rights 2006 consolidated version. Retrieved January 5, 2010, from Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on

HIV/AIDS: http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf

UNAIDS (2007). AIDS epidemic update: December 2007. Retrieved September 27, 2008, from UNAIDS and WHO: http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf

UNAIDS (2009a). 2008 UNAIDS annual report: Towards universal access. Retrieved September 23, 2009, from UNAIDS: http://data.unaids.org/pub/Report/2009/jc1736_2008_annual_report_en.pdf

UNAIDS (2009b). *Supporting community based responses to AIDS: A guidance tool to including Community Systems Strengthening in Global Fund Proposals*. Geneva, Switzerland.

UNAIDS (2009c). *What countries need: Investments needed for 2010 targets*. Geneva, Switzerland: United Nations Programme on HIV/AIDS.

UNAIDS (2010, 2010). Cosponsors. *Uniting the World Against AIDS* Retrieved March 3, 2010, from http://www.unaids.org/en/Cosponsors/

UNDP (2002). *Human development report 2002: Deepening democracy in a developing world* New York.

UNICEF (2004). The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS. Retrieved Novermber 5, 2009, from UNICEF: http://www.unicef.org/aids/files/Framework_English.pdf

UNICEF (2006). *Africa's orphaned and vulnerable generations: Children affected by AIDS*. New York, NY: United Nations Childrens Fund.

UNICEF (2007). *Enhanced protection for children affected by AIDS: A companion paper to the framework for the protection, care and support to orphans and vulnerable children living in a world with HIV/AIDS*. New York, NY: UNICEF.

UNICEF (2008a). *Synthesis of evidence: Fourth global partners forum on children affected by HIV and AIDS*. Dublin.

UNICEF (2008b). Synthesis of evidence: Fourth global partners forum on children affected by HIV and AIDS. Retrieved April 12, 2010, from United for Children United Against AIDS: http://www.unicef.org/aids/files/GPF_Synthesis_Paper_final_-_26_September_2008.pdf

United Nations (2001). Declaration of committment on HIV/AIDS: United Nations General Assembly Special Session on HIV/AIDS. Retrieved October 4, 2009, from UNAIDS: http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf

United Nations (2009). The Millenium Development Goals report 2009. Retrieved March 3, 2010, from United Nations: http://www.un.org/millenniumgoals/pdf/MDG_Report_2009_ENG.pdf

Wallis, A., Dukay, V., & Mellins, C. (2009). Power and empowerment: Fostering effective collaboration in meeting the needs of orphans and vulnerable children. *Global Public Health*, 1-14.

Withell, B. (2009). The prebereavement psychological needs of AIDS-affected adolescents in Uganda. *International Journal of Palliative Nursing, 15*(3), 128-133.

Wood, K., Chase, E., & Aggleton, P. (2006). Telling the truth is the best thing: Teenage orphans' experiences of paternal AIDS-related illness and bereavement in Zimbabwe. *Social Science & Medicine, 63*, 1923-1933.

Word Bank (2009). Abolishing school fees: Lessons from Ethiopia, Ghana, Kenya, Malawi and Mozambique. Retrieved April 28, 2009, from The World Bank in collaboration with

UNICEF: http://www.unicef.org/publications/files/Aboloshing_School_Fees_in_Africa.pdf

World Bank (2009). Burundi multisectoral HIV/AIDS control and orphans project. Retrieved January 3, 2010, from The World Bank: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2009/08/09/000333037_20090809233931/Rendered/PDF/ICR11060P071371LIC0disclosed0816191.pdf

World Bank (2010a). Community Driven Development Retrieved June 17, 2010, from http://go.worldbank.org/24K8IHVVS0

World Bank (2010b, 2010). The Multi-Country HIV/AIDS Program for Africa (MAP). *The World Bank* Retrieved February 14, 2010, from http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:20415735~menuPK:1001234~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html