The Role of Community Care Coalition for Child Protection in Assosa City

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This is to certify that the thesis presented by Abebe Senbeta entitled: The Role of Community Care Coalitions for Child Protection and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work compiles with the regulation of the University and meets the accepted standards with respects to originality and quality.

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Abstract

The purpose of this study is exploring the role of community care coalition [CCCs] for child protection in Assosa City. The study was conducted by using constructivist theoretical paradigm. As qualitative study, this inquiry followed a single case study design and crossectional research with exploratory nature. The unit of analysis was "community care coalition" with a case of "community care coalitions at four kebeles". Purposive, non probability sampling was employed to collect data from coalitions, vulnerable children, households and sectors. Twelve vulnerable children, four CCC chairs and six sector representatives (a total of twenty two individuals) participated in in-depth interviews. Six, seven and six vulnerable children, coalitions and households participated in focus group discussion [FGDs] respectively. The inclusion criteria was between12-18 year for vulnerable children who received service, community care coalition working on child protection and who are interested, sectors representatives working on the issue and willing to participate and households engaged in income generating activities[IGAs]. Data was collected through in-depth interview, FGD, observation and document review and analysed by using thematic analysis approach. The finding of the study showed that the identified packages of services have brought changes to the lives of selected venerable children and families at three different levels as high, medium and low. Capacity building, resource mobilization and data collection as strategy by CCCs have guided positive change to happen on the lives of beneficiaries. Turnover of the CCC chairs, structural, financial and accreditation and professional challenges have negatively affected CCCs functioning. Focusing on local resource, knowledge, institution, integrating formal and informal actors and using planned program are the key sustainability pillars of CCCs.

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List of Abbreviations and Acronyms

ACRWC	African Charter on the Right and Welfare of the Child
BoLSA	Bureau of Labour and Social Affairs
BoWCA	Bureau of Women and Children affairs
CCCs	Community Care Coalitions
CCGs	Community Care Groups
CSOs	Civil Society Organizations
EBP	Evidence Based Practice
FDRE	Federal Democratic Republic of Ethiopia
FGM/C	Female Genital Mutilation or Cutting
GTP	Growth and Transformation Plan
GOs	Governmental Organizations
ID	Identification Card
IGAs	Income Generating Activities
MoLSA	Ministry of Labour and Social Affairs
MoWA	Ministry of Women Affairs
MoWCA	Ministry of Woman and Children Affairs
NGOs	Non Governmental Organizations
NSPP	National Social Protection Policy of Ethiopia
PLWHA	People Living with HIV and AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children Emergency Fund

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Chapter One

1.1. Introduction

Communities have their own means of managing crises faced by their members in traditional societies. They have been supporting each other during times of impoverishment, accidents, chronic problems, sickness and death of members. The supports for such circumstances come from Idir, Ekub and Mahiber[1] (Mezegbu, 2007).

However, the role of community based support systems is most of the time treated as informal and has been less emphasized in literature (Kassaw, 2006). Community care coalitions (CCCs) are different from traditional support network. CCCs follow system based approach unlike traditional support networks. Coalitions integrated formal, informal and local Civil Society Organizations (CSOs) unlike traditional support networks focusing on members and their contribution. Community based child protection groups are sustainable when they are owned and driven by community, in this case by community care coalitions (Save the children, 2013).

Community care coalitions are groups of individuals and/or organizations at local level that join together for common purpose of expanding and enhancing care for People living with HIV/AIDS (PLWHA) and most vulnerable children in communities. Groups providing care directly are community care groups (CCGs), those with mainly a coordination role are called CCCs. CCCs include heads of churches, volunteers, the government, businesses, NGOs and CBOs providing material and financial support locally (Caitlin, Medley, Michael, & Kevin, 2010).

According to National Social Protection Policy of Ethiopia, (2015), CCCs shall be

[1]Ider, Ekub and Mahibers are local social networking institutions in Ethiopia that bring community members together and providing backing support during time of immoral, crises.

strengthened and expanded to play significant role in the implementation of productive and social safety net programs. Social protection is part of social policy framework that focuses on reducing poverty, social and economic risk of citizens, vulnerability and exclusion by taking measures through formal and informal mechanisms to ascertain accessible and equitable growth to all (NSPP, 2015, p.7). Child protection is, therefore, one component of social protection focusing on system based measure to problems encountering vulnerable children. Accordingly, the policy gives special attention to vulnerable children and others under difficult circumstances. Currently, there are 4.6 million orphans out of which hundred thousand are street children in Ethiopia (UNICEF, 2008). This indicates a rampant child vulnerability in the country.

The major child protection services that have been provided by CCCs to vulnerable children are health, nutrition and education, for supporting children and family. In providing services, coalitions need skills like, leadership, management, coordination and reporting and use service delivery strategies. Major challenges that affected the functioning of e coalition are frequent turnover of the council chairs, low awareness, and low initiative of members (CCC implementation guideline, 2010).

As indicated in the guideline, In Ethiopia, services provided to vulnerable children are formal for governmental and CSOs and informal for local community members and most importantly, both operate independently. Joint actions of formal and informal support systems guided by implementation manual are current attempts starting from 2015 for sustaining child protection locally through CCCs supported by policy. Thus, the major purpose of this study is exploring the role of community care coalitions for child protection in Assosa city Administration.

The data was generated by using three primary data collection methods. These are in-depth interview, focus group discussion, observation and secondary sources.

This study has come up with some findings. The finding indicated that the identified packages of services have brought changes to the lives of selected venerable children and families at three different levels as high, moderate and low. Capacity building, resource mobilization and data collection, organizing and documentation are identified to be the key strategies employed by CCCs that guided positive change. The pressing challenges that negatively affected CCCs functioning are turnover of chairpersons, structural, financial and accreditation and professional challenges. CCCs have focused on local resource, knowledge, institution, integrated formal and informal actors and using planned program as key sustainability pillars.

1.2. Statement of the Problem

Some studies have been conducted on community care coalition focusing on coalition formation, capacity building, functioning, role and effectiveness. Kegler& Honeycutt (2010) have conducted a study on the influence of community context on coalitions in the formation stage. They found that community participation, geography, politics, history, norms and values have influenced coalition for agency selection, staffing and leadership, membership, processes and structure. Other study was conducted by Grant (1996) on building community coalitions from academia in USA. His finding revealed the existence of strong correlation between length of time, efforts made to change the life of women and positive change on the lives of women. Bebbington & Charnley (1990) researched on community care for the elderly at Ohio. Their finding ascertained the vital role of experienced coalition leaders in sustaining and using coalitions as vehicles. Fisher (1994) has undertaken his investigation on manmade care, community care and older male careers in West England. His finding justified the need for fundamental reexamination of services which are based on negotiation than assumption and partnership than professional work. Huxley (1993) has conducted research on case and care management in community care. The finding of this study justified the introduction of

case management in to a deprived service context.

Challis and Hugman (1993) have undertaken a research on community care, social work and social care in Scotland. Their finding stated the role of clear goal in care programming for evaluation of service integration. Other study was conducted by Miller (1987) on entrepreneurship as a community coalition approach to health care reform. His finding calls for the use of capacity building efforts to network entrepreneurial initiatives. In addition, Valerie (2014) investigated coalition capacity to the adoption of science based prevention in selected states of USA. The finding depicted success in program implementation for coalitions with organizational linkage and new skills. Other researchers like Sanchez, Sanders, Andrews, Hale and Carrillo (2014) conducted study on community health coalitions in context relation at Calgary. Their finding proves the correlation between length of membership and control over decision making and positive leadership.

Other investigators like Riggs, Nakawatase & Pentz (2008) conducted research on promoting community coalition functioning and come up with effectiveness of coalition intervention for enhancing internal functioning in Colorado. Feinberg, Greenberg & Osgood (2012) researched on readiness, functioning and perceived effectiveness of prevention coalitions in Chicago. Their finding elaborated the strong correlation between readiness and functioning and perceived effectiveness. Other study was conducted by Shapiro, Hawkins &Oesterle (2015) on the role of coalition functioning in Wales. These finding indicated strong positive relationship between coalition functioning and capacities. Other group of researchers like Brown, Feinberg, Shapiro & Greenberg (2013) studied reciprocal relations between coalition functioning and the provision of implementation support in Texas. Their finding stated members' knowledge as best predictor of implementation support. This researchers, Brown, Feinberg & Greenberg (2010), again conducted a study on determinants' of coalition ability to support evidence based program and indicated leadership, cohesion,

community relations, and low need for technical assistance as aspects predicting coalition's ability for high quality program implementation.

Binega (2013) examined the role of community care coalitions in providing psychosocial support to HIV infected and affected people in Mekele city. His finding underscores the need for provision of psychosocial support as one separate care and support package within coalitions. Nargiso, Egan, Karen & Florin (2012), researched on coalitional capacities and environmental strategies to prevent underage drinking at Washington hospitals. The finding indicated the innovation of coalition capacity due to policy changes. Other researchers, Yang, Foster, Fishman, Collins &Ahn (2012) studied on testing a comprehensive community problem solving framework for community coalitions at Tampa Bay, in Florida. Their finding revealed that coalitions are more likely to produce community changes and achieve important intermediate outcomes when they develop their problem solving capacities and pursue more comprehensive array of strategies.

Frazee, Stahmer, Lewis, Feder& Reed (2012) researched on building a research community collaborative to improve community care for infants and toddlers at risk for Autism spectrum disorder. The team comes up with the finding stating that the bridge collaborative coalition was highly productive by attainment of its goals due to actors' integration in coalition programming. Butterfoss (2006) conducted evaluative research on process evaluation for community participation and its intermediary role in health and social change outcomes. His finding ascertained that coalitions recruit less diverse partners than desired without substantive representation and measurements of process indicators alone are insufficient and researchers have to tie process evaluation to intermediate and long term goal.

Most of the studies that have been conducted so far on community care coalition have focused on community facilitation and mobilization for health service in western context. To my information, only one study is conducted by Binega, on the role of community care

coalitions in providing psychosocial support to PLWHA in Ethiopia. Other services and groups of people served by community care coalition in Ethiopia are not yet researched. Even the study area by Binega (2014) in Mekele city was limited only to two coalitions out of twenty providing different services. The absence might partly be due to the absence of community care coalition in policy framework until the approval of social protection policy after October 2015 in Ethiopia. So, contributing to the knowledge base to these literatures are critically important. Therefore, the major purpose of this study is exploring the role of community care coalition for child protection.

1.3. Objective of the Study

1.3.1. General Objective

The general objective of this study is exploring the role of community care coalition for child protection.

1.3.2. Specific Objectives

1. To investigate major child protection services provided by community care coalition to vulnerable children in Assosa city administration.
2. To explore the strategies employed by community care coalition in providing child protection service in Assosa city administration.
3. To describe the challenges encountered by community care coalition in providing child protection service in Assosa city administration.
4. To explore sustainability of community care coalitions programming in Assosa city administration.

1.4. Research Questions

1. What are the major child protection services provided by community care coalition to vulnerable children in Assosa city administration?

2. What are the strategies employed by community care coalitions in providing child protection service in Assosa Town Administration?
3. What are the challenges triggering child protection service to vulnerable children in Assosa city administration?
4. How can community care coalitions ensure service sustainability of child protection in Assosa city administration?

1.5. Scope of the Study

The main purpose of this study is exploring the role of community care coalition for child protection. This study was conducted in four functional community care coalitions in Assosa city administration. The four CCCs representing four kebeles, kebele 01, 02, 03 and 04 in the city were the focal areas of this research. Among all children targeted by the respective community care coalition in four kebeles, only children who are receiving child protection service due to their vulnerability and those in the age range of 12-18 years were selected for this investigation purpose.

1.6. Organization of the Study

This research project was categorized in to six basic parts. The first part deal with introduction, statement of the problem, objective of the study and research questions. The second chapter in fully intended to give a reader with the related literatures that are relevant to the study. Chapter three states the components of the research methods that are employed followed by chapter four data presenting data. The fifth and sex chapters are devoted to discussion and drawing conclusion with social work implications based on major finding.

1.7. Definitions of Terms

Child: a child means every human being bellow the age of 18 (UNCRC, 2011), But for this research purpose children refers to individuals whose age is between 12-18 years.

Community Care Coalition: refers to groups of individuals and/or organizations at the local level that join together for common purpose of expanding, coordinating and enhancing care for most vulnerable children in communities (Caitlin, Medley, Michael, & Kevin, 2010).

Community Care: is providing the services and supports necessary for certain groups of people to be able to live as independently as possible in their own homes or in 'homely' setting in the community (Slater, 1994).

Community Development: is the capacity of people to work collectively in addressing their common interests (Henderson and Thomas, 2002).

Child Protection: is defined as preventing and responding to violence, exploitation and abuse against children (UNICEF, 2008).

Child Vulnerability: is the exposure of a child to conflict, poverty, natural disaster and epidemics that can ultimately affect child wellbeing (Landgren, 2005).

1.8. Significance of the Study

This research has significance based on the finding outlined for the basic research questions and social work implications. This research has significance to different agencies that are working by using community development structure for child protection service delivery and sustainability. It has also significance for child protection and community development activists who are interested in advocating for the right of children.

The study explored the roles of community care coalition for child protection service in Assosa city admistration. In doing so, the study identified and analyzed key child protection services delivered by community care coalition to vulnerable children and their families, the basic strategies employed by community care coalition for the delivery of child protection service, the challenges encountered during service delivery and sustainability of community care coalition programming. By forwarding community care coalition to focus on changing norms that predispose children to violence and abuse, this study addressed the research questions stated.

This study will give direction to the future programming of governmental human service organization like Bureau of Labour and Social Affairs, Bureau of Women and Children Affairs, Bureau of Health, Bureau of Education and Assosa Physical Rehabilitation Center. Besides this it would give current research evidences for civil society organizations like United Nations International Children Emergency Fund, World Vision, Hope Enterprise and others to review their programming in support of children for the pointed out findings. Faith based organizations, traditional support networks and associations of different groups will also deliver their intervention based on the findings stated above.

Chapter Two

2. Literature Review

2.1. Introduction

A literature review, a partial summary of previous work related to the focus of the study accomplishes several purposes. (a) it shares with the reader the result of other studies that are closely related to the study being reported, (b) relates a study to a larger ongoing dialogue in the literature about a topic, (c) fills in gaps and extends prior studies, (c) provides a benchmark for comparing the results of a study with other findings, (d) helps researcher to discover whether the topic has been already studied and (e) help you to decide which research technique will be most appropriate for your study (Creswell, 2003).

The literature review was organized in to the following patterns. It starts by giving snapshots on community development, community care and community care coalitions. Within community care coalitions it analyses community care coalition from five issues, formation, capacity building, functioning, role and effectiveness. This was followed by literature analysis on child vulnerability and child protection system. With child protection system it focused on the nature of global child protection system and then child protection system in Ethiopian context. This continued by stating challenges of child protection in Ethiopia, major policy and legal documents related with community care coalition and child protection and finally child protection sustainability.

This literature review was mainly undertaken on research articles, books and chapter published on international journals and national, regional and international policy and legal documents in line with the area of the study. This review focused on major finding for researches and central issues raised in legal and policy documents in relation to the issue under study. In this way the review is made to support identification of the research problem, supporting the study with persisting literature and comparing it with previous findings.

2.2. Community Development

Within the language and work of community development today the terms a 'community work' and 'community development' are often used interchangeably. Community work is generally used to describe works done in communities focused around change and development (Pitchford& Henderson, 2008). Community development on other hand is the process of change and development that takes place in communities, something that is not done necessarily by workers (Henderson and Thomas, 2002).

Many community development efforts are essentially to help community residents understand what is happening and recognize some of the choices they face in order to achieve the future community they desire(Henderson and Thomas, 2002).According to him, community development is the capacity of people to work collectively in addressing their common interests.

The primary issue that needs to be defined was the concept of community. Community is an umbrella term which include (1) geographic community, where members are based on defined boundary, (2) virtual community where members main form of contact is electronic media (3) community of circumstance, those emerged as a result of flood or disaster and community of interest where identity groups form to lobby government for some kind of policy change or sponsorship (Henderson and Thomas, 2002).

2.3. Community Care

Dloag (1985) on his research on community care rhetoric and action, has stated that action taken on community care is much more than deinstitutionalization, which indeed does not in itself abolish the institutional type of practices and attitudes. Community care is providing the services and supports necessary for certain groups of people to be able to live as independently as possible in their own homes or in 'homely' setting in the community (Slater, 1994). Community care is helping people to organize for community activity.

Community workers should not be so elitist about community care and social workers should not think of it as an easy task for organizing volunteers for social service development (Baldock, 1983)

In Baldock's view, the growing interest in community care, a care provided by a community by ordinary peoples rather than in the community by professional staff, dominated social policy thinking from the early 1960s and provided the impetus for the boom in community development in social services department in 1970s (Baldock, 1983). He puts forward four arguments. First, community care is a valuable activity in itself. The criticism that community care lets statutory authorities off their responsibilities is too simplistic. Volunteer help cannot replace statutory service, it must be controlled and directed by local people rather than professional and seen as a greater means of participation and involvement rather than an end in itself. Secondly, community care strengthens other community initiatives. Mutual aid or community assistance is a key activity for many community groups. Thirdly community care provides a base for political or pressure groups actions as relatively uncontroversial form of practical activity that has a wide appeal. Fourthly, (Baldock, 1983) defined community care as voluntary welfare work carried out by community groups. Community care in pressure groups refers to people's involvement in the community care of children, physically handicapped and the elderly. Community care is helping groups to organize, analyze the strength and needs of the area, promoting participation and encouraging groups to grow and change. He finally concluded that separating the two (Community care and community work) strive community care of necessary skills and contributes to an arid elitism on the part of the community work.

Development and debate around social work on community care have been prominent since the Barclay committee introduced the notion of community social work. Barclay

analysis of the role and task of social work depended up on the notion of community and informal careers who would invariably be female family members (Orme, 1998).

The gender analysis of community care has highlighted that what is required by social work and social care practitioners is recognition of diversity of care experiences. This recognition does not necessarily lead either to the deconstruction of users of the community care in to fragmented identities to which there can be partial response, or to universalizing experiences into categories of care needs which deny individuality. The identification of citizen status for users ad careers based on active agency avoids the competing need of users and careers and allows for participation of service planning, responsiveness to service allocation, and opportunities to reform if not to revolutionize the oppressive aspects of community care policy (Orme, 1998).

2.4. Community Care Coalition

Communities have their own means of managing crises faced by their members in traditional society. They have been supporting each other during times of impoverishment, accidents, chronic problems, sickness and death of members (Mezegbu, 2007).

Community care coalition is defined as group of individuals representing diverse organization, factions or constituencies within a community who agree to work together to achieve a common goal (Butterfoss and Kegler, 2002). Others define community coalition as a group that involve multiple sectors of the community, and who comes together to address community needs and solve community problems (Wolf, 2000). Community care coalitions are groups of individuals and/or organizations at local level that join together for common purpose of expanding and enhancing care for most vulnerable children and People living with HIV/AIDS in communities. Community care coalitions include heads of churches, volunteers, the government, businesses, NGOs and CBOs providing material, financial and physical support at local level (Caitlin, Medley, Michael, & Kevin, 2010).

Community coalition is different from other forms of coalitions. Community coalitions are composed of community members focusing mainly on local issues than national issues, addresses community needs, builds community assets, helps resolve community problems through collaboration (Wolf, 2000). According to him, it is community wide and has representatives from community multiple sectors, works on multiple issues, is citizen influenced if not necessarily citizen driven and is long term not ad hock coalition

Effective community care coalitions have to passes the following five stages successfully. This are (1) coalition building or formation, (2) coalition capacity building, (3) coalition functioning, (4) role of coalition and (5) effectiveness of community care coalitions. Success in community care coalition is related with utilizing these five stages with each stated as follows

2.4.1. Coalition Building

Human service delivery for vulnerable segments of the population using an array of mechanisms and changing it from spontaneous to planned service can best be achieved by forming locally based community structures. Some researchers are interested in researching about coalition building. Kegler, Jesica Kegler and Honeycutt, (2010) on their study bout the influence of community context on coalitions in the formation stage, concluded that the participation of actors through collaboration influenced the broadest range of coalition factors; lead agency selection, staffing and leadership, coalition membership, coalition processes and structure. The geography of a community influenced the formation stage, largely through coalition membership and staffing followed by community politics and history, and community norms and values.

Other research conducted by Grant (1996) on building coalition from academia, has depicted the existence of strong correlation between the length of time and efforts made to change the life of women and positive change on the lives of women. The availability of

resource and frequent usage of media as a tool is positively related with bringing positive change on the life of women. Sophisticated and experienced coalition leaders are necessary for sustaining and using coalitions as vehicles. Organizations and social movements stand social change coalitions and the possibility of cultivating and deepening working relation among diverse groups to join forces to revitalize their communities create opportunities' to influence larger social agendas implying that the level of experience in coalition is vital for coalition sustainability (Bebbington & Charnley, 1990).

Fisher (1994) justified from his investigation that services that are based on negotiation than assumption on partnership than professional dominance than assumption about gender and care needs to be fundamentally reexamined. An introduction of case management in to a deprived service context is likely to achieve less than if it is introduced as a key component in an already well structured and resourced service (Huxley, 1993). Beyond forming community care coalitions in urban setting, rural segment of the population also needs human service delivery, care and support at community level. According to Conklin, (1980) rural community care givers can be identified by formal social service agencies through their visibility in performing tasks related to the assistance of others in the community.

Successful coalition building has the following four basic components; condition, commitment, contributions and competence (Mizrahi & Rosenthal, 2001). First there must be political, economic and community conditions that must be right for coalition to form and develop. Second, there must be a core group of people representing different organization with a commitment to the coalition model as away to achieve the goal. Third, coalition must be able to obtain the necessary contribution (ideology, power and resource) from among the members to reach the goal and fourthly, a coalition must have at the same time the competence to move towards the social change goal, maintain the coalition leadership core

and sustain its membership base.

The major conditions affecting coalition formation are political and economic realities, the type and level of resource possessed by organizations, community climate and past experience with alliances, the silence and urgency of social change goal, the timing of coalescence and actions and the feasibility of winning. Money, authority, distribution of resource and power, group origin, auspice and tasks are factors governing coalition formation, behavior and outcome (Mizrahi & Rosenthal, 2001). This indicates the reciprocal reaction of different factors in coalition building.

Commitment is usually understood as part of the dichotomy between self interest and altruism, or between pragmatism and ideology. The pragmatic bases of coalition formation is usually categorized as a quest for resource and power, where as the ideological base of coalition formation are specific value based commitment. This in turn causes the general concept of public interest or the common good (Rosenthal &Mizrahi, 1994).

Leadership which is the analytical and interactional skills needed to make a coalition work in an independent factor in coalition building. The complexity of social change coalition leadership is based on having to manage three critical levels simultaneously, (1) sustaining movement towards external goal by influencing social change targets, (2) maintaining the organizational linkage among core coalition representatives, (3) developing thrust with, accountability to and contributions from coalition membership base (Rosenthal & Mizrahi, 1994). As intangible asset, leadership played critical role in coalition building.

A variety of contributions are needed from participating organizations and other sources to form and maintain social change coalition. Three types of contributions benefit coalitions; resource, ideology and power. Resource can be tangible and intangible aspects like, staffing, funding, information and contacts supporting the coalition building process. Organizations with ideology contribute broader leadership, set tone for interaction and

decision making. Coalition form collective power necessary to influence external target and achieve their goals (Mizrahi & Rosenthal 2001).

Mizrahi and Rosenthal (2001) on their research entitled "*complexities of coalition building: leader's success, strategies and struggles and solutions*" revealed that the need for organizations and agencies to join forces to revitalize their communities and create opportunities to influence larger social agendas. In between single issue organizations, social movement stand social change coalitions and the possibility of cultivating and deepening working relationship among diverse groups. For this to occur, coalition building must be viewed as increasing the possibilities, an investment of time and effort well worth the costs in terms of organizational benefits and external outcomes. Their finding still affirms that sophisticated and experienced leaders are necessary for sustaining and using coalition as vehicles for community improvement and social change.

2.4.2. Coalition Capacity Building

After forming a coalition, a critical factor vital for coalition functioning indicating the failure and success of coalition depends on the level of capacity building. Capacity building according to Miller (1987), on his study of entrepreneurship as a community coalition approach to health care reform was linked to using capacity building efforts to regional and national networking of community entrepreneurial initiatives to accelerate both local innovation and national reforms with in communities.

Capacity building is necessary for changing the mind setting of members in working with different issues of coalition. Discrepancy between aggregated aspiration level for communities and their capabilities of the opportunity structure leads to discrepancies. Communities that care coalitions with greater organizational linkages, and to a lesser extent, coalitions whose members acquired more new skills were more successful in achieving community wide adoption of a scientific prevention approach. Coalitions with greater

organizational linkage and who gained new skills are successful in program implementation (Valerie, 2014). These empirical evidences explicitly indicate the necessity of capacity building in coalition and how it creates difference between those with capacity building efforts and those without.

Capacity building, according to Sanchez, Sanders, Andrews, Hale & Carrillo (2014) was linked with the length of time. Their finding states the presence of an association between length of membership and decision making, positive leadership and shared vision. Long term coalition members were significantly more likely to report greater agreement with the quality and process of decision making than those with ten or fewer years. The relationship between length of membership and positive leadership may also indicate a relationship between length of membership and greater control over decision making. Long term members were also significantly more likely to report characteristics of positive leadership, including getting things done, seeking others views, consensus for decision making and working with others.

2.4.3. Coalition Functioning

Coalition functioning, one of the key areas in community care coalition research, involves members of coalition to perform duties in line with the coalition goal. Riggs, Nakawatase and Pentz (2008) stated that intervention for community coalitions can be effective in enhancing internal community coalition functioning, specifically as this functioning pertains to planning for adoption and implementation of evidence based prevention programs in a community. The more consistently active participants in the current study have reported more conservative estimates of growth in coalitions internal functioning than the inconsistent once.

Feinberg, Greenberg & Osgood (2012) on their research have elaborated the correlation between readiness and coalition functioning and perceived effectiveness as quite

strong. Readiness may be considered determinant of the kinds of strategies appropriate for a community. For communities low in readiness, alternative approaches may include the development of local institutional and leadership infrastructure rather than directly funding complex coalition efforts. The scales of readiness index indicated democratic-oriented community leadership that seeks grassroots participation like leadership, competent to manage conflict, feeling connected to the community as important areas to consider for such intervention. Thus, the management of internal processes may be more important for success than the management of external relations. Other study by Valerie, Hawkins &Oesterle (2015) has come up with the existence of a positive relationship between coalition functioning and coalition capacities. Higher Coalition functioning may increase the coalition capacities that lead to greater coalition achievements (in this case, community leader reports of science-based prevention).

Further studies conducted by Brown, Feinberg, Valerie, Shapiro & Greenberg (2013) has contributed a finding supporting the coalition functioning and coalition ability in supporting program implementation. The evidence further stated that, coalition members' knowledge of the communities that care model was clearly the best predictor of implementation support, especially for evidence based practice. Thus, coalition members understanding of a science based approach to prevention and the activities related to installing communities that care likely enhances coalition efforts to support the implementation of evidence based programs with fidelity. Several aspects of coalition functioning including leadership or governance, internal cohesion, and fidelity to the communities that care model, community relations, and low need for technical assistance predict a coalition's ability to support high quality evidence based program implementation. Funding agencies, trainers, and technical assistance providers can best support coalition's abilities to foster high quality implementation of evidence based practice (Brown, Feinberg

&Greenberg, 2010).

Ebaugh, Chafetz and Pipes (2007) on their research "*entitled collaboration with faith based social service coalitions* stated that nonprofit organizations" (including faith based organizations) have been making in collaboration and alliances with other nonprofit agencies as well as business and government entities. Their finding has revealed that the degree of religiosity of the faith based coalitions is most predictive of weather the coalition will collaborate with secular organizations and with government agencies at all levels.

2.4.4. Role of Community Care Coalition

The role played by community structures like community care coalition is vital in providing human services to disenfranchised segments of the population. The finding obtained from journal articles supports this premise. The provision of psychosocial support as one separate care and support package within community care coalitions, create significant difference between beneficiaries level of service satisfaction, relationship between service providers and service receivers (Binega, 2013).

Strong correlation between expert rated general and innovation specific capacities may be partly due to shared method variance but is also consistent with the conceptualization of coalition capacity. The relationship between economic strengthening efforts and outputs, greater utilization of group resources was associated with greater number of policy changes (Nargiso, Egan, Karen & Florin, 2012). But other research outputs reviled that clarity of goal for coordinated care and the importance of organization to the implementation of community care policies are stressed through their role of care programming as a tool in the evaluation of service integration (Challis and Hugman, 1993).

2.4.5. Coalition Effectiveness

Effectiveness is the major factor bringing local community coalition to the achievement of desired goal which in turn lays a foundation for sustainable community

development. The study conducted by Yang, Foster, Fishman, Collins and Ahn, (2012) on developing problem solving framework has stated that coalitions are more likely to produce community changes and thus achieve important intermediate outcomes when they develop their operational and problem solving capacities and pursue more comprehensive array of strategies. Coalitions are more likely to pursue a breadth of comprehensive strategies when they have strong operational and problem solving capacity. The pursuit of more comprehensive strategies is in turn related to higher level of community changes.

The extent of providing protection to members of the family, at primary (family level) secondary (hospital level) and tertiary (policy level) is weak and better mechanism of arranging service efficiency which should be the mandate of all concerned (Segal, 1979). According to a team of researchers, Frazee, Stahmer, Lewis, Feder and Reed, (2012) on building a research community collaborative to improve community care for infants and toddlers at risk for Autism spectrum disorders, the bridge collaborative as coalition was highly productive by attainment of all its initial goals and the large number of tangible products targeting multiple audiences by integrating all concerned partners in to coalition programming.

Other evaluative research conducted by Butterfoss (2006) on process evaluation for community participation and its intermediary role in health and social change outcomes indicated that coalitions often recruit less diverse partners than desired with higher proportion of females, middle age and minority race professionals. Perhaps the focus should be achieving substantive representation, where members are selected by and accountable to community interests. As per this finding, measurements of process indicators alone are insufficient and researchers and evaluators must learn innovative ways to tie process evaluation to intermediate and long term goal attainment. This indicates the necessity for recruitment and diversity of coalition members and necessity of linking process and outcome

indicators for coalition's long term goal attainment for effectiveness.

2.5. Child Vulnerability

Conflict, poverty, natural disaster and epidemics are major factors undermining the availability of child protection practice (Landgren, 2005, p.14). Child protection, a response of child vulnerability is complicated task in which the society believes, children should be protected from harm, but they also raise the point that the outsider should not intrude in to the personal relationships. In this regard, the importance of building community based child protection system is important in order to address the holistic needs of vulnerable children (Beckett, 2003).

Ethiopia has ratified the United Nations Convention on the Rights of the Child (UNCRC) in 2011 and designed favorable policies and national plans to address the plights of children (UNICEF, 2008).However, the emphasis directed to mitigate the problems of children living under difficult circumstances still requires much more effort from all concerned actors. In this regard, various governmental and nongovernmental organizations are making efforts to support children in general and children under difficult circumstances in particular through different modes of care and services (MoWA, 2009).

Despite the fact that the practice of rendering child care services for unaccompanied children has a long history in the country, it was not until 2001 that standardized regulatory mechanisms named alternative childcare guidelines were developed(MoWA, 2009). This was made possible by a joint undertaking of the Ministry of Labour and Social Affairs and the Italian Development Cooperation as part of the interventions to alleviate the problems of children under difficult circumstances in the country. Accordingly, the national guideline consisting of services on institutional care, community based child support programs, adoption, foster care and child family reunification were developed in 2001 (MoWA, 2009).

Development intervention for vulnerable children has recently shifted from what is

termed as needs based approach to a rights based approach that emphasizes entitlements over needs. In needs based approach, assistance was a voluntary and even charitable deed wholly dependent on the good will of provider, but the rights based approach attaches legal obligations and accountability on parties responsible for meeting the basic needs and rights of disadvantaged people and makes assistance to such people more than just a moral obligation. *Right holders are also empowered to seek and demand for the fulfillment of their rights* (Alternative child care guideline, 2009-p.4).

2.6. Child Protection

Child protection refers to preventing and responding to violence, exploitation and abuse against children (UNICEF, 2008). It includes commercial sexual exploitation, trafficking, child labor and harmful traditional practices such as female genital mutilation/cutting and child marriage (UNICEF, 2008). Child protection comprises a wider concept and consists of thirteen major risk indicators to be addressed in order to indicate the best interest of the child. This include, (1) birth registration, (2) violence against children, (3) child marriage, (4) female genital mutilation, (5) child labour, (6) sexual exploitation and abuse of children, (7) child trafficking, (8) migration, (9) children with disability, (10) children without parental care, (11) children in justice system, (12) children in emergencies, (13) landmines, (14) explosive remnants of war and small arms (UNICEF, 2008,p.2).

2.7. The Nature of Global Child Protection System

Child protection system is defined as all activities whose primary purpose is to prevent and respond to the abuse, exploitation, neglect and violence of children. United Nation recommended that all states should develop, multifaceted and system framework in response to violence against children. System based child protection requires considerable conceptual shift from issue based approach focusing on a particular groups of children's in need of protection, to the achievement of system based approach to which is more

sustainable, comprehensive and long term response to child protection issues. UNICEF was the first to advance system based approach to child protection in its 2008 child protection strategy and other international organizations like save the children followed its steps.

Child protection system is asset of laws, policies, regulations and services needed across all social sectors especially social welfare, education, health, security and justice to support the prevention and response to protection related risks. Poverty and lack of awareness are the causes complicating child protection concern in third world countries (UNICEF, 2008).

2.8. Child Protection System in Ethiopia

The Ethiopian child protection system in managed by the Ministry of Justice, Ministry of Labour and Social Affairs, Ministry of Women, Youth and Child Affairs and Federal HIV/ AIDS prevention and control office (MoLSA, 2004). Ethiopian Government has taken various actions to strengthen child protection systems in country level. With this the government has embarked on policy reforms and put legal instruments and developed guidelines for the protection of women and children (African Child forum, 2013). A large number of children have suffered from the ills of poverty, illiteracy, sexual abuse and exploitation (MoLSA, 2004). In addition to these measures the government has put in place an Ombudsman for children along with other ombudsman's (African Child Forum, 2013).

According to Wessells (2009), there are seven factors that influence the effectiveness of child focused community group. The first one is community ownership, which indicates that child protection activity that has involved the community participation along with their ownership feeling, is more effective than activity which has no or less community participation and sense of ownership. The second one is building on the existing resources, meaning that building of context specific community based child protection system with the existing capacity and asset. The third one is support from leaders, including both formal and

non formal leader such as traditional leaders, elected community officials, religious leader and respected persons within the system is important. Child participation is the fourth aspect which indicates genuine participation of children. With this, their activities, creativity, and resourcefulness are intended to increase the effectiveness of the system. The fifth one is managing issues of power, diversity, and inclusivity which deals with representatives of diverse groups of the community should participate in planning, problem initiation and problems solving activities of child protection issues. Resourcing is the sixth one which deals with the mixture of both human and material resources within the system, such as involving professionals, equipping the system with the necessary material and allowance for the volunteers. Linkages with formal systems is the last one indicating child protection activities should be linked with governmental bodies and non-governmental organizations, in order to secure its sustainability, filling the gaps and increasing trust among the community.

2.9. Challenge of Child Protection System in Ethiopia

Identification and use of appropriate indicators and engaging less traditional protection partners notable among development and international financial institutions and the private sector is the major challenge of child protection (Landgren, 2005, pp.30). Societal factors that keep protection abuses under wraps also make direct measurement of child protection difficult. This is dangerous for the concerned standard data collection efforts may not capture the situation of marginalized children. These children tend to be invisible in the general demographic and household survey and particularly vulnerable to exploitation and abuse (Landgren, 2005, p.31).

It appears easier to measure the prevalence or incidence of practices that have widespread public and official acceptance including female genital mutilation/cutting, child marriage, recourse to detention and institutionalization, corporal punishment in home and school. Some protection issues while socially accepted are nonetheless not readily revealed

because they speak to an underlying crime or source of shame. Where direct measurement were problematic as in case of child trafficking, sexual abuse and child soldier, seeking to quantify abused children may not be the best use of resource. Rather, indicators can be developed with an eye to the strategic intent of protection interventions (Landgren, 2005, p.32). According to CSOs proclamation number (621/2009) non-governmental organizations are restricted from implementing right based programs and limited from the use of fund from abroad for Ethiopian charity and Ethiopian resident charity(p.2). This has huge repercussion on funding child protection program in Ethiopia (P.32).

2.10. Major policy and legal framework related to Community Care Coalition and Child protection

Internationally, regionally and nationally, Ethiopia as a country has devised policy and legal frameworks on the right, welfare and protection of children. Some of them include: United Nations guideline on alternative care for children with the participation of government, experts from different organization, UNICEF, and most importantly young people who have experienced living away from their family. This guideline explains the necessity of making arrangements for children to live away from their parents and indicated appropriate alternatives for them (United Nations alternative guideline for children, 2010-p.4).

The major focal areas for intervention in this guide for vulnerable children are (a) keeping families together, (2), care for children displaced from their home country, (c) care for children during emergencies, (d) supporting parents to care for children, (e) applying the principle of alternative care which can be informal, formal, residential and (f) foster care and support after care and reuniting families.

United Nations convention on the rights of child was approved in 2011 by the United Nations committee on the right of the child for implementing prevention and response of

child violence (UNCRC, 2011). The convention starts from the very definition of violence, state obligation and the responsibilities of family and other actors. The convention further indicated ways in which concerned partners communicate the document and information for violence against children.

> *In reacting to violence on the lives of children, the convention strictly focused on (1) major challenges of violence against children, (2) the human rights imperative of the children whose right is violated, (3) societal development and children contribution, (4) the devastating impact of violence against children on the survival and development of children like short and long term health consequence of violence, developmental and behavioral consequences and impact on adolescent children and (5) the cost of violence on children (UNCRC, 2011-p.6-8).*

The major forms of violence in all its forms that are against children are neglect or negligent treatment which can be (a) physical neglect, psychological or emotional neglect, neglect of children physical and mental health, educational neglect and abandonment, (b) mental violence, (c) physical violence, (d) corporal punishment, (e) sexual abuse and exploitation, (f) torture inhuman or degrading treatment, (g) violence among children, (h) self harm, (i) harmful practices, j) violence in mass media, (k) violence through information and communication technologies, and (l) institutional and system violation of human rights (UNCRC, 2011-p.8-12).

The appropriate intervention measures for the violence against children require provision of comprehensive and integrated measures taking account of the socio cultural tradition and legal account of the country implementing the convention. Some of the measures are prevention, identification, referral, investigation, treatment, follow up and judicial involvement (UNCRC, 2011-p.18-23). This convention is vital since all types of those violence against children are major challenges affecting the healthy development of the

child in Ethiopia and seeking for child protection specifically in community context employing vast array of strategies, systems and actors.

UNICEFs Child protection strategy of 2008 focuses on preventing and responding to violence, exploitation and abuse as essential area of intervention for ensuring child right to survival, development and well-being. The vision and approach of UNICEF is to create protective environment where girls and boys are free from violence, and unnecessary separation from family; and where laws, service, behavior and practice minimize children vulnerability (UNICEF child protection strategy, 2008.p.1). In order to achieve the aforementioned protections UNICEF developed this strategy.

Five main principal approaches for building protective environment are, (a) strengthening national protection programs, (b) supporting social change, (c) promoting child protection in conflict and natural disaster, with crosscutting issues like (d) evidence building and knowledge management, (e) convening and catalyzing agents of change (UNICEF, 2008). The major pillars of protective environmental framework are (1) government commitment to fulfilling protection rights, (2) legislation and enforcement, (3) attitudes, traditions, customs, behaviors and practices, (4) open discussion including engagement of media and civil society, (5) child life skills, knowledge and participation, (6) capacity of those in contact with the child, (7) Basic and targeted service and (8) monitoring and oversight (UNICEF, 2008.pp.3-4).

The major strategic actions for supporting the national child protection systems are incorporating child protection in to national and decentralized planning process including social protection strategies, ensure that social protection reform contributes to child protection outcome, promote justice for all based on rule of law agenda, strengthen coordination among child protection system actors, strengthen the social welfare sector and supporting birth registration (UNICEF, 2008-p.5).

The other regional legal instrument on the right and welfare of the child was developed by organization for African unity. This is the 1990 African charter on right and welfare of the child. The charter with its 31 articles focused on the right and welfare of children. It focused on the role of family, non discrimination, the best interest of the child, survival and development, access to education, health, child labour prevention, protection of children's against abuse and torture.

Article 36 of the 1995 Constitution of the Federal democratic republic of Ethiopia has also clearly defined rights of children. It stated that

> *every child has (a) the right to life, (b) name and nationality, (c) to know and be cared for by his or her parents or legal guardians, not to be subject to exploitative practices, (d) not to be engaged to work which may be against their education, health or well-being, (e) should be free of any punishment which hurts the child, all actors should respect best interest of the children (FDRE, 1995-p.11).*

Article 9(4) of this constitution legalizes that all international agreements ratified by Ethiopia are an integral part of the law of the land. This explicates that all laws ratified by the country for child protection are part of the law of the country.

National social protection policy of Ethiopia of 2015 which is new in its ways of comprehensiveness and continuations of the developmental social welfare policy of 1996 has focused more on right based approach as opposed to his predecessor. This ever comprehensive policy in the history of the country regarding protection of vulnerable groups, explicitly states that community care coalitions shall be strengthened and expanded to play significant role in the implementation of productive and social safety net programs (NSPP, 2015.p.7). In addition to community care coalition establishment and functioning, the policy also states the establishment of local level social work force catalyzing community development by using community structures like community care coalition. The policy

further states that community care coalitions shall contribute their appropriate role in the implementation of the policy (NSPP, 2015, p.4). This explicates that roles played by community care coalition for the five policy pillars like promote productive safety net; promote employment and improve livelihood; increase social security and health insurance coverage, increase access to basic services, provide legal protection and support to segments of the society vulnerable to abuse and violence is highly important for local community development in general and child protection in particular.

The Ministry of Women affair has developed alternative childcare guideline in 2009 for sustaining child protection system. Various governmental and nongovernmental organizations are making efforts to support children in general and children under difficult circumstances in particular through different modes of care and services (MoWA, 2009). This guide has revised the preexisting alternative child care guideline in Ethiopia.

Ministry of Labour and Social Affairs is the mandated organization to implement programs related child labour. MoLSA developed a strategy to eliminate the worst form of child labor in Ethiopia from 2010-2015. The strategy has focused on focused child labour, exploitation and mechanisms for responding to the issue in relation to employment.

2.11. Child Protection Sustainability

According to UNICEF, child protection sustainability can be ensured in many different ways. Some of them can be (1) implementing the eight major pillars of protective environmental framework, (2) by focusing on system based prevention and response to child right, violation, abuse, neglect and exploitation, (3), strengthening the integration of implementation policy and legal instruments by all actors, (4) building the capacity of informal ways of child protection in families to play a leading role in child violence prevention and community to use community local assets and (5) working closely on social norms and values of community which encourage child right violation (Landgren, 2005, pp.

2). The eight pillars of protective environmental framework are intended for the thirteen risk indicators against children identified by UNICEFs child protection strategy.

According to community care coalition implementation guideline (2010), community structures child protection sustainability can be considered as a process which is implemented by local community using local resource, local leadership and local knowledge. According to this manual, building and strengthening informal functioning and then integrating this to locally functioning formal structures leads to sustainability. The community care coalition function on its three program pillars, (1) sustained and long term capacity building depending on the demographic profile of the community, (2) focusing on local resource mobilization and (3) collecting, organizing and documenting information related to children for consumption by the coalition as well as for referral linkage which will contribute to sustainability of child protection at the level of local community are ways if sustaining child protection service.

2.12. Chapter Summary

This chapter has raised different issues as component of literature that support the issue under investigation. Community development is the broader issue that was raised and analysed as the change brought by workers and professionals. Community care was analysed as a care with in a community for members in needs in home or homely setting. Community care coalitions are structures that are used as a system to bring local development by monitoring their formation, capacity building, functioning, role and effectiveness stages. Analyzing the nature of child vulnerability, child protection systems in global and Ethiopian context is important for better understating of the issue. The chapter further analysed pressing challenges in child protection system, policy and legal documents and mechanisms of sustaining child protection system. This literature analysis is a guiding stage in leading to the selection of appropriate research methods that fits to the issue under study

Chapter Three

3. Research Methods

3.1. Researcher's Perspective

This research was conducted by using constructivist philosophical stance. In conducting this study multiple meanings, values and definitions of participants were understood in their specific set of situations using the constructivist paradigm. The constructivist approach is the systematic analysis of socially meaningful actions through direct detailed observations of people in a natural setting in order to arrive at understanding and interpretation of how people create and maintain their social world (Krueger and Newman, 2006). In the choice of qualitative research, inquirers make certain assumptions using constructivist philosophical stance. A paradigm or worldview is a basic set of beliefs that guide action and alternative knowledge claims (Creswell, 2003). Constructivist knowledge claim supports the basic assumption of social work which says go to the place where your client is" (Hutchison, 1999.p.49).

As a belief that guides this action, the constructivist perspective has influenced this research undertaking in a number of ways. (1) It influenced the way in which the researcher understands specific meaning that participants give to their situation and relates this subjectively to what the researcher knows than relying on statistical representation, (2) the researcher has gone to participant to know something through the process of engagement and has proceed probing the situation, (3) the process followed for this qualitative enquiry as influenced by this paradigm considered flexibility in procedure and hence the method of data collection are semi structured yet directed to the intended goal of the inquiry meaning not pre-coded and (4) the researcher has given credence for values, words, stories and body languages from the perspective of the participants.

3.2. Study Design

In order to investigate the role of community care coalition for child protection qualitative research approach with exploratory nature was used. From the different categories of qualitative research types, case study was the appropriate method. This specific design helps for analyzing the role of community care coalition for child protection, the multiple experiences of services beneficiary, strategies used, challenge encountered and sustainability of the community care coalition service. According to Creswell (2003) there are three types of specific case study types based on the intention of the study, (1) single case study, (2) multiple case study and (3) intrinsic case study. From the three types, this study fits with single case study because the study has the intention of studying the role of community care coalition for child protection which is one issue. This research was conducted at one point in time with a time range of one month and three weeks. This does not indicate long term variation of the issue due to the absence of repetitive data collection. Due to this reason, crossectional research design was used as the appropriate design regarding time dimension. Crossectional research is a study conducted at single point in time (Chris & Diane, 2004).

3.3. Study Area

Assosa city is located in Benishangul Gumuz Regional State, in Assosa zone, Assosa Woreda, at a distance of 687 Km from Addis Ababa. Its astronomical location is 10° 00'and 10° 03' north latitude and 34° 35' and 34° 39' east longitude (Source In-depth interview with IIP-4). The city administration was organized in to four kebeles. The city administration municipality of the kebeles and the community care coalitions in the city are stated as follows.

Community care coalition has a recent history in Assosa city administration. The first community care coalition as a community development structure was established in 2010 by Bureau of Labour and Social Affairs for providing social welfare service to vulnerable groups

like vulnerable children at the *kebele* level. Community care coalitions were established for strengthening the previous child right committee working in the *kebele*. During this time one community care coalition was established by the four *kebeles* of the city and function under the scope of the city administration. Due to financial constraint, this coalition has no office established but operate with *kebele* administration and was not strong enough to provide all the required child protection service. After one year the Bureau of Labour and Social Affairs has mobilized resource to strengthen the coalition and restructured the single coalition into four community care coalitions for the four respective *kebeles*. This restructuring was followed by establishing offices and equipping coalitions with necessary furniture, preparing community care coalition implementation guideline and assigning chairs. After that, community care coalitions have identified the key constituent members of the coalition as per the guideline and strengthened their service delivery to vulnerable children and other poor households. Based on the guideline, the four coalitions are working on capacity building, data collection, organizing and documentation and resource mobilization. This study was fully focused on the four coalitions established in the city administration to provide social protection service from which child protection is the key program.

3.4. Participants of the Study and Inclusion Criteria

Inclusion criteria should be setted for the purpose of guiding the data collection process and to determine the right targets from which the data was collected. This research was conducted on four groups of participants. These are service providing coalitions, service beneficiary children, line sector representatives and female households supporting vulnerable children. The respective inclusion criteria were separately used for each of them as follows.

The first inclusion criteria were used for selecting vulnerable children. The inclusion criteria was (1) vulnerable children who are at age range between 12-18, (2) children who

received child protection service from community care coalition and (3) those who are willing to participate in the research under study.

The second inclusion criteria were undertaken for chair persons of community care coalition. Community care coalition representatives who are providing service to vulnerable children and their families. The inclusion criterion that was used include (1) community care coalition chairpersons or officers who have the needed information and worked for more than six month, (2) who are currently working in the community care coalition structure and (3) those who were willing to participate in the study.

Representative heads or deputy heads and officers of Bureau of Labour and Social Affairs and Bureau of Women and Children Affairs and UNICEF constituted the third category for whom the inclusion criteria was setted. The inclusion criteria for this participants were (1) heads who are currently leading the two bureaus and willing to participate, (2) officers who are currently working in the organization on community care coalitions and child protection program, (3) officers who have the work experience of one year and above and (4) those who give their consent to participate in the research.

The fourth inclusion criteria were used for destitute female households supporting vulnerable children. The inclusion criteria for this households include (1), destitute households who received revolving loan from community care coaltions, (2) households who have taken business development service training and engaged in income generating activities, (3) households that are supporting vulnerable children, (4) households who are willing to participate by signing on the written consent form. The inclusion criteria setted for the four groups were used for both interview and focus group discussion. In giving their willingness to the study the four groups of participants have signed on the written consent form.

3.5. Sampling and Sample Size

For determining the appropriate participants from the observation unit, community care coalitions who provided child protection service to vulnerable children, non probability sampling was used. From non probability sampling types, purposive sampling technique was selected. This non probability sampling technique is selected because the detailed service experience of community care coalitions and children access to child protection requires detail understanding of coalition's service experience and children narrative by purposively selecting participants that fits to the inquiry.

From the unit of analysis twelve vulnerable children whose age is between 12-18, four community care coalition chair persons, six sector representatives three from Bureau of Labor and Social Affairs and two from Bureau of Women and Children Affairs, one from UNICEF, a total of twenty two participants were included. The three FGDs constituted six, seven and six participants for vulnerable children, destitute female households and community care coalition program representatives respectively.

According to Nixon and Wild, (2012) currently there are no description of how saturation might be determined and there are no practical guidelines for estimating sample size for purposively selected samples. For this research participants are used as sources of data to reach the research goal by asking them until the required main points are collected for data saturation. The justification for limiting the age range of the children was to gain detail account of their life and service experience. Children in the upper age range are more likely to finish the allocated time of the data collection as compared to vulnerable children below the age of twelve. When this non probability sampling method used, it was tried to ensure trustworthiness of the data by considering participants who fulfilled the criteria. Convenient time and place was arranged during data collection guided by their interest.

The primary purpose of sampling in qualitative research is to collect specific cases, events or actions that can clarify understanding (Krueger and Newman, 2006). Qualitative social work researchers concern is to find cases that enhance what other researchers learn about the process of social life in a specific context. This was guided by constructivist thinking that shaped the whole process of the investigation.

The procedure of the sampling from four groups of participants was arranged in a way it can guide the data collection as follows. Letter of cooperation was arranged by the Addis Ababa University School of Social Work. This letter which calls for asking participants cooperation for the research project underlines the importance of their honest response to the research which is delivered in person to participants' organization. This gives information for participants as the study is conducted for academic purpose. For participants who are not from organization consent form is given in person. After that the researcher has gone to community care coalition office and shared details of the data collection process, data collection methods and ways of selecting twelve children and four coalition participants, six participants from sectors and FGD participants. This selection was facilitated by coalitions and Assosa Labour and Social Affairs Desk coordinator. After agreement was made on the convenient time and place, the first short discussion was made with the selected cases and details were briefed about the goal of research, ethical issues and the data collection process. After hearing their views, those who full fill the criteria and showed willingness were registered for data collection. After that appropriate time for the coalition chairs, female households and line sectors representatives was arranged and made ready for data collection.

3.6. Method of Data Collection

Data collection was conducted for the four groups of participant sector representatives, female households, vulnerable children and community care coalition chairs accordingly as per the arrangement made in data collection procedure. Method of data

collection that was employed involved in-depth interview, focus group discussion, observation, and document review. These four methods enabled the generation of data that supported the research.

3.6.1. In-depth Interview

The study has utilized in-depth interview of twenty two participants categorized in to three groups. The first in-depth interview was conducted with community care coalitions delivering service to vulnerable children. The second in-depth interview was conducted with children followed by third in-depth interview with key informant with representatives of line sectors. In-depth interview are guided conversations that are usually one of the most important sources of case study evidence. However, they should only be used to obtain information that cannot be obtained in any other way. Interview conversation has been described as a pipeline for transmitting knowledge (Yin, 2003).

In-depth interview guide was used to collect data on the major child protection services delivered by community care coalitions, major strategies employed and challenges encountered during the process of providing service and ways in which community care coalition ensure sustainability in child protection.

In-depth interview involves six stages, arrival to researcher, introducing the research, beginning the interview, during the interview (interview process), ending the interview and after the interview (termination) (Yin, 2003). Accordingly, the researcher has arrived to coalitions, venerable children and sectors then introduced the research, arranged time, place and situation for beginning and conducting the interview, finalized the interview process and ended the interview process appropriately.

According to Yin, interviews can be more flexible and allow the researcher to better understand the perspective of the interviewees. Thus a researcher is able to refocus the questions, or prompt for more information, if something interesting or novel emerges. This

strengthens that the way in which the inquirer probes the process of data collection for each semi structured interview guide when participants share something new that needs further asking of questions based on new issue participants have brought to the discussion.

The three in-depth interviews were conducted by making discussion with service provider, service receiver, and line sectors to decide the appropriate place and time. They agreed for the interview to be in their office and were conducted in their community care coalitions and sectors including CSOs. Service beneficiaries have chosen their house and others have preferred coalition office and it was done accordingly. Audio recording of the interview process was made by asking their willingness and after they signed on the consent paper. One note taker was oriented and assigned to take a note with a researcher. The interview was planned to be conducted for forty five minute per each participant and conducted between forty five to sixty minute for most participants except some children who finishes it before the stated time.

3.6.2. Focus Group Discussion

Three focus group discussions were conducted to generating data from three groups of participants. The first FGD was undertaken with community care coalitions in the office of Bureau of Labour and Social Affairs due to their interest to be there. The second FGD was made with vulnerable children on the house of one household that was willing to arrange the sitting chairs and tables as requested by vulnerable children. The final FGD was conducted with female household in similar places as FGD with children. This place was average place for female household and the owner of the house is the center of communication between households and community care coalitions. So, female households easily agreed to accept this as convenient place. Six, seven and six participants form vulnerable children, female households and community care coalitions participated respectively. For facilitating the data collection process refreshment was arranged by the researcher which is given at the middle of

the discussion. With regard to determining the number of FGD participants, various scholars provide different number. But for this research the guide by Morgan was used. Morgan (2009) explains that "The ideal number for FGD is between six and eight" (P.4). Before conducting the FGD, participants were arranged in a way that lets them be homogeneous in their background by balancing their status. This helped participants to share the major services delivered, child protection service children received, their understanding of service sustainability, strategies coalitions employed and challenges faced. Beyond that efforts were made to protect the gender influence of data and for reducing of the tendency to respond socially desirable answer by balancing participants' status. In each focused group discussion two note takers and one recorder were oriented and deployed to take notes with the researcher. In the note taking process, besides recording notes from participants' speech, efforts were extended to capturing and recording participants' non verbal communications. The discussion was planned to be conducted within a time range between sixty to ninety minutes. But it has taken seventy nine, sixty four and seventy one minutes for community care coalition chairs, vulnerable children and female households respectively.

3.6.3. Observation

Observation was undertaken to check the status of service provided by community care coalition to vulnerable children and their life situation like housing, health, school and their IGAs for beneficiaries of revolving loan. This method focused on any services given to vulnerable children directly by community care coalition or by other agencies though referral. "If something happens to you, if you personally see it or experience it, you accept it as true. Personal experience or seeing is believing has strong impact and useful source of knowledge" (Kreuger & Newman, 2006). This indicated that critical observation is a crucial way of data collection for the study under investigation. During observation digital camera was made available and the researcher has taken picture of the situation in the processes that inspired

the cases under study to check if something was missed during data analysis. This data collection was conducted for two hour and twenty minutes. The data collected through observation was used for analysis as well as methodological triangulation for the data collected from in-depth interview and FGD by critically observing service delivered, living experience and life condition.

Document review was conducted to get more data. The basic documents reviewed from sectors include rapid assessment report, community care coalition implementation guideline, alternative child care guideline and social protection policy document. These reviewed documents are used by sectors and community care coalitions during the time of data collection and expected by the researcher to support data. At the end of data collection, community care coalition chair persons, vulnerable children, destitute female households and sector representatives were thanked for their support by the researcher and the data collection process terminated appropriately.

3.6. Secondary Source of data

Besides the above three primary data collection methods, intensive review of related literatures on community care coalition and child protection programs were the crucial source of secondary data that strengthened the study. The basic documents reviewed from sectors include rapid assessment report and community care coalition implementation guideline, For this investigation researches, books, chapters of books published on international journal and international, regional and national policy and legal documents which the country designed or approved to be implemented relevant to the issue are used."Secondary analysis is the analysis of existing data initially collected for other purpose and many of the most valuable contributions to our knowledge base of this method"(Morgan, 1996). This shows that critical document analysis relevant to the research builds the inquiry with evidence base.

3.7. Method of Data Analysis

The analysis stage considers and employs analytic techniques, explores rival explanations, and displays data apart from interpretations (Yin, 2003). In this study the qualitative data that was extracted through the aforementioned methods have mainly relied on meanings and words. Thus, it involved interpreting and translating the meaning and categorizing expressions into sub themes unified to the research objectives. According to Cathrine, et al, (2006) thematic analysis, grounded theory and framework approach are the three main approaches to qualitative data analysis. From the three, thematic analysis approach was appropriate and used in this research. Relevant information obtained from in-depth interview, FGD, observation and document review were analysed and interpreted thematically in to precise meaning from pre-coding, coding, categorizing and then to theme as follows.

In this study all in-depth interviews and FGD conducted were prepared in Amharic and used for data collection. Every day after data collection, field note transcription was done repeatedly until needed main points in line with the research questions were collected and this was then followed by translation into English. Following the translation, the first step of data analysis, pre-coding starts. (1) Pre-coding which is arranging data collected in a way it can help coding was preceded by highlighting significant participant quotes made during the process. Significant statements that provide an experience of the participants were specially considered. In doing so, for noting this significant aspirations, pen with different color were made available and used.

The pre-coding process was followed by making (2) coding. In this case, the pre-coded statements, ideas, lived experiences and non verbal communications of interviewees about beneficiary children and focused group discussion participants were summarized into meaningful codes. This coding also included data that are gained from document review with

sectors and community care coalitions. According to Tuckett (2005), this needs systematic arrangement and such process was helpful to simplify and focus on some specific characteristics of the data.

In (3) the categorization stage, the coded data was categorized into similar, related categories together. This categorization indicates how the different codes were constructed into similar categories of different types that gave meaningful shape of the data. Data categorization helps to sort out texts into meaningful groups which make the data to be manageable (Tuckett, 2005). This is because; the coded data was categorized based on the similarity of the collected codes.

Creating (4) theme was the result of pre-coding, coding and categorizing process linked to the study objectives. This required further thematic analysis after the data was collected by merging again the different categories to less but broader themes. In this process the main theme was developed based on categorization of the codes emerged from the data to build to research objectives. According to Tuckett (2005), themes could be concepts that explain how categories are connected. Finally, after the four data analysis steps were processed carefully, the data was made ready for discussion.

3.8. Data Quality Assurance

In order to assure trustworthiness of the data collected in this research, (1) the researcher carefully conducted the data collection by allocating the required resource in a way that helped the generation of necessary data. (2) Using methodological triangulation to accommodate the different data sources and methods one over the other was the second data quality assurance procedure used in this research. Data that was collected through in-depth interview and focus group discussion was triangulated with observation.

(3) Prepared primary data collection methods were distributed to four second year masters of social work peer evaluators to be checked for credibility of the guide. This inter

judge method of peer evaluators built the data collection tools developed by the researcher by making some modification to existing once and including new issues which are not included in the guide as the third way of trustworthiness assurance. (4) Due to the training opportunity obtained during the end of data collection process by BoLSA on child labour prevention refresher training for CCC and BoLSA and BoWCA officers, members checking method was used by the researcher. The method was used by arranging the data transcribed each day after data generation into short summary that was presented and discussed for half an hour. This helped their approval of the generated data and the addition of some issues missed by the researcher.

(5) Rapport was created with all relevant participants to reduce the gap between researcher and participants that in turn affect data quality. The potential effects of the investigators on the behavior of the participants were minimized by building rapport between the investigator and the participants (Krueger &Newman, 2006). In addition to the above mechanisms, qualitative data quality assurance principles stated by Andrew (2004) were used. These are credibility, transferability, dependability and conformability in preference to internal validity, generalizability, reliability and objectivity respectively.

3.9. Ethical Consideration

A fundamental ethical principle of social work research is never to coerce anyone into participating; participation must be voluntarily (Krueger and Neuman, 2006). In conducting this study, ethical standards expected to be followed by social work researcher in National Association of Social Work Code of Ethics relevant to the nature of the study were utmost be respected. The core ethical issues in the profession of social work like respecting the autonomy, the beneficence of the participants and justices were ensured in the study. This was strengthened by code of ethics of article 5.2 of NASW by saying "Social workers engaged in research should ensure the anonymity or confidentiality of participants of the data

obtained, should inform participants of any limits of confidentiality and the measures that will be taken to ensure confidentiality''.

Being guided by this code of ethics, the basic purposes and importance of the study was explained for participants and informed consent was obtained from each of them in written form. Researchers will protect privacy by not disclosing the participants' that their identity will not be disclosed and their views will never be revealed by their name to any body and except for the sake of the study purpose (Krueger &Neuman, 2006). The privacy of participants was maintained; they were informed that whatever information they provide was kept anonymous. For protecting participants from harm, false names and codes were assigned and data shared to the researcher at any point was reported in these assigned names. So, anonymity of information was strongly maintained in the whole process of the investigation by the researcher.

3.10. Limitation of the Study

This study as an empirical investigation has the following limitations. The first limitation was the non generalizability of the study finding to large populations in the study area because of the nature of the research approach. This study was qualitative research with exploratory nature which intensively focused on exploring the roles of community care coalition to child protection by focusing on limited number of participants without statistical representation.

The second limitation was the non possibility of explaining long term variations of the issues raised in the investigation. This was due to the crossectional nature of the study in its time dimension. The inquiry was conducted at one point in time indicating that, the data is not collected at different times for analyzing long term variation of the role of community care coalition for child protection. This vividly limited the study to analyzing the data collected at one segment of time.

3.11. Challenges of the Study

This study was conducted by passing some pressing challenges during the time of data collection. The main pressing challenge was the absence of research outputs conducted on the study area. On the area, community care coalition, one assessment was conducted, which forced the researcher to use literatures out of the country for framing the research problem. Though this investigation would contribute to the literature gap, further researches need to be conducted to indicate the finding on the comprehensive role of community care coalitions for all segments of vulnerable people.

The other challenge was accessing children for data generation. Child participants in the study were full time learners a week up to after noon. This makes focused group discussion challenging. The two initial data generation schedules for focused group discussion failed due to this reason. Community care coalition chair persons communicated vulnerable children to avail themselves in the morning after accepting it as their convenient time, only two participants arrived after staying for one extra hour than agreed. The researcher convinced to be back to home and change the plan to conducting in-depth interviews than FGD. The surprising part of the second rescheduled FGD was that no single child arrived at all. Then the researcher started to go to some schools and their house for third rescheduling. Finally after a long period of time, FGD with children was conducted.

The other challenge was the pending of the agreed schedule for conducting in-depth interview with community care coalition chairpersons. This was due to overloaded duties and responsibilities as coalition coordinators and kebele managers. Three in-depth interviews have been rescheduled two and three times for community care coalition 01, 04 and 03 respectively. Due to these challenges, the planned data collection schedule for one month had taken one month and three weeks.

Chapter Four

4. Data Presentation

4.1. Introduction

This chapter is divided in to six major themes based on the emerged codes and categories of the data. The first theme explains the roles played by community care coalition, which presents ten packages of services: economic strengthening, child participation, health support, educational support, economic strengthening, counseling service, physical rehabilitation device, reunification and reintegration, prevention and responding to the child labour and capacity building service. The second part is concerned with the major strategies employed by community care coalition like training and advocacy, resource mobilization and data collection, organizing and documentation services. The third theme of the data presentation was concerned about the major challenges encountered by community care coalitions during the delivery of child protection service. These challenges are turnover in community care coalition chairs, structural challenge, financial and accreditation challenge and professional challenge. The forth part presented components of service sustainability of community care coalition program. This are focusing on local resource, knowledge, structure, linking of formal and informal actors and planned implementation of community care coalition programming besides analyzing the relationship between community care coalition and traditional support networks based on their purpose of establishment; their scope of operational and legal requirements needed.

4.2. Major Child Protection Services

4.2.1. Economic Strengthening

Providing economic strengthening is one package of service delivered to children and female households by community care coalitions at four kebeles of the community care coalition. Economic strengthening is any form of support given to vulnerable children and

their household or guardian to support their livelihood and basic needs of children. It is provided in two ways as revolving loan for income generating activities and direct cash support for nutrition and other related supports to the child. According to individual interview with KI-5 economic strengthening is the fundamental aspect of family empowerment by either training them business development service with provision of startup capital which he called seed money to engage in activities of their choice or direct cash transfer for non productive households supporting children. KI-5 said

> *Economic strengthening is the main progressive program of our bureau that brought changes on the life of families we target and the main areas of intervention where we get donner interest due to its role in household and community empowerment.*

Economic strengthening has different components. These are direct cash support and revolving loan for income generating activities which are presented as follows.

4.2.1.1. Direct Cash Support

This is the first component which is named as economic strengthening to improve child nutrition. Its aims to help the survival of HIV affected poor children and older households who are unable to engage in productive income generating activities. Community care coalition has delivered sixty four thousand birr to twenty HIV affected households supporting children. This cash support program is most of the time delivered to households in cash and it is up to the female household to decide whether to engage in income generating activity of her willingness or to directly invest in child nutrition. In the delivery of this program households with multiple vulnerability and those with large number of vulnerable children are given priority. Most of these beneficiaries are widows and elders living in difficult socioeconomic circumstances.

4.2.1.2 Revolving Loan for Income Generating Activity

The second component of economic strengthening program is revolving loan. Revolving loan is a form of economic strengthening program delivered to revolve among specific segment of vulnerable households under specific boundary (which can be kebele or woreda). Delivering revolving loan needs the joint efforts of different but related actors. First, community care coalition screens household beneficiaries from the list documented by data collection, organizing and documentation work section. Then Bureau of Labour and Social Affairs communicates the source of fund to be notified to the community care coalition according to which the numbers of beneficiaries are determined. The third main actor was the City Micro Finance Office. Bureau of Labour and Social Affairs and Micro Finance office formalize their agreement with memorandum of understanding and communicate community care coalition. The revolving loan was free from interest and has a time range of two years where the households save some amount of money.

Bureau of Labour and Social Affairs have transferred three hundred ninety five thousand nine hundred twenty birr to one hundred twenty four poorest of poor households supporting vulnerable children. Each household has received three thousand eighty birr after taking business development service training and submitting short business plan on their area of engagement. The beneficiaries have gone to the microfinance office to open saving and loan repayment account in the third quarter of 2014. After reviewing their business plan 3080 birr is given to each of one of 124 households to start their income generating activity. The probation time for each beneficiary depends on the type of activity they engage. Basically the activities are grouped into two for the sake of monitoring. The first was pity trade with a probation time of three months and those with poultry and other raring related activities with a probation period of sex months. Each household should save some amount of money and pay back after probation besides supporting their children. After the end of two year, the saving will be their money, once they finish the loan they will continue their income generating

activity with their own saving. The money that is paid back will then revolve to other poor household every two year.

The four kebeles has screened 31 beneficiaries each constituting a total of one hundred twenty four beneficiaries. They have started this program in January 2014 and have finished the program by January 2016. As per data from observation and focus group discussion the households have been successful due to previous experience in income generating activities by their own, progressive supervision of community care coalition and professional support of officers from microfinance and bureau of labour and social affairs. The households have started supporting children they have, repaired their house and started paying back their loan, taken their saving and started other business of their own. Small amount of households were not successful due to lack of previous experience and by choosing IGA which cannot fit with their skills. These households are did not brought positive changes to their family life and need profession based support. Community care coalition has started screening second round revolving loan beneficiaries for the next two years. According to the data gained from focused group discussion with female households, revolving loan is very important economic strengthening support that changed the family life. After training all of them received revolving loan and engaged in baking *Enjera*, sale of *Areki*, sale of hot drinks and pity trade as income generating activities. With the income from the IGAs they are supporting their children and family.

4.2.2 Strengthening Child Participation

According to the data generated from personal interview with KI-2, child participation is the extent to which a child participates in any program relevant to a healthy development and to the best interest of a child as stated in alternative child care guideline. According to the key informant interview with KI-1, child participation is an integral component of child right convention by explaining child participation by saying despite establishing child right committees and child *parlama*, child participation remained at its lowest level by stating:

We have planned to improve child participation in united nation children international emergency fund in the five years strategic plan of 2016-2020. We planned to improve our communication with main sectors with whom our organization is working in ensuring integrated child protection program because child participation is not found in the way we expect it to be.

The different data sources stated that child participation as very low as opposed to the principle enshrined in child right convention. Children at school are invited only to participate in public rallies like African and International child day, child labour advocacy events and on rare conditions for training. The Bureaus of Women and Children Affairs have started establishing child clubs in all public and private schools as confirmed by the data from observation. Despite the variation in the number of child clubs, all schools have started it.

The child parliament is established at *woreda* level and the town administration uses the *woreda* child parlama. The *parlama* established has office lead by one program coordinator. The *parlama* has president, vice president, secretary and two members from each *kebele* and organized in to five committees who are children. These are (1) legal affairs committee, (2) gender committee, (3) environmental protection committee, (4) social affairs committee and (5) civic and ethical affairs committee of the child. Accordingly, these child parlama members have reached one hundred ten out of one hundred twenty children needed from seventy four *kebeles* of Assosa *woreda.*

According to the data obtained from community care coalitions, children participate during the time of advocacy on child labour, during training and material distribution programs that needs the physical presence of the child. In-depth interview participant CIP-4 has indicated its importance and her experience by saying

I participate in school child clubs. I participate in drama and literature club with my fellow group members on a drama called ***"teacher".*** *This drama was organized by*

women's forum with the aim of appreciating good teachers and correcting misbehaving teachers. The drama was performed at the end of the year during parent's day. After the drama some teachers improved while few others become aggressive.

Other in-depth interview with CIP-3, has supported the importance of child participation. She likes to participate in child clubs by writing a poem which she said is her most ever interest. She expresses the moment in the drama by saying

*I participated in poem entitled "**Abaye betu aderu**". The message was to teach fathers who leave their house and not willing to support their family. I have written this poem to my father, he has left home many years before and I always think why my father hates our family. If my father hears this poem and come back home I would be happy.*

This data indicated that the low level of child participation was emanated from multiple explanation. The four community care coalition offices as the town administration community care coalition has different place specific explanations. For some it was the result of low awareness while low priority and making decision for children was the cause of low child participation for some others coalition's offices within the city administration.

4.2.2.1. Low Awareness regarding Child Participation

Some of the justifications are related to low awareness of implementing coalition on the importance of child participation. This is clearly viewed on the interview data gained from community care coalition with IIP-4. The participant's justification for low participation was as follows.

We have never thought in this kebele and community care coalition office that child participation is important, and we have overlooked their participation.

*Due to this reason, **we did not participated children** in any of the program except during the delivery of materials support.*

This finding indicated that low awareness was the main factor hindering the success of child participation. This low awareness is related with turnover of community care coalition chairs persons, financial and professional challenges. The stated challenges have affected the success of service delivery not only for community care coalitions I the four *kebeles* of Assosa city administration but also in human service organizations working of community care coalition and child protection. The line of future intervention for community care coalitions have to focus on frequent advocacy and inclusive planning of all actors targeting the in identified challenges.

4.2.2.2. Prioritizing Child Participation

Some other community care coalition like community care coalition participants II-3 has different reason for the low level of child participation. IIP-3 has stated that low level of child participation in our *kebele* in the issue of priority, not low level of awareness.

> *In our kebele priority is given by community care coalition to child educations, labour and nutrition. As coalition chair person I focus on how to link poor children with school by fulfilling their needs. But when their participation is assumed important we participate them in training and child days and still I assume that child participation in important for the child skill development.*

The finding of the data indicated that multiple responsibility of community care coalitions in providing child protection service. This has lead to patterning the services delivered which participants have called prioritizing. According to the community care coalition participant in 03 *kebele resource constraint was the driving force for prioritizing service packages delivered to vulnerable children and their families. The data further indicated that the prioritization has lead child participation programs to be the lowest priority as the focus was on child education, health, nutrition and child exploitation and abuse. In this context children have low participation in incorporating their issues in to coalition programming.*

4.2.2.3. Decision Making by Community Care Coalition for Children

The third explanation for low level of child participation, according to interview data gained from KI-2 was sector offices, community care coalition and civil society organizations wrong perception regarding child participation. They assume that they know all requirements that are needed for children due to age factors. Sectors stated the limited allocation of budget from the government as cause for low child participation in sectoral programs. Besides all this explanation, when children get the chance to participate in child right programs justification they provide for the needs they want and what sectors consider as support component are different. In-depth interview participant CIP-10 has stated that

> *Most of the time organizations make decision for poor children and their families regardless of child need. In the school where I was receiving educational material support all of the nongovernmental organizations provide school material and none of them are providing school shoes and cleaning products like soap. If children were participated before the procurement of the materials the supports they provide will be demanding that cover what we need than creaming what was already received.*

The data from the direct quote indicated that organizations are making decision on behalf of the interest of vulnerable children. This was originated from low awareness regarding the disadvantage of making decision without child interest. The decision made was not what sectors assume it to be. The discrepancy between sectors expectation and actual interest of the children was the other source of challenge that triggered the low effectiveness of child participation. The inclusion of children in the decision made regarding their interest should be the line of attention for strengthening and sustaining child participation in local community development programs. In this regard the coordinated effort of actors in empowering households and children has pivotal role in reducing low child participation.

4.2.3. Health Service Support

One of the many packages of services provided by community care coalition to vulnerable children and households is health service. According to the data gathered form in-depth interview participants IIP-1, health service refers to any form of service ranging from prevention of health problem, facilitating conditions for primary health care and covering health service fee for vulnerable children and their poor households. According to the data gained from community care coalitions, the major coordinator of the service, health service is the major area of intervention where children and their female households benefited a lot. According to them health service is divided is to three components. These are health problem prevention, issuing free service ID and financial support for child and household nutrition.

4.2.3.1. Health Problem Prevention Service

This program refers to preventing the poorest of poor households and their children from health problems encountering them. According to the focused group discussion with community care coalition, this program is implemented by community care coalition capacity building and advocacy work section where local para-social workers and the health extension worker are critical service delivering members. Starting from facilitating training planned by Bureau of Labour, Social Affairs, Bureau of Women and Children Affairs and Health Bureau, capacity building and advocacy team of the community care coalition has annual plan for providing training to poor households on prevention of health service. This type of health problem prevention training is delivered by urban health extension worker in four kebele of the town administration where the coalition operates. Other times, they invite health workers from Assosa city administration and have delivered various trainings on prevention of health problem through sanitation, HIV prevention, proper use of solid west, and adolescent reproductive health.

4.2.3.2. Issuing Free Health Service Identification Card

Community care coalitions are facilitating the delivery of free health service to vulnerable children and their poor families. This free health service program has involved major actors. First community care coalition screens children and poor households by using its data gathering, organizing and documentation work section. After that the community care coalitions requests the Mayor of the city administration to order hospital and health center to accept and provide free medication for selected poor children and households in the city. The coordinator of community care coalition, Bureau of Labour and Social Affairs receives the list of beneficiaries screened by community care coalitions and issue them free health service identification card besides sending their list to Assosa hospital and health center. The identification card (ID) is issued for two years where the children and the household of this identification card owner receive cost free medication starting from the day they received the card. One of the child who received free health survive in Assosa hospital express the health service as follows

> *I live with my mother who was unable to cover my health cost. The 01 kebele commonly care coalition has issued ID for me and my mother to receive medication service via which I always use to go to hospital. Once up on a time I got sick in school attending class then the school director called my mother to come and she brought me to the hospital. Thanks to God I have been treated and it found to be yellow fever and get well to go back school next week with the help of free ID.*

As the way of accessing health need to vulnerable children and their families, community care coalitions free identification card enabled the selected beneficiaries freely access health care. This modestly reduced the pending process in hospitals and health center for receiving the service. This was further due to the order and support given to the town administration Mayor for beneficiaries to get attention in hospital setting for service recipients. The ID card helped them to be treated as emergency program.

4.2.3.3. Financial support for Child and Household Nutrition

The data gained from FGD with community care coalition has indicated that coalitions are providing and facilitating the provision of financial supports for child and household nutrition at four kebeles levels of Assosa city admistration. Community care coalition has also facilitated the provision of nutrition support for poor households and their children for global fund program by screening appropriate beneficiaries. This program has supported thirty five households helping children but living with HIV/ AIDS by measuring their caloric intake and weight balance.

According to the data gathered from community care coalition with focused group discussion, if mothers are healthy then children will be healthy so free heath service if issued in community care coalition to mothers and their child is important for preventing children from malnutrition driven illness. These beneficiaries receive their medication from Assosa hospital. Sometimes community care coalitions facilitate health service by providing transportation cost and support letter. For cases out of the capacity of Assosa hospital community care coalition covers medication cost and refers them for medication to Balcklion and Amanuel specialized hospitals. With the training provided to the business community, Muhaba private clinic is providing medication to two children permanently. Fifteen children from which ten male and five female have been accepted by Hope charity school for fully covering their medication. In-depth interview participant IIP-3 stated that

> *We have supported five male and five female with a total of ten students educational cost by the resource of community care coalition at Assosa primary school.*

With regards to health service, supports resourced by civil society organizations in school follows the following medication procedure. During the time of sickness children in school go to hospital or government health center and get treatment. After treatment they bring the slip of the medication cost to the Hope Enterprise and which gives them the cash to pay for the hospital or

health center. This is made easy by the agreement hope enterprise has made with hospital to give them treatment without asking them payment first until they bring it from Hope Enterprise. One of the beneficiaries testifies how her engagement with Hope School helped her to access free health service by expressing her experience as follows

> *Since my mother and father have divorced it is challenging for my mother to cover my needs. Due to this reason 01 kebele community care coalition has selected me in hope school where I receive all services needed. Once up on a time I was sick, my mother brought me to hospital and the result has become typhoid and malaria. We did not pay because my school has agreement with Hope. Finally, I brought the slip to school and the school gave me money to give back to hospital.*

According to the sector interview data, Bureau of Labour and Social Affairs and Bureau of Women and Children Affairs are member of the health bureaus vaccination committee. This is important for both health bureau and the two sectors. It is important for health bureau because it increases the lens to which they increase poor children that did not have access to child vaccination. It is equally important for the two bureaus because they reduce the upcoming health service burden from none vaccinated children on their community care coalitions.

4.2.4. Educational Support

As one separate package of service which community care coalition provide, educational support is the leading service that was demanded by all children irrespective of their socioeconomic status and poverty level. According to the data gathered through personal interview with IIP-4, educational support is the most delivered community care coalition program package and still the most demanded program. This is due to the fact that the study targets even though poorest of the poor are children at the educational age between 12-18 years. The different components of educational support are three. These are educational material by

coalitions, by civil society organizations and educational support through facilitation. Each of them are presented as follows.

4.2.4.1. Educational Support provided by Community Care Coalitions

This specific support refers to any form of support that is directly delivered to poor children for education. These support ranges from procurement and delivery of educational materials like exercise books, pens, school uniforms, school bags to paying registration free, educational fee and other costs with aim of improving child education. This support basically starts by the screening made by community care coalition data collection, organizing and documentation work section before the start of the academic year. School materials were made available by the finance and property procurement section of community care coalition by communicating with the resource mobilization section. After the school material need and available resources of the coalitions are substantiated, selected amount of children in need are directly given material support, registration and school fee.

4.2.4.2. Educational support provided by CSOs

Community care coalitions coordinated educational support programs that civil society organization has planned to work with them. This is coordinated based on memorandum of understanding with concerned line sectors like Education Bureau, Bureau of Labour and Social Affairs and Bureau of Women and Children Affairs. For this program, community care coalition screen children who are supported and then inform to civil society organization. The support will be made according to the memorandum of understanding. Organizations like Mekdim Ethiopia National Association, Hope Enterprise, Mission for Charity, Miskaie Child Development Organization, African Orphanage, Blessing the Children and Organization for Social Development are involved in educational program of this provided by civil society organizations.

4.2.4.3. Facilitating Educational Support

Sometimes educational supports that are delivered by community care coalition and civil society organization are not enough to send all of those children who are in need of educational material support. Thus, community care coalition is forced to write support letters to schools and organizations who are able to support these children. Hope charity school, Selam per school, Assosa secondary school, Catholic school and Dareselam schools are working closely with community care coalition. They cover all or part of the school material from resources mobilized by their school. Besides this Bureau of Education, Labour and Social Affairs and Women and Children Affairs are financially supporting poor children from their program called individual support program in special need education, developmental social welfare, and child right core process respectively.

The interview data from IIP-4 supports the role of facilitating support letter. Support letter is written to kebele business men and women who have the capacity and interest in supporting targeted children. With the support letter Family Restaurant has supported eleven female children by providing one hundred sixty birr per month for each student for one year. The community care coalition collected three thousand birr for nine male children. Twenty five child school uniforms were covered and one t-shirt is given in addition to writing support letter for the schools for the twenty five children to be accepted without paying registration fee.

Community care coalition has delivered a variety of educational supports to vulnerable children in need of education. According to the data gained through in-depth interview with CIP-4, Hope school covers all costs for selected poor children like (1) uniform every September, (2) School feeding three times a day except dinner, (3) exercise book every semester, (4) one pair shoes every year, (5) Christmas gift in every Christmas and (6) 40 birr per month for detergent like soap. These services are given to poor, orphan or destitute children selected and referred by community care coalition and accepted by hope organization. Hope as charity school teaches

students from kindergarten one up to grade ten. After they finish grade ten they join other schools around them.

Other in-depth interview participant CIP-10 being supported for all her education cost by Selamber secondary school has testified the role of support letter to school by saying

> *I have got exercise book this year from Selamber School, with the support letter given to the school by 04 kebele community care coalition. One item protecting hair material, one pack of exercise book and four pens were given to me, after fulfilling the educational materials am know attending my grade seven class properly.*

The data collected from individual interview with IIP-3 indicated that financial support has been given for a total of fifty three children of which twenty five are female and twenty seven are male that progressed to 2015 and 2016. This was delivered with the collaboration of Bureau of Women and Children Affairs and financial support gained from UNICEF. Besides this, for twenty eight children living with HIV/AIDS, thirty birr and twelve killo of grain is delivered by community care coalition. Other interview data with IIP-1 indicated that twenty eight children are attending school having received material for schooling. Support letter was written from 01 kebele community care coalition which has lead to the collection of eleven thousand eight hundred birr for two children at the age of eighteen who joined university but unable to cover their transportation and subsistence cost. Finally, these two students who decided to resign their university education have been supported six thousand and five thousand eight hundred birr for three consecutive years to attend their undergraduate program at Wachamo and Welkitie Universities respectively.

4.2.5. Providing Capacity Building Service

This is a foundation of all community care coalition support package was considered as specific support given to vulnerable children, their families and local community

surrounding their neighborhood. Capacity building refers to a set of capacity development program intended to enhance the capacity of children, family and their local community and sectors to increase their support for the prevention and response of major problems triggering child protection service. This may include business development service training as capacities building to households for engaging them to income generating activities. The other was HIV/AIDS prevention and traffic accident training given to children at school and short and long term training and experience sharing event made by sectors and community care coalitions. With regards to community members community dialogues and short advocacy events are part of capacity building program. Capacity building program delivered by community care coalition and sector offices was divided in to four categories. These are capacity building programs for community care coalition members, for local community, for line sectors and *got* and *ketena*[2]leaders under the scope of the *kebele*.

This capacity building program is most of the time delivered to the planned targets in line with the schedule of annual work plan. Unexpected change in the environment affects effectiveness of this capacity building program. Community care coalitions have delivered various capacity building activities to members of the community. Personal interview participant IIP-4indicated that they have delivered capacity building training four times this year for sector representatives, community care coalition members, *ketena* leaders and local community residents respectively. "*The training was entitled supporting poor children and child protection in our kebele*". Two children has migrated from South Region and one resident has send his child to school and left this migrants home keepers in his yard.

2Got and Ketenas are the lowest administrative areas smaller than kebele within the city administration.

Dwellers reported to community care coalition and we checked them with police and started discussing the reason. In our kebeles there is program called development army through which we provided training to households on child feeding and nutrition. Always in our kebele we have one day community dialogue with members of community on every Thursday. Sometimes we arrange coffee ceremony for discussion when we engage Assosa town administration women and children affairs office which takes from forty five minute to two hours. In our kebele there is one to five associations for households of this vulnerable children and they report when child abuse happens in their niebourhood. With this association the problem encountered by one mother is supported by other four members. Based on the sensitization training delivered to edirs they are known supporting coalition programming.

Even through community care coalition's communication and referral with local community structures has led to the identification of service gaps and beneficiaries eligible for intervention, still significant amount of vulnerable children are still out of the service. Strengthening the resource mobilization capacity coupled with referral leakage can lead to the identification of overlooked beneficiaries and service gaps. The center of this was full ownership of high government officials of community care coalition programming for integrated local community development.

4.2.6. Referral service

Referral service as an important package of service has got the attention of community care coalitions to be facilitated for children and their families in need of service. Referral service is any form of service that needs the collaboration of other organization or individuals for programs that are not implemented by the coalition due to different factors. KI-6 have stated the purpose of referral service in creating linkage between sectors and others which can provide information, training, material support, economic strengthening or other programs with the

intention of facilitating child protection service. Referral service is most of the time made with line sectors and civil society organizations who agreed on the memorandum of understanding. Generally, the data gained from different sources have indicated that the referral service community care coalitions and line sectors use for child protection service are divided in to three basic categories. These are referral to government organizations, civil society organizations and private organization which are presented as follows.

4.2.6.1. Referral Service to Governmental Organizations

This type of referral service refers to a referee made by community care coalition to support poor children and their families to members of community care coalition functioning and their respective city administration and regional sectors who are assumed to have a direct role to the program being referred. Sectors referred by community care coalition for this component refers to forefront child right sectors like Bureau of Labour and Social Affairs, Bureau of Women and Children Affairs, Police Commission, Bureau of Justice, Health Bureau and Education Bureau, and government Schools.

The interview data collected from in-depth interview with IIP-3 stipulated that their community care coalition has referred ninety two vulnerable children from poor household. This referral was made to Assosa Hospital for free healthcare service, to Bureau of Labour and Social Affairs and Bureau of Women and Children Affairs for child labour, reunification and reintegration. Other one hundred eight children are referred to HIV/AIDS Prevention and Control Secretariat for economic strengthening and nutritional support program. As per the focused group discussion data with community care coalitions all of them are referring disabled children for physical rehabilitation service to Assosa physical rehabilitation center and Black Lion and Amanuel hospitals for severe health problems.

4.2.6.2. Referral Service to Civil Society Organizations

The second component of referral service where community care coalitions refer their vulnerable children and households was to civil society organizations. Civil society organizations in this context can be nongovernmental organizations which are bilateral, trilateral or United Nations Agencies who are working closely with community care coalition on child protection and community development programs. According to focus group discussion conducted with the four community care coalitions, the dominant civil society organizations working with community care coalitions are United Nations International Children Emergency Fund, Mission for Charity, Civil Society Support Program, Organization for Environmental Protection, Save the Children, World Food Program, Betezatha, African orphanage, Blessing the Children, Orthodox Tewahido Church Humanitarian Program Unit, Cheshire Service Ethiopia, Catholic Relief, World vision Ethiopia, Hope Enterprises Charity School and Organization for Appropriate Technology for the Blind.

The in-depth interview with IIP-4 has indicated that their community care coalition referred twenty households and twenty children for support of house rent, grain and school material respectively and all of them have received the referred service. In addition to that, fourteen female and ten male a total of twenty four children are referred to educational and nutritional support to Hope Charity School. This indicated the vital role and effectiveness of referral program delivered to civil society organizations than referee to governmental and private organizations.

4.2.6.3. Referral Service to Private Organizations

The third component of referral service community care coalitions are delivering is to private organizations in the locality that are assumed to have the capacity to support the referral. According to the data gained form key informant interview with KI-5, referral to

private organizations may range from writing support letter for facilitating to directly delivering the referred service to the beneficiary children and their families. The participant further continued by stating that individuals especially business men and women are significant in strengthening community based child protection program which community care coalitions and line sectors are striving for. In this regards Bureau of Labour and Social Affairs have conducted a recognition and certification program for individuals who have supported finance to the community care coalition's resource mobilization work section and directly to children and their families.

The interview with IIP-4 pointed out that the advocacy made for members of the community has lead to the supports to some children. With this advocacy training, two children are fully supported by one restaurant owner from breakfast to dinner and other community resident supported ten children by providing one hundred sixty birr per month for educational support.

4.2.7. Reunification and Reintegration Service

According to the data collected from different tools community care coalitions have delivered reunification and reintegration service for children who are not living with their families and community. The data gained through document analysis from of Bureau of Labour and Social Affairs indicated that decrease in the role of the family, the use of agents who migrate children from the area of origin and interest of children to engage in early work are the major causes for children to leave their family and community. According to the document analysis households with poor economic status and those that do not follow their children day to day activity has lost their children than those who follow their children.

4.2.7.2. Providing Reunification Service

Based on the data collected through focus group discussion with community care coalition, children who left their home or place of origin have been engaged in sale of lottery

ticket, sale of groundnut and transporting khat to hotels, restaurant, bars and house of individuals. The discussion data further added that those children come from resettlement kebeles of the town like *amba* one, two, three, four, five, six, Bambasi, Begi, Nedjo, Wolayta Sodo, Hosana and Shashamene towns. Community care coalitions have collaborated Assosa city administration police department officers for the screened children to be reunified to their family of origin after informing their respective Labour and Social Affairs to protect their children from migration. Two children (one male and one female) were reunified to their families in Shashamene town by covering their transportation cost. Despite all this efforts reunification service remained challenging for community care coalition. This was clearly stated by in-depth interview data gained from IIP-4. The participant stated that

> *Reunification is the least successful program for our kebele community care coalition. This is because the reunified children come from different towns and kebeles which is difficult to succeed without the support of sectors operating in the child's place of origin. Once up on the time we recruited and discussed with children to reunify them with their family and prepared transportation and their subsistence costs by starting from Bambasi then Nedjo and Begi towns. The surprising part is until the police finish the reunification at the three towns a child reunified in Nedjo has arrived Assosa before the police.*

The data gained from participants outlined the challenging nature of reunification program. This is due to the multilayered nature of the pushing factors that force the child to leave the area of origin. The service gaps and situations that expose the child to other exploitation and abuses in the area of destination made it less successful. The main focus of the of community care coalition future reintegration programming should have to consider factors pushing the child in the family setting in the area of origin and destination.

4.2.7.3. Providing Reintegration Service

Community care coalitions have also planned to reintegrate children who stopped their education and living in different circumstances to the community where they are originated. According to the data gained from key informant interview with KI-4, reintegration program is most of the time planned as intervention program for children who lost both of their parents and who have no relatives to live with. Reintegration helps the child in the community where they are born, than living with different culture of their destination place. With this regards community care coalitions have reintegrated children to the resettlement kebeles around Assosa by communicating with their local community and their respective kebeles.

4.2.8. Physical rehabilitation Service

Children with disability are at the center of community care coalition intervention. According to data gathered from focus group discussion with community care coalitions, this is due to their multiple vulnerability as child, as disabled, sometimes as women and children originated from poor families. These children are sometimes exposed to damages to their body requiring rehabilitation devices. Physical rehabilitation services are critically important for children to attend their school, medication and to move anywhere for the child's healthy interaction. According to the key informant interview made with KI-5, the city administration has established rehabilitation center in Assosa city for lower limb rehabilitation devices needed. This center was established by the support of International Committee of Red Cross after training prosthesis and orthotics technicians for three years at diploma level in orthotics and prosthesis technical and vocational center in Black Lion Hospital. Currently the center has two technicians, four bench workers, one physiotherapist and other administrative and finance assistants. After the establishment of the center in the mid 2014, community care coalitions have started referring physical rehabilitation supports and fixing of the devices

after use by disabled children except wheel chair service and lower limb fitting. The major physical rehabilitation services given to disabled children are: wheel chair, cranch, lower limb fitting and artificial shoes.

Wheelchair is one of services which is the most demanding and the least accessible to children with disability. According to the data obtained from Interview with KI-6, wheel chair as rehabilitation device is not produced in Ethiopia. It is rather given in the form of support by United Nations, World Health Organization, International Committee of Red Cross and Cheshire Service Ethiopia thorough Ethiopian Ministry of Labour and Social Affairs. Due to this, it is not easily accessed by disabled children in need of wheel chair.

Community care coalitions provided this service by collaborating with different institutions engaged in rehabilitation program. After screening children in need of wheel chair service community care coalitions in four kebeles communicate Bureau of Labour and Social Affairs where the bureau arranges schedules for the outreach service provided by Cheshire service Ethiopia. Based on the schedule technicians avail themselves to the place and deliver the wheel chair after measuring the length and fitness of the device size The Ministry of Labour and Social Affairs and Saudi Embassy has supported 16 and 150 wheel chairs to disabled children to community care coalitions in 2013 and 2015 respectively. The major challenge for this program is the buildings are not accessible to children with disability at schools.

Cranach is the second physical rehabilitation service delivered to disabled children. The focused group discussion data from community care coalition chairs has indicated that this device is delivered to disabled children in need who have disabilities in their foot that required single or double Cranach. According to the focused group discussion the single source of Cranach is Cheshire service Ethiopians' outreach program. During the delivery of the outreach program besides providing Cranach to all available disabled children, some

reserve Cranach was given to community care coalition by Cheshire for Cranach need until the biannual outreach program arrives. According to the discussion this is the most demanded physical rehabilitation device due to its support for large number of disabled children.

Lower limb fitting and supporting shoes are the other services which are not fully delivered in Assosa city administration by the physical rehabilitation center. This service according to in-depth interview IIP-2 is only facilitated to disabled children by referring a child to Cheshire service Ethiopia head office at Menagesha, Addis Ababa. Sometimes the technicians in the head office provide cane, a device hold in hand by disabled child to project directions during the time of their movement. The main purpose of sending children to head office for outreach program is for artificial limb fitting service. During the delivery of this service, all the costs of the disabled child are covered by Cheshire. But for outreach program delivered by Cheshire in Assosa, Bureau of Labour and Social Affairs shares ten percent of the estimated cost of the outreach device in cash to Cheshire service Ethiopia.

4.2.9. Providing Counseling Service

Counseling in this context referred to the type of service delivered by community care coalition to families, children and members of the local community during times of family crises and conflict. According to the data gained from interview with IIP-2, community care coalition accepts many clients reporting to their office in need of counseling. Despite the absence of trained counselor, their coalition has decided to provide counseling by capacity building section program officers. The participant further stated that, the most commonly reported issues that needed counseling service are case of divorce between husband and wife, conflict between children and parents and property ownership between families during the death of family. Besides the capacity building and advocacy work section, chair person and vice chairperson of the coalition provide counseling to the families. After a serious of lessons from our previous counseling services, the participant stated that

we have learned progressively that key community leaders like elders and religious representatives are the major community care coalition resource that are fruitful to marital counseling and guidance related services.

Sometimes depending on the nature of the problem, some counseling services are not successful in a manner they were expected. During this time coalitions invite professional counselors from Bureau of Labour and Social Affairs and of Women and Children Affairs. When these types of supports are arranged with sector counselors, counselor goes to the family where the problems happened and conducts case management and finally counsel them separately and together. Sometimes families come to community care coalition for making decision on the fate of their children to be with either husband or wife. Other time they come for resolving share of payment needed for the child after reporting to the court. The participant again indicated that

Oftentimes, we advice them to report to community care coalitions before reporting to the court. Because the court takes direct measures that ultimately leads to divorce which negatively affects the child development. After decision by court the couples did not have the chance to be together again.

The focused group discussion conducted with community care coalition chairs and program officers strengths this. The participants' shared cases and issues reported to community care coalition at four offices for the respective kebeles. This change was the result of the counseling by community care coalitions, religious leaders, elders and counselors.

4.2.10. Preventing and Responding Child Labour

Beyond the above services delivered and coordinated by community care coalition, child labour is another problem triggering the lives of vulnerable children that calls for the prevention and response program of community care coalitions. According to in-depth

interview with IIP-3, child labour is the most rampant form of child abuse in the city administration which is at the forefront of community care coalition planning and program intervention. The data gathered through observation in the city and document analysis of child labour program of Bureau of Labour and Social Affairs support this argument. Fundamentally, the interventions that community care coalitions provided to these children are divided in to two major categories. This includes child labour preventing and child labour response programs.

Prevention is one specific program intended to reduce the rate of child labour against children who are engaged in works without minimal legal working age. In community care coalitions this program is delivered and coordinated by capacity building and advocacy work section depending on the annual work plan. Child labour is very complicated problem which has multiple layers embedded with customs and social values of community members. This indicates that continuous advocacy and training of different community members and government officials is crucially important. According to the in-depth interview data conducted with IIP-4, child labour prevention training is conducted for four groups of trainers. These are training to community care coalition members, local community, higher government officials and *ketena* and *got* leaders. According the data collected from Bureau of Labour and Social Affairs, two advocacies are conducted biannually by engaging all concerned partners including children, community care coalition members, local communities and line sector officers.

Child labour response program are capital intensive as compared to child labour preventive programs. Child labour response program delivered by community care coalition include different components. These are engagement of children in sale of lottery ticket, sale of groundnut and sale of khat. The data gained from the rapid assessment conducted by Bureau of Labour and Social Affairs and Women and Children Affairs in 2014 identified

this three area. Accordingly, these activities expose children to child labor by affecting the healthy development of the child by preventing playing time, education and health. The major response programs that coalitions are providing are reintegration and reunification from their family and area of destination to their family and area of origin. This is supported with frequent advocacy events on the negative impact of child labour. This awareness creation helps households who did not consider domestic abuse as violence to rectify their understanding regarding the issue.

4.3. Major Strategies Employed by Community Care Coalitions

The data indicated in the ten categories under the theme major service delivered to vulnerable children and their families are delivered by using the certain array of implementations mechanisms which are considered as strategies. Implementation strategy according to document review of community care coalition implementation guideline refers a technique followed by community care coalition in planning, implementing, monitoring, evaluating and reporting programs in annual, biannual, quarterly and monthly basis. The guideline which community care coalitions are using in their program delivery was divided in to three broad but interrelated components of strategies. These are capacity building and advocacy, resource mobilization and data collection, organizing and documentation. Each of these three key strategies are presented as follows.

4.3.1. Capacity Building and Advocacy as Strategy

Capacity building is one of the major strategies used by community care coalition in providing welfare service to vulnerable children, families and local communities in destitute living conditions. According to the in-depth interview conducted with IIP-4, capacity building and advocacy is the key strategy used for catalyzing community based child protection and family welfare. Capacity building is any form of training, advocacy, community dialogue or the use of media for capacitating the understanding of the

community. This can be undertaken on the existing status of child vulnerability and basic services needed to be delivered by concerned key stakeholders. In doing so, community care coalition was used as durable system for community development in general and child protection in particular.

The capacity building programs are delivered to targeted groups for sensitizing their awareness. The other role of capacity building was strengthening sectors understanding to play an appropriate role in accordance with their organizational mandate to reduce child vulnerability and sustain child welfare program. Capacity building program for key actors from formal organizations is needed for strengthening intersectional collaboration. It was also intended to create new understanding for key community members about the emerging futures of child right violations. Gender focused capacity building efforts are the key ways of changing social norms that predispose children to violence but not considered as abuses to the right of the child.

Advocacy program that community care coalitions have conducted includes, international and African child day celebration, March 8, HIV/AIDS day, disability day and child trafficking mass advocacy programs. In addition to this community care coalition guideline inception training, resource mobilization training, psychosocial support training, child labour prevention and response training and para social work workforce training are capacity building training delivered and coordinated by community care coalition.

4.3.2. Resource Mobilization as a Strategy

The second key component of community care coalition strategy which is considered as the vital input crucially determining the success and failure of community care coalition service delivery is the effectiveness of resource mobilization effort. According to the data gained from focused group discussion participants with community care coalitions, community care coalition has started mobilizing local resources from members of the

community in cash, in kind, in material and information. In this regard, increasing members which is the main component of the human resource helps the resource mobilization process of community care coalition. Resource mobilization strategy is coordinated by the community care coalition resource mobilization work section for supporting children and family is difficult socioeconomic situations.

Based on the in-depth interview data gained from IIP-4, the resource mobilization work section have planned to mobilize twelve thousand birr from members of the local community like individuals, business organization, Idir, Mahibers, Ekub as well as locally operating civil society organization. For initiating the participation of business community to the support system, recognition and certification has been conducted in collaboration by Bureau of Labour and Social Affairs. As per the data collected by community care coalition IIP-2, identifying potential supporting organizations and individuals then discussing with them is important aspect of initiating resource mobilization. This is followed by signing memorandum of understanding for making consensus on the amount and time of the support agreed by community care coalition and supporting actors.

Resource mobilization as a driving factor for the delivery community care coalitions needed effective planned efforts and efficient follow up mechanism. Resource mobilization is not begging rather convincing the haves to stand for the have-nots. According to the in-depth interview data gained from IIP-1, continues and effective communication has a role for resource mobilization success. She stated that

> *In our kebele there is high potential of resource from community members. The problem we encountered is resource owners' latter change of their mind after agreeing for some time. This happens for resource mobilization programs that community members agree to support but are not stated in memorandum of understanding.*

Accreditation challenge was the bottom line justification for putting resource mobilization efforts doubtful. Unaccredited community care coalition did not have legal voucher to mobilize resource following legal procedure. This creates skepticism on the side of supporting organizations and individuals that sometimes leads to pending or total refusal of agreed financial supports. Early accreditation during the establishment of community care coalition is one way of reducing challenges related to accreditation.

4.3.3. Data Collection, Organizing and Documentation as a strategy

Data collecting, organizing and documenting as a strategy employed by community care coalition is used for supporting the services delivering process in evidence informed way. This data collection can be conducted on the whole vulnerable children and their families who are in need of support of any kind. Data collection is the first step for maintaining the effectiveness of the child protection services by community care coalition. Data is the basic resource that guides intervention by community care coalition by collection, organization and documentation work section. According to the data collected from individual interview with IIP-4, community care coalitions collect, organize data by age, gender, type of vulnerability, service received and *kebele* to guide intervention, referral and for media advocacy.

The data generated from focused group discussion with community care coalitions, indicated that, community care coalitions haves screened eighty six children in 01 *kebele*. The discussion further stated that, coalitions screened and documented seventy five for educational support, thirty four double orphaned and seventeen single orphaned a total of fifty one children for referral and support from 03,02,04 kebele community care coalitions respectively. In order to protect the rights of these children resource mobilization needs to be conducted from different sources.

The segregated data by different socio demographic variables guide the intervention for community care coalitions. Other civil society organizations who are interested in the inception of new programs are beneficiaries too. Besides that, organized data is important to indicate child vulnerability context in the study area. Capacity building through media advocacy is the other way of utilizing documented data by community care coalition. I this way, data collection organizing and documentation was one of the basic strategy employed by community care coalition in the provision of child protection service.

4.4. Challenges Encountered by Community Care Coalition

Providing child protection service by employing the above three strategies by community care coalition is triggered by challenge of different type. These challenges have influenced the effectiveness of community care coalition program intervention at four kebeles. These challenges are embedded into different causal factors which are varying depending on the level of professional engagement, organizational structure and commitment of heads and respective officers. According to the data gained from focused group discussion with community care coalitions, the major challenges that affected child protection program by community care coalition can be categorized into four groups. These are turnover in community care coalition chairs, structural challenge, financial and accreditation challenge and professional challenge. Each of the four challenges are presented as follows.

4.4.1. Turnover in Community Care Coalition Chair Persons

Community care coalitions are established in the four respective *kebeles* of Assosa city administration. Before the establishment of the community care coalitions, implementation guideline was developed by Bureau of Labour and Social Affairs by arranging inception worship. With the appraisal workshop a serious of comments were forwarded by proposed community care coalition officials and relevant actors. After

incorporating the inputs the guideline was finally approved to be the working manual. Thus it helped community care coalition by guiding the coalition program implementation.

The first major step made to initiate the community care coalition as local level child protection system was delivering continuous training. This was conducted to kebele administrators, community members, government officials, sector core process owners and officers working on child protection. The aim of this training was to raise awareness of key actors and to get the required support during program implementation. With training, workshops and advocacy events, concerned actors have made common understanding and community care coalition have been established. The establishment was followed by delegating responsibility and assigning chair person, vice chairperson, secretary, accountant, cashier and three work section coordinators.

The challenges have clearly become visible after actual program implementation. After chairing community care coalition for six and seven months, two of the kebeles main chair persons have left coalition. Due to this, Bureau of Labour and Social Affairs is forced to shift vice chairperson. After one year the remaining two chair persons from the rest of the two CCCs have left coalition. After the replacement of the trained coalition official, Bureau of Labour and Social Affairs is again burdened to train the guideline about all coalition programming to the assigned new chair persons. Even through the Bureau arranges the existing and new coming community care coalition officials, turnover in community care coalition chairs remained the bottleneck for coalition program implementation.

4.4.2. Structural Challenge

The second challenge affecting community care coalition's service delivery was related to structural constraints. According to the data collected from document review from Bureau of Labour and Social Affairs, the four community care coalitions structure has affected their community care coalition intervention. Community care coalition follows

bottom up approach in their program planning, monitoring, evolution and reporting. This means that planning in initiated and implemented by the community care coalition offices. For doing so, coalition offices established at local kebele level need to strengthen their capacity to build the city administration coalition, then zonal and regional coalitions progressively.

For this purposes, the existing community care coalition programming has some structural barriers. The current functioning of community care coalition is established in kebele administration with their separate office. But the offices needed for chair, vice chair, secretary and the three work sections are not arranged as the program requires, which is affecting their success.

Well organized office structure beyond importance, brings service effectiveness. The current office setting does not allow community care coalition program officers to precede their work in the work simultaneously. The in-depth interview with IIP-4, have shared his experience of how office setting affect their program delivery. He stated challenges of office structure as follows.

> *In the morning we come to the kebele community care coalition office. The office did not have enough furnished space for us so when the chair, vice chair person and secretary take a table the remaining others will go to the other kebele office and do our tasks there. So the office has limited space and furniture.*

Office set up has its own role on the success rate of coaltions programming. Well organized office has high tendency of attracting workers and reducing occupational hazard as compared to the opposite. This indicates the negative consequence of structural barriers on the function of coalitions.

4.4.3. Financial and Accreditation Challenges

Community care coalition is a community based social protection system intended to catalyze local community development in general and child protection in particular. Catalyzing child protection with in local community requires financial resource. According to the community care coalition implementation guideline, community care coalitions mobilize financial resources from the local community, organization, and from concerned governmental and civil society organizations with whom they work. Depending on the data generated from focus group discussion with community care coalitions, main source of their financial resource are gained from the kebele annual budget, from local community development programs planned to be implemented with community care coalition from Bureau of Labour and Social Affairs and other Civil Society Organizations.

The major challenges that affected the community care coalition program implementation as a financial constraint was the imbalance between the collected financial resources and the needed finance by children and families living in poor economic situations. The allocated amount of budget by government didn't allowed the implementation of child protection program by implementing sectors. The other challenge was considering child protection as single institutional program only implemented by budget allocated to one sector. The non allocation of reasonable budget to child protection coordinating program offices was stated by different participants. Key informant interview conducted with KI-2 stated that

> *The annual budget allocated by government to our Bureau is very limited. In this year the allocated budget was unable to cover programs beyond the first two quarters and we have no budget for the coming half year. We have no option to conduct training, support CCC officers and arrange advocacy programs in the city administration. We are supporting beneficiaries that come to the bureau than others.*

Resource mobilization was highly connected with community care coalition accreditation. According to the community care coalition implementation guideline accreditation refers the process by community care coalitions to pass the process of legal recognition so as to receive issued financial slip. This was issued from Bureau of Finance and Economic Cooperation for ensuring financial transparency during times of collecting resource. During their establishment, community care coalitions are not accredited. This has challenged their resource mobilization, but community care coalitions have decided to collect resource by using the voucher used by respective kebele for community care coalitions. Currently Bureau of Labour and Social Affairs is on the process of accreditation to the four community care coalition in Assosa city administration to be certified.

4.4.4. Professional challenge

The other critical factor affecting the effective service delivery of child protection program by community care coalitions is the limited engagement of professional in child protection sectors, community care coalition and civil society organization. According to the data collected from interview with the four community care coalition, chair persons leading community care coalitions are not trained on professions related to child protection. This has directly affected the child protection program by community care coalition. The other professional challenges were observed by sectors coordinating and supporting community care coalition. Some sectors have employed professionals who are not totally related with child protection and community care coalition.

According to the data gained from key informant interview with KI-1, low professional engagement with community care coalitions child protection program as follows

> *As child protection coordinating organization we donate and work closely with all governmental sectors related to child protection. In doing so, I have observed the variation in program implementation effectiveness with sectors who hired*

professional that fit to the stated post and those that does not hire the right professional for the position.

By its very nature, child protection program needs generalist and specialist service. The inability of sectors in recruiting the right professional has affected the effectiveness of coalitions functioning. Other key informant interview conducted with Bureau of Women and Children Affairs has indicated that none of them have hired social work professional for the posts that are even stated as social worker.

Programs will be effective if the right professional handles them. Even though paraprofessional workers are key change agents by community based child protection like community care coalitions, trained professional are needed to support the service delivery. Especially in areas of manual development for training, revising implementation guidelines and designing programs, trained professionals pertinent to the issues are vital. This indicates that professional and paraprofessional have to work together for providing kangaroo mother care for vulnerable children and their family.

4.5. Community Care Coalition Service Sustainability

The fundamental principles guiding the service delivery of community care coalition was the principle of sustainability. According to the data collected from key informant interview with KI-5, community care coalition can ensure sustainability of child protection service by saying

Community care coalition can fully ensure child protection sustainability as part of child protection program because it is community capacity building strategy. Is increases communities awareness of existing resources, decreases expectation of external resource. If a community is capacitated successfully, knowledge sharing and transferring continues for generations which in turn can increases child protection sustainability.

The bottom line justification for community care coalition's child protection and local community development sustainability strategy are clustered into the following sustainability pillars. The identified pillars are based o the data gained from in-depth interview and focused group discussions. These are focusing on local resource, local knowledge and institutions, integrating formal and informal actors and analyzing the relationship between CCCs and traditional support networks.

4.5.1. Focusing on Local Domestic Resource

Community care coalitions mobilize local resources for the implementation of all service packages planned in their annual work plan. Local resources by their very nature are not spontaneous that happen at one point in time and inaccessible in the other time. They are rather embedded into the local community and always available within the local community until they are identified, mapped and mobilized for their community development programs. The major domestic resources mobilized by community care coalition are financial resource collected from members, human resources serving the coalition, material resource and in-kind support as a resource.

4.5.2. Focusing on Local Knowledge and Institutions

The second main pillar of community care coalition sustainability justification was basing service delivery on local knowledge and institutions. The major challenge for delivering human service organization is establishing new institutions and hiring professional that best suits to their specific service. But community care coalition doesn't have this as a major challenge because it doesn't establish and hire institution and knowledge base form professionals. Thanks to local knowledge and institutions community care coalition is relatively free from this burden, just arranging the local community structures and devising mechanism in which they operate. This is the foundation for community care coalition in this context that reduces the establishment challenges. This involves organizing kebeles, Idirs,

Ekubs, Mahibers and other community institutions in the way they can support community care coalition programming.

4.5.3. Integration of Formal and Informal Community Care Coalition Actors

The fact that community care coalition provides all packages of service directly, in collaboration and in the form of referral indicates the integration of service as far as the resource and capacity of the coalition allows in doing so. The other justification for the integration of coalition intervention is the engagement of all sectors in to coalition programming. Some sectors support child abuse response program, others focus on child vulnerability prevention programs while the rest collaborate on referral programs. All these sectors are engaged in child protection program. This stats community care coalition's integration of child protection service with concerned institutions. Integrated service indicates that no significant component of service package and contributing actor is overlooked. The data collected from KI-5 stated as follows

> *Community care coalition ensures service integration. For example we have child program mainstreaming forum which has 22 line sectors which is implemented at community care coalition level. This time we have devised a mechanism for all these sectors to work with community care coalition for child protection program into integrated service system. This was made easy with memorandum of understanding indicating sectors line of responsibility. Integrated program reduces duplication of effort as this was in action by community care coalitions.*

The interview data with KI-3 indicated that engaging different governmental and civil society organizations operating in the local community has paramount importance to community care coalition programming. This strengthens child protection prevention and response demanded by vulnerable children and poor of the poor households supporting children. The essence of integration is needed because different organizations are endowed with different resource and implementation mandate which needs cross sectoral

collaboration. According to the key informant interview with KI-5, child right program are being coordinated by the engagement of different sectors.

According to the personal interview made with KI-6, sectoral integrations are the bases for integrated community care coalition programming. The intervention of formal community care coalition and child protection programs at sectoral level has twelve key sectors. These key sectors have indentified roles and responsibilities and memorandum of understanding signed between BoLSA and others. These twelve sectors have coordinating committee which is composed of heads of the selected tweleve sectors. In addition to that, technical committee which is the working group of experts relevant to child protection was established from these twelve sectors. During the time of their agreement on implementing child protection program as per the memorandum of understanding, planning, action and reporting was presented. Finally after incorporating reactions of key members, the agreement was signed between Bureau of Labour and Social Affairs and other rest of eleven sectors. This twelve sectors which are considered as key actors are (1) Bureau of Labour and Social Affairs, (2) Bureau of Women and Children Affairs, (3) Bureau of Justice, (4) Police Commission, (5) Bureau of Health, (6) Bureau of Education, (7) Micro and Small Scale Enterprise Agency, (8) Micro Finance Institution, (9) Assosa Town Administration office, (10) Bureau of Government Communication Affairs, (11) Bureau of Housing and Urban Development and (12) Assosa University. The action and coordination group have the aim of planning and reporting activities related to pertinent child protection pillars. This was implemented as per their organizational mandate directly with community care coalition, by coordination or referral with concerned sectors.

The ultimate goal of the inter-sectoral coordination is diversifying the prevention and response mechanism for child protection. This is facilitated based on the line of responsibility, by avoiding creaming of program and to have integrated planning and

response. With regard to civil society organizations, those working directly with community sign their agreement with community care coalition. Others that are working with sectors are aligned to the memorandum of understanding by the sectors coordinating the program. For example child focused social welfare and social protection programs are represented by Bureau of Labour and Social Affairs with the program supporting Civil Society Organization while child right and nutrition program are represented by the Bureau of Women and Children Affairs and Health respectively.

Informal actors are the second category involved in community care coalition programming. Informal actors like Idir, Ekub, Mahibers and key local community gate keepers like Elders are involved in community care coalition programming. The involvement of informal actors as a building block strengthened the role of community care coalitions in the delivery of child protection service.

4.5.3.1. Strengthening Para Social Work Service

Besides the major services delivered by community care coalition to poor households and vulnerable children, strengthening para social work service is critical service packages. There are multiple responses regarding this. According to in-depth interview data with IIP-4, para social work workforce training was delivered to community care coalition staffs and members. The purpose of the training was strengthening para social work workforce engagement as crucial step in building the human resources of community care coalition. In this context para social workers are professional of any backgrounds who are involved in short term training to provide social work service at local level in *kebele* and household. All community care coalition program coordinators are trained by Bureau of Labour and Social Affairs have to use them as para professional social workers. According to KI-5, the training included community care coalition guideline, social welfare workforce, planning and management of community care collation program, communication for development and

family tracing and reunification. The participant further stated that most of the chairs and officers implementing child protection service are para social workers. Besides that, professional from Bureau of Labour and Social Affairs support community care coalitions in their monitoring and supportive supervision programs.

4.5.3.2. Providing Volunteer Service

Volunteerism is an important segment of human service mechanism for defusing new energy to community care coalition programming. In volunteerism, individuals are interested to support a certain program of their choice without expecting any reciprocal benefit for their contribution. In this regard, in-depth interview with IIP-4 indicated that their coalition has recruited and trained five volunteers (three female and two male) and engaged them to the data collection, organizing and documentation work section. Based on the data generated during observation in the community care coalition office, they are supporting community care coalition data by collecting, organizing and accessing data for implementation, coordination and referral to support data informed intervention. The focused group discussion data from the community care coalition has supported this evidence.FGD participant community care coalitions representatives stressed on the role of volunteers in reducing the human resource gap of their community care coalitions. The data collected from in-depth interview with IIP-1, indicated how community care coalitions engage volunteers by saying

> *Some of the youth and adolescent members of our local community support major advocacy program on volunteer basis during the times of International, African child day and child labour advocacy events. Sometimes we request professionals working in different organization to support our program during weakened and most of them are happy for helping community care coalition based on the convenient time appropriate to each professional.*

The participation of volunteers is very low in community care coalition program implementation. Further strategies have to be employed by community care collation to increase the number of volunteers. This can be done by developing volunteerism program management manual that gives direction for deployment, screening, monitoring and delegation of responsibility with clearly outlined time of volunteerism.

4.5.4. Community Care Coalitions Relationship with Traditional Support Networks

Community care coalition and traditional support networks have an aspect that differentiate and makes them similar. Community care coalition is a social welfare system established by members of local community by using their institution, knowledge and structure and coordinated by concerned sectors. On the other hand traditional support network like Idir, Ekub and Mahiber are local community association established by members to support incorporated members during times of insecurity. The relationship between community care coalition and traditional community support networks was explained based on the following elements for use them appropriately and sustaining coalition programming. These are purpose of their establishment, scope of operation and accreditation system.

4.5.4.1. The Purpose of their Establishment

Community care coalitions and traditional support networks are established with purpose. The major purpose of community care coalition is bringing local community development by mobilizing resources form members of the community for supporting overlooked community members. As opposed to this, traditional support networks are created for the purpose of supporting members during times of shock and livelihood inconsistency by the contribution collected from members. Community care coalition is a local strategy for implementing policy and plan of action as opposed to traditional support networks initiated by members' interest. Even though both are ways of supporting disadvantaged members in

the community, they follow different approaches. Community care coalition approaches clients receiving service from the perspective of human right and social justice. But the approach followed by traditional support networks is based on the strength of social network between members. Traditional support networks rarely support others outside their members and are based on principle of philanthropy. As opposed to traditional support network, community care coalitions are planned service delivery with clearly defined roles between chair and members in formal organizational setting than services arranged anywhere else for traditional support networks.

4.5.4.2. The Scope of Community Care Coalition and Traditional Support Network

The second dimension for understanding the relationship between community care coalition and traditional support network is their scope of composition and operation. With regard to scope, community care coalition is larger than traditional support networks. The scope of community care coalition ranges from individual, business organization, association consortium, civil society organization and key community leaders. But in the case of traditional support networks only individuals who are members and evolved in the contribution participate which makes it smaller in number of participants and scope of operation. In terms of the scope of operation, community care coalition function in specific city where they are established and become larger to provide service for all vulnerable segments of the community. In doing so, they provide different service packages while traditional support networks function around members' neighborhood on specific issue. Community care coalitions' scope of operation is larger than traditional support networks.

4.5.4.3. Accreditation System

Accreditation system is a mechanism is which structures established by community or concerned sectors have legal recognition for their effective functioning. According to personal interview with KI-6, as a strategy developed to implement social protection policy in

general and child protection service in particular, CCCs are local community development structures established and accredited. This was due to their engagement in resource mobilization, capacity building and data collection, organizing and documentation.

CCCs beyond accreditation have program implementation guideline indicating the whole procedure to be followed in intervention. This directs the line and scope of duties and responsibility, procedure in which decision are going to be made and formal mechanisms of planning, implementation, evaluation and reporting. Traditional support networks have no legal accreditation, implementation manual indicating clear line of responsibility and do not operate in organizational setting. CCC is modern service provision system whose role is indicated in policy documents to have formal operating organizational setup. Idir, Ekub and Mahiber are considered as traditional support networks constituencies. Due to their small scope difference traditional support networks are included under the subset of their umbrella, CCCs.

4.5.5. The Implication of the role played by CCCs to Community Development

According to the data gained from FGD CCCs, Community development structures like CCCs are currently being implicitly stated in policy document as social welfare systems used to reach local community at its stake. The focused group discussion made with CCCs revealed that, CCCs are the foundations for community development which enables them to be at the center of local development for enhancing socioeconomic justice. CCCs has profound role in building community development. According to the discussion made with the four kebele CCCs, they are providing, coordinating and referring and strengthening needed by members of the community. If all components' of community development programs including community building, community engagement, community mobilization and collective community action are in place by CCCs. This is impaling that there is no debt regarding CCCs role not only in ensuring community development but also in sustaining it.

Chapter Five

5. Discussion

5.1. Introduction

This chapter is concerned with discussing major finding that are outlined in the data presentation part. The major findings obtained in the study in the previous chapter are discussed with empirical outputs conducted by previous researchers. On top of that, important policies, legal and strategic documents pertinent to the issue are discussed. Specific discussions of major issue from the four research objectives are articulated with preexisting literatures as follows.

The first part discussed the major child protection services provided by CCCs. The ten major service packages delivered by CCCs to vulnerable children and their families are categorized in to three basic categories. This grouping was based on the level of effectiveness of the service packages. This again led to variation in change that each service packages brought to the life of beneficiary children and families. The three categories are highly succeeded service packages, partially succeeded service packages and less succeeded packages.

Highly succeeded service packages constitute the first main component of the roles played by CCCs. Service packages is this category have brought significant improvement on the lives of children and their families. This implies that children and families have gradually changed from destitution to improved livelihood, health, education, skill development, better communication, understand the negative effect of child labour and exploitation and reporting family disagreement to court. This significant positive change on the lives of children and their families was the result of the six successful service packages. These include economic strengthening, health support, education support, capacity building, delivery of rehabilitation device and counseling.

Economic strengthening programs like IGAs delivered by CCCs to selected destitute female households capacitated their income. Their engagement helped them to gain income and supported their family consumption and increased their participation to traditional support networks like Ekub with their neighboring households. They sent children to school, covered health and other living costs besides saving. The finding by (Nargiso, Egan and Karen & Florin 2012) states the relationship between economic strengthening efforts with greater number of policy changes. However this research agrees with this finding due to policy change that enabled the incorporation of CCC in to policy documents that ultimately resulted in the delivery of service packages. This service with supportive supervision form CCC improved their living condition than the past.

Provision of direct cash support to households has brought improvement to child nutrition. This improvement was for children who are members of the selected households of the cash support. Improving child and family nutrition means supporting the health needs of the child, this in turn leads to reduced school dropout caused due to malnutrition. This facilitated the child's physical development and interaction with his environment.

Both revolving loan and cash support have made improvement to selected households and families. They are selected because of their excessive destitution and having child in need of support. This supports the argument stated in the second draft Growth and Transformation Plan. The draft plan states that concerted efforts need to be exerted to put in place social protection systems to increase social protection service for vulnerable groups with enhanced community engagement and participation (National Planning Commission, 2014, p.45).In this study the major vulnerable groups are children and their families and basic service packages are the delivered ten packages. Enhanced community engagement and participation was the sole principle guiding community care coalition intervention as stated in the draft plan. The improvement in the living condition was the result of supportive

supervision and past engagement experience in IGAs. With all this supports few others are not successful. This was emanated from low commitment, absence of past engagement experience, selecting inappropriate type of IGA and unexpected change in environment. There are also other poor households who are not selected due to financial constraint. This household's did not changed their living condition unlike the selected once because they are not eligible to the stated supports. There is difference between those who changed their life condition and those who are unsuccessful and unselected. While successful households change their family by the income they generate, the other do not accessed the same service. Non successful households need further professional support while unselected once need inclusion in the next round economic strengthening programs. Successful households shouldered their child responsibility and hence reduced the burden of CCC unlike others.

Free healthcare services provided and coordinated by CCCs have changed the health wellbeing of selected vulnerable children and their families. CCCs have delivered means tested free health service to vulnerable children and their families. It was means tested service due large number of health need and limited resource. Other non selected vulnerable children and their families are demanding health support from CCCs. This health support was delivered directly for selected beneficiaries by paying their health cost.

Free healthcare service was coordinated by CCCs for screened vulnerable children and families by issuing identification card. With the identification card, they access health service freely at hospital. But those who are not screened to receive identification card do not have access to this service. Coordination for free health service by CCCs needs communicating with the City Administration, Hospital and Health center.

Those vulnerable children and families who are out of the screening criteria by CCCs are not beneficiaries for the delivered and coordinated free health services support. In the screening process financial resource is the main constraint for segregating them as

beneficiary or not. Non beneficiaries in both programs have no access to free health service until the selected once graduate for the replacement of the others which sometimes need referral service.

Educational services delivered by CCCs for selected poor children have increased their access to education. This has contributed to the reduction of educational service inaccessibility which supports the guiding principle of social work "serve the most vulnerable members of the community". Even though child beneficiaries in this study are within the age range of twelve and eighteen, all of the selected child participants have accessed the opportunity to educational material. Educational access was primarily supported by CCCs but the suspicion was on its effectiveness. Other triggering factors needs to be considered because despite educational material access, nutrition and proper follow up of family are other factors that affect education effectiveness.

Capacity buildings efforts given by CCCs to prominent actors consolidated their support to CCC programming. Succeeding CCCs service effectiveness is embedded to the extent of capacity building efforts. This supported the finding of Miller (1987) which outlined the use of capacity building efforts to network entrepreneurial initiatives. This was supported by in-depth interview with IIP-2, who stated variation between programs which are supported with capacity building and those that are not. Capacitated actors exert strong efforts in implementing programs aimed at protecting its members. The aim of this program was to strengthen inter sectoral collaboration which was the driving force of CCCs development intervention. Unlike other service packages, this need continues efforts with targeted and general advocacy relaying of various strategies using different people. Local community better accept community dialogue than profession based training as opposed to formal organizations.

The provisions of physical rehabilitation devices to disabled children by CCCs have enhanced their wellbeing. Physical rehabilitation devices improved not only access to education but also access to health and movement. Devices delivered by CCC are wheel chair, cranach, lower limb fitting and supporting shoes. Prior to delivery of these devices, disabled children are hindered for interaction with their environment. After provision of the devices, their way of life, access to service and movement improved implying positive change on wellbeing of disabled children.

The delivered counseling by CCCs have reduced breakdown in the family. Decrease in family instability was due to the engagement of religious leaders and accepted elders by CCCs. Reduced family breakdown indicated the enhancement in roles of family. Counseling as a cognitive process was found to be important area of responding to family crises by CCCs. Bringing lasting change to their thinking process is important line of intervention by using counseling. This enabled them to respond to issues that harm family relationship inside the family.

The second category of service packages are those that are partially succeeded in the delivery of service to vulnerable children and their families. This category refers to packages that have brought not significant but medium level changes on the lives of vulnerable children and their families. They are delivered by CCC as other service packages but are not fully successful as first category. This is because they need the cooperation and commitment of different actors for planned and emergent issues. They have sometimes emerged from resource constraints which affect the delivered service. Two service packages constituted this category. These are referral service and prevention and response to child labour.

Referral service is the major CCCs outsource service for supporting beneficiaries besides delivered and coordinated service. This package is a way of linking beneficiaries to services delivered by other organizations whose area of intervention is supporting vulnerable

children and families. CCCs have referred vulnerable households and their children to governmental, CSO and private organizations. According to personal interview with KI-6, the purpose of referral service is creating linkage between sectors and beneficiaries. This explicated that CCCs have served their key role in linking service providing organizations and service seeking vulnerable children and their families. The different mandate vested to sectors with program and resource make referral to be the most demanded way of supporting children. CSOs accept referral more than governmental and private organizations. This indicated that CSOs have high tendency of adjusting referred programs in line with their area of intervention than others.

The prevention and response program delivered by CCCs have not reduced the extent of child labour. The sever challenges experienced by vulnerable children continued increasing despite the delivery of prevention and response programs. Advocacy programs conducted, multiple training and dialogues created through bring change, did not reduced child labour exploitation. This was due to low child participation, weak inter sectoral collaboration, existence of social norms predisposing child to labour, not considering domestic violence as abuse in families and poor economic capacity of families.

The third category of the roles played by CCCs service package was those that are low in success rate. Low success rate implies low effectiveness in coalition functioning. The ineffectiveness was related with low awareness, weak collaboration of sectors in area of origin and destination and weak economic capacity of families. This category has two service packages. These include reunification and reintegration and service child participation.

Though various efforts are made to reunify and reintegrate children, the service remained low in effectiveness. Children in this circumstance do not have accessed education, health service and playing time. This finding is opposed to principles stated in Article 36 of the FDRE constitution as right of the child. The reason for the low success of reunification

program is poor economic capacity of families in fulfilling the needs of child, engagement of brokers, interest in early age work, weak follow up and multiple vulnerability of children. This is similar with the finding listing poverty and lack of awareness as the causes complicating child protection concern in third world countries by (UNICEF, 2008, p.2). This finding is similar for poverty and conflict and different for natural disaster and epidemic as cause of child vulnerability by (Landgreen, 2005, P.14). Unresolved reunification challenge has multiple implications in leading to family disorganization, loss of primary socialization and community instability.

Child participation is at low level in CCC programs due to low awareness, overloaded responsibility, making decision for children by CCCs. This supported the finding by Wessells (2009). He stated that effectiveness of child focused community group depends on the level of child participation. These three factors diverted their attention to other services without incorporating prior need of the children. This needs frequent capacity building for CCCs and children for diffusing new insight on the negative impact of low child participation.

The three categories of service packages have brought positive changes to the lives of selected children and families to a varying degree. The change for the first category was significant, the second medium level and finally the third brought less positive changes. This indicates that all of them have made changes to their lives of beneficiaries at different levels.

The second discussion section focused on major strategies employed by CCCs. The strategies employed by CCCs have guided positive change that was brought on the lives of children and their families. The service was the result of the employed strategy by CCCs. CCC employed three strategies in the delivery of child protection service. These are capacity building, resource mobilization and data collection, organizing and documentation. CCCs have strengthened the capacity of prominent actors involved in the delivery of service. This is similar with the finding by Fishman, Collins &Ahn (2012) who related producing community

changes to developing CCCs problem solving capacities and pursuing more comprehensive array of strategies'. Due to capacity building efforts, CCCs has brought progress to children and their families immersed in to difficult circumstances. This agrees to the finding by Valerie (2014) which depicted success in program of CCCs with new skills. Local resource mobilization by CCC has catalyzed the delivery of services packages. This indicated that resource mobilization ability increases the functioning of CCCs. This negates the finding by (Challis and Hugman, 1993) which reviled clarity of goal as a tool in the CCC functioning. From the resources mobilized by CCCs, human resource played significant roles in leading to collection of finance, materials, and documentation of data. This documented data by CCCs decreased the amount of time needed for the service delivery.

The third part of discussion focused on challenges encountered by CCCs. The challenges identified by CCCs during child protection service delivery negatively affected its functioning. Turnover of the chair persons, structural challenge, financial and accreditation challenge and professional challenges are identified in hindering the effectiveness of CCCs. This is opposed to the finding by (Landgreen, 2005) which related child protection challenge with identification and use of appropriate indicators and engaging less tradition protection groups (p.30). Turnover in CCCs chair person explicates the loss of chairperson responsible for resolving accreditation and financial challenges, structural barriers and linking service with professionals. This agrees with Bebbington& Charley's (1990) finding that ascertained the vital role of experienced coalition leaders in sustaining and using coalitions as vehicles. This finding stated that with increase in time, trained and experienced CCCs chairs are lost. This was opposed to the finding by Grant (1996) that stated strong correlation between length of time and effectiveness by CCCs. Finance is the main input highly needed but financial challenges have the opposite effect on CCCs functioning in this study. Being accredited has direct positive relationship with success of resource mobilization, effectiveness as opposed to

the triggering effect of challenges on CCCs. The pressing professional challenge for CCCs programming was low existence of professionals in programming. So engaging professional is of vital beyond para professional intervention.

The fourth and final discussion was focused on CCCs service sustainability. Despite the effect triggered by challenges stated above, CCCs have ensured service sustainability. This confirms to a study by Wolf (2000) who indicated CCCs as long term than ad hock program driven by members. Its sustainability factor was due to (1) integration of all formal and informal prominent actors from GOs, CSOs and key community members. This agrees with the finding by Wolf (2000) who stated that CCCs have representatives and works on multiple community sectors and issues. Other opposing finding by Butterfoss (2006) stated that coalitions recruit less diverse partners than desired without substantive representation. (2) Basing resource mobilization on local domestic sources decreases susceptibility as the second sustainability pillar. Shapiro, Hawkins &Oesterle (2015) finding indicated strong positive relationship between coalition functioning and resource capacities. This reduces fear of resource cut from external sources. (3)CCCs focused on local institutions like Idir and Ekub that are permanently existing and driven by local knowledge and leadership. (4) Analyzing the relationship between CCCs and traditional support networks based on scope, purpose and accreditation system is important for increasing their participation. This is similar with the finding by Wolf (2000) who stated that CCCs are different from other forms of supports by their main focus on local than national issues, address community need, build community asset and help the resolving of community problem through collaboration.(5) The planned nature of CCCs programming was guided by implementation guideline indicating clear line of responsibility. This reduces the negative effect of service spontaneity as sustainability pillar.

Chapter Six

6. Conclusion and Social Work Implications

6.1. Introduction

This chapter presents two major sections. The first part is the conclusion and the second part focus on social work implications. The conclusions stated are drown from key finding pertinent to the four research questions that are analysed thematically for the four respective themes. The social work implications outline the implication of the research finding to different actors who are interested in incorporating the finding for future programming. Accordingly, four social work implications are stated in this study. These are implications for intervention or community development practice, future research, social policy and education.

6.2. Conclusion

This inquiry is conducted with the objective of investigating the role of CCCs for child protection. Accordingly, four major research questions were addressed focusing on major child protection services packages delivered, major strategies used, pressing challenged encountered and ways of sustaining service delivery by CCCs for the four objectives respectively. These research questions in the study are addressed by using in-depth interview, FGD, observation and document review as data generation tools. Thematic analysis approach was the main data analysis method used for coding, categorizing and creating theme to fit to research objective. The key conclusions drown form the four major research questions are summarized as follows.

The analysis of finding on the major child protection services indicated that, the ten service packages delivered by CCCs have brought positive changes to the living condition of vulnerable children and their families at three different levels. The first category of finding indicated those programs that have high success rates by bringing significant change on their

lives. These categories are the six key service packages like economic strengthening, health support, education support, capacity building, delivery of rehabilitation device and counseling. The second and third categories are those that are partially succeeded and less succeeded packages in CCCs program that have brought medium level and some change of their lives. These include referral service and preventing and responding to the child labour and child participation and reunification and reintegration service respectively.

IGAs as economic strengthening programs given to female households enhanced their income for selected households who have succeeded in revolving loan. The other component states that CCCs have provided, coordinated and referred vulnerable children and their families to access free health service. Educational materials and supports given by CCCs have increased child's access to education besides capacity buildings program strengthening other nine service packages. The provisions of rehabilitation devices to disabled children by CCCs have improved their wellbeing coupled with reduction of breakdown in the family due to counseling service by CCCs. Referral programs were effective in CSOs than governmental and private organizations in supporting vulnerable children and their families for issues that are under the their area of intervention. Weak inter sectoral collaboration in the area of origin and destination was the underlying cause for non reduction of child labour despite prevention and response program delivered by CCCs. The various efforts made to reunify and reintegrate children, did not brought strong success due to weak economic capacity of family, the influence of brokers, weak follow up of parents and child interest in early age work. In the study area child participation was very low. This was resulted from low awareness, the existence of multiple child problems and considering child participation programs as the least priority areas by CCCs and sectors.

The strategies employed by CCCs have guided CCCs to bring positive change on the life of children and their families. This ascertained the direct linkage between the

effectiveness of service and employment of appropriate strategy. Building capacity as a strategy helped the capability of actors involved in delivery of major service packages. Local resource mobilization by CCCs as the second strategy has catalyzed the delivery of service packages. This indicated direct relationship of resource mobilization ability and effectiveness of CCCs functioning. The collection, organizing and documentation of data as third strategy, decreased the amount of time needed in the service delivery that reduced the pending of service schedules for intervention.

As the analysis of the finding on challenges encountered by CCCs depicted that, the challenges identified by CCCs negatively affected its functioning. Turnover in CCC chairs as the major challenge indicted the loss of chairperson liable for resolving accreditation and structural barriers, mobilizing resource and linking service with professionals. The CCCs structure has hindering effect on its functioning due to the shortage of space and office supply. Though finance is a key input for effective implementation of CCC program, financial challenges have brought the opposite effect. Accreditation challenge has affected success of resource mobilization and functioning negatively. The low existence of professionals in CCCs programming is the other bottleneck affecting the functioning of CCCs.

Despite the triggering effect by challenges above, CCCs have ensured sustainability in child protection service. Its sustainability factor was due to its focus of local resource, local knowledge and institutions, planned intervention and the linkage of formal and informal actors. The use of vast array of strategies is the other component of service sustainability besides analyzing the relation of CCCs and traditional support networks based on their scope, purpose and accreditation system. Analyzing the relationship was important to utilize the issues to which they contribute their role. Due to these, sustainability factors depicted that

CCCs are not ad hock program and sustains the child protection service provision for longer period as a community development system.

6.3. Social Work Implications

Articulating the different implications of the research based on pointed out key finding is a vital component of social work investigation. This segregates the finding that gives clear category for those who are interested in using the finding for pertinent purposes. This component beyond vitality, gives the impetus for the very existence of social work as applied and practice based profession. The need for categorization of the implication is due to the different purposes that the finding plays for agencies in need of intervention based on the pointed out finding. The key finding of this research have four social work implications. These are implication to community development intervention or practice, implication to future research, implication to social policy and implication to education.

With regards to community development practice, two major issues were used in the whole process of this research, community care coalition and child protection with the third on the roles of the former to the later. Community care coalitions were used as a system for child protection service and community development structure. Without durable system and structure, bringing child protection service in particular and community development in general is unthinkable. Developing local community needs indentifying and involving locally operating institutions, actors, knowledge and leadership. The use of this with spontaneous procedure for each independently is not wise approach since it resulted creaming of service, overlooking of certain service packages and not progressing the intervention in line with needs of beneficiaries. Sustaining community development needs critical efforts in linking the formal and informal intervention. In addition to the existence and functioning of formal and informal support mechanism, the linkage between the two has a great importance. This

increases ownership for formal organization from local community and increases the service network for informal functioning community institutions.

Child protection for this study purpose indicated the major protection package that children have benefited due to the roles played by community care coalitions. In order to say a child is protected, all the needed service stated in different child protection protocols needs to be made accessible. In context to this investigation the service packages are outlined in ten categories. Targeting change on community norms and values which predispose children to vulnerability was taken in to account using selected nodes that are influential from their members.

Community care coalitions have played their roles to child protection in coordination, in direct service delivery and referral. This brought significant changes to the lives of vulnerable children and their families. Provision of service package to vulnerable children is not enough for building sustained child protection system. Unreserved focus was given to household empowerment for those helping vulnerable children through economic strengthening. In addition to this, counseling is given to help them cope with marital challenges. Education, health, rehabilitation device, reunification and reintegration service are given to children. Capacity building programs on child labour prevention and response and referral service are delivered to both children and their families.

This has implication to social work practice in community setting. Child protection as crosscutting issue needs multisectoral collaboration and informal institutions like Idir, ekub and Mahiber. This finding advocates for CSOs, GOs and private organizations to use community care coalitions as main child protection systems for any pertinent program. This implies the use of community care coalition as area of community development practice by nearby university colleges and organizations. Practicing in this area indicates vivid understanding of major child vulnerability predisposing factors. This makes insights to

members on how to focus on local assets for child protection and community development. Specific intervention implications on specific issues are stated as follows.

Improving support systems within the community should be the focus areas of CCCs future advocacy program by capacity and advocacy work section. In the stated study area, Even through the traditional support systems provision of support for their vulnerable members are high, they are on the process of diminishing. These support systems embedded in religious values are used for the support of vulnerable children and their families. All concerned actors have to focus on ways of strengthening the diminishing supporting systems. This needs independent and coordinated role of Mayor of the City Administration, BoLSA, BoWCA, community members which in turn have positive role for reducing child vulnerability.

The other issue critically needed to the intervention implication was frequent community dialogues programs needed for changing social norms and values which predispose children to violence. According to the finding from this study, domestic violence and exploitation of children is not considered as child labour. Targeted and generalist training needed to be conducted with elders, children, women, religious leaders and family members on ways of defining domestic violence as social problem for reducing its negative effect on children.

Strengthening collaboration between cities is the critical issue for intervention implication. Heads of BoLSA, BoWCA, and Mayor should communicate cities in the place of origin with memorandum of understanding for reducing reunification and reintegration challenge stated in the finding

Bureau of Labor and Social affairs have to progressively continue economic strengthening programs for new revolving loan beneficiaries. The finding indicated that the

delivered economic strengthening are means tested implying there are non selected beneficiaries waiting for other round economic strengthening program.

The establishment of institutional care for temporarily resolving problems of children by the government should be mandatory. Even though placing children in institutional care is not permanent and best option, supporting child education, health care, nutrition and counseling is better in temporary care centers until they are reunified. This to some extent reduces basic services gap until reunification and reintegration of children.

Child participation was not the prime focus for community care coalitions and sector programming based on the study finding. So, community care coalition and sectors have to incorporate child participation program at strategic and tactical level and monitor and oversight its progress. In order to resolve financial constraint, UNICEF has to collaborate to sectors by allocating grant.

Financial challenge was stated as crippling the functioning and effectiveness of BoLSA and BoWCA's child protection program. So, governments have to refocus of the budget allocation procedure to ensure the right of children enshrined in article 36 of the FDRE constitution. Because the finding indicated much government focus on health and education sectors than BoLSA and BoWCA.

According to the finding from the inquiry, low level of professional engagement in the community care coalition has affected their effectiveness. Due to this, UNICEF and International organization for migrations need to place their professional internees to practice in the community care coalition office and support coalition programming. The deployments of new graduates help the community care coalition's professional challenge.

With regards to future research implication, in contemporary context of Ethiopia, the use of community development structures like community care coalition for sustaining community development service and sustainability is low. The role of community care

coalitions is not clearly outlined in policy documents until the inception of social protection policy. This implies that formal and informal support systems of the organizations and community members are separately functioning. In this research the major finding indicated that sustaining child protection service in particular and community development in general depends on the integration of prominent actors specifically the formal with informal.

Before this research, only one assessment is conducted on community care coalition system. The current research is the only research conducted on community care coalition's role on integrated child protection. It critically analysed the major services, strategies, challenges and sustainability components of CCCs. This will add its paramount contribution in reducing the absence of literature of community care coalition's role for child protection.

Quintessentially, the finding of this research has implications to futures research conducted for academic and guiding intervention purposes. This inquiry reviewed literatures related to community development, community care, community care coalition, child protection published in international journal articles with important policy and legal documents. This gives future researchers to review and get access to the original documents to support their study with preexisting literature. Most importantly the main findings as stated in the finding section contributes to framing of their problem statement and serve as base line preexisting literature for discussing their finding. This vividly indicates the future research implication of the investigation for academicians and other researchers. Other researchers are expected to conduct large scale explanatory surveys. The focus of their study can be (1) why child participation is not considered as prime focus among coalitions and sectors and (2) why coalition programming did not reduced child labour and (3) why social norms predisposing children to violence are still prevalent with capacity building efforts made by different actors.

Policy implication for this research may range from supporting the change and amendment of policy to initiation of new policy for emergent pressing issues that are not

covered by existing policies by providing substitutive finding to base on. This may lead to the initiation of comprehensive child policy to inclusion of intervention pillars to existing program and strategic documents related to the area. This supports the initiation of implementation of overlooked CCC and child protection programs in policy documents.

Policy designing, implementation and evolution were based on baseline policy research. During the time of undertaking the policy research significant literatures that support their research as literature, problem identification and discussing the issue is needed. So, the finding in this research is the potential source of information for those conducting the study in line with community care coaltions and child protection service. It will be worthwhile for policy and strategic researchers that are interested in investigating formal and informal support mechanisms as their specific research framework.

This investigation has a great implication to social policy in the context of Ethiopia. It paves away for social policy designers, child program initiators and policy evaluators by giving imperial finding to base their decision. This study pointed how community care coalitions function effectively, sustaining their longevity of support and the role of community ownership is sustaining child protection service. This finding fundamentally serves as situational analysis in the area for initiating development policy, strategies, programs and plans which are intended for reducing the plight of vulnerable children and their families. The findings outlined for the strategies employed, challenges encountered and service sustainability locates and build the efforts of development policy and programs like social protection policy and growth and transformation plan. In addition to that, this investigation seriously advocates for the initiation of comprehensive child policy for which this research provides valuable information on community based child protection.

The education implication was the other areas of this research implication. Research outputs are important components of education system for basing the teaching learning

process on finding. Empirical investigations are the fundamental source of knowledge building process in institutions like universities, colleges and research centers. In this regard the finding of this study contributes pivotal role in helping the teaching process by shaping their understanding on evidence based teaching to reducing the use of commonsense knowledge. Typically, the education implications in this study have four components.

The first area where the finding of this research serves as means of education was on child right violation prevention. This finding can be used as an input for child right violation advocacy and training programs for raising the awareness of community members and actors on its negative impact. This also injects new understanding on the existing severity of child right violation circumstances that needs the full implementation of child abuse prevention legal and policy documents.

Life skill training is needed to be provided by school counselors for vulnerable children to cope with different life challenges. These trainings have the capacity of bringing attitudinal change for children who lost their parents who lose parental affection to cope with their situation. This is needed to be delivered in schools and niebourhood where children are using most of their time.

The finding obtained from this research will also be used for teaching the roles played by families of vulnerable children for healthy child development through prevention of marital problems. Being caused by different socioeconomic factors, divorce and family conflict are factors exposing children to low fulfillment of rights. So in reducing this problem, the finding obtained from this inquiry serves as baseline for awareness creation programs of families in conflict. This study will also be used as a guide to social workers working on court in areas of family therapy and social work practice with families and children in justice system.

Sustaining community care coalition's child protection service sustainability is the other important area where the finding of this study will be used. Besides the implementation guideline used by community care coalitions, this finding will become a key input for the training and advocacy programs that will be prepared by community care coalitions capacity building and advocacy work section. This training will support the sustainability of the program for refreshing the awareness of members and actors. The finding of this study serves as a base line for development of community care coalitions training manual. The key finding of this inquiry will guide the design of future strategic and operational programs by community care coalition on child protection issues. Last but not least, besides giving substantive input in education institutions like universities, professional associations like Ethiopian Society of Sociologists, Social Workers and Anthropologists will also use the finding of this study for different purposes.

7. References

Andrew K., (2004).Strategies for ensuring trustworthiness in qualitative research projects. Education for information, North, Umbria University, Newcastle, UK.

Baldock, P. 'Community Development and Community Care', community development journal, 1983 18(3) 230-237.

Bebbington A. and Charnley, H. (1990) Community Care for the Elderly: Rhetoric and Reality, British Journal of Social Work, Vol. 20, No. 5, pp. 409-432.

Becket, C. (2003). Child Protection. An introduction, London: Sage publication.

Beckham, K.& King, J. (1992).Building Coalition: Communication in Coalitions, Publication #FCS9162, Family youth and community service, Ohio state university.

Binega Haileselassie," Assessing the Role of Community Care Coalition in Providing Psychosocial Support to HIV/AIDS Infected and Affected People."American Journal of Applied Psychology 2.3 (2014): 73-81.

Brown, L.D., & Feinberg, M.E., & Greenberg, M.T. (2012).Building a research community Collaborative to improve Community care for infants and toddlers at-risk for Autism spectrum disorders.

Brown, L.D., Feinberg, M, E., & Greenberg, M, T. (2010). Determinants' of community Coalition ability to support evidence based program, Society for Prev. research 2013.

Brown, L.D., Feinberg, M, E., & Greenberg, M, T., &Osgood, D.W. (2013). Reciprocal Relations between Coalition Functioning and the Provision of Implementation Support, published By Society for Prevention Research 2013.

Bullen, P. (2007). Community Development Models and language, journal of community development, paper for discussion.

Bureau of Labour and Social Affairs.(2010). Community Care Coalition implementation guideline, Addis Ababa City Administration, Addis Ababa, Ethiopia.

Butterfoss, F.D. (2006). Process Evaluation for Community Participation and its Intermediary role in Health and Social Change Outcomes, Annu.Rev. Public Health 2006.

Carol, C. (1980). Rural Community Care givers, Social Work, vol.25, No.6, pp 495-49.

Catherine, et al. (2006).Qualitative research in health care, Blackwell publishing Ltd. Massachusetts, USA.

Challis, D. and Hugman, R. (1993). Community Care Social work and Social care, British journal of Social work, vol.23, no. 4.

Child forum of African. (2013). At what level is child protection service.

Chris, O. and Diane, M. (2004).Cross- Sectional Study Design and Data Analysis. Walden University, Chicago, Illinois.

Creswell. (2003). Qualitative inquiry research design: Choosing among the five approaches (2^{nd}Ed.). Thousand Oaks; Sage Publications, Inc.Environment.2^{nd}. Ed. Thousand Oaks, Ca. Sage publishing.

FDRE Constitution. (1995). The Council of Ministers, Addis Ababa, Ethiopia.

FDRE Federal Negarit Gazeta.(2009). Proclamation to provide for the registration and Regulation of Charities and Societies (621), Addis Ababa, Ethiopia.

FDRE Ministry of Women's Affairs (2009). Community bases child care, Reunification and reintegration programs, Foster Care, Adoption and Institutional Care Services, 2009, Addis Ababa Ethiopia.

FDRE, Ministry of Labour Social Affairs. (2004). National Strategy for Children, Addis Ababa, Ethiopia

FDRE, Ministry of Labour and Social Affairs, Social protection Policy (2015), approved English

Version.

FDRE, Ministry of Finance and Economic Cooperation, National Planning Commission.(2014).The Second Growth and Transformation Plan draft.

Feinberg, M.E.,Greenberg,M. T., & Osgood, D.W. (2012). Readiness, Functioning and perceived effectiveness of community prevention Coalitions: A study of communities that care (CTC), American Journal of Community Psychology, Vol. 33, Nos. 3/4, June 2004

Fisher, M. (1994). Man Made care: Community care and older male careers, British Journal of Social Work, Vol. 24, No. 6, Oxford University Press.

Grant, J.M. (2006). Building community based Coalitions from Academe: The union institute and the kitchen table: Women's of color press transition Coalition, Feminist Theory and practice, pp. 1024-1033, University of Chicago Press.

Hutchinson, E. D. (1999). Dimensions of human behavior and environment: Person and

Huxley, P. (1993) Case Management and Care management in Community care, British jourr of Social work, vol.23.no.4, pp. 365-381.

Jessica, E., Nargiso, K., Friend, B., Crystelle, E., Paul F., John S., Brenda, A., Barovier, L. (2012). Testing a comprehensive community coalitions Community problem solving framework for Community Coalition, Society for community Research and Action.

Kassaw Asmare. (2006). The need to strengthen the link between formal and informal community care givers for AIDS orphans: A.A.U. Addis Ababa.

Kegler, M. C., Kegler, J., & Honeycutt, S. (2010). How does community context influence coalitions in the formation stage? a multiple case study based on the Community coalition Action Theory, BMC Public Health.

Kegler, M.C., & Swan, D. W. (2011). Advancing coalition theory: the effect of coalition factors on community capacity mediated by member engagement, Heal. Edu. R.

Kreuger, L. and Newman, W. (2006), Social Work Research Methods: Quantitative and Qualitative Applications. Boston New York, Sanfrancisco.

Landgren, K. The protective environment: Development support for child protection, human right quarterly journal article, Published by John Hopkins University Press, vol. No.1, (2005) pp. 214-248.

Linkey, A.S. (1969). Community structure and Depressive disorder Published by Oxford University press on behalf of Social Problems, Vol. 17, No. 1, 1969, pp. 120-131.

Luque, J., Cathy, M. S., Noel T. J., Hyun, L., Clement, G., Susan, V., Dinorah M. T. (2010). Using social network Analysis to evaluate Community capacity building of a regional community cancer network, Journal of Community Psy, Vol.38, No. 5.

Lymbery, M. (1998). Care Management and professional Autonomy: The Impact of community Legislation on Social work with older people, British Journal of Social Work, Vol. 28, No. 6, Oxford University Press.

Medley, A., Kennedy, C., Kevin, O. and Michael, S. (2010). Effectiveness of Peer Education Interventions for HIV Prevention in Developing Countries: A Systematic Review and Meta-Analysis. AIDS Education and Prevention: Vol. 21, No.3, pp.181-206.

Mezegabu Zemene (2007). Psychosocial problems of AIDS orphans: Addis Ababa University, Addis Ababa.

Miller, I. (1987). Entrepreneurship: A Community Coalition Approach to Health Care Reform Vol. 24, No. 3 pp. 266-275.

Mizrahi, T., & Rosenthal, B. B.(2001). *Complexities of Coalition Building: Leaders' Successes, Strategies, Struggles, and Solutions,* Oxford university press, journal of Social work, vol.46.No.1 pp.63-78.

Morgan, D., "Research tools, Participants determination for focus group discussion", Qualitative

Research. Sage, UK, 2009.

Nixon A. and Wild D, (2012). Methodologies for assessing and demonstrating data saturation in qualitative Inquiry, supporting patient reported outcomes research affiliation, Oxford outcome Ltd, London, UK.

NSAW.(2005). Code of Ethics. National Association of Social Workers (NSAW), USA.

Orme, J. (1998). Special Issue on Gender Issues: British Journal of Social Work, Vol. 28, No. 4, pp. 615-622.

Parker, S. (2015). Understanding Coalition, Stanford Law Review, Vol. 43, No. 6 pp. 1193-1196. Stanford Law review.

Pitchford, M., & Henderson, P. (2008). *Making Spaces for community development,* published book by community development foundation, University of Baristol

Powell, J, Contract Management and Community Care, British Journal of Social Work, vol. 29, No. 6 (1999), pp. 861-875, Published by Oxford University Press.

Riggs, N.R. Nakawatase, M., & Pentz, M.A. (2008). Promoting Community coalition Functioning: Effects of Project STEP, By Society for Prevention Research.

Sanchez, V., Sanders, M., Andrews, M. L. Hale, R., & Carrillo, C. (2014).Community health coalitions in context associations between geographic context, member type and lengtl membership with coalition functions, Department of Family and Community Medicine, University of New Mexico, USA.

Save the Children (2013). Save the children child protection strategy from 2013-2015: Child protection initiative.

Segal, S. P. (1979). Community care and deinstitutionalization focusing on family policy, Social work, vol.24.no.6. pp. 527-527.

of Science-Based Prevention in Communities: Evidence from a randomized trial of communities that Care, Am. J. Com.Psy.

Shapiro, V. B. David, H. J., & Oesterle, S. (2015). Building Local infrastructure for Community Adoption of Science-Based Prevention: The Role of Coalition functioning, Society for Prev. Research 2015.

Tuckett, A., "Rigor in qualitative research: complexities and solutions", Nurse Researcher 13 (1) 29-42, 2005.

United Nations Children Fund. (2008). Child Protection Strategy, retrieved from www.unicef.org.

United Nations Convention on the Rights of the Child (2011). The right of the child to freedom from all form of violence, General comment number 11.

United Nations.(2010). Alternative Child Care Guideline.

Wassel (2009). What are we learning about community based child protection mechanism. Interagency evidence from humanitarian setting, London, UK.

Wolf, T. *the Power of Collaborative Solutions – Six principles and effective tools for building health communities (*2000).American journal of public health. *USA.*

Yin, R. (2003). Case study Research: Design and Methods (3rd Ed.). Applied social research, methods serious; Sage Publications, Inc.

8. Annexes

Annex 8.1 In-depth Interview Guide for Vulnerable Children

8.1.1.Socio Demographic Information of Participant

1. Sex.....
2. Age.....
3. Place of birth.....
4. Place of living.....
5. Religion.....
6. Education level.....

8.1.2 Family background

8. With whom are you living currently?
9. Do you have children in your family besides you? If yes how many?
10. Does your parents engaged in job? If yes what are they? If not why?
11. Does your parents educated at any level? If yes at to what level? If no why?
12. Does anyone support you besides your family? If yes who,when and how?
13. Does any member of your family member died? If yes what was the cause and when?

8.1.3 Major Child Protection Services delivered to Children

1. Have you everreceived health service from community care coalition?if yes what are they?when is delivered?
2. Have you ever been received educational material from community care coalition? If yes what are the types? When is it given, what are the processes involved? If no why?
3. Do you think that business development service training is important for your families? If yes does any of your family have taken IGAs? If yes how and when?

4. Does any of your family have physical disability? If yes have any one your family members received rehabilitation devices from community care coalition? If yes what are the types?
5. Do any of your family member received counseling service from community care coalition? If yes on what issues? If no to whom do you report during conflict?
6. Have any of your family members received economic strengthening service (revolving loan and cash transfer) for nutritional support and income generating activity? If yes, what is the amount, when is it given and how are you using it and preferred area of work?
7. Have you ever received service from other organization by referral linkage created by community care coalition? If yes, what type services and from which organization? Probe from (governmental, nongovernmental, and private organizations).
8. Have you ever been separated and reintegrated to your family? If yes when and why? What are the processes involved, challenges encountered and pushing factors out of home?
9. Have you ever been participated on services delivered to children by community care coalition? If yes when regularly, sometimes, rarely, not at all. If no why?
10. Can you share me about your personal narratives on how you become vulnerable?
11. Do you have other points you want to add to this interview that can support the study?

Thank you very much for your cooperation and response!

Annex 8.2. Key Informant Interview Guide for Concerned Sectors

8.2.1. Socio Demographic Information of Participants

1. Sex.....
2. Age.....
3. Religion.....
4. Education level.....
5. Marital status.....
6. Position in the organization.....
7. Year of experience.....

Major issues to be addressed

1. Would you please tell me about how you understand community care coaltions?
2. Would you please share me about how understand child protection service?
3. Do you think that community care coalition have role for child protection? If yes what are the roles? If no why and in what way? Probe major institutions engaged and feedback mechanisms.
4. Does your bureau have policy and strategy documents for monitoring and oversight of community care coalition program for child protection? If yes what are they? If no in what other mechanisms do you use?
5. Can you tell meabout the major programs you implemented, coordinated or referred in your bureau for reducing child vulnerability?
6. Have you ever faced challenges in providing intervention to vulnerable children? If so what are they? If not how do you managed to reduce their negative effect?
7. Do you participate children in community care coalition programming? If yes on what issues and in what time range? If no why?

8. Do you think that community care coalition's child protection service is sustainable? If yes in what ways? If no what other mechanisms need to be employ for sustainability?
9. Is there anything you want to add to this interview?

Thank you very much for giving me your valuable time and data!!

Annex 8.3. In-depth Interview Guide for Community Care Coalition Chair Persons

8.3.1. Socio Demographic Information of Participants

1. Sex.....
2. Age.....
3. Religion.....
4. Education level.....
5. Marital status.....
6. Position.....
7. Experience.....

Major Issues to be Addressed

1. Does your community care coalition provideany type of child protection service? If yes what are the types? If no how do you support vulnerable children and their families? Probe (heath, education, economic strengthening).
2. Does your community care coalition use any strategies for providing child protection service? If yes what are they? If no how do you deliver your service?
3. Have you ever encountered challenges in your community care coalition delivery of child protection service? If yes what are they, if not in what way did you reduced their effects?
4. Do you think that community care coalition has relationship traditional support networklike Idir, Equb and Mahiber? If yes in what dimensions?

5. Do you think that community care coalition can ensure child protection sustainability? If yes in what way? If not in what other ways do you thick can support sustainability?
6. Do you think that community care coalition bring service integration? If yes explain? If no in what ways? Probe (GO, NGOs and CBOs involved)
7. Does your community care coalition participate children in coalition program? If yes when? If no why? Probe (frequently, sometime rarely and not at all).
8. What other issues do you think are left?

Thank you very much!!

Annex-8.4. FGDGuide for Community Care Coalitions

8.4.1.Major Child Protection Services provided to Vulnerable Children by Community Care Coalitions

1. Would you share to me major child protection service packages your community care provided to vulnerable children and their families?
    - Economic strengthening (Cash, revolving loan),How much in birr? In what time range? what was the process involved?
    - Educational materials provided to vulnerable children? What are the types? In what time range and where is it given?
    - Reintegrated vulnerable children with their families by community care coalition? In what time range? From where (origin) to where (destination)?
    - Capacity building training given by community care coaltions to children and their families received? Probing (Training family, sectors, communityfor strengthening their
    - Referral service children and families? Probing (GOs,CSOs andprivate organizations).
    - Physical rehabilitation service (Wheel chair, cranch, shoes).

8.4.2. Major strategies employed by community care coalitions

2. Would you share to me the strategies used by your community care coalitions for child protection service delivery?
   - Mobilize local resource get resource for your programming? Probing (Financial, Material Human resource)
   - Data Collection- Probing (by age, sex, service need to guide intervention, referral, for media).

8.4.3. Challenges encountered and Service Sustainability

12. Would you please tell me the challenges triggering your community care coalition in providing child protection service?? Probe (financial, office)
13. Tell me about your perception of the relationship between community care coalition andtraditional support networks?
14. In what ways do you thick can community care coalition ensure service sustainability?
15. Would you please share to me major actors involved in community care coalition program implementation. Probe(government and nongovernmental organizations).

Annex-8.5. FGDGuiding Questions for Vulnerable Children

1. Explain to me basic health services you or your family received from CCC?
2. Would you share me major education services provided to you by CCC?
3. Does community care coalition reintegrated children in your family? How? When? Why?
4. Does community care coalitions'given capacity building for you and your families? When?
5. Explain economic strengthening activities that are given to you and your families?
6. Have you ever received counseling referral service by CCCs? If yes when?On what issue?

8. Do you think that community care coalitions mobilize local resource for child protection? If yes what are the types?

9. Have you ever been registered by CCCs up to know? If yes when and for what purpose?

10. Have any of your child family members received physical rehabilitation service?When, what are the types?

Thank you very much!

8.6. FGD Guiding Questions for Female Households

1. Explain to me basic health services you or your family received from community care coalitions'?
2. Would you tell me major education services provided to your children by community care coalitions;
3. Does community care coalition reintegrated children in your family? If yes when?
4. Does community care coalitions' delivered capacity building training for you and your families? If yes when and on what issues?
5. Explain economic strengthening activities that are given to you by community care coalition?
6. Have you ever received counseling referral service by CCCs in your Kebele? If yes when and on what issue?
8. Do you think that community care coalitions' mobilize local resource for child protection service? If yes what type?
9. Have yourfamily ever been registered by community care coalitions up to know? If yes when and for what purpose?

Thank you very much for supporting me!

Annex 8.7. Observation Guideon Services delivered by Community Care Coalitions, Vulnerable Children and household's situation

1. The living condition of the children, housing, food item they consume and their interaction with family, guardian or significant other with whom the child is living with.
2. The status of children in school, the material received and child communication with teacher and class mates.
3. Child participation during decisions made by community care coalition in their meeting about children.
4. Physical rehabilitation service a child received.
5. Destitute household's engagement in economic strengthening (IGAs) activities shop, pity trade?

Annex 8.8. Consent Paper

My name is Abebe Senbeta. I am Masters Student of Addis Ababa University School of Social Work. I am conducting research on assessing the role of community care coalition for child protection for the purpose of academic requirement. Participation in the process is based on your written informed consent. You can skip any question, or withdraw from the entire process. Your honest answer to these questions will help the researcher better understand the role played by community care coalition for child protection. Information you shared for this study purpose will not be shared to anyone who can harm the participant. It is used only for research purpose being imbedded in research ethics. If you agree to be participant in this study, signing on this consent paper helps the research. Singing on this paper means you understand the purpose of the research as it was stated on the consent paper.

Thank you for your cooperation and honest response!

Name of participant_____ Name of the Researcher: Abebe Senbeta

Signature; _____ Signature _____

Date: _____ Date _____

8.9 የመረጃ መሰብሰቢያመነሻ መጠይቆች

8.1. ለተጋልጭ ሕጻናት የቀረበ ዋና ዋና ቃለ መጥይቆች

8.1.1. የተሳታፊግላዊመግለጫ

1. ዖታ.....
2. ዕድሜ.....
3. የትውልድ ቦታ.....
4. የመኖሪያ አካባቢ.....
5. የጋብቻ ሁኔታ.....
6. የትምህርት ደረጃ.....

8.1.2. የቤተሰብ መረጃ

14. በአሁኑ ጊዜ የምትኖረ/ሪውከማንጋርነው?
15. በእናንተቤትሰብውስጥካንተ/ካንቺ ሌሎችህፃናትአሉ? ካሉስንትናቸው?
16. ወላጆችህ/ሽ ሥራአላቸው? ካላቸው፣ ምንምንናቸው? ከሌላቸው፣ ለምን?
17. ወላጆችህ/ሽ በዬትኛውምደረጃየተማሩናቸው?

    ከተማሩከሆነእስከስንትተምረዋል?ካልተማሩለምን?
18. ከቤተሰብህ/ሽ ውጭየምረዳህ/ሽ ሰውአለ? ካለማን?
19. ከናንተቤተሰብበሞትየተለያችሁኣለ? ካለመቼ? መንሳኤውስ ምንድንነበር?

8.1.3. በማህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ሕጻናት የምያገኟቸው የሕጻናት ጥበቃ አገልግሎቶች

12.ከመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት የጤና አገልግሎት አግኝተሃል/ሻል?

ካገኘህ/ሽ ምን ምን?

13. በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ዘንድ ትምህርት ዊቁሳቁሶች ተደራሽ ሆኖልሽ/ህ ያውቃል? ከሆነምንአይነት? ካልሆነለምን?
14. የኝግድሥራሥልጠናውቤተሰቦችህ/ሽ ገቢ የማስገኛ እንቅስቃሴዎች ክሂሎት እንድያገኙ ረድቷቸዋል ብለህ/ሽ ታስባለህ/ብያለሽ? አዎ ከሆነ እንዴት? አይደለም ከሆነ ለምን?
15. አንተ/አንቺ እና የቤተሰብህ/ሽ አባላት ከመህበረሰብ መር ድጋፍና ክብካቤ ጥምረትየ መልሶ ምቋቋሚያ ድጋፍ ቁሶችን አግኝታችሁ ታውቃልችሁ? ካገኛችሁምንዓይነት?
16. አንተ/አንቺ እና የቤተሰብህ/ሽ አባላት ከመህበረሰብ-መር ድጋፍና ክብካቤ ጥምረት የማማከር አግኝታችሁ ታውቃልችሁ? ካገኛችሁ በምን ጉዳዮች? ካላገኛችሁ ለምን?
17. ከቤተሰብህ/ሽ አባላት ለምግብ ድጋፍና ገቢ ማስገኛ እንቅስቃሴ የሚሆን ኢኮኖሚያዊ ማጎልበቻ አገልግሎት አግኝተው ያውቃሉ? ካገኙ ምን ያህል፣መቼ? እንዴት እየተጠቀማችሁት ነው? አሁን ያላችሁ የገንዘብ መጠን ምን ያህል ነው? ተመራጭየሥራመስኩስምንድነው?
18. በመህበረሰብ-መር ድጋፍና ክብካቤ ጥምረት ዘንድ አገናኝነት ከሌሎች ድርጅቶች አገልግሎት አግኝተሃል/ሻል? ካገኘ/ሽ ምን ዓይነት አገልግሎት እና ከየትኞቹ ድርጅቶችህ?ከመንግስታዊ፣ መንግስታዊ ካልሆነም ከግል ድርጅቶች አንዓር አብራራው/ሪው።
19. ከበተሰብህ/ሽ ጋር ተለያይተህ/ሽ እና ተገናኝተህ ታውቃልህ/ሽ? ከሆነ መቼ እና ለምን?
20. በመህበረሰብ- መር ድጋፍና ክብካቤ ጥምረት ዘንድ ለሕዓናት በሚሰጡ አገልግሎቶች ተሳትፈሃል/ሻል? አዎ ከሆነ መቼ? (ብዙ ጊ፣ አንዳንድጊዜ፣ በጥቂቱ፣ በፍዐም) አይደልም ከሆነ ለምን?
21. አንዴት ተጋላጭ አንደሆንክ/ሽ የግልህ/ሽን ታሪክ ታጨውተኝ/ችኝ? የምትጨምረው/ሪው ሃሳብ ካለህ/ሽ?**በጣም አመሰግናለሁ!**

8.2.. የሚመለከታቸው ሴክተር መስሪያ ቤቶች የተዘጋጀ ዋና ዋና መጠይቆች

8.2.1. የተሳታፊ ግላዊ መግለጫ

1. ጾታ.....
2. ዕድሜ.....
3. ኃይማኖት.....
4. የትምህርትደረጃ.....
5. የትዳርሁኔታ.....

8.2.2. የመጠይቁ ዋና ዋና ጉዳዬች

6. በቢሮውየሥራህ/ሽ የመደቡስያሜውምንይባላል?
7. ለስንት ዓመታት አገለገልክ/ሽ?
8. እባክህን/ሽን የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረትን ኣንዴት ኣንደምትረዳ/ጂ ብታጫውቺኝ/ተኝ።
9. እባክህን/ሽን የሕዓናት ጥበቃ አገልግሎትን ኣንዴት ኣንደምትረዳ/ጂ ብታጫውተኝ/ችኝ።
10. የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ለሕዓናት ጥበቃ አገልግሎት ሚና አለው ብለህ/ሽ ታስባለህ/ያለህሽ? አዎ ከሆነ ሚናዎቹ ምን ምን ናቸው? አይደለም ከሆነ ለምንና በም ምን መንገድ? ዋና ዋና ተቋማትንና ግብረ መልሶቹን አብራራው/ሪው።
11. ቢሮኣችሁ በማህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ፕሮግራም ለሕዓናት ጥበቃ አገልግሎት የትግበራ ክትትልና ድጋፍ የፖሊሲና ስትራቴጂ ሠነዶች? ካሉ ምን ምን ናቸው? ከሌሉ ሌላ ምን ምን አማራጮችን ትጥቆማላችሁ?

12. የህጻናት ተጋላጭነትን ለመቀንስ በቢሮአችሁ ምን ስለተገበራችሁ፣ ስላስተባበራችሁ ወይም ሪፈር ስላደረጋችሁ ዋና ዋና ፕሮግራሞች ብትነግረኝ።
13. ለተገላች ሕጻናት በምትሰጡ ትግበራ ላይ ተግዳሮቶች አጋጥመው ያውቃል? ኣዎ ከሆነ ምን ምን ናቸው? ካልሆነ አኑታዊ ጎኖቹን አንዴት ተቋቆማችሁ?
14. ሕጻናትን በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ፕሮግራም ታሳትፏቸዋላችሁ? አዎ ከሆነ በምን ጉዳዮችና በምን የዕድሜ ክልል? አይደለም ከሆነ ለምን?
15. የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት የሕጻናት ጥበቃ አገልግሎት ዘላቂነው ብለህ/ሽ ታስባለህ/ያለሽ? እንዴት?
16. መጨመር የምትፈልገው/ጊው ካለ?

ለሰጠህኝ/ሽኝ ጊዜና መረጃ በጣም አመሰገናለሁ!

8.3. የማህበረሰብ መር ድጋፍና ክብካቤ ጥረቶችን ለመጠየቅ የተዘጋጀ መጠይቅ

8.3.1. የተሳታፊ ግላዊ መግለጫ

1. ጾታ.....
2. ዕድሜ.....
3. ኃይማኖት.....
4. የትምህችትደረጃ.....
5. የትዳርሁኔታ.....
6. የምትሰራበት መደብ ምን ይባላል.....
7. ስንት ዓመት አገለግላሃል.....

8.3.2. የሚዳሰሱ ዋና ዋና ጉዳዮች

8. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረታችሁ ለህጻናት እና ለቤተሰቦች ዋናዋና አገልግሎቶች ሰጥዋል አዎ ክሆነ ምንምን ናቸው? ካለሆነ ተጋላጭ ህጻናትን እንዴት ንወ ምትረዱቸው? ዝርዝር መጠየቂያ ጠየና፤ትምህርት፤የገቢ ማስገኛ..

9. የማህበረሰብ መር ድጋፍ እና ክብክቤ ጥምረታችሁ የስራ ማስፈጸሚያ ስልቶችን ይጠቀማል? ከሆነ ምንምን ናቸው? ካለሆነ በምን አግባብ ነው ትግበራ ምታረጉት?

10. በጥምረታች የስራ አተገባበር ላይ ያጋጠማችሁ ትገዳሮቶች አሉ ከሆነ ምንምን ናቸው ካልሆነ እንዴት መቋቋም ቻላችሁ?

    የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት ከባህለዊ የማህበሰብ መረዳጃ ስልቶች ር ግንኙነት ለው ትላላችሁ? ከሆነ በምን መልኩ?

11. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት የህጻናት ጥበቃ ዘላቂነትን ያረጋግጣል ብላችሁ ታስባላችሁ? ከሆነ በምን ምልኩ ካለሆነ እንዴት

12. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት የአገልግሎት ስርዓት ቅንጅታዊነትን ያረጋግጣል ብላችሁ ታስባላችሁ? ከሆነ ከማን ጋር ከምንግስት፣ ምንግስታዊ ካልሆኑ እነ ከግል ድርጀቶች

13. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረታችሁ ህጻናትን በስራቸሁ ላይ አሳትፋችሁ ታውቃላችሁ? ከሆን መቸ መቸ? ካልሆነ ለምን?

14. ሌላ የምትጨምሩት ሃሳብ አለ?

እጅግ በጣም አመሰግናለሁ !!

8.4 የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት የቡድን ውይይት መጠይቅ

8.4.1በመህበረሰብ መር ድጋፍ እና ክብካቤ ለተጋላጭ ህጻናት የተሰጡ ዋና ዋና አገልግሎቶች

1. እናክዎትን የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት የሰጣችሁን ዋና ዋና የጠተና ድጋፎች ብታጋሩኝ. ምን ያህል ድጋፍ ይደረጋል? ለመውሰድ ያለው ሂደትስ ምን ይመስላል?

2. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት በትምህርት ድጋፍ ያበረከተውን አስተዋጽኦ ብታጋሩኝ? ምንምን ትሰጥቶዋል; መቸ እና የት ነው ሚሰጠው?

3. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረታችሁ ከቤተሰብ ጋር ተላያይተው ተመልሰው የተቀላቀሉ ህጻናት ብታጋሩኝ; መቼ እና ከየት ነው የጠቀላቀሉት?

4. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት የሰጣቸውን አቅም ግንባታ ፕሮገራሞች ምነምን ናቸው? ዝርዝር ለቤተሰብ፣ ለማህበረሰብ፣ ለመስሪያቤቶች፣ የማህበረሰብ ውይይት

5. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት ለገቢ ማጠናከሪያ የሰጣቸው ፕሮገራሞች አይነቶች ምንምን ናቸው? ተዘዋዋሪ ድጋፍ፣ ቀጥተኛ ድጋፍ?

6. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት ለህጻናትና ለቤተሰቦች የአገልግሎች ትስስር ፈጥረ ያውቃል;? ከሆነ ለምን አይነት ድጋፍ ውደየት መስሪያቤት? የምንግስት፣ ምንግስታዊ ያሆነ የግል ድርጅት

7. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት ድጋፍ ለሚያስፈልጋቸው ህጻናት እን ቤተሰቦች የምግር አገልግሎት ሰጥቶ ያውቃል። ከሆ መቼ፣በምን ህልጊዜ?

15.የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት ድጋፍድጋፍ ለመስተጠት በሃብት ማሰባሰብ ሲራ ላይ ትስማርቶዋል? ከሆን የተሰበሰቡትን ሀብቶች ምንምን ናቸው? የሰወ፣ ፋይናንስ እና የቁሳቁስ ሀብት

9. የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት የተጠቃሚዎችን መረጀሰ ሰብስቦ ያውቃል? ከሆነ በምን ሁኔታ ነእድሜ፣ በጾታ እና በፍላጎተ ለስራ፣ለትስስር እና ለሚዲያ እንዲውል?

10. በቤተሰባችሁ ውስጥ አካላዊ ድጋፍ ያገኘ ህጻን አለ? ካለ ምንምን አይነት ድጋፍ አገኝቶዋል?

ለሰጣችሁኝ መረጃ እጅግ አመሰግናለሁ !!

8.4.2.. ጥምረቶች በሚጠቀሙት ስልቶች፣ ያጋጠሟቸው ተግዳሮቶች እና የአገልግሎት ዘላቂነትን ለመጠየቅ የተዘጋጁ መጠይቆች

11. የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት የሕጻናት ጥበቃ አገልግሎት በምስጠት ላይ የተጠቀማቸው ስልቶች አሉ? ካሉ ምን ምን ናቸው? ከሌሉም አስረዳ/ጅኝ።

12. የማህበረሰብ መር ድጋፍና ክብካቤ ጥምረት የሕጻናት ጥበቃ አገልግሎት በሚስ ሰጥበት ወቅት ተግዳሮቶች አሉ ብለህ/ሽ ታስንባለህ/ብያለሽ? ካሉ ምን ምን ናቸው? ከሌሉ እንዴት ተቆጣጠራችኋቸው?

13. የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ከባህላዊ የድጋፍ ስርዓት ጋር ግኑኙነት አለው ብለህ/ሽ ታስንባልህ/ብያለሽ? ከሆነ በምን መንገድ?

14. የመህንረሰብ መር ድጋፍና ክብካቤ ጥምረት ዘላቂ አገልግሎትን ያረጋግጣል ብለህ/ሽ ታስንባልህ/ብያለሽ? አብራራው/አባራሪው።

15. የመህንረሰብ-መርድጋፍናክብካቤጥምረትየሕጻናትጥበቃአገልግሎትንያረጋግጣልብለህ/ሽ ታስንባልህ/ብያለሽ? እንዴት?

8.5. የተጋላጭ ሕጻናትየቡድን ውይይት ጥያቄ

1. ከመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ያገኛችሁትን መሰረታዊ የጤና አገልግሎቶችን አስረዱ/ኡኝ።

2. በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ለልጆቻችሁ የሚሰጡ ዋና ዋና የትምህርት አገልግሎቶችን ብታጨወቱኝ።

3. የመህበረሰብ መር ድጋፍና ክብካቤጥ ምረት ከቤተሰባችሁ ጋር ሕዓናትን አገናኝቶ ያውቃል? ከሆነ መቼ?

4. የመህበረሰብ-መር ድጋፍና ክብካቤ ጥምረት ለናንተና ለቤተሰቦቻችሁ የአቅም ግንባታ ሥልጥና ስጥቶ ያውቃል?ከሰጠ መቼ እና በምን ጉዳይ?

5. በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት የኢኮኖሚ ማጎልበቻ ተግባራትን አስረዱኝ።

6. የምክርና የትስስር አገልግሎት በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ዓማካይነት ከተሳሰራቹሁ ውስጥ ድጋፍ አግኝታችሁ ትውቃላችሁ? ካገኛችሁ መቼና በምን ጉዳይ?

8. የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት በአካባቢው የሚገኘውን ሀብት ለሕዓናት ጥበቃ የማነቃቅያ ችላል ብላችሁ ታስባላችሁ?ከሆነ ምን ዓይነቱን?

9. እስካሁን በመህበረሰብ- መር ድጋፍና ክብካቤ ጥምረት ትመዝግናችሁ ታውቃላችሁ?ከሆነ መቼና ለምን ዕላማ?

10. ከእናንተ ቤተሰብ ውስጥ ሕዓናት የተሐድሶ አገልግሎት አግኝቶ ያውቃሉ?

ስላረዳችሁኝ በጣም አመሰግናለሁ!

8.6ከእማወራዎች ጋር የቡድን ውይይት መነሻ ጥያቄዎች

1.ከማህበረሰብ መር ድጋፍና ክብካቤ ጥምረትያገኛችሁትን መሰረታዊ የጤና አገልግሎቶችን አስረዱኡኝ።

2. በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ለልጆቻችሁ የሚሰጡ ዋና ዋና የትምህርት አገልግሎቶች ንብግሩኝ።

3. የመህበረሰብ-መር ድጋፍና ክብካቤ ጥምረት ከቤተሰባችሁ ጋር ሕዓናትን አገናኝቶ ያውቃል? ከሆነ መቼ?

4. የመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ለናንተና ለቤተሰቦቻችሁ የአቅም ግምባታ ሥልጠና ስጥቶ ያውቃል? ከሰጣ መቼ አና በምን ጉዳይ?

5. በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረት የኢኮኖሚ ማጎልበቻ ተግባራትን አስረዱኝ።

6. የምክርና ትስስር አገልግሎት በመህበረሰብ-መር ድጋፍና ክብካቤ ጥምረት ዓማካይነት በቀበለያችሁ ውስጥ አግኝታችሁ ትውቃላችሁ? ካገኛችሁ መቼና በምን ጉዳይ?

7. የመህበረሰብ-መር ድጋፍና ክብካቤ ጥምረት በአካባቢው የሚገኘውን ሀብት ለሕጻናት ጥበቃ ማነቃነቅያችላል ብላችሁ ታስባላችሁ? ከሆነ ምን ዓይነቱን?

8. እስካሁን በመህበረሰብ መር ድጋፍና ክብካቤ ጥምረትት መዝግናችሁ ታውቃላችሁ?ከሆነ መቼና ለምን ዕላማ?

ስላረዳችሁኝ በጣም አመሰግናለሁ!

8.7 የምልከታ ነጥቦች

1. ለተጋልጭ ሕጻናት ስለሚሰጡ አገልግሎቶች የቤተሰብ ሁኔታ ላይየሕጻናት የኑሮሁኔታ፣ የመኖሪያ ቤት፣ የሚጠቀሙት የምግብ ዓይነት አና ከቤተሰብ ወይም አሳዳግዎችና ለሌሎች አብሮኣቸው ከሚኖሩ ጋር ያላቸው መስትጋብር. የሕጻናት በትምህርት ቤት ያላቸው ሁኔታ፣ ያገኙት ቁሳቁሶችና ከመምህራንና ከክፍል አጋሮች ጋር ያላቸው ተግባቦት፤
2. የሕጻናት ተሳትፎ በመህበረሰብ-መር ድጋፍና ክብካቤ ጥምረት ዘንድስለሕጻናት በተደረጉ ስብሰባዎች ላይ የተደረሱ ውሳኔዎች
3. ሕጻናት ያገኙት አካላዊ የትሐድሶ አገልግሎቶች
4. አቅመ ደካማ ልጆች በኢኮኖሚያዊ ማጎልበቻ ተግባራት ያላቸው ተሳትፎ.

8.8. የተሳትፎ ፈቃደኝነት መጠየቂያ ቅጽ

አበበ ሰንበታ እባላልሁ፡፡ የአዲስ አበባ ዩኒቨረሲቲ የሶሻል ዎርክ ትምህርት ቤት የሁለተኛ ድግሪ ተማሪ ነኝ፡፡ በአሁኑ ሰዓት የማህበረሰብ መር ድጋፍ እና ክብካቤ ጥምረት ለህጻናት ጥበቃ ያለው ሚና በሚል ርእሰ ጉዳይ ላይ ጥናት ያደረግኩ እገኛለሁ፡፡ በጥናት ስራው ለመሳተፍ የጥናቱን ዓላማ አውቀው የተሳትፎ ፈቃደኝነት ቅጽ ላይ መፈረምን ይጠይቃል፡፡ አውቀው እና ፈርመው ጥናቱን ለማገዝ ከፈቀዱ በመረጃ መስጠት ሂደቱ ላይ የሚፈልጉት መጠይቅ መመለስ፣ ምላሽ መስጠት ማይፈልጉትን መጠይቆች በከፊልም ሆነ በሙሉ መተው ይችላሉ፡፡ በቀናነት ለጥናቱ የምትሰጡት ምላሽ የማህበረሰብ መር ድጋፍና ክብካቤ ጥምረት ለህጻናት ጥበቃ ያለውን ሚና በትክክል እንድረዳ ያስችለኛል፡፡ ለዚህ ጥናት የሚሰጠው ምላሽ በማንኛውም መልኩ የጥናቱ መረጃ በስም የማይገለጽ ከመሆኑም በተጨማሪ ተሳታፊን ለሚጎዳ አካል ተላልፎ አይሰጥም፡፡ ለጥናቱ የሚሰበሰበው መረጃ የጥናትን መርሆዎች ተከትሎ የሚሰራ ነው፡፡ ይህንን ጥናት መረጃ በመስጠት ለማገዝ ፈቃደኛ ከሆኑ የፈቃደኝነት መጠየቂያ ቅጽ ላይ መፈረም ለጥናቱ የመረጃ አሰባሰብ ታዓማኒነት ይጠቀማል፡፡ የፈቃደኝነት ቅጽ ላይ መፈረም ማለት የጥናቱን ዓላማ በቅጹ ላይ በተቀመጠው መልኩ ተረድተዋል ማለት ነው፡፡

በቅንነት ለጥናቱ የሚያግዝ መረጃ ለመስጠት ፈቃደኝነታቸውን ስለገለጹ እጅግ አመሰግናለሁ !!

5. የተሳታፊው ስም..... የአጥኚው ስም.....
6. ፊርማ..... ፊርማ .....
7. ቀን..... ቀን.....

Annex 7.9. Letter of Declaration

I, the undersigned declare that, this is my original work and has not been presented for degree at other university and all the source of materials used for the research project have been dually acknowledged.

Researcher's Name: Abebe Senbeta

Signature: _____

Date: June 30/06/2016

Place: Addis Ababa University, School of Social Work

Date of Submission: _____

This thesis has been submitted for examination with my approval as the thesis advisor.

Advisor's Name: Ashenafi Hagos (PhD)

Signature: _____

Date: _____

Matrix Table 1. Key Informant Interview Participant Sector Representatives

S.N	Sex	Age	Religion	Position	Educational status	Institution	Marital Status	Year of Experience	Assigned Code
1	M	35	Orthodox	Child protection officer	Masters	UNICEF	Unmarried	11 year	KI-1
2	M	27	Orthodox	Child right and wellbeing officer	Bachelor	BoWCA	Unmarried	5 year	KI-2
3	F	27	Orthodox	Child right and welfare Core process owner	Bachelor	BoWCA	Married	4 years and 6 months	KI-3
4	M	46	Muslim	Head	Bachelor	BoLSA	Married	21 year	KI-4
5	M	27	Muslim	Developmental Social welfare process owner	Bachelor	BoLSA	Unmarried	2 year	KI-5
6	M	30	Orthodox	CCC program officer	Bachelor	BoLSA	Married	4 year	KI-6

Matrix Table 2.In-depth Interview Participants' Community Care Coalition Chairs

SN	Sex	Age	Religion	Position	Educational status	Name of CCC	Kebele	Marital Status	Year of Experience	Assigned Code
1	F	21	Orthodox	CCC vice chair person	Certificate	CCC 1	01	Unmarried	1 year and 2 Month	IIP-1
2	M	39	Muslim	CCC chair person	Diplama	CCC 2	02	Married	3 years 4 Month	IIP-2
3	M	42	Orthodox	CCC Vice Chair	Diploma	CCC 3	03	Married	2 year	IIP-3
4	M	46	Orthodox	CCC Chair	Diploma	CCC 4	04	Married	21 year	IIP-4

Matrix table 3. In-depth Interview Participant Children

S.N	Sex	Age	Religion	Educational status	Place of Birth	Placeof living	Supporting CCC	Kebele	Assigned Code
1	M	14	Orthodox	Grade 8	Assosa	Assosa	CCC 1	01	CIP-1
2	M	14	Orthodox	Grade 9	Assosa	Assosa	CCC 1	01	CIP-2
3	F	16	Orthodox	Grade 7	Begi	Assosa	CCC 3	03	CIP-3
4	F	14	Orthodox	Grade 5	Assosa	Assosa	CCC 1	01	CIP-4
5	F	16	Muslim	Grade 6	Assosa	Assosa	CCC 3	03	CIP-5
6	F	18	Orthodox	2nd year college student	Assosa	Assosa	CCC 1	01	CIP-6
7	M	12	Muslim	Grade 2	Begi	Assosa	CCC 3	03	CIP-7
8	F	15	Catholic	Grade 3 but stopped	Assosa	Assosa	CCC 1	01	CIP-8
9	M	17	Orthodox	Grade 8	Nedjo	Assosa	CCC 2	02	CIP-9
10	F	15	Protestant	Grade 7	Gilgel Beles	Assosa	CCC 4	04	CIP-10
11	M	13	Orthodox	Grade 4	Gimbi	Assosa	CCC 2	02	CIP-11
12	M	15	Muslim	Grade 3	Bambasi	Assosa	CCC 4	04	CIP-12

Matrix Table 4. FGD Particinant Female Households

S. N	Sex	Age	Marital status	No of Child	Supports received	Source of Support	CCC	Kebele	Assigned Code
1	F	43	Married with husband died	2	• School material • Revolving loan • Free health serviceID	• Hope through CCC • BoLSA and UNICEF through CCC • Through CCC	1	01	FFP-1
2	F	37	Married to father at street due to mental health problem	3	• School material • House rent and grain	Catholic relief through CCC	1	01	HFP-2
3	F	47	Married but divorced	4	• Education material	• Mekdim Ethiopia via CCC • Through CCC	4	04	HFP-3
4	F	39	Married but died	6	• Nutritional support • Cash for school martial	• Mission for charity • Mekdim Ethiopia	3	04	HFP-4
5	F	52	Married and still with her Husband	2	• Free health service ID • Revolving loan • Educational material	• CCC • Mekdim Ethiopia • BoLSA through CCC	2	02	HFP-5
6	F	45	Married and divorced	3	• Education material • Nutrition	• Hope Enterprise • BoLSA through CCC • Mission of Charity	3	03	HFP-6
7	F	53	Married but divorced	2	• Education • Revolving loan • Cash support	• CCC • BoLSA and UNICEF through CCC • BoLSA Via CCC	3	03	HFP-7

Matrix table 5. FGD Participant Children

S.N	Sex	Age	Religion	Name of School	Place of Birth	Place of living	Supporting CCC	Kebele	Assigned Code
1	F	14	Orthodox	Hope	Assosa	Assosa	CCC 1	01	CFP-1
2	F	16	Muslim	Selamber	Assosa	Assosa	CCC 3	03	CFP-2
3	F	18	Orthodox	Dandiboru	Assosa	Assosa	CCC 1	01	CFP-3
4	M	12	Muslim	Assosa	Begi	Assosa	CCC 3	03	CFP-4
5	M	17	Orthodox	Selam Ber	Nedjo	Assosa	CCC 2	02	CFP-5
6	M	13	Orthodox	Hope	Gimbi	Assosa	CCC 2	02	CFP-7

Matrix table 6. FGD Participants' of CCC Chairs

S.N	Sex	Age	Religion	Position	Educational Status	Institution	Kebele	Marital Status	Year of Experience	Assigned Name
1	F	21	Orthodox	CCC chair	Certificate	CCC 1	01	Unmarried	1 year and 2 Month	Danawit
2	M	39	Muslim	CCC vice chair	Diploma	CCC 2	02	Married	3 years 4 Month	Seid
3	M	42	Orthodox	CCC Chair	Diploma	CCC 3	03	Married	2 year	Lieul
4	M	46	Orthodox	CCC Chair	Diploma	CCC 4	04	Married	21 year	Kifle
5	M	29	Orthodox	CCC Communication officer	Diploma	CCC 1	01	Unmarried	1 Year	Kirubel
6	M	37	Muslim	CCC Resource Mob. Officer	Diploma	CCC 2	02	Married	2 yeas 3 month	Indris

Matrix Table.7. Date of Data Collection

S.No	Assigned Code	Date of Data Collection
	Key Informant Interview Participants	
1	KI-1	February 8, 2016
2	KI-2	February 9, 2016
3	KI-3	February 10, 2016
4	KI-4	February 11, 2016
5	KI-5	February 12, 2016
6	KI-6	February 12, 2016
	In depth Interview Participants	
7	IIP-1	February 25, 2016
8	IIP-2	February 15, 2016
9	IIP-3	February 18, 2016
10	IIP-4	February 26, 2016
11	CIP-1	February 19, 2016
12	CIP-2	March 02, 2016
13	CIP-3	March 07, 2016
14	CIP-4	February 21, 2016
15	CIP-5	February 29, 2016
16	CIP-6	March 05, 2016
17	CIP-7	March 10, 2016
18	CIP-8	March 10, 2016
19	CIP-9	March 12, 2016
20	CIP-10	March 12, 2016
21	CIP-11	February 09, 2016
22	CIP-12	
	Focused Group Discussion Participants	
23	FGD 1	March 11, 2016
24	FGD 2	March 14, 2016
25	FGD 3	March 19, 2016
	Observation and Document Review	
26	Observation	March 22, 2016
27	Document Review	February 08, 2016