

TECHNICAL CONSULTATION OF GLOBAL PARTNERS FORUM ON CHILDREN AFFECTED BY HIV AND AIDS

Background Paper: Community Mobilisation

Prepared by the International HIV/AIDS Alliance

Author: Sarah Middleton-Lee,

with support from Kate Harrison, Josh Levene and Paul McCarrick

1. Introduction: What is community mobilisation?

“Reinforcing the capacity of communities to provide support, protection and care is the foundation of a response that will match the scale and long-term impact of the HIV/AIDS crisis for children.”

A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, UNICEF and Expert Working Group of the Global Partners Forum for Orphans and Vulnerable Children (2004)

Experience suggests that communities are not only *on* the frontline of the impacts of HIV and AIDS, but *are* the frontline of effective responses¹. They are best placed to support the most vulnerable and marginalised members of society and to develop action that is appropriate, holistic and sustainable. Meanwhile, experience also suggests that children affected by HIV and AIDS are best cared for within families and communities. However, as epidemics escalate, these structures are struggling to cope with the dramatically increasing numbers of those in need.

Community mobilisation is a process through which local individuals, groups or organisations identify needs and plan, carry out and evaluate activities on a participatory and on-going basis to improve their lives². It encompasses all children and all development issues. However, here, given the focus of the Global Forum, it is explored through the

¹ *Community Mobilisation to Mitigate the Impacts of HIV/AIDS* (1999), Jill Donahue and John Williamson, Displaced Children and Orphans Fund.

² *Reviewing Community Mobilisation and HIV/AIDS: What works? What next?* (2005), Josh Levene and Alexandra Maclean, International HIV/AIDS Alliance.

Good practice

Community mobilisation for children affected by HIV and AIDS should:

- ✓ Recognise the rights of all children
- ✓ Use local definitions of vulnerability to benefit children most in need and avoid the stigma caused by focussing on just HIV and AIDS
- ✓ Use high quality, participatory approaches throughout
- ✓ Actively involve children and other community members at all stages
- ✓ Be based on local expressed needs and priorities
- ✓ Respond to gender dynamics to promote equality
- ✓ Place primary responsibility and ownership with communities
- ✓ Build on existing community coping strategies, while increasing capacity
- ✓ Coordinate and combine local and external resources
- ✓ Provide a holistic response to the whole range of children's needs
- ✓ Take a comprehensive approach, linking HIV and AIDS prevention, care, support, treatment and impact mitigation
- ✓ Foster an enabling environment, encouraging supportive legislation, policies and resource mobilisation

‘lens’ of HIV and AIDS and children affected by the epidemic.

Community mobilisation is both a *strategy* and an *intervention* for scaling up support for children affected by HIV and AIDS. Its outcomes are dual. As a strategy, it leads to the development and implementation of specific activities for children, such as feeding programmes and birth registration schemes. As an intervention, it leads to a generally engaged and empowered community – one with the capacity and social capital³ to demand and fulfil broader rights and issues related to children and development as a whole.

In particular, mobilisation maximises existing community ‘safety nets’ – the formal and informal mechanisms and coping strategies that mitigate the effects of poverty and other risks on vulnerable households during times of severe stress⁴. This helps to ensure a response to all of the needs of children, including those, such as psycho-social support, that ‘fall through the cracks’ of State provision. Indeed, community mobilisation should *complement*, rather than *substitute*, government action – aiming for a scenario where sectors’ combined efforts ensure that comprehensive support for children is not just increased, but improved and sustained.

The exact nature and extent of community mobilisation varies according to each community and its context, such as the stage of the epidemic and the availability of local resources. However, there are a number of factors that characterise a mobilised community. Not only are there activities being carried out that are delivered and owned by local people. There is also some form of coordination – whereby community members, perhaps working through a committee, are organising their own action while also demanding that the services of others, particularly the government, are increased and/or improved in their area.

In some cases, mobilisation is an organic process, emerging from within a community. In other cases, it is catalysed by others, such as a local NGO.

Whatever the case, support from the broader civil society sector is vital for promoting and enhancing community efforts, for example by facilitating access to funding and providing technical support and guidance on good practice. In particular, larger civil society structures (such as NGO networks and NGO support programmes) provide a key channel and representational role between those involved in community mobilisation on the ground and national initiatives, such as policy forums.

Civil society

Here, the term civil society refers to an intermediary realm between the state and the household which includes communities, community based organisations, non-governmental organisations, faith based organisations and networks of the same.

The ‘value added’ by the sector includes its ability to rapidly deliver tailored community support that governments can not, and to deliver to groups that are hard-to-reach within the mainstream services of other sectors (e.g. street children, sex workers, injecting drug users). It can also build demand for services, address some of the underlying causes of HIV and AIDS (e.g. stigma, discrimination and inequality), as well as carry out powerful advocacy for improving services (e.g. child access to treatment).

³ The institutions, relationships and norms that shape the quality/quantity of a society's social interactions - not just the sum of the institutions that underpin a society, but the glue that holds them together. (The World Bank, 1999).

⁴ *Under the Radar – Community Safety Nets for Children Affected by HIV/AIDS in Poor Households in Sub-Saharan Africa* (2005), Geoff Foster, UNRISD.

2. Barriers: What is preventing community mobilisation going to scale?

The significant barriers currently preventing community mobilisation for children affected by HIV and AIDS being taken to scale include those relating to four broad areas:

2.1 Financial flows

- a) The dramatically increased levels of global resources for HIV and AIDS as a whole are not necessarily translating into increased resources for efforts focused on community mobilisation and/or children. Often, one or both are of low priority or, in some cases, not included in funding criteria at all.
- b) Expanded resources are often failing to reach those with the greatest potential to scale up mobilisation for children affected by HIV and AIDS - namely community members, CBOs, NGOs and FBOs. This is due to a number of bottlenecks that prevent the rapid and smooth flow of funds within global mechanisms and their national bodies. These include: the increased use of direct budget support (DBS); overly complex and multi-tiered structures; bureaucratic administrative demands; weak capacity of disbursement agencies; and power dynamics that exclude civil society.
- c) The timeframes and rates of donor funding and monitoring cycles are often unsuitable and unrealistic for community mobilisation – a process where the initial outcomes may be increased capacity rather than increased activities. Funding is often stop/start (e.g. based on one-year project cycles or one off grants) rather than ‘drip-fed’ and on-going – which limits the potential of communities to plan for responses in the medium to long term.
- d) Weak communication systems between different levels (e.g. national/district/local) and sectors (e.g. government/civil society) mean that information about funding opportunities for mobilisation and children often fails to reach those who need it most. It may also be provided in inappropriate media, for example based on the internet when many communities lack access to computers.

“CBOs need long-term funding that is ‘drip-fed’ – continuous, steady, small amounts of resources to ensure that communities can sustain their responses and improve the quality of life for African children.”

Bottlenecks and Drip-Feeds,
Save the Children

2.2 Community capacity

- a) Civil society, particularly CBOs, often cannot access the additional financial resources needed to take community mobilisation to scale. For example, groups may have inadequate skills in proposal writing and monitoring and evaluation – which limits their ability to sell themselves to donors and draw down funds.
- b) Technical support for communities is often unavailable and/or poorly understood and inadequately budgeted for and funded. Key, strategic technical areas – such as advocacy (e.g. for universal access to treatment) and civil society development (e.g. leadership development) struggle to secure funding.

- c) Civil society has often focused on developing ‘gold plated’ pilot projects for children affected by HIV and AIDS, with little idea and support about how to scale up their models and share their lessons with others.
- d) Donors fail to invest in the ‘process’ of scaling up, preferring to fund the ‘outputs’ (e.g. feeding schemes for orphans), rather than the ‘inputs’ (e.g. organisational development for community groups). There is also growing pressure on grow to reduce core costs, despite increased demands for results.

2.3 Power dynamics

- a) Civil society tends to be excluded or only nominally involved in national and local planning forums where policy and programme decisions are made about relevant needs, priorities and resources.
- b) Civil society itself is often fragmented and politicised, for example with district and community level groups isolated from national networks and debates.
- c) Stigma and ignorance among service providers still hinder community mobilisation efforts, including those for children affected by HIV and AIDS.
- d) Community-based mobilisation efforts can be isolated from broader structures, such as government systems of social welfare. This limits their potential to not only reach scale, but ensure a comprehensive, continuum of support for children.
- e) Therefore, efforts to scale up community mobilisation can lack an enabling environment and be uncoordinated and un-collaborative, with links between the different sectors involved in supporting children affected by HIV and AIDS. In particular, there can be a lack of ‘joined up’ approaches in terms of linking support to PLHA, elderly carers and children – which risks efforts being duplicated and dividing rather than uniting communities.

2.4 Social policy

- a) Many policy stakeholders fail to appreciate the dual value of mobilisation, especially the long-term benefits that empowered communities and increased social capital can bring to action not only for children affected by HIV and AIDS, but other development concerns as well.
- b) National social policy for children in general, and children affected by HIV and AIDS in particular, is often inadequate and inappropriate. It can be un-coordinated (e.g. between different Ministries) and un-linked to other relevant initiatives (e.g. from social protection policy). It can also be mismatched to the purpose and good practice of community mobilisation, for example only targeting support to those orphaned by HIV and AIDS, rather than *all* vulnerable children, and thus increasing discrimination.
- c) Social policy can be based on little evidence of what does and doesn’t work in relation to community mobilisation and little understanding of the existing context, such as the number and type of children affected by HIV and AIDS. This contributes to a scenario whereby policies and legislation are steps *behind* rather than *ahead of* HIV epidemics and, as such, can not fully respond to their changing dynamics and increasing needs.

- d) Strong international and regional agreements relating to children - including those protecting their rights and promoting their participation - often lack 'teeth'. They risk being poorly implemented at national and local levels, with few opportunities for civil society and other sectors to hold governments to account or take action to ensure justice.
- e) There is little operational research about the cost-effectiveness of community mobilisation for children affected by HIV and AIDS. This contributes to the sub-optimal allocation of scarce resources and confusion over what constitutes acceptable unit costs when taking action to scale.

3. Recommendations: How can the barriers be overcome?

To overcome these barriers, a number of key actions are necessary by different stakeholders working at different levels: UN agencies and donors; national governments; civil society; and academic institutions:

3.1 UN agencies and donors should:

3.1.1 Provide longer-term, 'drip-fed' and risk-taking funding

Lengthen funding cycles and results timeframes and provide multiple disbursements over time. Use creative and flexible aid instruments (such as funding pools) that meet the needs of civil society. Encourage other actors to combine resources and approach for maximum reach. Be realistic about levels of overheads for the sector and minimise the bureaucracy required, especially of CBOs, to access small-scale resources, for example by simplifying proposal formats and having a few key, cross-agency indicators. Work with existing granting bodies, including INGOs and umbrella organisations to develop these indicators, and to share learning and best practice. Also, take risks, for example by providing grants for advocacy-based initiatives (e.g. to address stigma) and efforts that involve small initial transaction costs.

3.1.2 Invest in capacity

Support community mobilisation as a vital strategy and intervention for children affected by HIV and AIDS. Support not just the end product of scaling up (i.e. activities for children), but the process (i.e. capacity building), allowing communities to take on a role of advocate and provider. Also, ensure that both mobilisation and children are within the criteria of all global financial mechanisms and ensure that funded technical support is a key component of programmes and budgets.

3.1.3 Improve harmonisation among multilaterals and donors

Ensure that multilateral agencies and donors involved in supporting community responses to HIV and AIDS and children work in a streamlined and cohesive way, in line with the recommendations of the Global Task Team (June 2005).

3.2 National governments should:

3.2.1 Assess the current context and plan for the future

Include issues about community mobilisation and support for children in national initiatives to both streamline action on HIV and AIDS (e.g. the ‘Three Ones’) and address general development issues (e.g. Poverty Reduction Strategy Plans). National governments need to take a clear role in coordinating this response to ensure that distribution occurs and that minimum standards of care are maintained. Develop a long-term vision for scaling up relevant strategies, focusing on realistic targets and integrating action into other HIV and AIDS and development efforts, involving meaningful participation of civil society.

3.2.2 Provide accurate and timely information to facilitate civil society participation

Act as a reliable source of information about issues and opportunities for scaling up community mobilisation and action for children. Ensure that it reaches all intermediaries, such as NGO support organisations and district-level committees, with a role to play in disseminating it to communities. Involve civil society to coordinate national, collaborative situation analyses (e.g. through PPAs⁵) to assess the current capacity and future priorities for community mobilisation for children affected by HIV and AIDS. Central co-ordinating body – central committee

3.2.3 Enhance the capacity and efficiency of disbursement agencies

Improve the capacity of national and district-level government agencies responsible for dispersing funding to local government and civil society. An effective community response works best in tandem with a local government response. Develop and invest in systems to allocate resources at local government level.

⁵ PPA – Participatory Poverty Assessment

3.3 Civil society should:

3.3.1 Ensure full and meaningful participation of those most affected

Ensure active and influential participation by children and others most affected by HIV and AIDS at every stage of community mobilisation. This means starting, assessing, planning, acting, monitoring, evaluating, reflecting and scaling-up together.

3.3.2 Ensure effective linkages and communication

Ensure networking and linkages among civil society stakeholders and between civil society and state actors involved in community action for children – to share lessons, mobilise resources. Also, create channels to facilitate the flow of information (e.g. about opportunities for funding) between communities and governments, donors, etc, and ensure that any communication is carried out in simple, practical media that is accessible to all. Support community initiatives to enhance their potential for scale-up by linking with other support services for children affected by HIV and AIDS, such as government clinics and schools e.g. through a single multi-sectoral referral system.

3.3.3 Use larger NGOs to catalyse scale up

Use larger NGOs and FBOs as catalysts for scaling up community mobilisation by identifying, encouraging and strengthening local stakeholders and ‘safety nets’ that are already, or have the potential to be, at the forefront of supporting children. Document the impact of community mobilisation and use the evidence to advocate for – and be accountable to – the views and experiences of communities scaling up their efforts for children affected by HIV and AIDS. Encourage providers to peer review programmes and document and share best practice. In particular, identify gaps (e.g. in technical and financial support) to be filled.

3.3.4 Ensure access to comprehensive, appropriately paced and high quality support

Ensure that NGOs/CBOs/FBOs can access the full range of support needed to scale up community mobilisation, including organisational development to enhance financial and administrative capacity to secure, manage and account for increased funding. Ensure that support is provided at an appropriate pace (e.g. a ‘drip feed’ rather than a flood of funding) and with attention to good practice (e.g. high quality participatory methods).

3.4 Academic institutions should:

3.4.1 Conduct operations research and assess realistic cost-effectiveness

Conduct operational research on the impact of community mobilisation on children affected by HIV and AIDS, including by assisting civil society and government to document and consolidate lessons about what does/doesn't work and why. Create opportunities for communities to share and analyse their experiences and, in particular, support those implementing 'gold plated' pilot projects to identify the critical components of their models and how to scale them up.

3.4.2 Support the identification of key indicators and acceptable unit costs

Support communities to develop their own indicators for the impact of community mobilisation, including in relation to increased capacity as well as increased scale and quality of support for children affected by HIV and AIDS. In particular, address issues around cost-effectiveness, for example identifying appropriate unit costs that balance the need to optimise resources with the reality of civil society groups having relatively high transaction costs.