

**AVSI**  
**Abstract for PEPFAR Implementers Conference, Durban, South Africa**  
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**Programmatic Success and Challenges:**  
**Strengthening Family Capacity to Care for OVC: Making Care Sustainable**

**Track:** C. Care of those infected and affected by HIV/AIDS, including orphans and vulnerable children, and HIV counseling and testing

**Track Category:** C16. Linkages between care programs and education and/or income-generating/economic programs

**Title:** *Strengthening Family Capacity to Care for OVC: Making Care Sustainable*

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**Issue:**

Care for orphans and vulnerable children is appropriately considered to be an emergency intervention by many, yet all organizations on the ground are sharply aware of the need for sustainability of impact on long-term vulnerability. The OVC program within PEPFAR presents the challenge of building family and community capacity to provide quality care and support for all children.

AVSI incorporates economic development activities and support for parents, guardians, and other members of households where OVC are present. The positive results have led some households into a virtuous cycle of economic empowerment and increased capacity to autonomously provide for children's needs.

**Description:**

In Africa, a high percentage of orphans still live in a family setting, but many of these families face significant pressure to provide for the material and emotional needs of all members of the expanded household. AVSI's focuses on individual children within the context of their family and larger community.

AVSI offers each child a package of services ranging from direct services for the individual child to indirect services whose benefit extends to the entire family. In cases of severe economic vulnerability, AVSI coordinates income generating activities and skill based training for the parents or older siblings of the sponsored child. Within a year, AVSI has seen that IGAs and community based savings and loans mechanisms are helping families to achieve a degree of economic stability and independence that enables them to provide better care for all the children in the household.

In Uganda, out of 251 families who benefited from a number of IGAs, in just six months, five of these families have already succeeded in saving enough money to pay the school fees for their children and have asked the program to shift support to other needs. In Kenya, some groups of parents in the Kibera slum of Nairobi have organized themselves to prepare food for their children and other needy pupils. This “school feeding program” received support as an IGA and is improving the quality of education for OVCs.

**Lesson learned:**

The benefits of IGAs can be many for people living with HIV/AIDS (PLWHA) who gain both physical and psychological strength through the activities, and are helped to break down the wall of isolation and discrimination. On the other hand it is important to consider that whenever support is given to some members of a community, it can expose them to the risk of targeting for robbery or envy.

**Recommendations:**

- IGA as an activity is meant to improve the overall psychosocial well-being of clients and their loved ones through increased household income for sustainable livelihood. This can only be achieved when the activity is sustained. To ensure this, the support should be administered taking into consideration quality over quantity through thorough assessment and analysis of the client’s status before giving support.
- Involve stakeholders in the community in all processes to support clients
- Involve partners/families from beginning
- Put emphasis on group follow-up of the supported clients to enable them to share experiences and encourage potential entrepreneurs to get involved in income generating activities.