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Power and empowerment: Fostering effective collaboration in meeting the needs of orphans and vulnerable children

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In sub-Saharan Africa, HIV/AIDS has resulted in a rapidly growing population of orphans and vulnerable children (OVC). These OVC have strained the traditional safety net provided by extended families to its breaking point. Increasingly, community-based initiatives are emerging to fill the gap. However, relatively little is known about these efforts and their effectiveness. This article looks at one such initiative in rural Tanzania, and explores the relationship between local communities that seek to *empower* themselves to address the needs of their OVC and external organisations that have the resources and *power* to help them. This case study describes the successful effort of a community to build a Centre housing its orphans, and the subsequent closure of that Centre despite its evident success, because of a conflict between internal and external interests. This case study is used as the basis of a broader discussion on how those with power, and communities seeking empowerment, are complexly intertwined.

Keywords: orphans and vulnerable children; sub-Saharan Africa; impact evaluation; community-based care

Introduction

In 1990, approximately eight million people worldwide were HIV infected. By 2007, that number had increased to more than 33 million. Over two-thirds of those infected are living in sub-Saharan Africa, where 15 million people have died of AIDS since the beginning of the pandemic (UNAIDS 2007).

Global response to HIV/AIDS has focused on reducing new infections and caring for those currently infected. Overshadowed by these concerns are the needs of children left orphaned and vulnerable (OVC) by the illness and death of one or both parents. Over 80% (12 million) of the world's AIDS orphans live in sub-Saharan Africa. These OVC swell the rolls of orphans produced by natural causes and by civil unrest.

During the 1990s, it was tacitly assumed that the needs of OVC were being met through traditional means, that is, by being taken in by extended family members. But with publication of *Children on the Brink* (UNAIDS 1997), and other contemporaneous studies (Foster *et al.* 1996, Salaam 2005, UNAIDS 2006, UNICEF 2006), it has become increasingly evident that the traditional support system for OVC is frayed and failing, and that significant numbers of children were being raised by an elderly

grandparent, and a small percentage were being raised without any adult supervision and support (Foster 1997). At the same time, it was increasingly clear that institutionalised care for orphans was neither economically, psychologically or socially desirable (Tolfree 1995, 2005, Drew *et al.* 1998, MacLean 2003).

The effects of a growing population of orphans radiate across the entire economy and civil structure of heavily impacted countries. A recent projection concluded that AIDS will reverse progress in poverty reduction and food security in several countries in the region (Cornia and Zagonari 2002, UNDP 2003).

Community-based responses

In light of the growing OVC problem, a potentially cost-effective and child-supportive response seemed to consist of turning to communities to provide assistance for extended families taking in OVC or to identify other alternatives (local fostering families and group homes). Phiri and Tolfree (2005, p. 16) observe that: '...community-owned initiatives that aim to promote local solutions based on family and community resources...achieve good results for large numbers at a low cost per child'. They conclude that: 'It is vital that government develop and implement clear policies to support, strengthen and sustain community managed and community-based care' (Phiri and Tolfree 2005, p. 33).

Reports, dating back to the early 1990s, began advocating for the support of community-based approaches. However, these reports and their recommendations were largely ignored (Foster *et al.* 1996, DCOF 1999, UNAIDS 1999, Phiri and Webb 2002). Rau (2006, p. 289) observes that even when international aid agencies have adopted, recognised and embraced the idea of incorporating community-based approaches as part of their overall HIV/OVC strategy, they failed to embrace the underlying notion of collaboration: 'As large donor agencies and governments adopted some of the language of community participation, they did not relinquish their control of funding and assumed expertise'.

Tragically, a basic challenge in meeting OVC's needs consists of simply getting them recognised. OVC who are not themselves infected are often not seen as appropriate recipients of funds directed towards addressing the impacts of the AIDS pandemic. In effect, AIDS in developing countries has been viewed as a medical emergency, rather than more broadly as a humanitarian emergency. Furthermore, beyond estimates of the numbers of OVC, the nature and magnitude of their needs have been, and still are, poorly understood (Foster 2007).

Again, coupled with the invisibility and ignorance of the needs of the OVC population is the absence of any kind of systematic identification and analysis of the ways that communities and small NGOs have been responding. Even when efforts by communities are recognised as effective and essential, donors tend to see communities as merely vehicles to implement programmes conceived by the donors themselves.

Key research challenges

Advancing from the conditions described above towards a more effective response to the needs of OVC requires at least two types of investigations. The first involves developing and deploying effective and efficient evaluations of OVCs wellbeing that can be used to assess community-based programmes in the field. Today, most evaluations consist of accounting for funds spent rather than measuring programme impacts on wellbeing of the child.

The second type of investigation concerns developing an understanding of the complex relationships between community-based programmes, the communities they serve, and outside interest groups (e.g., government agencies, donors) that can significantly affect programme sustainability and replication. This investigation could be described as a study of the relationship between *empowerment* – a community tapping into its own knowledge and resources to improve internal conditions, and *power* – a community's access to money and other external resources that can be used to initiate and sustain community-based efforts (Fawcett *et al.* 1995, Beeker *et al.* 1998).

Clearly, both of the investigations described above – one looking at impacts and the other at process – are related to one another. In a very real sense, evaluation is a tool for achieving accountability. But depending on how it is developed and employed, evaluation can reinforce inequities between those with power and those seeking empowerment (Israel *et al.* 1994, Fetterman *et al.* 1996). Evaluations that are more responsive to local variations must also be credible to those controlling and distributing the resources.

The next part of this article describes a single case of a community in rural Tanzania responding to the needs of its OVC. The Centre was made possible through the collaboration of an in-country and a foreign NGO. An external evaluation performed after the Centre opened suggested that it was effective in improving the quality of life of its children.[1] Despite this success, a conflict between the in-country and foreign NGO resulted in the eventual closure of the Centre. The final section of this article returns to the constructs of *power* and *empowerment* and associated approaches to evaluation, drawing lessons from the case study and other current efforts in Africa.

The Godfrey's Children's Centre in Idweli, Tanzania

Idweli is a small village situated in the wooded highlands of southwestern Tanzania. Its 2500 residents live on an average daily per capita income of about 70 cents (USD). The constant stream of truckers using the national road that runs by Idweli may help to account for an HIV infection rate in the region that is almost twice the national average (13.7% vs. 7%). Truckers bring other dangers as well. In 2001, when a truck carrying petrol rolled over outside of Idweli, 42 men rushed from the village to the accident site. One man tried to remove the truck's battery, igniting the fuel and killing all of the men, each orphaning children from one or more households.

The petrol truck explosion, combined with AIDS-related deaths and the loss of parents through other causes, left over 40% of Idweli's children orphaned. By tradition, orphans are taken in by extended family members, usually aunts or uncles best able to care for them. But the high percentage of orphans in Idweli resulted in many orphans being raised by elderly grandmothers and, in a few cases, being left alone to raise themselves.

Building a children's centre

The problem of Idweli's orphans was well known to Godfrey Mahenge who was raised in the village. He was pursuing a professional degree at the university in Dar es

Salaam when the petrol truck accident occurred. Along with a circle of friends, he drafted a constitution for an organisation, now called Godfrey's Children, that hoped someday to build a centre to care for the children of Idweli.

Before he could begin realising this vision, Godfrey died in a drowning accident. In 2001, Godfrey's fiancée contacted various NGOs to see if any might provide assistance in transforming his vision into a plan of action. The executive director of one US-based NGO responded and in August 2002, the US NGO's director met with organisers of Godfrey's Children in Tanzania. He helped them recognise that any project they pursued in Idweli should emerge out of a collaborative process involving community members.

In November 2002, the NGO's director and two professional facilitators met in Idweli to conduct a series of meetings involving the whole community. Those meetings included a significant feature, new to Tanzanian culture – children were invited, as key stakeholders, to participate in the process. At the joint meeting of children and adults, 19 project ideas advanced to a short list. Although the idea of a centre was supported strongly by the children, it initially received little support from the adults. But, at a critical point in the final decision-making process, an impassioned and angry speech by the chief of Idweli, about the need to help the children of the village, influenced enough of the adults to result in a final vote supporting the building of a children's centre.

Following these meetings, there was widespread uncertainty about what would happen next and how these ideas would be put into action, both in terms of building a centre and operating it.[2] Although there was clear support for a children's centre, it remained to be seen whether the emerging collaboration between Godfrey's Children and the US NGO could raise sufficient funds to buy construction materials, and whether the villagers would build the facility and help make it a sustainable project.

Implementing the vision

Construction of Godfrey's Children's Centre finally got underway in January 2004. Capital construction and equipment costs totalling US$48,000 was raised in the USA. Idweli residents contributed the land and the labour for clearing the site, and were then paid to make bricks, build the foundations and complete construction.

The Centre admitted its first orphans in May 2005. The Centre consisted of three buildings: two served as girls' and boys' residences. A third building provided a common space that served as a dining hall, meeting area and classroom. One adult lived full-time in a private room in each residence. There also was a resident manager and a full-time, volunteer registered nurse from the USA.

Orphans were selected by a village committee based on the severity of their need, with emphasis placed on accommodating double orphans (with neither mother nor father alive) from households with very old caregivers (65 and older), and orphans from families that already had too many children to care for (six or more). The remaining village orphans lived with extended family members or in some kind of fostering arrangement with non-family members.

Five months after opening, the Centre was home to 58 orphans – 34 girls and 24 boys – about one-third of all orphaned children in Idweli. Centre children ranged in age from 2 to 16, with an average age of about 10. About one-third of the children

had been orphans for three years or more, but over one-third could not recall when their parent(s) had died.

At the Godfrey's Children's Centre, orphans received three meals a day. Approximately 90% of the Centre children attended Idweli's public school. Pre-school instruction was provided for the youngest, and other children in the village were invited to participate in that programme. The Centre also provided after-school instruction to help village children with homework.

The Centre was governed by a board consisting of the village chairman and eight other members, half female and half male. Their responsibilities included selecting the children, supervising the Centre's manager, overseeing the budget and all other resources, recruiting volunteers, maintaining relations with current and future donors, and making decisions regarding building maintenance and improvements. It cost approximately US$1700 per month to operate the Centre, or a daily cost per child of approximately US$1.

Evaluating the Centre

In 2005, the Rockefeller Foundation awarded a grant to develop measures of wellbeing of children orphaned by HIV/AIDS, and to apply those measures in an evaluation of the Children's Centre in Idweli (Lundy Foundation 2007). A team consisting of Tanzanian and US researchers participated as equal partners in designing and conducting the 18-month long evaluation. Evaluation of the Centre examined the wellbeing (physical, social and psychological) of its children compared with other groups of children in the village.[3]

A comparison group sampling design was employed, in part to compensate for the fact that 'pre' measures of the children's wellbeing before they entered the Centre were not available because evaluation data collection began eight months after the Centre opened. A total of 209 children participated in the study: Centre orphans were compared with village double orphans and village children living with both parents.

On measures of depression, Centre orphans reported significantly fewer symptoms than orphans living in the village with extended family members. They also were significantly less depressed than children living with both parents.[4] On measures of emotional and behavioural functioning of the children,[5] no significant differences were found across sample groups, even though previous research suggests that OVC would be expected to demonstrate more emotional and behavioural problems.

Since stigmatisation and social isolation are often experienced by orphaned children, another measure employed in the study[6] compared social integration of the children in terms of the availability and use of social supports. Centre orphans reported as many social supports as the other groups of village children, and expressed no sense of being stigmatised or isolated.

School attendance is considered as an important measure of wellbeing and a useful predictor of the ability of children to become self-sufficient and productive adults (Preble 1990, Cohen and Epstein 2005). Consequently, the school attendance of Centre orphans was examined through official records and was found to be better than village orphans. Additionally, on qualitative interviews, Centre orphans expressed greater optimism and hopefulness about being able to shape a positive

future for themselves, specifically through learning. On measures of physical health, the three groups of children were not found to differ significantly in weight and other indicators of health, even though Centre orphans were chosen from amongst the neediest children in the village.[7]

A final set of evaluation questions tried to determine if the Centre was socially and economically sustainable. Regarding social sustainability, interviews and focus groups indicated that there was strong support for the Centre. The question of economic sustainability was more difficult to address because, at the time of the evaluation, most operating costs were being paid by the US NGO.

A rude awakening

The evaluation report, published in May 2007, suggested that children at the Centre were doing at least as well as – and, on some measures of wellbeing, better than – other children in the village. In late April 2007, the evaluation team visited Idweli to share its findings. When the team arrived, it found the common hall of the Centre filled with people spilling into the yard outside. The villagers were there to learn, not just about the evaluation, but about what was going to happen to the Centre.

Approximately a year earlier, a meeting had been held in Idweli between the US NGO, representatives of the Centre's governing board, and Godfrey's Children. The purpose of the meeting was to discuss how to build local support and manage the Centre. It was assumed that Godfrey's Children would take a key role in transitioning from the support being provided by the US NGO to local community support. In a subsequent meeting, designed to draw up a formal agreement, the US NGO agreed to support the Centre through at least 2009. However, representatives of Godfrey's Children said that this was too long, so the US NGO revised the agreement to fund the Centre only until the end of 2008.

A few months after this meeting, however, questions were raised by the US NGO regarding accountability of funds. The director of the US NGO fired the Centre's accountant and its' manager. This unilateral action angered both the Centre's village-based governing board and Godfrey's Children, who felt that decisions regarding the Centre needed to be made collaboratively. Rather than working with the board on reviewing this decision, the US NGO decided to discontinue its support at the end of April 2007, leaving the village and local NGO with only two months to find alternative funding.

The day of the April 2007 meeting, convened by the evaluation team, was to be the last day that the Centre would have funding from the US NGO. The village Chief stood up at the meeting to say that he had asked the children at the Centre if they were ready to go home, and they said 'no'. A representative from the Tanzanian AIDS coordinating agency (TACAIDS) rose to challenge the assumption that external support was necessary: 'Is it true that you cannot take in all of these children?'[8] The Chief responded: 'We kept thinking that the donors would provide... But they left. We still want this Centre for our children, but we need to look for ways to provide funds'.

Following the village-wide meeting, the executive committee of the village convened to discuss the situation. The most immediate challenge was to determine how to keep the Centre operating over the next 30 days, while negotiations proceeded with the District and potential in-country donors. One-by-one, committee members offered donations; the list tallied on a newsprint pad soon showed that the goal had been reached.

The Centre is closed

During the summer of 2007, the Centre struggled to house as many of its children as possible. Meanwhile, the village executive committee continued to meet to discuss alternative sources of support and to consider which children might be permanently returned to extended families in the village or placed with foster families. Godfrey's Children pledged to raise funds in-country, but succeeded in raising only US$100. When school resumed in the fall, all the children were back in residence.

Relations between the original US NGO and Godfrey's Children continued to deteriorate. The former pressed district welfare officials for immediate closure of the Centre, citing financial mismanagement, among other concerns, while the latter felt that the village should be allowed to keep the Centre open as long as it could meet the children's basic needs. Meeting in November 2007, several hundred villagers voted overwhelmingly to keep the Centre open and to support it to the best of their ability with donations of food and labour. Nevertheless, the District Commissioner issued a formal closure order.

In December 2007, the police showed up at the Centre to carry out the District Commissioner's closure order. When they began tearing down the Centre's sign by the road, the villagers amassed at the Centre and the police retreated. A few weeks later, the police returned unexpectedly. Armed with rifles, they entered the Centre and began throwing beds and other furnishings out of the buildings. At gunpoint they ordered the children to leave and padlocked the Centre. Where all of the Centre's children are currently living is unknown.

Power and empowerment

The brief case study presented here of the Godfrey's Children's Centre offers some understanding of the difficulties involved in developing and sustaining a community effort. Although the Centre was forced to close, despite findings suggesting positive effects on the lives of its children, the development process and the events that led to its eventual demise offer valuable lessons about the difficulties of balancing the interests of those from outside a community – those with power and resources, and those from within a community – who are seeking empowerment, to address the needs of their OVC.

As a single case study, it would be inappropriate to over-generalise from the Godfrey's Children case. In fact, the type of residential facility developed in Idweli would probably not be appropriate for most villages, though it appeared to be warranted in that specific community due to the exceptionally high percentage of orphans. Nevertheless, lessons can be drawn by comparing experiences from the Godfrey's Children's Centre with a broader analysis, conducted by Phiri *et al.* (2001), of national efforts in Malawi and Zimbabwe designed to promote community-based responses to the needs of OVC.

In 1994, Malawi (where 57% of all orphans are the result of HIV/AIDS) developed a standardised country structure of AIDS committees reaching down to the community level. In 1995, Zimbabwe (where 77% of all orphans are the result of

HIV/AIDS) adopted a national HIV/AIDS policy that includes promoting orphan care within communities. Efforts in Zimbabwe have been more heavily driven by faith-based organisations than in Malawi. Phiri and his colleagues (2001) used their analysis of Malawi and Zimbabwe to develop a series of recommendations for expanding and strengthening community initiatives addressing the needs of HIV/AIDS OVC. The recommendations developed in their study will be used here to generalise lessons from the Idweli case.

Overcoming invisibility

Before communities can cope with the challenges posed by their OVC, they must recognise the need and urgency to do so. The assumption that traditional support strategies are working, however, creates a pervasive invisibility of the need. As evident in Idweli, since most children were being taken in by a family member, albeit an elderly grandmother caring for multiple children, by tacit consensus of the community, there was no problem. This invisibility is reinforced by government policies where the assumption is that the extended family safety net is still intact. There is little incentive to challenge that assumption at either level unless there is a promise of resources to address it. At the national level, the needs of OVC are simply part of a larger economic development challenge, and not clearly a significant part, unless international donor funds are earmarked specifically for OVC care. For international NGOs, OVC may be a central problem, but part of a larger humanitarian challenge. Moreover, they are a second order outcome of the AIDS challenge.[9]

In short, invisibility is reinforced at multiple levels and only reduced when resources are made available to address the needs of OVC. Invisibility was reduced in Malawi because there was an explicit national programme designed to address a broad range of development challenges, including OVC. In Zimbabwe, however, awareness resulted more from well organised and networked faith-based efforts that could bring in external resources, rather than from a national policy of support for community action. By contrast, Tanzania has not articulated a cohesive national policy and effective structure for working with communities that would stimulate greater action on behalf of the OVC population.

Aligning purpose

Phiri and others (Foster 2002) who have studied community-based initiatives caution that there is often a mismatch between the purpose or objectives of NGOs and/or funders and those of the communities they work with. Furthermore, NGOs and funders often go into communities with pre-designed projects; the disconnect occurs when communities view projects as being culturally inappropriate and/or not addressing their specific needs. In Idweli, there was a mismatch at the outset. The US donor was interested in facilitating a leadership development process, which would encompass skills building for making better decisions, but was not initially committed to funding any project proposals that might result. However, many participating villagers assumed that the process was intended to result in decisions that would be supported with financial resources. Subsequently, the donor did decide to offer financial support.

Employing an empowering decision-making process

Godfrey's vision for doing something for the children of Idweli was catalytic to the initiative that resulted in the Centre. In order to translate that vision into action, Godfrey's Children needed financial assistance, technical resources and other support that could help the organisation work with the community to make effective decisions, and develop and implement an action plan. The process employed by the US NGO served to give voice to the children and thereby provided the means for elevating their needs in a discussion of alternative projects that could economically improve the future of the village. The proposal for a Centre was nearly lost until the chief stepped in to reassert its importance. In fact, such leadership is often crucial in raising awareness of OVC's needs.

Phiri and his colleagues (2001, p. 46) recommend that stakeholders 'carefully define their respective roles, responsibilities, and relationships to lay a foundation for a working environment that facilitates systematic, coordinated implementation of program strategies'. They go on to suggest that external NGOs can play an important role in implementing community mobilisation and capacity building. In Idweli, although there was broad stakeholder participation in a planning process, and the significant empowerment of children to be part of that process, once the decision to create a Centre had been made, the relationship between the village, the in-country NGO, and the US NGO was not sufficiently defined. There were some points at which the village committee played a clear lead role, such as determining which children were in greatest need and should be placed in the Centre, but in many other decisions they had little or no voice, such as in the selection of the Centre manager and oversight of volunteers.

Developing implementation and sustainability agreements

With the vision for a Centre endorsed by the community, the US NGO that had facilitated the original visioning process felt some responsibility for realising it. After the construction funds were raised, and the village provided the land and some of the labour, the initiating US NGO volunteered to provide operating funds and found volunteers to assist with Centre's operations. While all this seemed to empower the community in realising its vision, as suggested above, some fundamental issues about the actual governance of the Centre (specifically the control that the US NGO could exercise) remained vague. In addition, because there was a promise from the US NGO to provide ongoing operating funds, neither the village nor Godfrey's Children seriously considered development of a sustainability plan.

In their report, Phiri and his colleagues (2001, p. 47) state several times that top-down efforts to strengthen community action must not undermine community initiatives. In the case of Idweli, undermining did not occur, since there was no previously existing community initiative. However, the US NGO assumed significant operating responsibilities, which ultimately undermined ongoing community ownership of the Centre. Though the Centre and its children were being effectively integrated into their village, neither the villagers nor Godfrey's Children, had assumed responsibility for sustaining the Centre.

A potentially important element in developing sustainability of the Centre might have been the greater encouragement of relationships between extended family in the

village and orphans living at the Centre. When the Centre was being developed, it was assumed that orphans would maintain close relations with extended family members, and that the children would go home on weekends and occasionally be visited by relatives during the week. However, there was no clearly stated expectation for this to occur, there was no monitoring of visits, and no contact of family members by Centre staff requesting the family's support. It was only when the Centre was actually threatened with closure, as the result of the US NGO's decision not to continue funding, that villagers seriously considered what they could provide. The fact that the village executive committee was able to come up with food and other resources on short notice suggests that the village had that capacity all along, and might have offered greater support had there been clear obligation to do so as part of an articulated operating and sustainability plan.

Creating mechanism for mutual accountability

Phiri and his associates (2001, p. 48) recommend that: 'Before they are given external financial support, community structures should be established or strengthened to ensure accountability and to promote transparency and democratic principles'. As is true with many recommendations, it is easy to agree, in principle, but difficult to achieve in practice. How is accountability achieved for a new institution? Can (or should) all of the mechanisms assuring accountability be established before the institution is in place? In actual practice, it may be useful to think of mechanisms of accountability being developed iteratively and reciprocally between external agents (those with power) and the community (those seeking to be empowered).

In the case of Idweli, there was some initial agreement on accountability. Before and during construction of the Centre, there was concern about establishing governance and sharing responsibility. These discussions took place with village elites and not with the broad range of stakeholders that participated in the visioning process. However, when the doors opened, significant areas of control were maintained by the US NGO, without any regard for continuing the discussion about how decision making – along with support – would be shared.

Arguably, villagers assumed that the US NGO was taking sole responsibility for sustaining the Centre. Over time, this sent the message that the Centre was *in* the village, but not *of* the village. By contrast, if both sides had continued to negotiate accountability and responsibilities, based on what each would do and the resources it would provide, events might not have gone so precipitously over the edge. This suggestion is consistent with Phiri *et al.*'s (2001, p. 49) recommendation: 'Funding organisations should avoid direct implementation that bypasses local structures, and they should abide by a mutually agreeable framework and principles of response'.

In the Idweli case, accountability also involved relations between Godfrey's Children and the US NGO, as well as the village. Godfrey's Children had very little internal capacity to do the kind of in-country fundraising that it committed to when the Centre lost its funding from the US NGO. It wanted to maintain a voice in Centre governance (e.g., opposing staff changes made unilaterally by the US NGO), but it was either not willing or not capable of providing alternative suggestions. The organisation wanted to exercise power without providing resources. This seemed to further strain relations between the US NGO and the village.

Defining the role of evaluation

Evaluation of the Centre was not part of the original design. It came about through the initiative of another US NGO that had been involved in raising funds for constructing and equipping the Centre. For its part, the US foundation supporting the evaluation wanted to demonstrate that methods were available, or could be adapted, to efficiently and effectively measure programme impacts on the quality of life of OVC. In fact, the evaluation proved successful at that task.

Phiri and his colleagues (2001, p. 49) advocate that evaluation, 'first and foremost, must serve the needs of the community'. This is consistent with their strong emphasis on supporting community empowerment. By contrast, they criticise external change agents for imposing complex evaluation requirements designed 'to satisfy their [own] programmatic and reporting needs'. Arguably, the potential role of evaluation is more complicated. While it should be designed to serve the needs of the community (and, hence, empower it), it should also serve the needs of programme donors. In this sense, evaluation is an essential means for assuring mutual accountability.

If programmes are to go to scale, then evaluation must become an effective tool for identifying exemplary programmes. At the same time, evaluations must be designed to identify what such programmes and their communities are doing that result in specific outcomes (i.e., process evaluation). This requires evaluation that is reasonably rigorous and scientific. Major stakeholders (e.g., national policymakers, donors, NGOs and communities themselves) must be engaged and empowered to assist in the design, implementation and interpretation of the research, in order for evaluation to have greater influence on action planning that involves community-based efforts that are designed to positively impact OVCs care.

Trust vs. bad faith

The Idweli case raises an issue not addressed by Phiri, namely, what to do when trust is violated and bad faith begins infecting and undermining relations. In theory, trust is built out of a mutual concern for OVCs wellbeing and a commitment of resources towards that end. But trust must be accompanied by shared values and the reinforcement and expansion of social networks. Together they form social capital. Putnam (2000) distinguishes two types of social capital: local or horizontal, consisting of relationships within a community; and vertical or bridging social capital, consisting of relationships extending outside the immediate community.

Local social capital is basically what any community-based initiative builds on (Gitell and Vidal 1998), especially those initiatives related to health promotion and children's wellbeing (Hawe and Shiell 2000). Communities must also be able to access bridging, or vertical social capital, to find additional resources. Again, whether it is horizontal or vertical, social capital is built on trust. Evidence suggests that horizontal and vertical trust networks are easier to establish when they build on existing relationships. Often these trust networks are provided through local faith-based organisations that access resources and expertise through national and international affiliates (Foster 2002).

The people of Idweli trusted the foreign NGO because a local NGO – founded by individuals who were raised in the village – was involved in the project. However, the

local NGO lacked the capacity to forge an effective and accountable partnership. Consequently, when the US NGO decided to withdraw from funding the Centre, and lobbied the local government to have it closed, the local NGO was not capable of maintaining the vertical ties. Instead, bad faith, in the form of mutual distrust, came to define the relationship.

Conclusion

If the challenge of meeting the needs of the rapidly growing OVC population in sub-Saharan Africa is to be met, then the effective support and expansion (scaling up and scaling out) of community-based efforts is essential. Such expansion requires the development of effective partnerships that balance power with empowerment. Foster (2002, p. 20) concludes that: 'A true partnership depends on understanding and respect...Both local and international organizations must recognize that families and communities are the first line of response to children affected by AIDS...' But, for their part, communities must develop the capacity for dealing with power, for developing mechanisms of mutual accountability that always return to the wellbeing of their children as the touchstone measurement of success. The Idweli case illustrates some of the challenges to achieve effective collaboration.

In July 2008, President Bush signed a US$48 billion reauthorisation of the President's Emergency Plan for AIDS Relief (PEPFAR). Ten percentage of that funding is to go to the support of OVC. Community-based initiatives can provide an important source of that support. However, in order for them to play such a role a lot more must be known about the ways they are initiated, operate, sustain themselves and, ultimately, about their substantive impacts on the wellbeing of children in their care. It is essential to be able to identify which initiatives are really effective and which merely hold promise but are not likely to endure. Fortunately, the PEPFAR reauthorisation allocates funds specifically for the analysis of programme impact. The evaluation conducted in Idweli demonstrates that such evaluation is feasible and can help inform how PEPFAR and other international and national funds can be directed towards indentifying and strengthening community initiatives, thereby realising their fullest potential for improving the lives of HIV/AIDS OVC.

Acknowledgements

Notes

1. Two grants were awarded by the Rockefeller Foundation to the Denver-based Lundy Foundation.
2. Based on a focus group with villagers who participated in the children's centre development process (conducted in March 2006).
3. The full evaluation report including a detailed description of methods, sampling and results is found in Lundy Foundation (2007).
4. The main instrument selected for measuring depression was the Child Depression Inventory (CDI). ANOVA of CDI results yielded a between group F score $= 3.940$; and $p > 0.01$.

5. The emotional and behavioural functioning of the children was measured using the Strengths and Difficulties Questionnaire – Parent Version (SDQ). See Lundy Foundation (2007) for a description of all instruments.
6. The quantitative instrument used to measure social integration was the Social Support Questionnaire (SSQ).
7. The standardised measure of physical health was the body mass index (BMI) employing normative scores for Tanzanian children.
8. Quoted materials in this section are based on translations made during the meeting of 30 April 2007.
9. Only a small portion of US PEPFAR funds go to support OVC, and even these funds tend to be directed towards infected children.

References

Beeker, C., Guenther-Grey, C., and Raj, A., 1998. Community empowerment, paradigm drift, and the primary prevention of HIV/AIDS. *Social Science and Medicine*, 46 (7), 831–842.
Cohen, J. and Epstein, H., 2005. Letting them fail: government neglect and the right to education for children affected by AIDS. *Human Rights Watch*, 17, (13A), 1–59.
Cornia, G.A. and Zagonari, F., 2002. *The HIV/AIDS impact of rural and urban economy*. Available from http://www.unicef-icdc.org/research/ESP/aids/chapter10.pdf [Accessed 3 April 2008].
DCOF, 1999. *Community mobilization for orphans in Zambia*. Washington, DC: Displaced Children and Orphans Fund.
Drew, R.S., Mfuka, C., and Foster, G., 1998. Strategies for providing care and support to children orphaned by AIDS. *AIDS Care*, 10 (Suppl. 1), S9–S15.
Fawcett, S.B., Paine-Andrews, A., Francisco, V.T., Schultz, J.A., Richter, K.P., Williams, E.L., Harris, K.J., Berkeley, J.Y., Fisher, J.L., and Lopez, C.M., 1995. Using empowerment theory in collaborative partnerships for community health and development. *American Journal of Community Psychology*, 23 (5), 677–697.
Fetterman, D.M., Kaftarian, S.J., and Wandersman, A., 1996. *Empowerment evaluation: knowledge and tools for self assessment and accountability*. Thousand Oaks, CA: Sage.
Foster, G., 1997. Orphans. *AIDS Care*, 9, 82–87.
Foster, G., 2002. *Understanding community responses to the situation of children affected by AIDS*. Report prepared for the UNRISD project HIV/AIDS and Development. Available from: http://unrisd.org/unrisd/website/document.nsf/ab82a6805797760f80256b4f005da1ab/db1400ac67d49680c1256bb8004e0c3d/$FILE/foster.pdf [Accessed 15 March 2008].
Foster, G., 2007. Under the radar: community safety nets for AIDS-affected households in sub-Saharan Africa. *AIDS Care*, 19 (Suppl. 1), 54–63. Available from: http://scholar.google.com/scholar?hl=en&lr=&cites=5745048665251413510 [Accessed 15 March 2008].
Foster, G., Makufa, C., Drew, R., Kambeu, S., and Saurombe, K., 1996. Supporting children in need through a community-based orphan visiting programme. *AIDS Care*, 8, 389–403.
Gitell, R. and Vidal, A., 1998. *Community organizing: building social capital as a development strategy*. Thousand Oaks, CA: Sage.
Hawe, P. and Shiell, A., 2000. Social capital and health promotion: a review. *Social Science and Medicine*, 51 (6), 871–885.
Israel, B.S., Checkoway, B., Schulz, A., and Zimmerman, M., 1994. Health education and community empowerment: conceptualization and measuring perceptions of individual, organizational, and community control. *Health Education and Behavior*, 21 (2), 149–170.
Lundy Foundation, 2007. *Evaluation of a community-based response to the needs of orphaned and vulnerable children*. Denver, CO: Lundy Foundation. Available from: http://www.lundy-africa.org/images/links/lundy_report.pdf [Accessed 24 March 2008].
MacLean, K., 2003. The impact of institutionalization on child development. *Development Psychopathology*, 15, 853–884.
Phiri, F., Foster, G., and Nzima, M., 2001. *Expanding and strengthening community action: a study to explore ways to scale-up effective, sustainable community mobilization interventions to mitigate the impact of HIV/AIDS on children and families*, chapter 1. Washington, DC: Displaced Children and Orphans Fund of USAID, 11–36.

Phiri, S. and Tolfree, D., 2005. Family- and community-based care for children affected by HIV/AIDS. *In*: G. Foster, J. Williamson, and C. Levine, eds. *A generation at risk: the global impact of HIV/AIDS on orphans and vulnerable children.* New York: Cambridge University Press, pp. 11–36.

Phiri, S. and Webb, D., 2002. The impact of HIV/AIDS on orphans and programme and policy responses. *In*: G.A. Cornia, ed. *AIDS, public policy and child well-being.* Florence, Italy: UNICEF. Available from: http://www.unicef-icdc.org/research/ESP/aids/chapter15.pdf [Accessed 18 Februrary 2008].

Preble, E.A., 1990. Impact of AIDS on African children. *Social Science and Medicine*, 38 (6), 671–680.

Putnam, R., 2000. *Bowling alone: the collapse and renewal of American community.* New York: Simon and Schuster.

Rau, B., 2006. The politics of civil society in confronting HIV/AIDS. *International Affairs*, 82 (2), 285–295.

Salaam, T., 2005. *AIDS orphans and vulnerable children (OVC): problems, responses and issues for congress.* Washington, DC: Congressional Research Service.

Tolfree, D., 1995. *Residential care for children and alternative approaches to care in developing countries.* London: Save the Children.

Tolfree, D., 2005. *Facing the crisis: supporting children through positive care options.* London: Save the Children.

UNAIDS, 1997. *Children on the brink: strategies to support children isolated by HIV/AIDS.* Washington, DC: Synergy project, USAIDS. Available from: http://www.popline.org/docs/146446

UNAIDS, 1999. *A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa.* Geneva: UNAIDS.

UNAIDS, 2006. *Report on the global AIDS epidemic, chapter 4: the impact of AIDS on people and societies.* Available from: http://www.unaids.org/en/Knowledge Centre/HIVData/GlobalReport/Default.asp [Accessed 20 January 2008].

UNAIDS, 2007. *2007 AIDS epidemic update.* Available from: http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/ [Accessed 22 January 2008].

UNDP, 2003. *Policy note: HIV/AIDS and poverty reduction strategies.* New York: United Nations Development Program. Available from: www.undp.org/hiv/docs/hivprsEng25oct02.pdf [Accessed 16 March 2008].

UNICEF, 2006. *Africa's orphaned and vulnerable generations: children affected by AIDS*, Table 2, p. 36. New York: UNICEF, USAID and PEPFAR. Available from: http://www.unicef.org/publications/files/Africas_Orphaned_and_Vulnerable_Generations_Children_Affected_by_AIDS.pdf.> [Accessed 2 April 2008].