

<b>CATEGORY</b>	Track C: Care of those living with HIV/AIDS, including orphans and vulnerable children, and HIV counseling and testing C5: Effective program implementation to serve the needs of orphans and vulnerable children, including improved measures of impact, support to caregivers
<b>TITLE</b>	<b>Building Capacity for Community Care of Orphans and Vulnerable Children (OVC)</b>
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<b>LOCATION OF PROGRAM</b>	East Africa (Uganda, Rwanda, Kenya)
<b>KEY WORDS</b>	Capacity Building, Local Partners, OVC

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## **ABSTRACT**

### **CONTEXT**

As many programs have incorporated “capacity building” of local CBO partners as a central program component, the need for useful, accessible methods of measuring progress in this area has gained urgency.

Within the context of a PEPFAR OVC program in Eastern Africa, AVSI has assumed this challenge as a central focus. AVSI’s target population is 120 CBOs, ranging in size, formality and purpose from Kenya, Rwanda and Uganda.

The type of service provided to these CBOs is a flexible package of trainings, information management systems, site visits, audits, financing arrangements and evaluations, which are utilized within the framework of a relationship of personalized support.

### **APPROACH**

From years of experience, AVSI has understood that capacity building cannot be reduced to a series of training sessions and hand-outs, even with the best materials and most qualified trainers. CBOs need to be looked at for what they are: expressions of the society from which they come and formed by individuals with certain values, knowledge, experiences, goals, and patterns of working. CBOs are not merely instruments which can be useful for international NGOs and donors to achieve desired results. Consequently, the starting point in the relationship with CBOs has to be one of respect and recognition of their value.

To build capacity means first of all to work “hand in hand”, facing the same difficulties and looking for solutions together. Within this framework, certain tools can be very useful: 1) site visits; 2) assessment and evaluation tools; 3) information management tools, to track beneficiaries and services provided; 4) training sessions on issues of education and child care, or administrative skills; and 5) creating linkages among partners.

### **OUTCOMES and CHALLENGES**

1) After the first year, five partners in Uganda have become formal sub-grantees, demonstrating a high level of autonomy in implementation. Selection was based on quality of reports and work proposals submitted and the overall experience with AVSI. These sub-grantees are now able to submit proposals directly to USAID.

2) AVSI contracted an external evaluator to establish a baseline of partner capacity which produced interesting results and will allow for measurement of change over time.

3) AVSI recognizes improvements in partners’ capacities to identify the most vulnerable children, design individual intervention plans, and involve the family and community. Partners were able to share challenges and experiences in the implementation of the activities and the care of OVCs as a result of increased linkages and collaboration among them.

### **KEY RECOMMENDATIONS**

1) Common tools and methods are useful to monitor and evaluate activities of so many different partners and to create linkages and collaboration among them.

2) The day-to-day accompaniment and relationship among individuals is the most important resource to build capacity and change attitudes and behaviors towards the best interests of the children.