

**ASSESSMENT OF
THE ALLIANCE/IPC
OVC PROJECT IN
BURKINA FASO**

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ABBREVIATIONS AND ACRONYMS

AAS	Association African Solidarité
ACMVG	Association pour la Conservation èt la Mise en Valeur du forêt clasé de Gabio
ADDE	Association de Developpement de Dassui’et Environnement de Dassui
AEJTB	Association des enfants et jeunes travailleurs du Burkina
AIAO	Association Insertion Aide aux Orphelins
AIDS	Acquired Immunodeficiency Syndrome
AST	Association “Song Taabh”
CBO	Community-Based Organization
CEPROFET	Association Centre de Production et de Formation pour l’Elevage Tropical
CRS	Catholic Relief Services
DCOF	Displaced Children and Orphans Fund
HIV	Human Immunodeficiency Virus
ILO	International Lab Organization
IPC	Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA
IRC	International Rescue Committee
NGO	Nongovernmental Organization
OVC	Orphans and Other Vulnerable Children
PLA	Participatory Learning and Action
PRA	Participatory Rural Appraisal
SA	Situation Analysis
SEMUS	Association Solidarité et Entre-aide Mutnelle au Sahel
SP/CNLS	Permanent Secretary, Conseil National de Lutte Contre le SIDA
STEP	Stratégies et Techniques Contre l’Exclusion sociale et la Panvrete
UNDP	United Nations Development Program
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Burkina Faso is an extremely poor country, but one in which extended family and community ties remain strong. The economy depends primarily on agriculture, and migration within the country and to neighboring countries is a major economic coping strategy. An estimated 6.4 percent of the adult population is HIV positive. By one estimate, 12.7 percent of the country's children have lost one or both parents. Recent surveys in five rural communities found that 14–19 percent of all children in those communities were orphans or otherwise vulnerable. Because of HIV/AIDS, it can be expected that orphaning will continue to increase in Burkina Faso for about a decade after HIV prevalence starts to decline.

In response to a proposal and following an assessment by the Displaced Children and Orphans Fund (DCOF), in September 1999, the United States Agency for International Development (USAID) provided a grant of \$625,000 in DCOF funds to the International HIV/AIDS Alliance (the Alliance) to be used before the end of September 2002. The purpose was to enable the Alliance's partner in Burkina Faso, the *Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA* (IPC), to incorporate into its program activities to address the needs of orphans and other highly vulnerable children. The main strategy was to mobilize communities to improve the situation of such children. This report presents the finding of a DCOF technical team, which visited Burkina Faso during January 22–February 2, 2002.

Project Overview

Using guidelines developed by the Alliance headquarters in London in late 1999, IPC developed a basic four-step approach to community mobilization. This plan includes an awareness campaign, extensive situation analysis, community planning, and community implementation. To support this process, IPC developed a series of three training workshops of 5 to 6 days each on (1) information, awareness, and commitment; (2) community assessment techniques; and (3) community planning and implementation. The initial series of workshops was carried out over a period of 6 months, October 2000–March 2001, for the first group of five IPC partners, all local Burkinabé associations; the next series was held over an 8-month period, October 2001–June 2002, for a second group of five associations. IPC trained four persons from each local nongovernmental organization (NGO) or association, in turn, to train and work with community members. After completion of the first series of workshops, IPC provided each of the first group of five local partners a grant ranging from \$2,875 to \$14,433 (the average was \$8,215) on the basis of the population to be reached by the project (ranging from 1,000 to 15,000). IPC also organized workshops regarding issues of orphans and other vulnerable chil-

dren (OVC) for its partners working in HIV prevention and in support for home-based care of people living with HIV/AIDS.

The OVC project has been initiated in 10 pilot sites in 12 provinces and 14 departments, covering 3 towns, 3 communes, and 52 villages. The areas where the project is operating have an estimated total population of 158,000, including approximately 75,000 children under 15 years of age. There are estimated to be about 7,500 OVC in the project area, 15 percent of the child population. The following are some of the accomplishments of the OVC project:

- An estimated 5,000 orphans and vulnerable children in the communities participating in the program have benefited from significantly improved community attitudes toward them.
- An estimated 1,850 orphans and other vulnerable children have benefited from direct community support. This figure includes 668 children enrolled in school, some 600 children receiving regular monitoring home visits by an estimated 100 volunteers, and more than 200 children who have received emergency support (i.e., medical, clothing, food).
- Ten communities have carried out participatory situation analyses on OVC. Six of those communities have formed OVC committees. Four communities, with an estimated total population of 24,700 living in 17 villages and 1 small semi-urban municipality, have established OVC Solidarity Funds to respond to priority needs.
- A total of 59 NGOs and community-based organizations (CBOs) received training concerning OVC issues.
- Three IPC-supported associations initiated and jointly managed a holiday camp for more than 80 OVC.
- In collaboration with the Ministry of Social Welfare, a National OVC Workshop was organized in March 2000 and a National OVC Conference was held in March 2002 as the first activity in the process of developing a national policy.
- Modules and tools for training on community mobilization related to OVC have been developed and used.
- Tools for the psychosocial support of OVC and youth-to-youth prevention were developed and disseminated to NGOs and CBOs.
- All 10 IPC OVC associations provided outreach efforts to orphans and other vulnerable children and their families to participate in the national immunization campaign.
- Several OVC associations accessed food assistance in communities affected by food shortages.

General Observations

The initiation and development of the OVC component into the Alliance/IPC program has been a learning process for both the Alliance and IPC. Incorporating attention to orphans and other vulnerable children required IPC to add two new dimensions to its program: a thematic focus on children and the operational approach of community mobilization. The DCOF-funded activities in Burkina Faso were the Alliance's first OVC activities in Africa. The Alliance had extensive previous experience supporting and developing community-based work prior to the funding from DCOF; however, this experience was primarily building the capacities of CBOs to deliver services for HIV prevention and support for home care. Grassroots mobilization of communities to develop their own long-term, sustainable activities was a new approach for the Alliance and for IPC in Burkina Faso.

Incorporating these two new elements into an established program required the Alliance, first, to develop its own internal capacities and, second, to design, test, and support a new approach and methodology among partner organizations. While this process has been much slower than anticipated, the Alliance and IPC have made significant progress and now appear to be in a position to help mobilize community action for OVC more rapidly and extensively than they have. Some additional changes are needed, however, which are discussed under “Specific Observations on the Project.”

IPC has more easily incorporated OVC issues into its national-level advocacy efforts, which have involved organizing workshops and helping to build a national network of OVC stakeholders, approaches with which both organizations had significant experience and expertise.

The process of reviewing the Alliance’s initial proposal and making adjustments before issuing the grant suffered from time constraints. When the project began in September 1999, the Alliance and IPC, on the one hand, and DCOF, on the other, had somewhat different understandings of the exact purposes for which DCOF funds could be used. Any future grant agreement should spell out more clearly how DCOF funds are to be managed and the results reported. Another lesson from the experience to date is that expectations for reporting by the Alliance and IPC on any future DCOF funding and DCOF’s monitoring role need to be mutually defined and agreed upon.

Strategic Considerations

The observations of the DCOF team are based on specific strategic considerations regarding programming for children being orphaned and otherwise made vulnerable by impacts of AIDS on their families, communities, and themselves. It is imperative that the Alliance, IPC, and all stakeholders in Burkina Faso begin to take a more strategic approach to building a response to the effects of AIDS on children and families, a response that can match the magnitude and duration of the emerging problems.

Characteristics of the HIV/AIDS epidemic in Burkina Faso that must be given particular attention in program development include the urgency of action, the massive scale of the impacts on children, the anticipated decades-long duration of those effects, and the consequent importance of keeping the cost per beneficiary low. Also, targeting interventions needs careful attention because the epidemic is always changing and because some communities are more seriously affected than others. Collaboration among all stakeholders is essential to scale up an effective set of responses, and interventions must be integrated. Such a collaborative response must be built intentionally by stakeholders. Another fundamentally important consideration is that the first and most important responses to problems caused by HIV/AIDS are being carried out by the children, families, and communities affected.

The following five fundamental strategies, described in USAID’s *Children on the Brink 2000*, provide a strategic framework to guide development of an effective network of interventions:

1. Strengthen the capacity of families to cope with their problems.
2. Mobilize and strengthen community-based responses.
3. Strengthen the capacity of children and young people to meet their own needs.
4. Ensure that governments protect the most vulnerable children and provide essential services.

5. Create an enabling environment for affected children and families.

Specific Observations on the Project

In the view of the DCOF team, the approach developed to mobilize communities has been much more drawn out than necessary. While the current process does reflect serious commitment by the Alliance and IPC plus some encouraging developments and community action, it is fragmented, time-consuming, problem-based, and, to some extent, resource-led. Although children are involved in the process, the project can improve the extent and quality of their participation.

The four-stage process could be better integrated and more action oriented. A community can analyze the situation of its most vulnerable children more rapidly using a structured, participatory process, such as Participatory Learning and Action (PLA), rather than social science research methods. Some participatory methods have been used, and the team recommended particular steps to strengthen them. Developing strong skills in participatory methodology is one of the most important areas in which the Alliance and IPC should concentrate their capacity-building efforts. The team believes that community planning can become more dynamic and community-directed with the provision of funding being less prominent in the process. More emphasis could be given to developing skills in grassroots fundraising and in establishing links with and securing resources from local donors.

The current step-by-step approach is choppy and lacks momentum, creating an unnecessary delay between community learning and action. It is also costly, in time and human resources, taking several months to reach an implementation phase. The Alliance and IPC could explore possibilities for consolidating and streamlining the awareness-raising and information-collection process, making it more action oriented from the beginning. Training in assessment and planning could be integrated. The current process seems to leave communities looking to the outside for guidance on action rather than enabling them to respond according to their own analysis using local capacities. The mobilization process must highlight not only the needs and problems of children and families, but also their strengths and community capacities. A PLA process can provide a way so that those who want to help can begin to see the situation from the inside out and play a constructive role in stimulating and strengthening new community dynamics.

There is no viable alternative for the care of the vast majority of OVC, so strengthening the capacity of vulnerable families to protect and care for their children is essential to an effective response. Measures to strengthen family capacity to protect and care for vulnerable children can include economic strengthening, material and psychosocial support, and measures to help family members who are ill to live longer and more comfortably. Attention is needed both to immediate survival needs and to longer-term issues of how to improve household coping capacities.

Economic strengthening interventions can be an important complement to community mobilization and capacity-building efforts. Some of IPC's local partners have expertise in development relevant to economic strengthening. For others, an approach would be to develop working relationships with other organizations that have demonstrated success in economic strengthening. IPC is exploring collaboration with organizations that have expertise in microfinance services and micro-health insurance.

Strengthening home-based care to enable ill parents to live longer and more comfortably is another important area in which the Alliance and IPC have strong capacity. Home care support

programs can address the psychosocial needs of children as well as adults, can encourage sick parents to write wills and make arrangements for children's future care, and can make referrals to other programs for children's needs that they cannot address themselves. Another way to strengthen the coping capacities of AIDS-affected households is through interventions that reduce their daily labor demands.

The project has focused on children below 15 years of age, but adolescents of 15–17 years are an at-risk group in need of special attention, even more so when they are orphaned or otherwise vulnerable. Both girls and boys face risks of sexual exploitation, abuse, and HIV infection.

Children could be much more active contributors in the mobilization process, and IPC could benefit from learning new, more active ways of working with children. The report identifies relevant resources.

An important contribution that IPC can make is to help partners and communities determine when problems identified are generalized among children and when they are specific to those who are particularly vulnerable. Unless children are understood within the community context, actions can be misguided. An assessment tool could be tailored to help communities and associations consider the specific factors in each situation.

IPC has an active working relationship with *Action Sociale*, the government body with responsibility in matters relating to OVC. IPC is actively working with Action Sociale and other stakeholders toward developing a national policy to guide action regarding the protection and care of OVC. A particular problem that Burkina Faso and other countries face in developing an appropriate response to the growing number of orphans is pressure from donors to build more orphanages, an expensive approach that will neither meet children's developmental needs nor help reduce the scale of problems. It will be important for the Alliance and IPC to work with Action Sociale toward the development of a national policy that supports family and community-based approaches to the needs of children without adequate care.

IPC has been instrumental in placing the OVC issue on the national agenda. It has presented its experiences on OVC issues in many forums. It has introduced the concept of community mobilization around OVC and has discouraged specific targeting of orphans of AIDS. IPC says that its partners express a true commitment to community mobilization and are enthusiastic about the work they are engaged in. IPC deserves credit for this extremely important shift in thinking. It is also involved in a number of decision-making structures in the fight against HIV/AIDS in Burkina Faso, and those structures provide ongoing opportunities for it to influence policy and programs in ways that benefit OVC. The quantitative and qualitative information generated through community mobilization and capacity-building efforts can be used through the media and public gatherings to increase awareness of OVC issues and support for the kinds of community-based action needed.

Project Management Issues

The Alliance has reported that by the end of December 2002, a total of \$540,415 in DCOF funding had been expended for the project: \$160,000 in subgrants to partners, \$83,469 by IPC, and \$305,806 by the Alliance, primarily for technical support. Progress has been made toward introducing a community mobilization approach to improve the safety and well-being of OVC, but only a modest number of children have benefited in measurable ways.

Using the proportion found in the community surveys means an estimated 850,000 Burkinabé children below 15 years of age are orphans or otherwise vulnerable (approximately 15 percent of the child population). Some 725,000 are estimated to be orphans.¹ At present, only a very small percentage of the children made vulnerable by AIDS in the country benefit from any support from outside their own families, and AIDS is undermining the capacities of their families.

In recognition of this problem, it is imperative that the Alliance and IPC develop and demonstrate an approach that, if replicated by other stakeholders, would have the potential of benefiting a substantial portion of those children. The Alliance and IPC are well positioned to influence a broad range of stakeholders.

There does appear to be a potential for the Alliance and IPC to increase significantly the number of children who benefit from the project. Scaling up should be a basic objective of the OVC work being carried out by the two. IPC has tentatively proposed increasing its OVC partners from the current 10 to a total of 20 over the next 3 years. This number seems to be a very low target, but it is essential to consider what kinds of partners are likely to introduce community mobilization and capacity-building skills and approaches in as many communities as possible, as effectively as possible. It is important to invest resources in working with partners whose skills and geographic reach show the potential for increasing as rapidly as possible the number of vulnerable children benefiting from protection and support efforts. This consideration is more important than the total number of partners. Also, the Alliance and IPC should avoid establishing relationships with partners requiring the ongoing provision of significant support. The Alliance and IPC could explore greater collaboration with key international NGOs.

Increasing and strengthening day-to-day action by families, communities, and children must be the foundation of an effective response at scale. Consequently, NGOs and CBOs must see themselves not as the frontline of a service-delivery response, but as intermediaries whose role is to help families and communities deal more effectively with their problems, largely using their own resources. Recognizing this role and adopting a community mobilization and capacity-building approach are fundamentally important to scaling up effectively.

The Alliance and IPC need to put a new priority on monitoring, analyzing, evaluating, and reporting. The project has been very weak in this area; it has had a difficult time capturing results and communicating them to others. An agency system for monitoring and analyzing should build on the community systems that the project helps develop, but the community systems should be designed and managed by community members to serve their purposes. The Alliance and IPC should not predetermine what information communities will collect, because that approach would undermine community ownership and responsibility.

The bottom line for USAID/DCOF is that the safety and well-being of orphans and other vulnerable children must be improved. Communities that mobilize around OVC issues are genuinely concerned, and IPC and its partners must help them to measure results of their efforts in ways that those communities find meaningful. It could be useful for the Alliance, IPC, and partners to conduct a detailed log frame or causal pathway exercise to better define future indicators.

¹ “Children on the Brink” *op. cit.*

Recommendations

The Alliance/IPC OVC project should do as follows:

1. Develop a more rapid, action-oriented mobilization process.
2. Develop a more dynamic planning process.
3. Include children as active participants in the mobilization process.
4. Expand the scope of situation analysis.
5. Balance the current problem focus with a resource perspective.
6. Use grants on a more limited, flexible basis.
7. Decentralize training activities.
8. Reinforce and build on families' natural support networks.
9. Reinforce collaboration efforts with Aquadev, Catholic Relief Services (CRS), and *Stratégies et Techniques contre l'Exclusion Sociale et la Pauvreté (STEP)/BIT* to promote the availability of microcredit and micro-health insurance.
10. Actively encourage and train partners engaged in supporting home-based care to respond to children in HIV/AIDS-affected households.
11. Increase children's access to formal and nonformal education opportunities.
12. Incorporate children and adolescents into community mobilization and capacity-building efforts.
13. Identify strategies that support appropriate economic roles of children and young people.
14. Help develop and implement a national policy regarding orphans and other vulnerable children.
15. Increase the integration of HIV/AIDS and OVC activities.
16. Give priority to fieldwork.
17. Develop a strategic approach for scaling up protection and care of OVC.
18. Build monitoring, reporting, and evaluation mechanisms.
19. Focus DCOF funding on work that will benefit orphans and other vulnerable children.
20. Explore partnerships or collaborative relationships with additional organizations in Burkina Faso.

The Alliance should develop a proposal for a revised and more cost-effective approach to community mobilization and capacity-building efforts regarding OVC in Burkina Faso.

DCOF should consider committing 3 years of funding in response to an acceptable proposal from the Alliance.

*To become an orphan is difficult.
To become an orphan in the world is difficult.
To become an orphan in Africa is difficult.
To become an orphan in Burkina Faso is difficult.
To become an orphan in Gonsé is difficult.*

People, come listen about the suffering of an orphan.

Refrain:

*Come listen to the life of an orphan.
Orphan, Orphan, how you suffer.
When the other have fun, you have to work.
When the other eat to their fill, you are happy with the leftovers.
When other children are elegant for the festivals,
You are not noticed.
How can orphans go to school?*

Refrain:

*Thankfully for your support, I will go to school.
Thankfully for the support of the CBOs, I will go to school.
Thankfully for the help of CEPROFET, I will go to school.
Thankfully for all the community, I will go to school.*

*If a good mother adopts an orphan, he will never know that he did not have a mother.
If a good father adopts an orphan, he will never know that he did not have a father.*

*But if a mean mother takes in an orphan, he will always think about his mother's absence.
But if a mean father takes in an orphan, he will always think about his father's absence.*

All together, let's work together to not make the most vulnerable the children of our community.

*Orphan, come eat, that is the attitude of a good mother, a good father.
Orphan, it is time to go to school, that is the attitude of a good mother, a good father.
Take a sick orphan to the health clinic, that is the attitude of a good mother, a good father.
There! That is what we must all do for an orphan, for this deserted child.*

This song was written and used by the Centre de Production et de Formation pour l'Élevage Tropical (CEPROFET) of Gonsé, an association that receives support from Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA, for its community awareness campaigns on behalf of orphans and other vulnerable children. The song is translated from Mooré.

INTRODUCTION

A landlocked country of 11.6 million in West Africa, Burkina Faso is extremely poor. In 2001, it was rated 159 of the 162 countries included in the United Nations Development Program's (UNDP) human development index. In 1999, its gross national product per capita was only \$240, and its infant mortality rate was 106. In the same year, 31 percent of its children experienced moderate to severe stunting and another 18 percent showed moderate to severe wasting.²

From a statistical point of view, the situation of children in Burkina Faso is distressing, but statistics do not tell the whole story. Extended family and community ties remain strong, as do traditional values emphasizing shared responsibility for children within a community. These resources are vitally important for improving children's safety and well-being.

The northern part of Burkina Faso is relatively arid, receiving about 12 to 24 inches of rain per year (300 to 600mm), whereas the southwestern part of the country receives an average of almost 40 inches (1,000mm).³ While agriculture is possible in most of the country, there is only one growing season. The northern part of the country experiences a chronic food deficit, and the central region has periodic crop shortfalls, depending on the rain. The southwest typically produces an agricultural surplus. About 90 percent of the country's population is economically dependent on agriculture, with most cultivating small plots using traditional methods.⁴

The Displaced Children and Orphans Fund

Established in 1989 by an act of the United States Congress, the Displaced Children and Orphans Fund (DCOF) is administered by the Office of Health and Nutrition of the United States Agency for International Development. The project of the Displaced Children and Orphans Fund and War Victims Fund has been established to support management of DCOF. The Fund has evolved into a program that focuses on issues of loss and displacement among children affected by armed conflict, street children, children orphaned and otherwise made vulnerable by HIV/AIDS, and, more recently, children with disabilities.

In 1996, 84.5 percent of Burkina Faso's population lived in rural areas. Migration within the country and to neighboring countries is a major economic coping strategy among the Burkinabé; 2.9 percent of the population was involved in migration in 1996. Between 1985 and 1991, a total

² *World Development Report 2001*, New York, p. 144. *The State of the World's Children 2001*, Official Summary, UNICEF, New York, pp. 12, 16.

³ Microsoft Encarta 98 Encyclopedia.

⁴ *Atlas du Burkina Faso*, les Éditions J.A., Paris, p. 43.

of 10.1 percent migrated. Men tend to migrate in search of income, which accounts for the fact that in rural areas the ratio of women to men is 100 to 91.⁵ In 1995, the total adult literacy rate was 19 percent, 30 among men and only 9 percent for women, reflecting the traditional priority to boys' education.⁶

UNAIDS and the World Health Organization estimate that 6.4 percent of the country's adult population are HIV positive, including 20,000 children.⁷ The International HIV/AIDS Alliance (the Alliance) and *Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA* (IPC) believe that the prevalence of HIV/AIDS nationally may actually be lower. No statistics were identified that could be used to identify areas of higher HIV prevalence within Burkina Faso, but Figure 1 lists factors identified by the Alliance and IPC that tend to correlate with higher or lower prevalence rates within the country.

The International HIV/AIDS Alliance

Established by a consortium of international donors in 1993, the Alliance's mission is "to support communities in developing countries play a full and effective role in the global response to AIDS." It is currently supporting nongovernmental organizations (NGOs) and community-based organizations (CBOs) in 20 countries. Since 1993, some 1,500 projects have received funding from the Alliance, and several thousand organizations have received training and technical support.

Figure 1.
Factors Associated with Variations in HIV Prevalence in Burkina Faso

Lower HIV Rates

Rural areas
 Low external migration
 Low rural-urban seasonal migration and mobility
 Low accessibility and mobility
 Low socioeconomic activity
 Small-scale agriculture
 Age group 15–25 years and over 40
 Young men 12–24 years of age

Higher HIV Rates

Urban and semi-urban areas
 (approx. 30 to 50 sites)
 High external migration
 High rural-urban migration and mobility
 High accessibility and mobility (roads and road markets)
 High socioeconomic and socio-cultural activity
 Mining sites and big labor-intensive companies and business
 Age group 25-39 years
 Young women 12-24 years of age

⁵ *Atlas du Burkina Faso*, pp. 27, 28.

⁶ "Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Burkina Faso, 2000 Update" (revised), UNAIDS and World Health Organization, p. 2.

⁷ "Epidemiological Fact Sheets on HIV/AIDS," p. 3.

UNAIDS has estimated that by 2000, more than 211,000 children under the age of 15 in Burkina Faso were living without their mother or both parents because of AIDS.⁸ The United States Agency for International Development's (USAID) *Children on the Brink 2000*, which considers orphaning from all causes, estimates that almost 725,000 children in the country have lost one or both parents, 12.7 percent of the total child population.⁹ Five surveys in rural areas carried out by community members with the support of the Alliance and IPC have found that 14–19 percent of all children in those communities were orphans or otherwise vulnerable.

Because of the lag between infection with HIV and death resulting from AIDS, it can be expected that orphaning will continue to increase in Burkina Faso for about a decade after HIV prevalence starts to decline. A disproportionate number of orphans will be a long-term issue in the country.

Initiative Privée et Communautaire de Lutte Contre le VHI/SIDA (IPC)

Created by the Alliance in 1994, IPC is an intermediary NGO whose primary aim is to build the capacity of local NGOs and associations around HIV/AIDS work. By the end of 2001, IPC had worked with approximately 100 partners to implement more than 140 projects. In addition, IPC has had an ad hoc collaboration (training, funding, etc.) with an additional 50 NGOs and CBOs. Between 1995 and 2001, the Alliance through IPC was the fifth-largest funder of HIV/AIDS work in Burkina Faso and the only nongovernmental HIV/AIDS program in continuous operation throughout that period. IPC does not provide services directly to individuals or families. Its focus is building the capacities of local NGOs, associations, and CBOs.

Development of a Response to Orphans and Other Vulnerable Children

In April 1999, the Alliance submitted to DCOF a proposal to respond to orphans and highly vulnerable children affected by AIDS in Burkina Faso. The Alliance and IPC proposed a three-pronged strategy so they could integrate work with orphans and vulnerable children (OVC) into the existing program, which is reflected in the following objectives:

- To build NGO capacity to integrate services for orphans and highly vulnerable children into existing care activities,
- To mobilize communities to address stigma toward orphans and vulnerable children, and
- To build NGO capacity to address stigma toward orphans and vulnerable children.¹⁰

In July of that year, DCOF sent two technical experts, Jill Donahue and Brigitte De Lay, to Burkina Faso to review the proposal in relation to the situation. Their report included recommendations that the Alliance revise its proposal to emphasize the following:

- Train associations to engage in interactive community participation and act as catalysts or facilitators of community responses to the needs of families and children affected by HIV/AIDS, as opposed to carrying out new activities on behalf of communities.

⁸ "Epidemiological Fact Sheets on HIV/AIDS," p. 3.

⁹ Susan Hunter and John Williamson, *Children on the Brink 2000: Updated Estimates and Recommendations for Intervention*, Executive Summary, USAID, 2000, Appendix I.

¹⁰ These objectives are outlined in the original project proposal submitted to DCOF in early 1999. Additional interventions were also added in response to a DCOF evaluation in July 1999.

- Train association members to conduct—from the onset of the project planning process—a participatory, child-focused assessment on the effect of HIV/AIDS on children, their families, and their communities, including young people.
- Expand the definition of care and support to look at the family as a whole, considering children’s psychosocial needs well before the death of the parent.
- Identify local resources that can assist associations in acquiring participatory techniques and tools that are appropriate for both adults and youth.
- Maximize resources and seek collaboration with other development actors.¹¹
- The report also recommended that the Alliance add to the proposal two additional positions to manage the proposed activities.

The report was sent to the Alliance in early August 1999, and on August 16, the Alliance responded to the report, specifying the goal and strategies shown in the following box.

<p style="text-align: center;">Alliance Response</p> <p>Goal: Facilitating an increased appropriate response to existing and emerging needs of orphans and vulnerable children in Burkina Faso.</p> <p>Main Strategy of the Project: Community mobilization facilitated by local NGOs.</p> <p>Complementary Strategies of the Project:</p> <ul style="list-style-type: none">• A youth-to-youth response through activities for prevention, for care and support, and for improving the peer social environment;• Continued strengthening of the support, care, and prevention safety net through improved delivery of basic, low-cost services;• Coordination with a DCOF-supported microcredit program; and• Contributions to improving the sectoral response through work on appropriate tools and resources, replicability, policy, and institutional learning.
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The response from the Alliance discussed the recommendations in the DCOF team’s report and included a new budget, which included provision for one Burkinabé project officer and one expatriate technical advisor.

¹¹ “Proposal Assessment—HIV/AIDS Alliance & IPC Assisting Orphans and Vulnerable Children in Burkina Faso,” DCOF, available at <<http://www.displacedchildrenandorphansfund.org/>>.

In September 1999, USAID committed DCOF funds to the Alliance to incorporate into the IPC program in Burkina Faso activities to address the needs of orphans and other highly vulnerable children.¹² The action memorandum in the grant agreement indicates the following:

During the three-year period, the Alliance will have provided technical assistance and funding support to 32 NGOs that have worked with highly affected communities to respond to the needs of orphans and vulnerable children. These efforts will result in

- Enhanced NGO capacity to meet the needs of orphans and vulnerable children,
- Improved services for orphans and vulnerable children,
- Expanded community support for orphans and vulnerable children, and
- Reduced stigma and increased integration of orphans and vulnerable children.

A total of \$625,000 was added to the Alliance's existing grant from USAID's HIV/AIDS Division to the Alliance, which covers the period of January 1998–September 30, 2002. Through this grant modification, program activities in Burkina Faso were to be planned and carried out by the Alliance's national partner in the country, IPC, with residential technical support from the Alliance. It was anticipated that DCOF funds would be used during the 27-month period, September 1999–December 2001. At the end of December 2001, \$84,269 of the DCOF funds remained unspent and can be used, without amendment, until the closing date of the Alliance's grant period in September 2002.

Assessment Visit

In January 2002, DCOF sent a team of two technical advisors, John Williamson and Brigitte De Lay, to Burkina Faso to assess, together with IPC and the Alliance, the activities that had been carried out with DCOF funds and to consider proposed future activities. The team's visit was January 22–February 2. The focus of the assessment was on the ways that children had benefited and might benefit in the future from activities supported with DCOF funds. The scope of work for their visit is included in Appendix A. Their itinerary and main contacts are in Appendix B. This report presents their findings.

¹² To clarify the distinction between the overall program of IPC and the DCOF-funded OVC component of it, in this report we refer to the latter as the "OVC project." Thus we recognize that some DCOF funds were to be used to incorporate attention to OVC issues into existing components of the larger IPC program as well as initiating new activities focused on orphans and other vulnerable children. While the term "project" is used, it is with the understanding that these new activities were to be integrated into the IPC program and not necessarily to be stand-alone activities.

PROJECT OVERVIEW

Using guidelines developed by the Alliance headquarters in London in late 1999, IPC developed a basic four-step approach to community mobilization. This approach includes an awareness campaign, extensive situation analysis, community planning, and community implementation. A brief description of each step follows.

To support this process, IPC developed a series of three training workshops:

Workshop I—Information, Awareness and Commitment. A 5-day workshop held in a central location for partner organizations to discuss pertinent issues related to orphans and other vulnerable children, to review the community mobilization approaches, to develop and reinforce facilitation skills and participatory techniques, and to help individual partners develop their work plans.

Workshop II—Community Assessment Techniques. A 6-day workshop combining classroom work with fieldwork to train partners how to conduct a community-based situation analysis, including organizing and implementing an enumeration exercise, interviewing children, and PRA work.

Workshop III—Community Planning and Implementation. A 6-day workshop for partners to share their field experiences and analyze information as well as to help them prepare to organize the community sessions for setting priorities and formulating plans.

Step I: Community Awareness

Information and awareness raising was introduced by IPC as its first step in the mobilization process. Partners are trained to use two main techniques: a set of drawings of “The Tinga Family” to tell a story about illness and death (1) from AIDS, orphaning, and the consequences and (2) community theater. Some partners have also incorporated songs and dance into this initial phase of their work. With IPC’s support, association members organize village meetings and actively facilitate discussions with community members on OVC issues. At the end of this phase, field-workers request a formal commitment on the part of the community leaders to mobilize community resources in favor of OVC.



Step II: OVC Situation Analysis

Community members are convened by the partner organization to discuss issues and are organized to collect information regarding orphans and other vulnerable children. Techniques used include a 1- to 3-month technical enumeration exercise, extensive interviews with children, and some Participatory Rural Appraisal (PRA) activities. In general, association members and community volunteers collect information, and follow-up analysis workshops are organized at the community level for key resource persons. IPC also conducts a secondary analysis of all associations’ data for national advocacy purposes.



During the assessment visit, the DCOF team asked the Alliance's resident technical advisor and IPC staff members to develop a time line of the development of the OVC component of the program from September 1999 to that point (early February 2002). The time line follows. *Italicized text indicates activities or events that were significant in moving the project forward.*

Step III: Community Planning

Community planning consists of partners organizing community workshops with key resource persons and helping representatives set priorities among problems and identify solutions. A community OVC committee and a solidarity fund may be established during this stage. IPC also assists partners in developing project proposals.

The initial series of workshops was organized over a period of 6 months (October 2000–March 2001) for the first group of five IPC partners:

- Association “Kadini N’Tama” de Toma
- Association Insertion Aide aux Orphelins (AIAO) de Rambo
- Association “Song Taaba” (AST) de Tougouri
- Association de Developpement de Dassui et Environnement (ADDE) de Dassui
- Association Kumalé de Komtoega



Step IV: Community Implementation

Although communities often initiate small-scale activities before IPC funding, the implementation phase technically begins with signature of a contract between IPC and a local partner. IPC also provides monitoring and technical support to partners during this phase.

Those associations had been involved with IPC, receiving training or other support since at least 1999, with the exception of AIAO, with which IPC established contact in August 2000.

Over the 8-months, October 2001–June 2002, the series of workshops was repeated for the second group of five partners:

- Association Centre de Production et de Formation pour l’Elevage Tropical (CEPROFET) de Gonsé
- Association Tamuwe de Wakara
- Association pour la Conservation et la Mise en Valeur du forêt clasé de Gabio (ACMVG) de Silly
- Association Solidarité et Entre-aide Mutuelle au Sahel (SEMUS) de Yako
- Association des Femmes Catholiques (AFC) de Fara

IPC had worked with CEPROFET since 1995, ACMVG since 1997, and Association

Tamuwe since 1999. It identified SEMUS and AFC in August 2001, not long before the first of the series of OVC workshops.

Project Time Line

September 1999 —	<ul style="list-style-type: none"> - <i>DCOF funding (September)</i> - <i>Alliance develops guidelines for IPC on community mobilization, “OVC in Burkina Faso: First Steps in Community Mobilization” (October)</i>
January 2000 —	<ul style="list-style-type: none"> - <i>Translation of “OVC in Burkina Faso: First Steps in Community Mobilization” (January–February)</i>
March	<ul style="list-style-type: none"> - <i>OVC national workshop with IPC partners and Government of Burkina Faso (March)</i> - <i>Expatriate Technical Advisor hired (March)</i> - <i>Meetings on the national OVC workshop to further brief IPC partners and national stakeholders on OVC issues and IPC’s approach</i>
June	<ul style="list-style-type: none"> - <i>OVC prevention workshop: Development of “The Tinga Family” visual aid (June)</i>
August	<ul style="list-style-type: none"> - <i>Durban AIDS Conference (July)</i> - <i>National OVC Project Coordinator hired (August)</i> - <i>Workshop on integration of OVC and care work (August)</i> - <i>Community mobilization training for IPC staff members by Mwangaza (formerly CLUSA; August)</i> - <i>Identification of first group of five OVC partners (September)</i>
October	<ul style="list-style-type: none"> - <i>First OVC training workshop for the five OVC partners: “Awareness Raising” (October)</i> - <i>Technical visit from Alliance Headquarters on enumeration and acceleration of the project (November)</i>
December	<ul style="list-style-type: none"> - <i>Second OVC training workshop for five OVC partners: “Situation Analysis” (December)</i>
January 2001 —	<ul style="list-style-type: none"> - <i>Technical support visit by Stefan Germann on psychosocial issues and home-based care initiatives (January)</i>
March	<ul style="list-style-type: none"> - <i>Third OVC training workshop for five IPC partners: “Community Planning and Implementation” (March)</i>
May	<ul style="list-style-type: none"> - <i>Community debriefing and planning sessions: IPC’s five OVC partners work with multiple communities in their respective geographic areas (May–July)</i> - <i>Zimbabwe study visit for three IPC staff members (June)</i>
-	<ul style="list-style-type: none"> - <i>Departure of IPC Director; hiring of the interim director (June)</i> - <i>Working session to develop plan of action on integrating OVC work with care and prevention work (June–July)</i>
August	<ul style="list-style-type: none"> - <i>Established working partnership with Aquadev and STEP on microfinance and micro–health insurance (August to present)</i> - <i>Holiday camp for OVC (August)</i> - <i>Identification of second group of five CBOs for OVC Work</i>

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|-----------------------|--|
| October | - First “Awareness Raising” workshop for second group of five OVC partners (October) |
| | - Finalization OVC projects (subgrants) (November) |
| December | - Participation in International Conference on AIDS and STDs in Africa (December) |
| | - <i>Second technical visit by Stefan Germann (December)</i> |
| January 2002 — | - Visit by DCOF team (January–February) |
| | - <i>Second training on OVC situation analysis (February)</i> |
| | - National workshop on OVC organized by Axios, PLAN International, and Government of Burkina Faso (March) |

IPC trained four persons from each local NGO or association, in turn, to train and work with community members. After completion of the first series of workshops, IPC provided each of the first group of five local partners a grant ranging from \$2,875 to \$14,433 (the average was \$8,215) based on the population to be reached by the project (ranging from 1,000 to 15,000). Four partners each received 3 days of technical support in the field and one received 10 days. IPC hired resource people to assist associations during fieldwork. Most were university students or recent graduates with a social science background and limited hands-on community development experience. In addition, IPC organized workshops regarding OVC issues for its partners working in HIV prevention and in support for home-based care of people living with HIV/AIDS.

The OVC project has been initiated in 10 pilot sites in 12 provinces and 14 departments, covering 3 towns, 3 communes, and 52 villages (see map). The areas where the project is operating have an estimated total population of 158,000, including approximately 75,000 children under 15 years of age. There are estimated to be about 7,500 orphans and other vulnerable children in the project area, 15 percent of the child population.

The following box provides an overview of the accomplishments of the Alliance/IPC OVC project as of January 2001.

OVC Project Accomplishments

- An estimated 5,000 orphans and vulnerable children in the communities participating in the program have benefited from significantly improved community attitudes toward them.
- An estimated 1,850 orphans and other vulnerable children have benefited from direct community support. This figure includes 668 children enrolled in school, some 600 children receiving regular monitoring home visits by an estimated 100 volunteers, and more than 200 children who have received emergency support (i.e., medical, clothing, food).
- Ten communities have carried out participatory situation analyses on orphans and other vulnerable children. Six of those communities have formed OVC committees. Four communities, with an estimated total population of 24,700 living in 17 villages and 1 small semi-urban municipality, have established OVC Solidarity Funds to respond to priority needs.
- Fifty-nine NGOs and CBOs received training concerning OVC issues.
- Three IPC-supported associations initiated and jointly managed a holiday camp for more than 80 OVC.
- In collaboration with the Ministry of Social Welfare, a National OVC Workshop was organized in March 2000 and a National OVC Conference was held in March 2002 as the first activity in the process of developing a national policy.
- Modules and tools for training on community mobilization related to orphans and vulnerable children have been developed and used.
- Tools for the psychosocial support of orphans and vulnerable children and youth-to-youth prevention were developed and disseminated to NGOs and CBOs.
- All 10 IPC OVC associations provided outreach efforts to orphans and other vulnerable children and their families to participate in the national immunization campaign.
- Several OVC associations accessed food assistance in communities affected by food shortages.
- One OVC association negotiated free medical care for malnourished children in communities it serves.
- One IPC-supported youth group repaired homes for widows and orphans.

GENERAL OBSERVATIONS

The initiation and integration of the OVC component into the Alliance/IPC program has been a learning process for both the Alliance and IPC. Incorporating attention to orphans and other vulnerable children required IPC to add two new dimensions to its program: a thematic focus on children and the operational approach of community mobilization. While the Alliance had previous experience regarding programming for orphans and vulnerable children in Cambodia, the DCOF-funded activities in Burkina Faso were its first in Africa. Regarding community mobilization, the Alliance had extensive previous experience supporting and developing community-based work prior to the funding from DCOF. However, this work comprised primarily building the capacities of community-based organizations to deliver services for HIV prevention and support for home-care. Grassroots mobilization of communities to develop their own long-term, sustainable activities was a new approach for the Alliance and for IPC in Burkina Faso.

Incorporating those two new elements into an established program required the Alliance, first, to develop its own internal capacities and, second, to design, test, and support a new approach and methodology among partner organizations. DCOF assumed that the Alliance and IPC would be able to do this relatively quickly, but it took several months before the process began in earnest, and it is still under way.

Although this process has been much slower than anticipated, the Alliance and IPC have made significant progress and now appear to be in a position to help mobilize community action for orphans and other vulnerable children more rapidly and extensively. Some additional changes are needed, however, which are discussed under “Specific Observations on the Project.”

IPC has more easily incorporated OVC issues into its national-level advocacy efforts. It has organized workshops and helped to build a national network of OVC stakeholders, approaches with which both organizations had significant experience and expertise.

In retrospect, it seems clear that when the project began in September 1999, the Alliance and IPC, on the one hand, and DCOF, on the other, had somewhat different understandings of the exact purposes for which DCOF funds could be used. Because of the need to finalize a grant modification and commit funds before the end of the fiscal year, the Alliance did not submit a revised proposal but instead responded to the recommendations of the first DCOF technical team and submitted a new budget. The Alliance proceeded with the development of the project with the understanding that it could use DCOF funds to support portions of the ongoing prevention and care and support components of the IPC program, from which orphans and other vulnerable children would in some ways benefit. DCOF’s understanding, however, was that any funds it had

provided would be used specifically to improve the situation of orphans and other vulnerable children. Any future grant agreement should spell out more clearly how DCOF funds are to be managed and how the results are to be reported.

Another lesson from the experience to date is that expectations for reporting by the Alliance and IPC on any future DCOF funding and its monitoring role need to be mutually defined and agreed upon. The current report identifies many of the same issues as DCOF's August 1999 technical report. A more active monitoring role by DCOF and more detailed reporting by the Alliance and IPC could have called attention to these issues at an earlier stage.

STRATEGIC CONSIDERATIONS

Before DCOF presents specific observations about the project, it is important to make explicit the set of understandings that underlie DCOF's approach to the issue of children being orphaned and otherwise made vulnerable by the effects of AIDS on their families, communities, and themselves. Some of the differences in perspective on the project in Burkina Faso between the Alliance/IPC and DCOF may relate to differences in the way each interprets the strategic implication of the still evolving nature of these impacts.

In the view of the DCOF team, it is imperative that the Alliance, IPC, and all stakeholders in Burkina Faso begin to take a more strategic approach to building a response to the effects of AIDS on children and families that can match the magnitude and duration of the emerging problems. The following box highlights strategic implications of the nature of an HIV/AIDS epidemic that must be taken into account in developing an effective response in Burkina Faso.

One more consideration is fundamentally important to developing an effective response to the increasing vulnerability of children in Burkina Faso: *The first and most important responses to problems caused by HIV/AIDS are being carried out by the children, families, and communities affected.* They are the key stakeholders. Whether outside bodies intervene or not, children, families, and communities are going to be dealing with the effects of HIV/AIDS, often with great difficulty, so efforts to strengthen their capacities must be a fundamental response. The activities and interventions of the government (national and local), NGOs, religious bodies, donors, and other stakeholders can make a difference to the extent that they help facilitate and support the responses of children, families, and communities.

Strengthening the coping abilities of families, communities, and children is not all that must be done, but it must be the foundation of an effective response. If those capacities are not strengthened, the number of vulnerable children will simply overwhelm any possible service delivery response. For this reason, USAID/DCOF advocates community mobilization as fundamentally important to an effective national response to the effects of AIDS on children and families. The question is how to do this.

The five fundamental strategies described in USAID's *Children on the Brink 2000* are a strategic framework to guide selection and development of a collaborative network of interventions that can match the scale and duration of the effects of HIV/AIDS on children. In November 2001, the UNAIDS Committee of Co-sponsoring Organizations endorsed the following strategies in relation to the global goals for orphans and other vulnerable children established by the United Nations Special Session on HIV/AIDS:

Key Considerations

Urgency The number of children orphaned by AIDS in Burkina Faso is already large, and it can be expected to continue increasing. The longer the country waits to mount an effective response, the more difficult and expensive it will become. The needs of orphans and vulnerable children demand immediate attention.

Scale An estimated 12.7 percent of all children in the country are already orphaned and many more are vulnerable. In the communities that IPC has helped to carry out enumerations, approximately 15 percent of all children have been identified as being orphans or otherwise vulnerable. HIV/AIDS is expected to increase the number of vulnerable children for years to come. Currently, the percentage of vulnerable children receiving support from outside the family is probably very small; 5 percent has been estimated in some countries. The collective magnitude of efforts to improve the situation of orphans and vulnerable children must increase dramatically.

Duration A large number of children are already orphaned or otherwise vulnerable because of HIV/AIDS. Optimistically, their numbers may increase for only another decade before declining for a second decade to the already high level. Interventions must be sustainable and affordable for at least 20 years, but likely longer.

Cost per beneficiary Because resources are limited, they must be used to benefit as many children as possible. The gap between needs and resources is too vast to be bridged by traditional service delivery approaches because the cost per beneficiary is too high to implement countrywide. Experience elsewhere has shown that community efforts can be supported and sustained at a low cost per beneficiary.

Changing targets As the epidemic evolves over time, the number of children to be targeted will change. Burkina Faso needs to have the capacity to estimate the numbers of vulnerable children on a regular basis, to monitor their well-being and access to basic services, and to adjust programs and policies as appropriate.

Targeting interventions The effects of AIDS are not uniform throughout the country; some communities are more seriously affected than others, and some are better able to cope. Limited resources must be targeted to those communities where families are having the greatest difficulty protecting and caring for their children. Within those communities, residents who understand the local factors causing vulnerability must determine which children and households are most in need of support.

Integration Vulnerable children have many needs, and there is no single intervention that is sufficient. HIV/AIDS interventions must be fully integrated with basic health, education, and development programs in ways that both make sense and make a difference in children's daily lives.

Collaboration No single body—governmental, international, or nongovernmental—by itself has the capacity to make an effective response to the needs of orphans and vulnerable children throughout the country. The only possibility for a response that, collectively, matches the scale and duration of the impacts of AIDS on children is collaboration among all stakeholders: government agencies, international organizations, donors, NGOs, religious bodies, community associations, and the for-profit private sector.

Strategy building A collaborative response does not just happen; it must be strategically planned and built by stakeholders through participatory national and local situation analysis, policy analysis and development, action planning, implementation, and monitoring.

Adapted from *Children on the Brink 2000*.

1. Strengthen the capacity of families to cope with their problems.
2. Mobilize and strengthen community-based responses.
3. Strengthen the capacity of children and young people to meet their own needs.
4. Ensure that governments protect the most vulnerable children and provide essential services.
5. Create an enabling environment for affected children and families.

If Burkina Faso is to respond effectively, at scale and on an ongoing basis to its large and growing number of vulnerable children, it must piece together among all stakeholders its own set of responses that, together, incorporate these five strategies. Burkinabé have strong family and community ties that are a resource in this process. Even so, this work is an enormous challenge. DCOF's funding of the Alliance and IPC's efforts to develop a community mobilization response and to put orphans and vulnerable children on the national agenda are important efforts to contribute to building such a response, and the project must be assessed in relation to that challenge.

The specific observations of the team and its recommendations are presented in this report organized according to these five strategies, with the addition of management issues as a sixth topic. The order in which they are presented was chosen to facilitate the flow of the team's observations and recommendations.

The Alliance/IPC project has introduced to Burkina Faso community mobilization as its fundamental approach to mitigate the effects of AIDS on orphans and other vulnerable children. Other organizations in the country are also addressing the needs of such children, primarily using a program-based, service delivery approach, which is fundamentally different from that taken by the project. This difference does not appear to be fully recognized among stakeholders in Burkina Faso. The two approaches can be complementary, but a service delivery approach, by itself, becomes progressively inadequate as an HIV/AIDS epidemic progresses. This point has already been reached in Burkina Faso.

SPECIFIC OBSERVATIONS ON THE PROJECT

In the view of the DCOF team, the approach developed to mobilize communities has been much more drawn out than necessary. It took 12 months for the first group of five partners to complete Steps I–IV and begin implementation. The time line sheds light on factors contributing to the relatively long process. Specific factors included a long staff recruitment process, a limited internal experience with work regarding OVC and with community mobilization, and internal IPC management issues. Other factors included an overly sophisticated approach to community assessment and insufficient clarity about options for community action. For the second group of five partners, changes have been made to simplify and shorten the process, but the process still appears to be rather slow and labor-intensive. Appendix C includes an overview of the mobilization process prepared by the Alliance/IPC and sent to the DCOF team following its visit to Burkina Faso.

Activities at Community Level

Although project documents reflect a basic understanding of community mobilization and participatory work, a closer look at the actual field methodology used and its results revealed gaps. While the current process does reflect serious commitment by the Alliance and IPC and some encouraging developments and community action, it is fragmented, time consuming, problem-based, and, to some extent, resource led. Although children are involved in the process, the project can improve the extent and quality of their participation. Following specific comments on each of the four mobilization steps, more general observations are offered.

What Do “Community Mobilization and Capacity Building” Mean?

Community mobilization and capacity building are catalytic processes through which an outside agent first helps communities to identify what concerns them most, decide what they can do about these issues, and take action. Then there is follow-through over time to improve needed skills and link communities with outside resources (training; information; or material, financial, or technical support). In some cases, these processes may also involve the outside agents directly providing limited amounts of resources to the community on an ongoing basis—but this method cannot lead the process. Effective mobilization is based on the community’s ownership of the problem and a sense of responsibility to address it. It is not a matter of convincing people to take action by giving them resources or to work for free in someone else’s program.

Adapted from Donahue and Williamson, “Community Mobilization to Mitigate the Impacts of HIV/AIDS,” DCOF, 1999.

Step I. Awareness Raising

Although IPC has not evaluated its awareness work, anecdotal evidence from the field suggests that this phase has successfully created community consciousness of OVC issues. One group of community volunteers in Rambo commented that they have seen a sharp difference in guardians' attitudes and practices toward orphans living in their households following awareness efforts. "Before you could always physically tell which child was the orphan because he was the most dirty. Now these children are being cared for. They [the guardians] now have some pity and do not want to be looked on poorly by neighbors." In Gonsé, a theater piece representing the classic "evil stepmother" was so powerful that the audience began to threaten the lead actress for her hurtful treatment of the child in the play and the association had to publicly emphasize that she had only been acting. Although limited, such examples suggest that awareness efforts can have immediate, significant effects.

To continue improving awareness work, there are some important questions to consider in evaluating the current work. The four-stage process makes a distinction between awareness raising and conducting a comprehensive community-based situation analysis. When conducted in a participatory fashion, a situation analysis inherently raises awareness through community reflection and discovery. Mobilization is also action oriented.

It is also true that recognition of HIV/AIDS's effects on children is still emerging in Burkina Faso, which may justify some initial awareness raising to motivate community interest in situation analysis activities. Concern about vulnerable children, however, is widespread, making it an effective starting point for mobilizing community action. Awareness about the links between child vulnerability and AIDS can be expected to emerge during the course of a situation analysis in a community affected by HIV/AIDS.

IPC should consider combining the two steps of awareness raising and community situation analysis. For example,

- Can the visual aids and theater be adapted to be used with one of the many Participatory Learning and Action (PLA) tools to generate community discussion around a variety of issues related to OVC?¹³
- Can these awareness efforts be adapted to stimulate community analysis, complementing other assessment tools during the situation analysis? By combining these steps, associations can build a broader basis of support for future action, channeling community energy toward action in the earliest stages of the process.
- "The Tinga Family" tells a story of misery among children affected by HIV/AIDS. The more hopeful messages in this story should be reinforced and emphasized (for example, the oldest boy is accepted and loved by an uncle). Although it is powerful to tell stories of neglect in motivating community members, it can reinforce fear and despair among children who are living with sick family members and add to parents' distress about their children's future.
- Although "The Tinga Family" is an unusual and important contribution to OVC work in Burkina Faso, because of a high printing cost (\$75 each), the tool has not been made widely

¹³ PLA is more action-oriented than Participatory Rapid [Appraisal (PRA), which developed initially as a means of gathering information to inform decision-making external to the communities concerned. PLA is a single process during which community residents identify issues of particular concern to them, analyze the underlying causes, then plan and carry out specific action. PLA has evolved from PRA.

available to IPC partners or other community groups. Each of the 10 associations has received only two copies, and some complained that this lack of access to the tool has limited their work. By simplifying and cutting the cost of production, this tool can be made more accessible and its use can easily be decentralized for grassroots work.

Traditional awareness campaigns can be the *result* of community planning, and not just a step in mobilization. A community-based awareness campaign developed as a result of community analysis can be more tailored to specific community issues identified during the assessment phase. At the time of the DCOF visit, 3 of the 10 associations were organizing ongoing awareness efforts. Several nonsupported IPC associations have also requested assistance in organizing similar community discussions. IPC should continue to support and reinforce such initiatives.

Step II. OVC Situation Analysis

The IPC-supported situation analysis has three main components: the enumeration exercise, individual interviews with vulnerable children, and PLA work. Each is discussed below.

Enumeration

IPC and its partners credit the enumeration exercise and complementary interviews as a key activity in motivating communities to consider OVC issues and recommend it for use in national advocacy efforts. The social science methods that have been used, however, are labor-intensive and time-consuming. Experience with this type of programming in other countries has shown that there are quicker, more efficient ways to motivate and advocate at the community level.¹⁴ IPC should review and consider when participatory assessment methods can be introduced as an alternative to quantitative studies.¹⁵ For example,

- The participatory techniques used during the situation analysis could be strengthened to foster more immediate, inclusive, and in-depth analysis by community members, linking discussion to community action. PLA exercises can rapidly assess the community situations, taking as few as 1 to 5 days. The enumeration exercise and interviews currently take 1 to 3 months and result in a delay of community learning.
- Community mapping can be complemented by selective case studies or sample surveys, providing community members equivalent or more relevant information more quickly than the comprehensive survey approaches that have been used.
- If needed, a more detailed enumeration exercise can be conducted as part of the implementation phase of a program (for example, home visitation programs or resource distribution). In this way, enumeration exercises can be more focused and tailored toward gathering information the community has determined it needs to carry out specific action.

¹⁴ Reports on DCOF-funded community mobilization programs in Malawi and Zambia are available on request from DCOF. Training for transformation methods have been used by the COPE program in Malawi and PLA by Project Concern International and SCOPE-OVC in Zambia.

¹⁵ In *Whose Reality Counts*, Robert Chambers notes that development organizations conduct surveys for four main reasons: Insight (program development), Identifying Social and Economic Difference, Monitoring and Evaluation, and Statistics. These reasons are similar to those presented by IPC to justify the lengthy enumeration exercise. In short, he notes that such surveys are often costly and ineffective. He also presents participatory alternatives for each reason.

Interviews with Children

As part of the enumeration exercises carried out by partners, a questionnaire developed by IPC was used to conduct one-on-one interviews with all children identified as orphaned or otherwise vulnerable. The purpose was to identify vulnerability factors. Questions target information on children (age, sex, religion); caretakers; health and nutrition (arm circumference); schooling; reasons children do not live with a mother or father; children's feelings about being separated or orphaned; and their reactions toward their parents' death. In the view of the team, the objectives could be better addressed by introducing alternative PLA activities. For example, field-workers can organize discussion groups with children using classic PLA diagrams, role plays, and songs. Information can also be gathered through school and health clinic records. Furthermore, the survey approach that has been used poses risks as field-workers are asked to collect and handle emotionally sensitive information and to respect children's confidentiality. With this in mind, IPC and some of its partners have limited experience in working with children and must consider carefully what partners are advised to do and how adequately they can be prepared.

Participatory Assessments

Participatory Rapid Appraisal developed initially as an approach to gather information to inform decision making. PLA has evolved from it as a powerful means to generate community understanding, build ownership, and develop community capacity and action. PLA is more action oriented than PRA.

Before the DCOF team's visit in January 2002, the project trained community partners to use PRA methodology during a situation analysis. When used poorly, however, PRA or PLA can waste resources and effort. In reviewing the training material and interviewing association members, the team had several concerns about how IPC has trained partners to use PRA around OVC issues. Specific areas of concern include the following:

- No checklist was used. Before conducting a PRA, a basic checklist is developed by facilitators to guide fieldwork. Without this guide, assessment work lacks focus.
- The accelerated training program placed more emphasis on mastering the use of basic tools and did not adequately adapt (or develop) tools to OVC-related issues.
- Partners were undertrained and received little effective technical support in the field, where the work and most of the real learning about how to mobilize and build capacity are done. Very few associations talked about the PRA exercises as one of their accomplishments; they focused almost exclusively on enumeration.
- The training program did not emphasize the fundamental importance of visualizing information. It often guided partners toward using written words and paper to capture local reality. Although facilitators debrief community members, the use of the written word in a community where many people cannot read limits who can participate and creates a psychological barrier. Field-workers should always use alternative means to make important information visible during PRA exercises. UNICEF reports a literacy rate in Burkina Faso of 29 percent for adult men and 10 percent for women.¹⁶

¹⁶ The State of the World's Children 2001, Official Summary, p. 24.

Developing strong skills in participatory methodology is one of the most important areas in which the Alliance and IPC should concentrate their capacity-building efforts. To do this effectively, IPC needs to develop a more sophisticated, in-house capacity before training others. It will need to reinforce its training approach, offering its partners a higher level of technical support and mentoring in the field. It is possible to learn about PRA and PLA in a workshop setting, but skill in using these tools is developed through supervised application in the field. IPC should consider developing a simplified version of the standard PRA technique, building on its success with visual aids and theater, and introducing select PLA tools that have direct relevance to children's issues.

For example, it could be useful to help community residents develop matrices showing the access of both orphans and other vulnerable children to affection, educational opportunities, and health care. Adults and children can separately use a sorghum stalk matrix on the ground, then each group can present its conclusions to the other. Another exercise is for participants to develop a calendar that compares changes over time of the proportion of children who are orphaned or otherwise vulnerable, levels of household food security, number of girls and boys migrating for street or domestic work, or other issues of concern to the community.

At the end of February 2002, following the DCOF team's visit to Burkina Faso, IPC organized training for the second group of five partners in how to conduct a situation analysis that included 3 days of theory and 5 days of practical fieldwork. The training was carried out by the coordinator of the Burkinabé association of PLA users. Children participated and served as a resource for information. This step was very constructive for the project.

Steps III and IV. Community Planning and Implementation

In the community planning and implementation stages, association members debrief community members on the findings of the situation analysis, conduct prioritization exercises with community representatives, and help villagers develop OVC action plans. Children and youth have not necessarily been included. During this discussion several standardized steps may be proposed: organizing an OVC committee, establishing a solidarity fund and, finally, mobilizing volunteers. In addition, IPC encourages its partners to develop project proposals.

A mobilization process can easily break down over the provision of external funds. In DCOF's experience, provision of funding to a community group can be valuable in a resource-poor setting, but it is one of the most challenging aspects of community mobilization. External resources can help or they can undermine the whole mobilization process, depending on how, when, and with what understanding on the part of the community such resources are provided.

Although IPC is not obligated to fund an association's proposal, there is an implicit understanding that if the association has achieved adequate success in carrying out the four-step process, funding will follow. However, this financial support is not automatic. IPC has not provided funding to one of the first five associations because of a lack of progress in community mobilization, a lack of transparency, and too strong a focus on external funds.

The team believes that community planning can become more dynamic and community-directed by making the provision of funding less prominent in the process. If the prospect of eventually receiving external funding becomes a significant motivating factor to an association or the community, it compromises the process. Community mobilization begins to work when a group iden-

tifies a shared interest or concern, develops a sense of ownership of the problem and responsibility for taking action, decides what it is willing and able to do, and begins to act using local resources (time, land, skills, funds, etc.). An external group can help catalyze this process and can strengthen the community's capacity to pursue its objectives, but if action is seen by the community as being dependent on external funding, it derails the process or at least makes its continuity dependent on the continued flow of resources from the outside. Conversely, the process can be strengthened with appropriate amounts of external resources when these are understood to be supportive of and in response to what the community, itself, is already doing.

It is questionable whether it is appropriate for partners to propose the predetermined steps of forming OVC committees and establishing a solidarity fund. Those actions may be very appropriate if they are solutions the community decides are necessary, but some communities may have existing structures that can incorporate OVC work. Establishing a solidarity fund is likely to be better as a follow-up to regular direct contacts with vulnerable children than as a preliminary step. A fairly dependable rule of thumb is that problems tend to arise when money leads a community process. If villagers consider first the resources they control, they might decide to organize a community field instead of a solidarity fund.

Different organizational structures and steps make sense for different communities. A decision about the best mechanism to deal with a community concern needs to be an organic part of the process of developing a community solution. IPC and associations could help village residents explore multiple structures for addressing OVC issues, including integrating responses to vulnerable children into already established groups, such as a women's group or a church group.

IPC could also shift away from its role as "donor" and reinforce its capacity-building role by helping associations and communities develop skills in fundraising, which encourages their independence. When communities generate even small amounts of money themselves (e.g., through organizing a cultural event and charging admission) and do not have expectations of follow-on funding, they tend to use that money very carefully.

Some Thoughts on Resources

Burkina Faso is an extremely centralized country, with Ouagadougou the primary and Bobo-Dioulasso the secondary economic center and pool of development resources. Development of vertical social-capital links from communities to these centers is vitally important. The following is from communication with Jill Donahue, a member of the first DCOF team to visit Burkina Faso:

A prerequisite first step is to help communities value what they are able to do with the humble resources they have. *Then* link to external assistance. And it is desperately important to do both those things. Why? There is a body of thought regarding social capital that says communities that have strong horizontal social capital (i.e., have strong relationships within the community that allow members to take communal action for mutually defined self-interests) are able to better cope with difficult times. However, this strong horizontal social capital doesn't get them out of poverty, it just makes it more bearable. What moves people up and out is creating vertical social capital (i.e., connecting with people, organizations, etc. outside their community who have more resources than they do). This vertical connection can be exploitative and oppressive, though, if the disadvantaged community goes with hat in hand and head down. (For example: We are poor and unable to do anything ourselves, you must save us.)

Also, community groups that have used local resources to take action to benefit orphans and other vulnerable children are potentially in a good position to seek funding from other donors. IPC could facilitate such links and, through its partners, train community groups in proposal development and the organizational skills needed to manage an ongoing activity. The majority of IPC-supported associations, themselves, have substantial links with NGOs and donors, and there is a significant amount of HIV/AIDS money available in the country. A grant from IPC to each partner should not necessarily be a step in the process of mobilizing communities and building their capacities.

Delayed Community Learning and Action

The current step-by-step approach is choppy and lacks momentum, creating an unnecessary delay between community learning and action. It is also costly, in time and human resources, taking several months to reach an implementation phase and costing IPC US\$160–700 in seed money per association. This cost constrains not only community-led work, but also IPC’s ability to scale up (see section on scaling up). Table 1 provides an overview of the mobilization process and the time frame for each step for two associations, Kadini N’tama from the first group of five and SEMUS from the second.

Table 1.

<i>Name of Association</i>	<i>1st Training</i>	<i>Village Awareness Activities</i>	<i>2nd Training</i>	<i>Situation Analysis</i>	<i>3rd Training</i>	<i>Analysis of Data</i>	<i>Village Planning</i>	<i>Village Activities</i>	<i>Signing with IPC for Funding</i>	<i>Funds Transfer</i>
Kadini N’tama, Toma	Oct. 2000	Oct.–Dec. 2000	Dec. 2000	Feb.–April 2001	March 2001	March–May 2001	June–July 2001	OVC Committee April 2001 Volunteers Sept. 2001	Nov. 2001	Feb. 2002
SEMUS	Oct. 2001	Oct. 2001–Jan. 2002	Feb. 2002	Est. Date: March/April 2002	Est. Date: June 2002					

The Alliance and IPC could explore possibilities for consolidating and streamlining the awareness-raising and information-collection process, making it more action oriented from the beginning (see “Mobilization for Its Own Sake” box). Following the DCOF visit, IPC began adapting and simplifying the situation analysis, reinforcing its qualitative components through improved participatory work. Extensive experience has shown that thorough and accurate field analysis can be done by villagers and does not require experts. A community-based analytical process also reinforces community awareness, understanding, commitment, and ownership.

Changes are needed in the training for community mobilization to integrate assessment and planning skills. At present, partners are trained in each step, with a 2- to 3-month time delay between training sessions and related fieldwork. An action-oriented process is more likely if training is less piecemeal and more tailored to community decision-making from the beginning.

Mobilization for Its Own Sake

At the time of the team's visit, Gonsé (population about 15,000) with the support of IPC's partner, CEPROFET, had participated in awareness activities and the situation analysis and consequently established 13 village OVC committees, a 10-member community council, and an inter-village committee. Despite this process, the next step did not seem clear. The community appeared to be sensitized to the needs of orphans and other vulnerable children, but the team's impression was that residents were waiting to be told what to do next.

On responding to the observation that the association had impressively mobilized a large number of community members, the association's president stated, "Well, that's the whole point!" Is it? When mobilization is not linked to action, where does that energy go and how do children benefit?

The majority of communities IPC's partners have mobilized had not yet developed an action plan to tackle issues related to OVC in a real and significant way. There is a danger that too much emphasis on mobilization as an end in itself or as a requirement in order to receive a grant, without a direct link to action, will lead to disillusionment.

In contrast to other programs DCOF has supported, there was a notable absence of creative community solutions to the problems of vulnerable children. The process the Alliance and IPC have introduced appears to motivate communities to organize but leaves them looking for someone from outside, be it an association or IPC, to tell them what action to take. This process contrasts with those seen in other countries where more-participatory community activities have stimulated not only concern for orphans and vulnerable children but also a sense of responsibility to address critical needs and locally planned action to do so. For example, communities have

- Developed community gardens to assist vulnerable households,
- Propagated and distributed to vulnerable households improved sweet potato and cassava varieties,
- Organized cooperative child-care programs,
- Raised funds and used them carefully to provide relief assistance,
- Organized sports and recreation activities to promote social integration of orphans,
- Convinced foster families to send orphans to school,
- Convinced schools to waive fees for orphans and other vulnerable children,
- Organized community schools, and
- Worked to prevent the spread of HIV.

A Need to Broaden Understanding on OVC Issues

Although IPC's current enumeration methodology is helping communities to understand the situation of orphans and other vulnerable children, local understanding remains limited and problem oriented. The parameters used in the enumeration exercise (e.g., number of orphans, schooling, health status) only reveal one part of the picture. IPC partners understand how many orphans and other vulnerable children live in their communities, whether they are double or single or-

phans, their age groups and educational level, and other descriptive information. But other aspects of the situation should also be considered to inform effective community action.

A broader assessment tool would highlight not only the needs and problems of children and families, but also their strengths and community capacities. Many OVC programs tend to look at children's issues in terms of needs, and overlook what families and children can do and contribute. Being an orphan does not necessarily imply having a higher level of need than other children (see "Perspectives on Vulnerability" box). Communities need to develop a more holistic picture of children's lives, including their economic roles (both appropriate and inappropriate), caretaking roles, and social support networks. It is also important for community residents to determine what helps keep orphans safe and well. An analysis should identify child, family, and community capacities and strengths and help communities to build programs that both respond to needs and reinforce community assets.

An approach that could be useful in this regard is encouraging community residents to identify examples of "positive deviance," local examples of constructive exceptions to more common, less beneficial, patterns of behavior: for example, to consider which orphans are actually doing well, and why. Another is a capacity inventory in which residents identify skills and resources present in the community.

Following are examples of topics that could be introduced into the community analysis:

- Children's responsibilities and their economic roles
- Family and community care patterns for orphans (extended family members, domestic work, forced marriages)
- Extent of OVC well-being and resiliency factors related to children, families, and communities (case studies of what keeps children well)
- Access issues related to learning opportunities, both formal and nonformal (There is currently an emphasis on formal education and very little on other approaches to skills development.)
- Traditional poverty coping mechanisms in time of economic hardship
- Degrees of children's social integration or social isolation (e.g., children's participation in community activities such as soccer teams or church groups, in addition to those currently included in the questionnaire)
- Children's perceptions regarding stigma and discrimination versus their inclusion and acceptance (Elements of these issues are currently included in the questionnaire; however, group analysis directly with children has not yet been explored.)

Seeing and Working from the Inside Out

It is particularly important, when the goal is to catalyze and support ongoing changes in social and economic activities at family and community levels, that the approaches and activities advocated make sense from the perspectives of vulnerable families and the community. Another issue for the Alliance, IPC, and their partners continually to be aware of is the biases that organizations bring to a situation.

Perspectives on Vulnerability

In one community, a member of the DCOF team did a social support assessment with a 12-year-old orphan, Denis, and his widowed mother, who had been identified by the OVC committee. Using mobility maps for both mother and child, and cross-checking the information with a community resource person, a clear picture began to emerge about the child's situation.

Although Denis was considered vulnerable by the OVC committee his father's death, it became clear that his life was not so different from those of other children in the community. He spent significant time playing and being with extended family members. Although he was not in school (he had not attended before his father's death), he did help his mother and his 16-year-old brother prepare and harvest the field during the agricultural season (an activity he loved). He also made and sold charcoal. He played soccer regularly with his friends and described a close relationship with at least one uncle. Although the household economy was fragile, a cousin negotiated land on behalf of the family from a local leader after the father's death. This land was a new resource for the family, as the father had been a landless laborer. Also, the mother's eldest daughter visited regularly and provided material support when the family was in need. Neighbors supported the family.

Although a poor family, it appeared that this child, one of the children identified during the enumeration exercise, was not so different from most children his age. In fact, it became clear that it was in fact *his mother* who was in need, and that he and his brother played a central role in supporting their household. They were already part of the solution, not a problem. All orphans and children are not alike, and although this boy fit the OVC definition, it was not apparent that he was really in greater need than other children in the community.

Programmatic approaches and activities typically are based upon and take for granted an implementing organization's goals and particular technical expertise. A community-development organization seeks to develop communities, as a home-based care organization supports home-based care, or a youth organization involves youth. Likewise, personnel trained in public health, social welfare, anthropology, or water and sanitation tend to look at a situation using the tools, perspectives, and approaches they have worked hard to learn. While this is stating the obvious, it must be acknowledged that such organizational and technical perspectives are likely to be very different from those of the families, communities, and children with whom they work and whose conditions of life they aim to improve. Simply put, organizations and their staff members often see the same situation very differently from community residents. This difference, itself, is not problematic, because different approaches, perspectives, and expertise are needed to address a given situation effectively.

PLA exercises enable community residents to articulate their perspectives on themselves and their community to outsiders. Such exercises also involve a process of self-discovery through which community members come to see their situation in new ways. Residents typically discover things about their community and their situation that they had not clearly understood before. In particular, community members can identify local resources and capacities that they may not have recognized as such. A PLA process can lead directly to community members' identifying their areas of common concern and recognizing their collective self-interest in working together.

To implement this process effectively, an organization and its personnel must approach the community with humility and respect, as learners who need the help of community members—

children and adults—to help them understand the situation as residents see it. If organization’s staff can develop a basis of common understanding with community residents, there is the potential for future collaboration. Outsiders can be catalysts who help people identify and address their common concerns.

This is not to say that the perspective of community members is the only valid one. An NGO or an association can bring useful information, perspectives, and methods that may ultimately help community members approach their situation in new ways and access needed resources. But an outsider must recognize that differences in understanding and perspective exist. This recognition helps avoid miscommunication and the imposition on the community of an outside organization’s perspective and goals as the basis for planning and initiating local activities. Even when done with noble intentions, imposing goals from the outside will only undermine community ownership and the mobilization process. A PLA process can provide a way for those who want to help to begin to see the situation from the inside out and to play a constructive role in stimulating and strengthening new community dynamics.

Associations: Insiders or Outsiders?

As IPC promotes community mobilization as the primary strategy to support orphans and other vulnerable children, it is important to clarify the precise role of the associations that often work both as part of the community *and* on behalf of the community. How do associations see themselves: as active community decision-makers (insiders), or as facilitators (outsiders)? How do associations present themselves to villages: as doers (insiders) or supporters (outsiders)? How are they perceived by community residents?

These key issues not only define roles and responsibilities, but also field methodology and tools. When considering the large geographic coverage of many of the associations and the need to scale up action, it seems logical that IPC should begin to consider associations more as local NGOs, who are able to mobilize, and are therefore prepared to help facilitate a process, not to define results. In effect, many of the community-based associations need to transition into this new role from directors to catalysts, from deciders to facilitators.

Activities to Strengthen Family Capacities

The safety and well-being of children and adolescents depend primarily on the family, both those within the household and the wider extended-family network. There is no viable alternative for the care of the vast majority of orphans and other vulnerable children, so strengthening the capacity of vulnerable families to protect and care for their children is essential to an effective response.

Measures to strengthen family capacity to protect and care for vulnerable children can take many different forms. Key approaches include economic strengthening, material and psychosocial support, and measures to help family members who are ill live longer and more comfortably. Attention is needed to both immediate survival needs and longer-term issues of how to improve household coping capacities.

Poverty is pervasive in Burkina Faso, and many of the problems of orphans and other vulnerable children are consequences of poverty made worse by AIDS. There seem to be two reasonable approaches to economic strengthening at household level for the Alliance/IPC program—partnership and collaboration. The first it is already using, and it is exploring the second.

IPC has begun to work with partner organizations whose main expertise is in development. They have begun to incorporate HIV/AIDS and OVC activities into their programs. CEPROFET is one example. Presumably such organizations already have expertise in economic strengthening and can apply that in conjunction with their newer efforts to improve the situation of vulnerable children.

A second approach would be for the Alliance and IPC to encourage partners whose experience is in HIV/AIDS or OVC programming to develop working relationships with other organizations that have demonstrated success in economic strengthening. With such an approach, each organization can do what it does well and establish a more adequate range of support within vulnerable communities. IPC has been actively exploring the possibility of collaboration with Aquadev, a Belgian NGO that provides technical support to microfinance programs.

In the past 2 years, there has been increasing attention among microfinance programs working in Africa to their potential and limitations to mitigate the economic impacts of AIDS on households.¹⁷ Some microfinance services are being scaled up effectively even in areas seriously affected by AIDS. Microfinance services can help families pay for education and health services and accumulate assets and resources to fall back on if AIDS affects them seriously.

The potential of microfinance services to help households cope with the impact of AIDS was reflected in a recent evaluation of the program of Catholic Relief Services in Burkina Faso. The evaluation found that clients (all of whom are women) of the microfinance program spent 2.5 times more on their children's education than women about to enter the program. They also spent 2.5 times more on health care and reported having 6.5 times more savings. The clients reported that they spent most of their profits on their children and other household expenses.¹⁸

However, households already severely affected by AIDS lack the capacity to carry out productive economic activities and, consequently, are not good candidates for economic strengthening. They need direct assistance with food and other basic material needs. Economic strengthening in communities affected by HIV/AIDS enables those households that are able to support themselves to be in a better position to assist their neighbors as well as to accumulate resources that can help them avoid a slide into destitution if they become severely affected by AIDS. For those reasons, economic-strengthening interventions can be an important complement to community mobilization and capacity-building efforts.

¹⁷ For example, see: Caroline Barnes in association with Erica Keogh, Nontokozi Nemarundwe, and Loveness Nyikahadzo, "Microfinance and Households Coping with Illness and Death in Zimbabwe: An Exploratory Study," Horizons Project, December 2001; Jill Donahue, "Microfinance and HIV/AIDS....It's Time to Talk," Displaced Children and Orphans Fund, August 2000 (as of January 2001, available at: <http://www.usaid.gov/pop_health/dcofvvf/dcwvprogs.html>; Jill Donahue, Kamu Kabbucho, and Sylvia Osinde, "HIV/AIDS—Responding to a Silent Economic Crisis among Microfinance Clients in Kenya and Uganda," MicroSave-Africa, September 2001 (as of February 8, 2002, available at: <<http://www.microsave-africa.com/>>); and Joan Parker, Ira Singh, and Kelly Hattel, "The Role of Microfinance in the Fight Against HIV/AIDS," UNAIDS Background Paper, a report to the Joint United Nations Programme on HIV/AIDS (UNAIDS), Development Alternatives, Inc., September 15, 2000.

¹⁸ Elizabeth Adelski, Patrice Bourdeau, Jean Baptist Doamba, Thierry Lairez, and Jean Pierre Ouedraogo, "Final Impact Evaluation Report on Development Activity Proposal 1997–2001," Catholic Relief Services/Burkina Faso, May 1, 2001, p. 9.

The short paper “The Rule of the Tool” which the team has shared with the Alliance and IPC, provides further guidance on economic strengthening. Additional resource material is available on the DCOF Web site: <<http://www.displacedchildrenandorphansfund.org/>>.

In addition to exploring possibilities for collaboration with Aquadev concerning microfinance services, IPC has brought into the discussion the International Labor Organization’s (ILO) STEP (*Stratégies et Techniques contre l’Exclusion sociale et la Pauvreté*) program for micro–health insurance. Estimates by STEP suggest that micro–health insurance may be economically viable in Burkina Faso. Enabling households’ access even to basic health care services would be an important way to strengthen their coping capacity. The three organizations are exploring the potential for establishing in the same geographic area micro–health insurance, microfinance services, and a full range of HIV/AIDS care and support activities (including attention to vulnerable children).

Another way to strengthen the coping capacities of AIDS-affected households is through interventions that reduce their daily labor demands. This strategy can free members to undertake productive activities. Examples of possible approaches include organizing community-based child care, reducing the distance to safe water, and enabling local artisans to produce fuel-efficient stoves to reduce the time required to collect firewood. Such interventions tend to benefit women, who carry a disproportionate share of the burden of care for those who are ill and for orphans and other vulnerable children. Another way communities in some countries are strengthening the coping capacities of households affected by HIV/AIDS is by encouraging men to assume new, nontraditional care responsibilities both for ill family members and for children, as well as to assume some household tasks.

Enabling parents living with HIV to live as long and as positively as possible is another way to strengthen households and benefit children. This important role is played by programs supporting home-based care. In addition, such programs have vitally important opportunities to identify and help vulnerable children. Children’s problems start long before a parent dies of AIDS. Children may be forced to drop out of school and assume responsibilities for household tasks, caring for younger siblings or helping to support the household economically.

One of IPC’s partners that provides home-based care in Bobo-Dioulasso, which is not one of the 10 OVC partners, has begun to give attention to AIDS-affected households following the training the project provided on OVC issues to care and support organizations. Although this activity is exceptional among IPC’s care and support partners, it does provide a positive example. The Alliance and IPC need to give more effort to helping partners that support home-based care to give attention to the children within those households. This shortcoming is significant in IPC’s efforts to incorporate attention to orphans and other vulnerable children into its broader program. In other countries, there is increasing attention to the needs of children among programs supporting home care, and the Alliance should be able to provide IPC with relevant information from such programs and appropriate guidance.

In a household affected by HIV/AIDS, children’s psychosocial distress begins with a parent’s illness and intensifies as the parent’s health falters. The conspiracy of silence that often exists in a household affected by HIV/AIDS often leaves children with no one with whom they can talk about the situation, their fears, and their concern for their own future. Memory books and memory boxes are tools that many programs are using to help parents talk with their children about good things to remember from the past as well as the future. Enabling ill parents to make arrangements for the future care of their children and talk with their children about their future can

have psychosocial benefits for both parents and children. Home-care support programs can address the psychosocial needs of children as well as adults, encourage sick parents to write wills and make arrangements for their children's future care, and make referrals to other programs for children's needs that they cannot address themselves.¹⁹

IPC can also learn from other children's programs, such as the International Rescue Committee's (IRC) community reintegration work with institutionalized children in Rwanda. Using a combination of two PLA tools, a mobility map and flow diagram, IRC case workers successfully identify children's and families' natural social support networks and economic resources. More effective than questionnaires, the maps allow field-workers to explore situations directly with children and their families, identifying important assets and potential points of leverage for change. Maps are also used to identify key resource persons, who are later invited to a community roundtable meeting to help plan how best to assist the child and family. This technique could be adapted for use by IPC's partners. For more information on mobility maps, see Appendix D.

Activities Involving Children and Adolescents

To launch the OVC project, IPC organized an introductory workshop in March 2000 to discuss OVC issues with its partners. As a preliminary step, participants developed a working definition of *childhood*, based on age and cultural traditions. For IPC's purposes, a *child* is defined as any person under the age of 15, who has not yet participated in a rite-of-passage ceremony.

Although using a cultural definition for programming purposes is sound, using too strict and simple a definition can limit a program's vision and action. Definitions need to be based on a basic understanding of child development and to reach beyond the first stages of childhood. Transitional periods between childhood and adulthood need to be included.

The particular needs of, risks among, and capacities of children and adolescents vary considerably along the age range and between boys and girls. The focus on children 14 years of age and younger has resulted in very little attention being given to gender and adolescence issues. There are important protection issues, particularly for girls, to which the project should be drawing attention. Adolescents of 15–17 years are an at-risk group in need of special attention, even more so when they are orphaned or otherwise vulnerable. Both girls and boys face risks of sexual exploitation, abuse, and HIV infection, and these are particularly acute for older adolescent girls. The risk of leaving the village and living on urban streets is not unique to older adolescent boys, but is higher for them. Regular visits by community volunteers and integration of isolated children and adolescents into community activities can increase their safety.

Children's Participation

Although it is obvious that OVC programs work with children, there are a variety of ways they can do so. To help clarify different possibilities and concepts of children's participation, Roger Hart developed an eight-level participation ladder ranging from nonparticipation models, such as manipulation, to the highest levels of participation, where children initiate decisions on their own behalf. De Lay adapted this ladder to help project managers self-evaluate levels of children's participation within each phase of a project cycle (See "Levels of Children's Participation" box).

¹⁹ Guidance on strengthening families is largely from the draft of the full version of *Children on the Brink 2000*.

Levels of Children's Participation

This framework can be used by NGO projects to assess levels of child participation in each step of the traditional project cycle. Level 1 involves little or no participation; level 2, some participation; and level 3, control by children. The level of children's participation possible and appropriate should be considered at each stage of a program.

Assessment

1. Children's situation is studied by adults (e.g., surveys, adult focus groups).
2. Children actively participate with adults in a joint assessment (e.g., village-wide PLA activities).
3. Children initiate and direct their own assessment exercise (e.g., child-to-child activities).

Planning

1. Children are absent during planning sessions (adult-led planning).
2. Children are actively consulted and their ideas incorporated into general village planning.
3. Children actively participate with adults in the planning process and their ideas influence decisions.
4. Children develop their own action plans.

Implementation

1. Children are told what to do by adults.
2. Children work jointly with adults to carry out village activities.
3. Children organize and manage their own activities.

Monitoring and Evaluation

1. Activities for children are monitored and evaluated by adults.
2. Children work with adults to develop criteria and may actively participate in monitoring and evaluation.
3. Children develop their own criteria, monitor the project, and evaluate community actions.

The essential question program managers need to address when considering children's roles in a project is whether children are to be passive receivers or active contributors. It is important to determine to what degree children are included in program development and implementation and how their involvement can be promoted and supported in effective and culturally appropriate ways.

The situation analysis process developed by the Alliance and IPC includes children in the process (e.g., children were interviewed and participated in occupational calendar exercises), which is positive. However, children are essentially absent from the analysis and decision-making phases of the project. The OVC project could be strengthened by incorporating youth-to-youth and

child-to-child approaches.²⁰ Likewise, village OVC committees could benefit from including child and youth representatives.

The reality is that children and youth are part of the community, play a valuable role in assisting each other, and may become the primary care provider for a sick family member. Actively involving children and young people as participants in all phases of the mobilization process is crucial to designing effective, well-developed programs and building an environment that fosters children's psychosocial well-being and social integration. Involving children as active decision-makers in community work is not "an add-on" activity, but rather an integral component of each step of project development. Children and adolescents are an important but largely untapped resource within the network that IPC and its partners have developed.

Small Voices, Big Ideas

In a small village in Gonsé, close to the capital city, a DCOF evaluation team member and a field-worker from CEPROFET, a partner of IPC, spent a morning with 50 children, aged 2 to 14, discussing children's lives in their community. To facilitate the discussion, they first met with village elders and the OVC committee. They asked to work alone with the children, although it was agreed that three adult observers, including the chief's spokesperson, would stay with the group. Using an adapted PLA ranking exercise, they began by asking who children felt had the most difficult lives in their community. The children identified three groups of vulnerable children: orphans who had to work, orphans who did not work, and working children with a sick or handicapped parent. Four children volunteered to draw a picture of each group of children and one to represent other village children on a square of paper.

Constructing four rows and one column using sorghum reeds, the facilitators placed each of the pictures down the side of the left-hand column. Next, they placed a picture of a heart on the top of the column. The children were then asked to divide 100 hard candies among the four categories of children, placing many candies next to the picture of the children who were most loved, and small amounts of candies next to the children who received little love. Once the children understood the exercise, they quickly divided the candies among the four groups. This visual ranking allowed the facilitators to discuss with the children their relative perceptions about the situation of children and orphans in their village and to explore some solutions. The children identified many of the same issues discussed by the OVC committee during a previous meeting, but they also offered new insights and a more nuanced description of vulnerable children. Among a number of new ideas, they talked about the need of community leaders to give advice to "bad" guardians, the need to treat orphans the same as other children (e.g., to be invited to community events—social integration), and for children to help working children in their fields. In general, their community-based, low-cost solutions often required nothing more than internal organization and motivation.

At the end of the meeting, the evaluation team met again with village elders and the OVC committee. The DCOF team member began by asking the adult observers to share their impressions with the group. Immediately, the chief's spokesperson stated, "I was surprised that our children had so much to say and had so many ideas on how to help other children. I never realized how intelligent they were!" The importance of this realization outweighed even the rich substance of the children's discussion and, we hope, was a step toward including children in the community's efforts to support their peers.

²⁰ See <<http://child-to-child.org/>> and <<http://www.talcuk.org/>> for resources.

Alliance and IPC recognize the importance of children's participation but appear to have been cautious about how and when to incorporate it into the mobilization and capacity-building process. They encourage a stepwise approach, gradually increasing children's level of participation in the mobilization process. IPC could benefit from learning new, more-active ways of working with children, but a mental shift is required. The biggest obstacles to fostering true participation are related to adults' attitudes and behaviors, not children's abilities. When children are provided an opportunity, however, adults are inevitably surprised by children's ability to reflect, analyze, and act (see "Small Voices, Big Ideas" box).

Over the past decade, the core of knowledge and experience in children's participation work has grown significantly. Participatory techniques have been adapted and new methodologies designed. IPC can greatly benefit from learning from such organizations as the Save the Children Alliance, ACTIONAID, and Child-to-Child. A list of resources is included in Appendix E.

AEJTB

In 2001 the IPC prevention program started to work with the *Association des enfants et jeunes travailleurs du Burkina* (AEJTB). It is a relatively new organization that brings together children and youth who work in the informal sector. The association is unique in Burkina and is widely recognized. It is led and run by youth, and its membership is continuously increasing with new sections established in different sectors and neighborhoods of Ouagadougou as well as outside the city. Its total membership is now approaching 500. AEJTB develops a wide range of activities, notably income generation through a combination of apprenticeships for youth in commercial workshops (e.g., mechanics, carpentry, mending, and ironwork). It organizes evening classes for children and youth who want training as well as activities to promote the rights of the child and to advocate against the exploitation of children.

IPC has developed participatory prevention activities with its members and its target population (vulnerable youth reached by the association members). Within the target population are young girls involved in small-scale trading (selling vegetables, fruit, etc.)—the *porteuses d'assiettes*—who are often quite vulnerable to sexual and other abuse. AEJTB has brought to stakeholders' attention the extremely hazardous situation of a few hundred children it "discovered" working in a kind of stone quarry on the outskirts of Ouagadougou. With the support of IPC, AEJTB is now exploring how it can develop initiatives that target these children, many of whom are said to be orphans or living on the street.

Although AEJTB has received support from other organizations, IPC is the first to develop a capacity-building approach with the association, focusing on mentoring its leaders. Partly because of AEJTB's collaboration with IPC's prevention program, the president of the association was selected to represent Burkina's working children and youth at the United Nations summit on children in New York in May 2002. IPC intends to intensify its collaboration with and support to AEJTB.

Orphans: Targeting vs. Mainstreaming

Quite appropriately, IPC has been targeting "AIDS orphans," but that term can contribute to stigma and inappropriate targeting of program activities. While a cause for concern, orphanhood because of AIDS or any other cause should not become a category of entitlement. AIDS is increasing the number of orphans, and many orphans are vulnerable, but it is also important to

avoid creating “stigma through privilege.” Programs that target support to orphans may unintentionally create a social dynamic among peers that creates jealousy and resentment, leading to a breakdown, not reinforcement, of social support.

In a household affected by HIV/AIDS, children’s vulnerability often begins long before a parent dies. Children in poor households that have taken in orphans face increased hardship when already inadequate resources must be shared with others. Targeting only children orphaned or otherwise specifically affected by HIV/AIDS can contribute to stigma and undermine community ownership and responsibility when that category is imposed on a community from outside by a donor or an NGO. Regarding psychosocial needs, however, orphans and children with a parent who is seriously ill are more likely to need emotional support than other children. They are also likely to face particular problems related to inheritance and retention of property.

An important contribution IPC can make is to help partners and communities determine when problems identified are generalized among children and when they are specific to those who are particularly vulnerable. Unless children are understood within the community context, actions can be misguided.

Two of the OVC partners have taken an approach to school access that concerns children, generally, and benefits especially vulnerable children in the process. Those associations first concentrate on securing birth certificates for children, a necessary document for school enrollment. The most appropriate intervention depends on the particular factors that are keeping children out of school. An assessment tool could be tailored to help communities and associations consider the specific factors in each situation.

Government Roles

In every country, the government has key roles to play in developing an effective collaborative response to the needs of OVC. It has the authority and responsibility to establish laws and administrative policies to guide action. The government body in Burkina Faso with direct responsibility in matters relating to orphans and other vulnerable children is *Action Sociale*. IPC has open communication and an ongoing working relationship with this ministry. The team had only limited opportunities to explore the ministry’s current activities relevant to OVC but was privileged to meet with the Minister of Social Welfare and senior Ministry officials.

IPC is actively working with *Action Sociale* and other stakeholders toward developing a national policy to guide action regarding the protection and care of orphans and other vulnerable children, as have some other countries.²¹ *Action Sociale* already has as operating principles for children in need of care that priority should be given to arranging care within the family and community and that institutional care should be a last resort.

The meeting with the Minister of Social Welfare also emphasized that discussions were under way regarding the establishment of a large public-sector children’s village. This matter is a concern because expanding institutional care would not be an effective part of a solution for OVC in Burkina Faso. Institutional care has three major shortcomings in this regard. First, it typically does not tend to do a good job of meeting children’s developmental needs. This problem is true

²¹ Malawi and Zimbabwe have established policies regarding orphans and other vulnerable children, and national policy reviews are under way in Rwanda and Zambia.

both for the attachment needs of infants and young children and for the social development and integration needs of children and adolescents. Uganda and Ethiopia, for example, pursued deinstitutionalization in large part because of negative experiences trying to reintegrate into society young people raised in institutional care.

A second problem area is cost. Institutional care is far too expensive to play a major role in ensuring care for the large and growing number of orphans caused by AIDS. In Tanzania, for example, a World Bank study found that the cost of supporting one child in institutional care was 6 times as expensive as supporting a child in foster care. Other studies have found ratios ranging from 1:20 to 1:100.²² Even in countries where institutional care is relatively extensive, orphanages still provide care for a very small portion of all vulnerable children.

Third, not only is increasing institutional care an expensive way to address the problem of orphaning, but also such care becomes counterproductive. In countries where households are under extreme economic pressure, there are many examples of families sending their own children to orphanages. Expanding the number of available places for institutional care will simply increase the number of children sent to fill those places and consume resources more effectively used at community level.

As its HIV/AIDS epidemic continues, Burkina Faso is likely to face increasing pressure from well-intentioned NGOs and religious groups to build orphanages. Such groups see the problem of orphaning but have not fully recognized the negative long-term child development consequences of institutional care or the strategic requirements for responding effectively to the effects of HIV/AIDS. To influence donors and organizations to channel their resources in appropriate ways, the Alliance and IPC must work with *Action Sociale* toward the development of a national policy that supports family and community-based approaches to the needs of children without adequate care. UNICEF and child-oriented NGOs that are the most technically competent firmly support family and community-based solutions, are opposed to increasing institutional care, and should be supportive of the development of such a national policy.

One way that governments have helped to mobilize resources, develop appropriate policies and plans, and generate consensus about the most effective ways to respond to OVC is through a collaborative national situation analysis. Zambia took the lead in this regard with its situation analysis in 1999, which involved key ministries, major donors, and NGO representatives. Since then, both Namibia and Uganda have undertaken similar processes, and planning is under way in Rwanda. Key stakeholders must be engaged in the process of assessing and analyzing the situation of the country's most vulnerable children, because a collaborative situation analysis helps generate a shared understanding of problems and capacities as well as consensus about what needs to be done. Such a process would be helpful in Burkina Faso.

Building an Enabling Environment

The environment in which orphans and other vulnerable children and their families live can either facilitate their coping or hinder it. Action that develops conditions in which vulnerable children and households can cope more easily is strategically important to improving their safety and well-being. The Alliance, IPC, their partners, and the communities have been instrumental in

²² "USAID Project Profiles: Children Affected by HIV/AIDS," USAID with the support of the Synergy project of TvT Associates, October 2001, p.3.

drawing attention to indirect measures such as preventing HIV infections, helping ill parents live longer, reducing stigma and discrimination, increasing public awareness, and increasing collaboration among stakeholders.

It is important to recognize that IPC has been instrumental in placing the OVC issue on the national agenda. During the first DCOF assessment visit in July 1999, only pockets of concern were noted, with few national actors discussing the strategic implications of HIV/AIDS and orphaning. Most interventions reflected a service-delivery model, and implementers took a strong charity approach as they targeted small numbers of select children. IPC has offered a dramatic alternative to that approach. Through ongoing advocacy on national and local levels, IPC has introduced the concept of community mobilization around orphans and other vulnerable children and has discouraged specific targeting of AIDS orphans. IPC has played a crucial role in initiating a process to develop a national OVC policy, which started with the first National OVC workshop in March 2002.

Nationally, IPC has used its influence to generate momentum around OVC issues through organizing national workshops and creating working relationships and networks with and among key stakeholders (e.g., microfinance organizations, *Action Sociale*, donors, and NGOs). IPC has developed a basic field methodology to support its partners, providing a foundation for future reflection and learning. Most important, IPC says that its partners express a true commitment to community mobilization and are enthusiastic about the work they are engaged in. It deserves credit for this extremely important shift in thinking.

The Alliance and IPC are actively engaged in exchanging information on OVC issues with other stakeholders. As leading national advocates on OVC issues, they have played a strong catalytic role in fostering collaboration between multiple partners, including the planning of a national workshop on orphans and other vulnerable children.

The OVC project has, over the past 2 years, organized or used a number of occasions to present its experiences on OVC issues and to present its OVC project. Those advocacy activities have reached hundreds of stakeholders at all levels, such as the following:

- The first workshop on children's vulnerability (Bobo-Dioulasso, March 2000, ±35 persons);
- A feedback meeting in Ouagadougou (April 2000, ±35 persons);
- An IPC donors meeting (Ouagadougou, June 2000, ±30 persons);
- OVC Steering Committee meetings (four meetings, each time ±30 persons);
- Organization of African Unity health ministers conference on HIV/AIDS (3 days, May 2000, Ouagadougou);
- Meetings of the group of technical and financial partners in the fight against AIDS in Burkina (six meetings, ±20 persons each);
- About 20 HIV/AIDS-related workshops, meetings, and seminars in which IPC participated;
- The World Bank satellite conference on OVC (May 2001);
- The coordination meeting on HIV/AIDS of international NGOs (30 people, January 2002); and
- The Donors Round Table for funding of the national multisectorial AIDS program (June 2001).

IPC is also involved in a number of decision-making structures in the fight against HIV/AIDS in Burkina Faso, and those structures provide ongoing opportunities for it to influence policy and programs in ways that benefit orphans and other vulnerable children. IPC is a member of the board that manages the funds used by the National Solidarity Funds for Orphans and Widows, which was established by the President. IPC is also a member of the National AIDS Council and is responsible for coordination and follow-up of the implementation of the National Multi-sectorial AIDS program.

Over the past 2 years, at least 20 organizations (multilateral, bilateral, and NGOs) have joined the fight against AIDS in Burkina Faso. Almost all have consulted IPC as part of their information gathering. Examples include GTZ (German), Belgian Cooperation, Swedish International Development Agency (SIDA), Danish Cooperation, and UNDP. IPC has been able to influence agendas and policies by interacting with exploratory or evaluation missions to the country and by contributing to the development of terms of references for situation analysis and research protocols.

Preventing HIV transmission is one of the main goals of IPC. A downstream benefit of success in this area will be that fewer children will become orphans. It is important for IPC and its partners in their work with communities to ensure that young people are actively involved, not just as targets of prevention messages, but as active agents in community efforts to prevent the spread of HIV. One of the ways to influence children and young people is by involving clubs or other groups to help people who are ill because of AIDS with their basic household tasks. This involvement puts a human face on AIDS for participants, makes it a concrete reality for them, and provides opportunities for group leaders to convey information about HIV/AIDS and ways to avoid infection. It also enables young people to play constructive helping roles. One of the 10 associations trained in community mobilization and OVC issues has begun to try such an approach.

Another important environmental issue that the Alliance and IPC recognize is stigma and discrimination. The December 2001 newsletter of the Alliance addresses stigma and makes the following point:

Stigma associated with HIV/AIDS is particularly damaging because it often impacts upon the poorest and most vulnerable individuals and groups in society, many of whom are already disadvantaged and discriminated against on other grounds—for example women, orphans and other vulnerable children, sex workers, men who have sex with men, gay men, and injecting drug users.

Success in reducing stigma will have significant psychosocial benefits within families and communities and for affected children. It will help create an environment of openness in which HIV prevention work can be done effectively. Through drama, music, and peer relationships young people and adults can play important roles stressing the necessity of compassionate supportive responses to people living with HIV/AIDS and their family members.

As a leading agency in HIV/AIDS advocacy work in Burkina Faso, IPC has played a significant role in putting OVC issues on the national agenda. It can continue to help build an enabling environment by increasing public recognition and understanding of these issues. The quantitative and qualitative information generated through community mobilization and capacity building can be used through the media and public gatherings to increase awareness of OVC issues and support for the kinds of community-based action needed.

Project Management Issues

In addition to the issues discussed previously in relation to the five areas of strategic action for orphans and other vulnerable children, cross-cutting issues of project management still exist.

Scale and Impact

The Alliance has reported that, by the end of December 2002, a total of \$540,415 in DCOF funding had been expended for the project: \$160,000 in subgrants to partners; \$83,469 by IPC; and \$305,806 by the Alliance, primarily for technical support. Progress has been made toward introducing a community mobilization approach to improve the safety and well-being of OVC, but only a modest number of children have benefited in measurable ways.

Using the proportion found in the community surveys, an estimated 850,000 Burkinabé children below 15 years of age are orphans or otherwise vulnerable (approximately 15 percent of the child population). Some 725,000 are estimated to be orphans.²³ If 15- to 17-year-olds are also considered, both numbers would be significantly larger. At present, a very small percentage of the children made vulnerable by AIDS in the country benefit from any support from outside their own families, and AIDS is undermining the capacity of their families.

It is imperative that the Alliance and IPC recognize this gap and then develop and demonstrate an approach that, if replicated by others stakeholders, would have the potential of benefiting a substantial portion of these children. The Alliance and IPC are well positioned to influence a broad range of stakeholders.

There does appear to be potential for the Alliance and IPC to increase significantly the number of children who benefit from the project. They have estimated that some 11,800 orphans and other vulnerable children live in the communities where mobilization work has been done. Some of the partners have the capacity to expand their efforts well beyond those communities. If significant improvements can be made in the mobilization and capacity-building process, there is potential for the development of a project that could make a major contribution to improving the safety and well-being of OVC in Burkina Faso. Tracking the cost per child beneficiary can help the Alliance and IPC assess in a meaningful way the use of funds for OVC programming.

Scaling Up a Replicable Approach

The growing urgency of mitigating the effects of AIDS on children and families demands a scale-up of effective, sustainable action as rapidly as possible. The pervasive and extensive effect of HIV/AIDS requires donors, governments, and NGOs to think beyond isolated interventions. From the beginning, program and government planners need to identify ways to reach a maximum number of children in the most cost-effective way. Scaling-up should be a basic objective of the OVC work being carried out by the Alliance and IPC.

IPC has tentatively proposed increasing its OVC partners from the current 10 to a total of 20 over the next 3 years. This target seems to be a very low, but what is also important to consider is

²³ *Children on the Brink, op. cit.*

what kinds of partners are likely to introduce community mobilization and capacity-building skills and approaches in as many communities as possible, as effectively as possible.

The scaling-up that is needed will improve the safety and well-being of a much greater number and proportion of orphans and other vulnerable children. The Alliance and IPC have recognized that partners with expertise in participatory community development approaches tend to be more effective in mobilizing communities around OVC issues than AIDS service-delivery organizations. It is important to invest resources in working with partners whose skills and geographic reach show the potential for increasing as rapidly as possible the number of vulnerable children benefiting from protection and support efforts. This consideration is more important than the total number of partners.

A related issue is the need to define from the outset the nature of the relationship with partners. From the beginning of a partnership, it is best to clarify what role support is to play in the relationship, the objectives to be achieved through such support, and how to determine when it is no longer needed. With some partners, the technical support relationship may evolve into ongoing collaboration and exchange of information as the partner's capacity develops. The Alliance and IPC should avoid establishing relationships with partners requiring the ongoing provision of significant support.

Internationally, the Alliance has produced two reports on scaling-up: "Expanding Community Action on HIV/AIDS: NGO/CBO Strategies for Scaling-Up" and "Scaling-up Training for HIV/AIDS Community Initiatives in Eastern and Southern Africa." These reports provide useful, experience-based guidance. However, they seem principally to reflect ideas about scaling up service delivery (including training as a type of service) rather than mobilizing and strengthening grassroots community efforts. The lessons presented, while valid, leave aside the need for fundamental assessment of the strategic relevance of the approaches that organizations are using. The focus of the two documents is primarily on expanding and doing better what an organization is already doing. They do not address the strategically important step of considering whether another approach (such as community mobilization and capacity building or economic strengthening) might be a more appropriate response to the scale and particular challenges posed by HIV/AIDS and its impacts. Just improving the effectiveness and reach of an existing approach is not always enough, and a different approach may be required.²⁴

As indicated in the preceding "Strategic Considerations" section, DCOF believes that increasing and strengthening day-to-day action by families, communities, and children must be the foundation of an effective response at scale. Consequently, NGOs and CBOs must see themselves not as the frontline of a service-delivery response, but as intermediaries whose role is to help families and communities deal more effectively with their problems, largely using their own resources. Recognizing this role and adopting a community mobilization and capacity-building approach are fundamentally important to scaling up effectively.

Regrettably, the field of development is littered with successful pilot projects and failed attempts at scaling-up. Among the major reasons are the tendency to look at scaling-up as the end and not the means of a program, a failure to critically analyze the necessary resources and management

²⁴ The DCOF report, "Assessment of the Street Children and Orphans Component of the Pact NGO Sector Enhancement Initiative in Ethiopia" (March 2000), includes a description of how participating local NGOs were able to scale up their coverage and increase their financial resources through a process of assessing their own goals and capacity, participating in training and mentoring, adopting different approaches, and other steps. This and other DCOF reports are available at <<http://www.displacedchildrenandorphansfund.org/>>.

structures required, and the inability to forge strategic partnerships that can ensure successful implementation of the plan. For these reasons, the Alliance and IPC must be clear about what they are scaling up, and then embark upon a thorough strategic-planning process together with other key stakeholders to ensure maximum buy-in. Effective scaling up is not something they can accomplish on their own, even with a substantially revised program.

The difference between a community mobilization and capacity-building approach and a service-delivery approach is not currently understood by some of the key stakeholders in Burkina Faso. One aspect of scaling up the current project is to demonstrate this difference to other stakeholders and convince them of the strategic necessity of strengthening the ongoing coping capacities of families, communities, and children. At present, IPC appears to be the only organization advocating and training local NGOs and CBOs in ways to mobilize and strengthen community efforts to protect and improve the well-being of OVC. In addition to expanding their own training efforts, it will be important for the Alliance and IPC to convince other stakeholders to begin to use their own resources to support and implement this approach on a much wider scale.

This effort would then need to be translated into revised project objectives, activities, and indicators. In this process the Alliance and IPC should reflect on such questions as the following:

- **What to scale up?** Scaling-up efforts should focus on process as well as outputs. All too often, plans to scale up appear as a logistics plan, with concrete objectives to meet such as “number of associations created” or “number of children enrolled in school,” without a clear plan for developing sustainable systems and structures. If one is to avoid this pitfall, it is essential to build the capacity of partners and communities to plan and respond to OVC issues without generating a sense of dependency. If programs neglect this important human element, scaling-up will inherently rely on outside resources, not local motivation. Going to scale too quickly can compromise this process.
- **How to scale up?** There are a variety of ways to increase programmatic coverage and effect. However, experience has shown that a program should not scale up faster than its ability to effectively support, supervise, and monitor what is occurring in the field. To this end, IPC should look at its internal ability to provide effective overall management and at whether other partners could be brought in who would be more appropriate, effective, efficient, or sustainable. Following from the assessment of management ability, IPC (and its partners) should consider whether scaling-up is driven by the number of OVC, by the target geographic zones, or by the number of associations. If the goal is to provide effective community support to OVC, fixing a predetermined number of implementing associations might increase the management burden on the Alliance and IPC to train and supervise a large number of associations, some of whom may perform poorly. One approach would be to request applications from potential partners and select by merit and capacity, not quotas. IPC should have a clearly determined exit plan agreed upon by the key stakeholders, which foresees sustainability of the interventions, before scaling-up begins. This plan will help Alliance and IPC clearly define their niche within a national strategy and provide leverage to ensure partners work to respect their commitments.
- **When to scale up?** When the Alliance and IPC have a proven model, they will be able to engage key stakeholders more effectively in discussions about scaling-up. Since IPC interventions have shown limited concrete results, the DCOF team believes that it is premature for IPC to replicate its work with new partners. Basic methodology and tools need to be refined and developed before promoting them nationally. The urgency of the situation demands that the Alliance and IPC initiate such an adjustment process as soon as possible.

Collaboration

With the huge gap between children's needs and what is currently being done collectively by the all OVC stakeholders in the country, a collaborative approach is essential. IPC is working with many other organizations and playing a leadership role on OVC issues. In developing an approach that can be scaled up effectively, the Alliance and IPC could explore greater collaboration with key international NGOs. Among the organizations with which the team was able to meet during its visit that are in a position to contribute toward a national effort were Catholic Relief Services, Axios, CICDoc, World Relief, and member organizations of the Save the Children Alliance.

Collaboration can be built through a process using an inclusive national situation analysis, development of national policies and an action plan regarding orphans and other vulnerable children, and active efforts to find ways to work together to implement the plan.

Monitoring, Reporting, and Evaluation

Regular monitoring, reporting, and evaluation are fundamentally important to good program management. They provide information on field results, allowing managers to refine interventions in a timely manner and to use limited resources responsibly, which is particularly important for pilot initiatives like the Alliance/IPC OVC project. They allow programs to demonstrate their results, which is an important function in advocacy, donor relations, and fundraising.

Since the beginning of the OVC project, the Alliance has submitted only one substantive report to DCOF and that was, in February 2001. In October 2001, the Alliance provided an overview of key achievements regarding orphans and other vulnerable children. Other reporting on the DCOF-funded OVC activities was included in the Alliance's biannual reports to the HIV/AIDS Division of USAID. For the amount of funding provided for OVC activities, this reporting is inadequate. Neither does it reflect well on DCOF that it did not follow up sooner with an assessment of the project.

Despite fairly substantial spending for monitoring and evaluation activities, the Alliance and IPC have been very weak in this area. The project has had a difficult time capturing results and communicating them to others. From the enumeration activities of partners, IPC has compiled a database, but functional systems for internal monitoring or external reporting have not been established. After 27 months of considerable work and the use of substantial funding, little is known about IPC's actual effect on the quality of children's lives in Burkina Faso. The Alliance and IPC need to put a new priority on monitoring, analyzing, evaluating, and reporting.

As an intermediary NGO, IPC would benefit from developing a dual monitoring and evaluation system—one for use by community groups and another for the use of local NGOs and associations, itself, and the Alliance. An agency system should build on the community systems, but its purpose would differ in some respects. Community-based monitoring, analysis, and assessment efforts should be designed and managed by community members to serve their purposes. Those activities should help community residents recognize and value what they have accomplished and, thereby, strengthen their sense of capacity and motivation. As an integral part of the grass-roots planning process, communities should decide who and what they are most concerned about (which implies locally developed vulnerability measures), what they are prepared to do about

their priority concerns, and how to assess the results using their own vulnerability measures and activity categories.

The Alliance, IPC, and partner organizations could categorize and use such information from OVC committees for their own reporting needs. They can help communities to define such measures but should not predetermine what these will be because to do so would undermine community ownership and responsibility. There is a management truism that applies here: “What gets measured gets done.” To specify outcome measures implies responsibility for providing the resources to achieve those results. The Alliance and IPC must build upon, not define, what communities measure, because to do so determines what communities will do.

For IPC and its partners’ purposes, monitoring, analysis, and assessment work should include both child-focused indicators and measures of community mobilization and capacity. Examples of the former include the following:

- Number of children enabled to go to school through community action,
- Number of children participating in other nonformal learning activities,
- Number of children visited regularly by community members,
- Number of children whose food security (or nutritional status) has been improved,
- Number of children whose access to health services (or whose health status) has been improved,
- Number of children and number of orphans and other vulnerable children participating in ongoing structured activities (sports, recreation, music, youth clubs, church groups),
- Number of children and number of orphans and other vulnerable children who participate in special events (cultural event, youth festival, HIV/AIDS training),
- Number of children who remain within their extended family after a parent’s death, and
- Number of sibling groups who remain together after a parent’s death.

To measure the scaling-up of community mobilization and community capacity, one must develop new indicators such as the following:

- Number of communities taking action to improve the situation of orphans and other vulnerable children,
- Percentage of estimated number of OVC within the country (or other geographic area) whose situation is being monitored and addressed by a community group,
- Number of communities that have raised money to support OVC activities,
- Number of communities that have developed an OVC action plan,
- Percentage of villages that are actively implementing their plan,
- Percentage of IPC partner organizations that continue OVC work without IPC financing,
- Number of community groups that have participated in a specified level of community mobilization or other training,
- Average time from initiation of partner’s training in community mobilization and capacity building on OVC issues until the initiation of concrete action by communities it works with, and
- Effect of partner’s training activities on community members.

The team is not recommending that the Alliance and IPC adopt those specific indicators, but it offers them as indicative of the kinds of indicators that the Alliance and IPC might consider. In developing a set of indicators for management and reporting purposes, the Alliance and IPC should consider how meaningful a particular indicator would be in relation to the project's objectives, the feasibility and cost of gathering the information, and the manageability of collecting the full set of indicators chosen.

The bottom line for USAID/DCOF is that the safety and well-being of orphans and other vulnerable children must be improved. Communities that mobilize around OVC issues are genuinely concerned, and IPC and its partners must help them to measure results of their efforts in ways that those communities find meaningful. It could be useful for the Alliance, IPC, and partners to conduct a detailed log frame or causal-pathway exercise to better define future indicators.

Extensive resource material on monitoring and evaluation (both participatory and organizational) has been developed and can be helpful to IPC in improving work in this area. Appendix E includes a list of resources.

RECOMMENDATIONS

The team's recommendations, like the observations, are organized according to the five strategies and the cross-cutting management issues.

Mobilize and Strengthen Community-Based Responses

1. **Develop a more rapid, action-oriented mobilization process.** At present, IPC's approach is time-consuming and labor-intensive. Although its steps led to action, much momentum is lost. IPC should identify new ways to accelerate and streamline the current mobilization process. These ways may include consolidating awareness and assessment work, finding alternatives to the enumeration exercise, and designing and introducing an effective series of PLA activities tailored to OVC issues.
2. **Develop a more dynamic planning process.** In general, most IPC-supported associations have identical plans that include organizing OVC committees, mobilizing volunteers, and establishing a solidarity fund. Active participatory work should create opportunities for a more dynamic planning process. IPC should review how to make community planning more flexible and should reconsider how to promote standard community responses.
3. **Include children as active participants in the mobilization process.** Currently, children and adolescents are consulted in the mobilization process, but they can play a much more active role. To build effective projects that address the needs of children, IPC must have the community participate in all phases of the action cycle (assessment, planning, implementation, monitoring, and evaluation).
4. **Expand the scope of situation analysis.** The process that has been used overemphasizes collecting quantitative information and gives too little attention to enabling communities to define and develop their own understanding of the most critical children's issues. Greater attention is needed to adolescents and to gender issues. Fieldwork has resulted in quantitative information but limited in-depth understanding of the situation of orphans and other vulnerable children, which affects the quality of planning.
5. **Balance the current problem focus with a resource perspective.** Although there is some effort to identify general community resources, more emphasis is needed on the capacities and strengths of families, communities, and children in relation to how they can better protect and care for OVC. It is important for communities to consider those factors that help vulnerable children stay safe and that meet their needs. If a situation analysis highlights only problems, community planning rarely includes responses that build on local capacities.

6. **Use grants on a more limited, flexible basis.** Currently, proposal development and provision of a grant are part of the community planning and implementation stages of the mobilization process, which orients communities to outside resources as a key to their action. Grant-making by IPC should be a possible response after a community has begun to take action, rather than an integral part of the process. The Alliance and IPC should train partners in local fundraising strategies. Where external funding is appropriate, the project should train an association in proposal development, then linking the association with another donor or making a direct grant should both be considered. There appears to be substantial funding from various donors in Burkina Faso for HIV/AIDS work, and many associations have strong links with other donors and international NGOs.
7. **Decentralize training activities.** IPC training on OVC issues and approaches has been conducted at large, centralized workshops, targeting select staff of partners and community members (four per group). Only limited field support has been provided, and most of that has been done by resource people with little previous field experience in participatory development work. There is a need to decentralize efforts to the community level and to increase the technical level and emphasis on field support. The basics of PLA methods can be introduced in a workshop environment, but the real learning of how to apply them comes through their supervised use with community residents. Such an approach can build a stronger skill base among partners and community residents, improve quality of work, and increase the cost-effectiveness of the project.

Strengthen the Capacities of Families

8. **Reinforce and build on families' natural support networks.** Using mobility maps and other appropriate tools, the Alliance and IPC should train partners to help community residents identify vulnerable children and households as well as local social and economic networks and other potential resources for their support.
9. **Reinforce collaboration efforts with Aquadev, CRS, and STEP/BIT to promote the availability of microcredit and micro-health insurance.** IPC should carefully explore building working partnerships to pilot a comprehensive approach, including microfinance services, micro-health insurance, HIV/AIDS care and prevention services, and support to orphans and other vulnerable children.
10. **Actively encourage and train partners engaged in supporting home-based care to respond to children in HIV/AIDS-affected households.** Supporting parents to plan for their children through such measures as memory boxes and wills is particularly important, as are extending psychosocial support to children and establishing referral links to OVC programs.

Strengthen the Capacity of Children and Young People to Meet Their Own Needs

11. **Increase children's access to formal and nonformal education opportunities.** Design, test, and introduce assessment tools that partners can use to help communities analyze issues related to children's access to school and nonformal education. Tools should place a special emphasis on orphans and other vulnerable children and reflect their situation in relation to

other children. This focus will help communities determine if they need to respond in a more generalized or targeted fashion.

12. **Incorporate children and adolescents into community mobilization and capacity-building efforts.** They should be part of community solutions, not just potential beneficiaries. Youth-to-youth and child-to-child activities can be particularly effective. IPC should design, test, and introduce age-appropriate techniques that help young people actively support OVC activities and home-based care. Specific resources are listed in Appendix E.
13. **Identify strategies that support appropriate economic roles of children and young people.** Design, test, and introduce assessment tools that allow community members (including children) to recognize children's economic activities and determine how communities can support appropriate roles.

Encourage Effective Government Action

14. **Help develop and implement a national policy regarding orphans and other vulnerable children.** The Alliance and IPC have played an active role, together with the Government of Burkina Faso and other stakeholders, in the process of developing a national policy to guide action for orphans and other vulnerable children in appropriate ways. When such a policy has been established, ongoing work will be necessary to ensure its effective implementation.

Create an Enabling Environment for Affected Children and Families

15. **Increase the integration of HIV/AIDS and OVC activities.** The Alliance and IPC should help partners engaged in different types of HIV/AIDS-related programming to identify ways to collaborate. Care and prevention activities can be mutually supportive.

Strengthen Project Management

16. **Give priority to fieldwork.** Alliance and IPC staff are juggling a variety of roles and tasks, including developing training material, organizing national workshops, participating in international conferences, and conducting exchange visits. Although all these activities are important, fieldwork should be given priority. With limited results and the concerns outlined in this report, it is too soon for IPC to promote its community mobilization model with other organizations. Stronger field results will act as the most effective advocate in the future.
17. **Develop a strategic approach for scaling up protection and care of OVC.** The Alliance and IPC should plan carefully how and when to scale up effectively without compromising a community-led process. The Alliance and IPC should avoid establishing relationships with partners requiring the ongoing provision of support.
18. **Build monitoring, reporting, and evaluation mechanisms.** A combination of process indicators and output indicators should be developed and integrated into field reporting. Furthermore, a cost-per-child beneficiary component should be incorporated, seeking progressively to decrease the cost per child as the project develops. Quarterly gathering and reporting of indicators can help track project strengths and successes as well as areas that

need to be strengthened and, thereby, improve project management. Managers should periodically review project progress and provide timely opportunities to refine work.

19. **Focus DCOF funding on work that will benefit orphans and other vulnerable children.** DCOF has a mandate to benefit especially vulnerable children and limited resources to support such work around the world. Any future DCOF funding should be used for this purpose and not to support the general IPC program, except for specific changes that produce clear benefits for orphans and other vulnerable children.
20. **Explore partnerships or collaborative relationships with additional organizations in Burkina Faso.** To strengthen and help scale up the mobilization and strengthening of communities in relation to orphans and other vulnerable children, the Alliance should give attention to organizations, in addition to IPC, with demonstrated expertise in microeconomic strengthening, community development, and participatory work.
21. **The Alliance should develop a proposal for a revised and more cost-effective approach to community mobilization and capacity building regarding orphans and other vulnerable children in Burkina Faso.** The proposal should take fully into account the observations and recommendations in this report. It should present an approach with the potential to be scaled up and reflect a low cost-per-anticipated-child beneficiary.
22. **DCOF should consider committing 3 years of funding in response to an acceptable proposal from the Alliance.** If an acceptable proposal is submitted, DCOF should arrange for half of the funding to be provided, monitor reports from the project, and carry out an assessment approximately 1 year after funding is provided. It should then determine whether to provide the balance of the requested funding.

APPENDIX A: SCOPE OF WORK

On October 19, 2001, the Alliance submitted to DCOF a proposal for the continuation of its OVC activities in Burkina Faso. On November 13, 2001, DCOF sent to the Alliance detailed comments on the proposal. It was subsequently agreed that DCOF would send a team to Burkina Faso to assess the DCOF-funded Alliance activities, review the proposal, and address the issues raised in DCOF's written comments on the proposal.

Proposed contacts:

1. Meet with government and other stakeholders (2 days)
 - American Embassy (Ambassador Kolker)
 - Permanent Secretary, National AIDS Committee
 - Ministry of Social Welfare (Permanent Secretariat for Children)
 - UNDP
 - UNAIDS
 - UNICEF
 - World Bank
 - GTZ
 - Netherlands Embassy
2. Nongovernmental organizations
 - Plan International
 - Axios International
 - Save the Children
 - Catholic Relief Services & Catholic AIDS Commission
 - Peace Corps
 - PSI
 - CICDOC (an NGO providing support to local groups working in care and support)
3. IPC/Alliance technical and program staff (1 day)
4. IPC partner organizations (3–4 days)
 - Association African Solidarité, Ouagadougou
 - Vie Positive (PLHA group), Ouagadougou
 - CEPROFET, a development organization in Gonsé, Kadiogo Province

- SEMUS, a development organization in Yako Province
- Rambo, a development organization in Loroum Province
- Toma, a women's association in Nayala Province
- Fara, a women's association in Balés Province

The visits will include IPC technical staff members Paul André Somé and Henk Van Renterghem, who is an Alliance staff person seconded to IPC as Technical Advisor.

Partner and community visits should allow enough time during both (in addition to whatever program those organizations may plan) to sit with people and ask questions about what their concerns related are to children; what their past, current, and planned activities are related to children; what their thoughts are about how things have gone so far; what lessons they have learned and recommendations that they may have; etc.

Include a day at the end in Ouagadougou to debrief with IPC and the Alliance and to meet with Ambassador Kolker. It will be sufficient to meet with a representative sample of partners.

APPENDIX B: ITINERARY AND CONTACTS

Sunday 01/20/02	Monday 01/21/02	Tuesday 01/22/02	Wednesday 01/23/02	Thursday 01/24/02	Friday 01/25/02	Saturday 01/26/02
Departure from the United States	Arrival in Burkina Faso	Program overview at IPC _____ Briefing with Ambassador J. Kolker at U.S. Embassy	Field visit with SEMUS, Yako and U.S. Embassy site	Meetings with government and donors: SP/CNLS, Dutch Cooperation, German Cooperation, French Cooperation, _____ NGO/UN dinner hosted by U.S. Ambassador	Meetings with United Nations and NGOs: UNAIDS, UNICEF, World Bank, Aquadev	Field visit with CEPROFET, Gonsé _____ Field visit with Association African Solidaire (AAS) in Ouagadougou

Sunday 01/27/02	Monday 01/28/02	Tuesday 01/29/02	Wednesday 01/30/02	Thursday 01/31/02	Friday 02/01/02
<p>Meeting resource persons working with street children (Belgium Red Cross, Association Nationale pour l'Education et la Réinsertion Sociale des Enfants de la Rue)</p> <p>_____</p> <p>Travel to Tenkodogo</p>	<p>Field visit with Kumalé Association</p>	<p>Field visit with CEPROFET, Botenga (Brigitte)</p> <p>_____</p> <p>Meetings (John): Minister of Social Welfare, Ministry of Basic Education and Literacy, STEP</p>	<p>Meetings with government and NGOs:</p> <p>AXIOS International, CRS, Minister of Health, Save the Children (United Kingdom, United States, Holland), Plan International, CICDoc</p> <p>_____</p> <p>Debriefing with U.S. Ambassador</p>	<p>Field Visit with AIAO, Rambo</p>	<p>Working session with Alliance/IPC</p>

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APPENDIX C: OVERVIEW OF MOBILIZATION PROCESS

1. Enumeration

- 1.1. The enumeration exercise should be seen not in isolation but as part of a process that includes continuous awareness raising at the community level, collection of denominator data, OVC household standardized interview, OVC standardized interview, focus group discussions, in-depth interview with resource people, in-depth interviews with children, in-depth interviews with OVC, PLA activities, historic profile, children's occupational calendar, prioritization, etc.
- 1.2. The enumeration conducted by the first generation of five CBOs and their communities consisted of a participatory enumeration exercise followed by standardized interviews with the heads of households that take care of OVC and by standardized interviews with the OVC themselves. Participatory and inductive prioritization was performed at a later stage.

The enumeration conducted by the second generation of five CBOs and their communities consists of a participatory enumeration exercise combined with a participatory prioritization exercise. The standardized interviews have been omitted (because they are a lot of work and are time-consuming) and have been replaced by a simple home visit to verify or validate the information obtained through the enumeration.

- 1.3. During the situation analysis workshop/training, IPC staff trains four members of each CBO or community how to conduct the enumeration. A standardized procedure and tools are presented and a field exercise is conducted. The approach is presented and discussed and at the same time trainees are free to innovate and adapt the approach and the tools.

When the trainees return to their communities, they feed back the training to other members of the association. The community is informed about the situation analysis and the different activities. This reporting is done in a variety of ways, and each CBO chooses the communication channels that are most appropriate within its community. These channels are very diverse and range from an almost official communiqué by the village chief spokesman to a kind of general assembly, a meeting with representatives of different neighborhoods, women's and men's association leaders who, in turn, inform the community they represent—or through imams and priests, etc. This communication may also happen by addressing the issue during or after religious ceremonies or during market days.

1.4. The participatory enumeration exercise currently adopted follows a number of logical steps.

i. Preparation

- Feedback of the situation analysis (SA) training, and
- Constitution of SA/enumeration team and mobilization of volunteers.
- Identification of enumeration zones. The idea is to subdivide the intervention zone into smaller zones, preferably according to existing subdivisions or boundaries, in which participants in the enumeration sessions can easily identify the OVC and their households and give additional information about the OVC, because they live within the same zone. If necessary, the identification of those enumeration zones is done in collaboration with community leaders and resource persons.
- For each enumeration zone, an enumeration team is constituted that is generally composed of three to five persons, CBO members, one or two community members from the enumeration zone, enumeration volunteers, etc. The total number of volunteers (both CBO and community members) mobilized and participating actively in the enumeration was an estimated total of 100 in the five communities. In general, the volunteers were quite young (20–30 years old). None of these volunteers have received a financial or other incentive for the work done. IPC's technical support to the enumeration is in the initial phase.

ii. Collection of denominator information

- During this step, a complete list is compiled of all households in each of the enumeration zones. For each household, the following data are obtained: the name, sex, and age of the person in charge of the household; number of persons per sex or age group; kinship link of the household with other households within the *concession* (large compounds composed of 10–15 households that have close social links), extended family or lineage, or both.
- The enumeration team meets with leaders or resource persons (often elders) from the enumeration zone in order to draw up a list of extended families, *concessions*, and households. There may be some variation depending on the kinship system of different ethnic groups in the different project sites.
- This meeting is not just about drawing up lists of household data. It is an occasion to discuss the OVC issue and the community mobilization approach and activities. At that point, the local community elders start discussing the issue in their area, often by citing examples. The discussion is oriented to the concept of vulnerable children. The identification or listing of the households starts generally by drawing a map of the enumeration zone and by discussing the history of the families in the area. During this session other general information about the area can be discussed, and often some local community members are designated to facilitate the work of the enumeration team.

iii. Participatory enumeration sessions

- In each enumeration zone, three to five enumeration sessions are organized. These sessions consist of discussions in small groups (recommended 5–12 people) of informants and peers (men), women, youth (men), youth (unmarried girls), children, etc. As a condition, at least one group of children must be developed in each zone.
- The session starts with a discussion of the OVC concept in order to develop a consensus and gain common understanding. The enumeration area is discussed (map drawn if needed) and informants are invited to identify the different OVC they know and to provide basic information about these children and their situation.
- The following information is collected: name, age, sex, household, caregiver, causes of vulnerability, education, other.
- After a list of OVC is obtained, the list is used to perform a participatory prioritization or classification exercise that results in the classification of the OVC into three or four groups according to their level of vulnerability or need for support.
- In the first five OVC intervention areas, although no precise data are available for the participation at the enumeration sessions, we estimate that approximately 1,200 (all sites together) community members participated in the enumeration sessions.

iv. Synthesis

- Denominator and OVC information is first synthesized at the enumeration zone level, which facilitates eventual verification and access to additional information. The enumeration zone data are brought together and compiled at the intervention zone level.
- v. At this stage, the standardized questionnaire is applied with caregivers and OVC. With the second group of CBOs, the questionnaire has been replaced by a follow-up visit to validate the information that has been obtained and to establish a first contact with the OVC.

1.5. IPC support in the enumeration exercise consists of

- Training of four CBO/community members,
- Providing tools,
- Providing seed money for the SA: ± US\$100–200/CBO
- Supplying 2–5 days of technical support by IPC resource people, and
- Making one follow-up visit by IPC staff members.

1.6. Specific questions about the enumeration: Who was involved? See previous comments

PLA in Open Village Setting

All PLA activities have been conducted in an open village setting, but they did not necessarily involve the whole village, but rather key participants for the exercise. For example, the “historic profile” would be conducted with village elders under the “palaver tree.” General assemblies of

the villages were more used during the information-collecting and awareness-raising phase, and to brief the community about the OVC activities.

Introductory Meeting

See previous comments.

Typical Association's Experience

It is difficult to talk about “a typical NGO experience.” One of the characteristics of IPC’s OVC program is the extreme heterogeneity of the 10 pilot sites. A very important variation is not only in the kind of CBOs that are involved but also in the geographical and environmental, demographic, ethnic, cultural, social, and economic context. As just one example, in the current intervention sites approximately 10 different ethnic groups speak eight different languages. This heterogeneity is a factor that has made program implementation more difficult, but at the same time it provides a richer learning experience. It also explains why, on the one hand, IPC uses rather standardized strategic orientations, approaches, training, and tools but, on the other hand, has encouraged and supported an implementation process that is flexible and innovative in order to respond to the local context in each of the participating communities. Each of the 10 sites should, therefore, be treated as a special experience.

Prioritization

In the first generation, the CBOs or communities had the choice to use the prioritization method they preferred. Some have used a participatory approach (Dassui, Komtoega); some have used the inductive approach (Toma); and some have combined both methods (Rambo). The second generation of CBOs will use a participatory method that is integrated into the enumeration process.

Length of the Enumeration Process

The following is approximately the chronology of the situation analysis, starting with the first training on situation analysis.

Weeks	Activities
1	First SA training: 1 week.
3–5	Feedback on the training and informing the community: Spread over 2 to 4 weeks.
5–7	Setting up SA team, mobilizing and training volunteers: Spread over 2 weeks.
7–9	Basic information (denominator) for each enumeration zone: Spread over 2 weeks, but the activity as such takes half a day to 1 day per enumeration zone (thus, the length of this activity depends very much on the number of enumeration zones and the number enumeration

Weeks	Activities
	teams/volunteers mobilized). For example, there were 24 enumeration zones in Komtoega.
9–12	Enumeration sessions: Spread over 2 to 3 weeks, for each enumeration zone approximately 2 half-days of work (same remark as previous).
10–14	Compilation of enumeration data and verification of certain data: A few days spread over 1 to 2 weeks.
12–18	Household and OVC standardized interview: One household with two OVC takes approximately 2–3 hours (everything included). For example, Rambo, with approximately 300 OVC and 150 OVC households, would need approximately 300 to 450 hours. With approximately 15 people involved, an average of 20 to 30 hours of interviewing per person equals an average of 3–4 hours per day, 5 to 10 days of activity spread over a period of 2 to 4 weeks. In the second generation, this activity was replaced by follow-up visits and should take substantially less time, but no precise information is available as this activity is currently ongoing.
13–20	Compilation and validation of interview data: Several days spread over 1 to 2 weeks.
15–22	PLA activities: In general, this phase took a few days spread over 2 weeks, often conducted simultaneously or parallel with ongoing enumeration activities.
17–24	In depth interviews and focus groups: Approximately 3 to 5 days spread over 2 weeks, often conducted simultaneously or parallel with ongoing enumeration activities.
18–25	Second training: 1 week.
20–29	Feedback of second training and informing the community: Spread over 2 to 4 weeks.

Formal Community Organization and Activities Begin

21–32	Data compilation and analysis: 1 week spread over 2 to 3 weeks.
22–34	Preparation of feedback and situation analysis workshop: Several days spread over 1 to 2 weeks.
23–35	Workshop: 3 days / 1 week.

Consolidation of Community Organization and Initiatives

25–37	Report: Several days spread over 2 weeks.
27–39	First draft community project: Several days spread over 2 weeks.

Weeks	Activities
28–41	IPC feedback: Spread over 1 to 2 weeks.
30–43	Second draft: Several days spread over 2 weeks.
Ongoing Community Initiatives for OVC	
31–44	IPC project development sessions: 2 days / 1 week.
33–46	Third draft and completion: Several days spread over 2 weeks.
35–49	IPC validation and signature of contract: Several days spread over 2 to 3 weeks.
37–51	Development of first action plan: Several days spread over 2 weeks.
39–53	Releasing of first funds by IPC: Several days spread over 2 to 3 weeks.

Official Launching of OVC Community Support Program

A number of factors need to be taken in account that influence speed and momentum of the implementation process.

- The community's occupational calendar (agricultural activities) demonstrates that in certain months it is very difficult to undertake activities or to mobilize the community. This difficulty is notably true for the period from the end of April until early June, which is the start of the agricultural season, and to a lesser extent also the period of August and September to October.
- July and August are holiday months during which activities, in general, in Burkina are slowed down, as is true for the holiday period at the end of December.

At IPC the speed and momentum of the process is a subject of continuous discussions and reflection, and the DCOF mission has helped to focus this reflection. Whereas the first generation of OVC projects took 12 to 15 months to go from scratch to a full-scale community response, we are now looking at how the process can be speeded up to achieve the same results in less time. For this problem, we see three possible solutions:

1. Integration of awareness-raising and situation analysis,
2. Early support to grassroots initiatives and community organizational set-up, or
3. A more action-oriented situation analysis.

These changes should allow achieving the following benchmarks according to the following schedule:

- From 3 to 4 months for large-scale information and awareness-raising in the community. This step also integrates elements of situation analysis.
- From 4 to 8 months for situation analysis and community response programming.
- From 8 to 12 months for full-scale community support to OVC.

The participation of children in enumeration and situation analysis was as follows:

- Children are present in all community activities
- Children were involved as informants in participatory enumeration sessions (one group of 6 to 12 children in each enumeration zone, ±50 groups = 300 to 400 children)
- Occupational calendar
- Health/nutritional calendar
- Standardized interviews
- In-depth interviews
- Focus groups

APPENDIX D: MOBILITY MAPS AND FLOW DIAGRAMS

The description that follows on mobility maps and flow diagrams was written by the tracing, reunification, and reintegration program of the International Rescue Committee in Rwanda.

Mobility Map

The mobility map is a visual record of a person's social network as well as an excellent tool to explore social and economic activities. In a maplike fashion, family members and children draw places and people frequently visited and then discuss the specific relationship that exists with each site and person.

- Begin by explaining the purpose of the exercise, which is to learn more about the family and child so that we know who they are.
- Introduce the map, telling them that this tool will be a good way to “meet” the family and child.
- Provide paper and pencil. Draw a circle in the middle of the page. Write the name of the family OR, in the case of adolescents, the name of the Center. Explain to each family member that this is home and that you would like each to draw all the places and friends that each visits. This exercise is not limited to the immediate vicinity and can include other towns. (For families, this activity should be done with as many members of the family as possible and should, at minimum, include the persons responsible for the family and another child from the family. Family members can draw maps at the same time.)
- Once the drawing is complete, ask each member to tell you all the sites on the map. Write down the names next to the sites. (If the members of the family or the child is literate, ask each to write the names.) Now ask the members if they have forgotten any other places.
- Once the map is complete, provide the family members with two colors of stickers: gray and green. Ask the members of the family and the children to place the green stickers in the places that they most like to be or are most important to them. Explain that the gray stickers are for the places that they least like or are least important to them. (Verify that they understand the use of the stickers.)
- Now distribute the red and yellow stickers. Ask the family members and the children to place the red stickers in the place they go to the most and the yellow in the places they visit the least.

- Once the map is complete, begin the interview. Ask the family members and the children to explain each place or site. Ask the family for permission to take notes. The interview will follow these discussion guidelines:
 1. Tell me about this place and what it means to you.
 2. What activities do you do there?
 3. Which people do you visit there and what is your relationship with that person?
 4. How often do you go? (number of times per week or per month)
 5. Has the relationship or your involvement with this place always been the same?
 6. Why do you dislike this place? (for green and gray)

(NB: The above questions are only a guide. Remember to ask probing questions and follow interesting leads.)

- Once you have completed this exercise, ask if they have forgotten any sites or places. Add these when appropriate.
- Once the exercise is complete, share with the family members and the children what you have learned and points of interest.

Flow Diagram

The flow diagram is a simple exercise that explores the social safety network of a family or child. It outlines the resources of each family member or child by asking whom each would seek help from if there were a problem. Three problem areas are explored with families; four with adolescents.

1. Begin by asking the family member or the children when they have a health problem whom they would approach. If that person or organization does not help, whom do they then approach? Again, if that person or organization is not able to help, whom do they approach ... exhaust this list. Record responses as follows: Health problems: Justin → Constance → Liz → Andre. (Note the exact relationship between the family member or the children and the person cited.)
2. Next follow the same questions regarding problems concerning money and morale or sadness. For adolescents, also do a flow diagram for advice concerning love.

APPENDIX E: RESOURCE LISTS

Resources on Children’s Participation and Related Topics

Boyden, J. & Ennew, J. *Children in Focus—a Manual for Participatory Research with Children*. Stockholm: Radda Barnen.

Johnson, V., Hill, J. & Ivan-Smith, E. *Listening to Smaller Voices: Children in an Environment of Change*. ACTIONAID.

Mann, G. & Smith, E. *Youth-to-Youth: A Program Guide*. Toronto: Save the Children–Canada.

McCrum, S. & Hughes, L. *Interviewing Children: A Guide for Journalists and Others*. London: Save the Children–UK.

Quigley, P. & Kelly, K. *The Right Stuff: An Education Resource on the UN Convention on the Rights of the Child Trocaire*.

Shah, M., Simasiku, M. & Zambezi, R. *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*, FOCUS, CARE International.

PLA Notes 25: Special Issue on Children’s Participation, IIED, 1996. Available from: <http://www.iied.org/bookshop/sd_spla.html> or subscriptions@iied.org.

Grubbels, Peter, & Koss, Catheryn. *From the Roots Up: Strengthening Organizational Capacity through Guided Self-Assessment*.

Available from World Neighbors’ publications

www.wn.org

World Neighbors

4127 NW 122nd

Oklahoma City, OK 73120

telephone: 405.752.9700

fax: 405.752.9393

email: LTemple@wn.org

Resources on Monitoring and Evaluation

Participatory Monitoring and Evaluation Guide

<<http://www.ids.ac.uk/eldis/hot/pme.htm>>

NRMchangelinks: Participatory Monitoring and Evaluation (PM&E)

<http://nrm.massey.ac.nz/changelinks/par_eavl.html>

MandE NEWS <<http://www.mande.co.uldnews.htm>>

PLA Notes 31: Participatory Monitoring and Evaluation, IIED, 1998. Available from: <http://www.iied.org/bookshop/sd_spla.html> or subscriptions@iied.org.

PLA Notes 42: Children's Participation—Evaluating Effectiveness, IIED. Available from: <http://www.iied.org/bookshop/sd_spla.html> or subscriptions@iied.org.

Evaluation—A Management Tool for Improving Project Performance. 1997. Inter-American Development Bank Evaluation Office. (provides information on log frames)