Effects and outcomes of Community Care Coalitions on Child Protection in *Gullele* Sub- City *woreda* 3, Addis Ababa

By: Hermela Temesgen

Advisor: Wassie Kebede (PhD)

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This is to certify that the thesis presented by Hermela Temesgen entitled: '**Effects and outcomes of Community Care Coalitions on Child Protection in *Gullele* Sub- City *woreda* 3, Addis Ababa**' and which was 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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Advisor…….Signature……Date……..

Chair of Department or Graduate Program Coordinator

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Abstract

This study aims to assess the results a community care coalition (CCC) has brought on the lives of vulnerable and orphan children in Gullele Sub- City woreda 3, Addis Ababa. The research is conducted under the constructivist paradigm. The research is a qualitative study exploring the effectiveness of community care coalitions for child protection through a single case study design with exploratory nature. The unit of analysis was community care coalition with a case of "community care coalition at gullele sub city woreda 3." Purposive, non-probability sampling was employed to collect data from vulnerable children, coalition members, households and concerned higher institutions.

The target population of the study is CCC members and beneficiaries. It engaged beneficiaries of the CCC and members and organizers of the coalition through in-depth interviews, key informant interviews and focus group discussions based on different inclusion criteria for each group. The researcher's observation and review of different documents are the other sources of data for the research. To analyze all the data collected, the study followed the coding approach. On the coding stage those summarized data that are collected through those five data collection methods used, were summarized under four codes to make the data clearer for discussion.

The study identified that services delivered for the beneficiaries have brought positive impact on the lives of beneficiary OVCs at different levels. Based on their level of effectiveness the study classified services in to three: as effective, less effective and not effective or not well implemented. The study has also identified that different strategies followed by the coalition contributed for its effectiveness. However, there are also limitations in properly implementing those strategies, which could help a lot for the coalition's success. On the other hand, the CCC faces different challenges, which are hindering it from achieving its maximum efficiency.

The study recommends the CCC to strengthen its resource mobilization techniques so that it could diversify and strengthen the services delivered for OVCs. It could also strengthen services like counseling and health care through revising its strategies. Diversifying its members directly affects those two services. Therefore, the study recommends the CCC to go through the implementation techniques of the strategies.

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Abbreviations

CCC	Community Care Coalition
UNICEF	United Nation's Child Emergency Forum
SNNP	Southern Nations Nationalities and People
NGOs	Nongovernmental Organizations
CBOs	Community based organizations
UN	United Nations
FGM	Female Genital Mutilation
WHO	World Health Organization
ILO	International Labor Organization
CRC	Convention on the Rights of the Child
ACRWC	African Charter on the Rights and Welfare of the Child
MoWCA	Ministry of Women and Children Affairs
OVC	Orphans and Vulnerable Children
FDRE	Federal Democratic Republic of Ethiopia
MoLSA	Ministry Of Labor and Social Affairs

Chapter One: Introduction

1.1. Background

Communities in Ethiopia have strong traditions of supporting and caring for their members who are poor, destitute, and vulnerable. A range of community formations and structures exist in the country with varying roles, but with common objectives of providing care, support, and protection. Those traditional caring systems are social capitals. These includes; - *Iddir , Mahber, Iqub, Debo* and others. These are support mechanisms focusing on making contributions in resolving the social and economic problems of the poor, destitute and vulnerable (Center for development, 2016).

Using social capitals efficiently and involving communities in different community development activities, helps for the effectiveness of initiatives that aim to achieve social development. Different scholars argue that institutions should involve the community in activities to solve problems. Community Care Coalitions (CCCs) use such community capitals as assets. CCCs involve communities as the very basic actors or coalition group members. When forming coalitions, the community's existing systems, history, structure and the overall context play the significant role (Butterfoss & Kegler, 2002).

CCCs are coordination and support mechanisms composed of group of individuals representing diverse organizations or constituencies who agree to work together to achieve a common goal of expanding and enhancing care and support to the poor and vulnerable (Slater, 1994). In those coalitions, the organization that initiates the activity, different concerned governmental or nongovernmental institutions are active members. In addition, different individual volunteers, elders, traditional institutions like *Idir* and religious institutions like Churches and Mosques are important members of the groups. These groups work together to help vulnerable groups in the society and to solve any community problem or to help the needy.

The Ethiopian government, the United Nations International Child Emergency Fund, World Vision together with other organizations, institutions and care group members have engaged in different community care coalitions programs in Ethiopia. In 2011, the Tigray Bureau of Labor and Social Affairs in collaboration with UNICEF launched a social protection initiative based on Community Care Coalition (CCC) mode (UNICEF & MOLSA, 2011). On that same year, other regions of the state begun to share the experience. Similarly, UNICEF

has supported community care coalitions for child protection in four other regions. Those regions are *Amhara, Gambela, Oromia, and SNNP* (UNICEF, 2011).

The Ethiopian National Social Protection Policy aims to reduce social and economic risks, vulnerabilities, and deprivations for all people and to facilitate equitable growth. Community Care Coalitions have been used as instruments for the implementation of the policy (NSPP,2015). Community care coalition goes in line with the Ethiopian national growth and transformation plan with the aim to care and support services to target population at grassroots level (UNICEF & MOLSA, 2011)

. Though the western world has experienced it for a long time, Community Care Coalition is a new concept for Ethiopia. CCCs in Ethiopia are established at *kebele* levels that are headed by the *kebele* Executive. The coalitions bring teachers, health extension workers, development agents, the police, and representatives of women, children, and youth together in order to discuss and address who is vulnerable in the community (Center for development, 2016). The coalition renders support for communities includes children without parental care, child, and female-headed households.

Children are one of the most vulnerable groups in almost any population because of their social status and physical and emotional dependence on adults. Their vulnerability is huge in developing countries because of the higher rate of poverty and fewer social protection mechanisms in place (Gabel, 2012). Children in Ethiopia are not exceptions to this fact. They are highly vulnerable as similar as those in other developing countries. Hence, there are different projects undertaken by concerned bodies to deal with the situation. CCCs that directly aim to achieve child protection are one among the different focus areas. They are being implemented in different regions of Ethiopia to protect children, who are vulnerable to different psychological, social, and physical abuses and problems.

I need to use the opportunity of conducting this research to understand communities and community care coalition that involves different groups and mobilize the community in order to bring a solution for problems against child well-being. This study provides some insight on how effective community care coalitions could be implemented and what challenges are there in the Ethiopian context.

1.2. Statement of the problem

CCC programs begun to be implemented in the western countries some decades ago. It was believed to be started in 1960s and those practices strengthened in 1970s. Those coalitions, however, were mostly used for solving problems related with health. In America, those coalitions have been used to achieve the triple aim of increasing quality of patient care, improving health outcomes, and minimizing healthcare costs (CADCA, 2013). To mention one, 'Community Anti-Drug Coalitions of America' were developed to bring about drug free counties, for preventing abuses and to improve behavioral health.

In Britain, Community Care Coalitions were used for treating and caring for physically disable and mentally ill people at their homes. Institutional care was the target of widespread criticism during the 1960s and 1970s. The government then adopted a community care policy that mainly aimed to maintain individuals in their own homes or wherever possible, rather than providing care in a long-stay institution or residential establishment. As a result, the policy was found to be the best option from a humanitarian and moral perspective. It was also cheaper and effective (CADCA, 2013).

A field research by Ashwill, Flora and Flora, (2011) was done to test community coalitions to build climate resilient community in five Latin American countries: Argentina, Bolivia, Dominican Republic, Paraguay, and Peru. The study showed community coalition, as an approach, is an effective mechanism for building community resilience to climate change. The coalitions were successful in the building of bridging and bonding social capital, mobilization of internal resources and increased access to external resources, including knowledge. Because of those coalitions in all five-country case studies, communities increased their levels of communication with nonlocal actors and raised their internal awareness of climate change and its dangers. The coalitions also led to some form of agreement with external institutions which, strengthened local-nonlocal alliances.

Similarly, the approach has been implemented in different countries of Africa. World Vision (2006) has reported that community care coalitions were effectively used in Zambia to deal with HIV and AIDS. In districts where HIV/AIDS prevalence is high, the coalitions worked to protect orphan children from abuses and neglect, on HIV prevention, to provide spiritual and psychological support for HIV/AIDS infected individuals and orphan children. The coalitions have also played an advocacy role for policy, practice, and resources to benefit orphan and vulnerable children. The coalitions bring churches and other faith based

organizations, local businesses, government, and NGOs together. The care and support by the coalitions has contributed to a major increase in the number of people accessing voluntary counseling and blood testing. As a result of those community care coalitions' efforts, the stigma and discrimination on HIV infected individuals have also decreased.

When we come to Ethiopia, community care coalitions are being implemented to help the needy. The Ministry of Labor and Social Affairs together with the Ministry of Women and Children Affairs are working on organizing and supporting such coalitions. They work together with non-governmental organizations and other care groups. UNICEF involves in the coalitions for child protection in five regions (UNICEF, 2011). Similarly, World Vision works with community care groups and community care coalitions in Africa and around the world. World Vision works on community care coalitions to support HIV positive individuals in Ethiopia (World Vision, 2006). Likewise, there are other non-governmental organizations involving in community care coalitions in Ethiopia.

The practice of Community Care Coalition differs, depending on countries' contexts. Although there are many studies made on community care coalitions in the Western world, they are confined to their context. As the advent of Community Care Coalition practice in Ethiopia is new, few academic researches are produced on community care coalition activities. The researcher of this study consulted three researches on the area. The first research is by Binega (2014) which was done on community care coalitions that intended to give psychosocial support for HIV/AIDS positive individuals in *Mekele* city. It underlines the need for psychosocial support for HIV infected individuals. Abebe (2016) authored the second study. The author focused on Community Care Coalitions for child protection in *Assosa, Gambela*. Exploring the effectiveness of community care coalitions to protect vulnerable and orphan children in *Addis Abeba, Keranio* sub city is the study area of the third research by Yeshewahareg (2016).

Those studies focused on explaining the major services provided by community care coalitions for children and on child vulnerability issues. The aforementioned studies have gone through limited number of coalitions. Even though one of the studies explored the strategies followed by the programs, both studies focused on identifying the services and evaluate their accessibility. However, this study explores the results the coalition brought on the lives of children. It addresses each strategy's and approach's contribution for the outcomes the coalition brought. It also assessed how effective the coalition used the existing

social capitals for efficient results. Revising how the coalition is customized to the existing social structures and culture of that specific society will be the other focus area of the study. The gaps it faced and problems it encounters are identified through this research. The study contributes to the knowledge base of existing literatures in the area.

1.3. Objectives of the study

The general objective of the study is to evaluate the effectiveness of community care coalitions for child protection in *Gullele sub city, woreda 3*.

The specific objectives of the study are:

- To identify the services rendered by Gullele sub city, *Woreda* 3 community care coalition to children.
- To review and evaluate the strategies and approaches used by the community care coalition.
- To explore the roles played by the existing community structure and community system in strengthening the community care coalitions in *Gullele* sub city, *woreda* 3.
- To explore the roles of community care coalitions in mitigating child protection challenges in *Gullele* sub city, *woreda* 3.
- To assess the challenges that community care coalitions is experiencing in its' efforts to protect children in the studied *woreda*.
- To unearth the limitations of the programs (if exist) and suggest better ways or strategies to address the limitations.

1.4. Research questions

- What services are provided by community care coalitions for vulnerable children in the Woreda?
- How effective are the strategies adopted by *Gullele sub* city, *Woreda* 3 community care coalition to provide the appropriate services for vulnerable children?
- How do the existing community structure and community systems help the operation of the coalition?
- What are the socio- cultural barriers, challenges, capacity gaps against the community care coalition's activities?
- What are the favorable conditions for the operations of community care coalition in the *woreda*?

1.5. Scope of the study

Community Care Coalitions are being implemented in different regions of Ethiopia. The study focuses on a community care coalition in *Gullele sub city, Addis Ababa*. The sub city has ten *Woredas*. This study focuses on one coalition, which represents one *woreda*. From the activities of the coalitions, the study specifically deals with its engagements in child protection.

1.6. Significance of the study

The study, through investigating the gaps, challenges and also some recommendations regarding the operation of the programs, it could be used as an input for practitioners including the organizers and coalition members to revise their strategies, actions and approaches so that those programs could perform better. Other similar emerging and existing coalitions may take lessons from the experiences of those coalitions under the study.

1.7. Organization of the study

The study has six chapters. The first chapter is introduction. Under which background, statement of the problem, objectives, research questions, significance of the study are presented.

The second chapter reviews related literatures about community development, CCCs as a tool for community development and issues of childcare. It discussed theories related with those subjects. The third chapter deals with methods of data collection and methods of sampling. The scope and limitations of the study are presented under this chapter. It also discussed data analysis techniques used and ethical issues.

The data collected through those methods that are explained in the third chapter is presented in Chapter four. The fifth chapter discusses those presented data through the data analysis method in chapter three. It compares and contrasts the data with the theories in chapter two.

The sixth chapter forwards some conclusion remarks for the overall study. It consists some recommendations suggested by the researcher in order to strengthen CCCs' effectiveness as well.

Chapter Two: Literature Review

2.1. Introduction

This chapter is summary of literatures about community care coalitions and child protection. The review will help readers to understand the topic area clearly. It also shows why this study is important and what gaps does it intend to fill. Reviewing those previous literatures will help researchers to effectively analyze the data available at hand (Punch, 2009).

The review of literature on this study starts with defining and explaining what community care and community care coalition is. It then gives clear insight about the formation, membership, effectiveness, and contributions of community care coalitions. It then discusses about vulnerable children. It defines children and child vulnerability. The summary then touches up on child protection and its challenges. Different articles, books, and organizational reports that are written on the areas are consulted and summarized.

2.2. Community Development and Related Theories

Before discussing about community development related theories, it is imperative to define ‘community’ and ‘development’ separately. Community can refer to a location (communities of place) or a collection of individuals with a common interest or tie whether in close proximity or distant. Community members have a sense and recognition of the relationships and areas of common concerns with one another (Phillips & Pittman, 2008).

Development is a concept associated with improvement. It is a certain type of change in a positive direction. Community development does not only concern about the physical realm of community, but also the social, cultural, economic, political, and environmental aspects as well. Most practitioners maintained that community development is an outcome – physical, social, and economic improvement in a community – while most academicians contained that community development is a process – the ability of communities to act collectively and enhancing the ability to do so (Phillips & Pittman, 2008).

There are different theories that explain the concerns of 'community development'. Those theories attempt to explain qualitative changes in the structure and framework of society. Social capital theory is one of the theories about community development. According

to this theory, healthy social relationship is essential for solidarity building and successful community initiatives. Those social relationships are considered as social capitals. The theory bases on the need for relationship among community members. It argues that creating or developing social capital and bridging the existing social capital is important to bring community development (Hustedde, 2008).

System is one of the key concerns in community development. According to the system theory, to achieve community development, understanding the dynamics of inter-group relationships, and considering the institutions operating in the community are important (Andy Tamas Whitehorse, Yukon, Almonte, Ontario January, l987). According to Hustedde, 2008 theorists have argued that the existing interdependent structures in communities and their functions are keys for community development. Those social structures refer to organizations and institutions operating in the society. Hence, paying attention to those structures and their function is indispensable.

The other main concern of community development is power and power relations. Since community development is about building capacity, giving attention to power is important. Conflict theory emphasizes that conflicts of interests do exist and humans are in conflict with each other in relation to resources, prestige and power (Skaug, 2014). In communities, the existing power imbalance creates differences and competitions. Moreover, understanding those issues would help for the achievement of community development (Hustedde, 2008).

In communities, there exist shared meanings among members. Those shared meanings develop through community interactions. Communities also use different symbols and signs to communicate. Human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another's actions (Blumer, 1986). Community members use those communication means because they have understood them equally or they have agreed on their meanings. Those shared meanings build a sense of unity. According to Hustedde (2008), having such conditions in a community create the most important favorable condition to bring community development.

Language is a means of communication. Actors through communication could come to an understanding with one another to coordinate their actions, and to pursue their particular aims (Habermas, 1984). However, differences could still exist. Communicative action theory

argues that to explore problems, diversity voices should be heard. It emphasizes on the need for communication and public talk so the participation of all community members is ensured (Hustedde, 2008).

Complex social phenomena can be explained in terms of the elementary individual choices and actions (Scott, 2000). That means, individual's decisions are the smallest unit of social life. To explain social institutions and social change is to show how they arise as the result of the action and interaction of individuals (Elster, 1989). Rational choice theory argues that people should be free to make their rational choices and to be led by them. To bring about community development, individual choices should get enough attention (Hustedde, 2008).

To bring community development, community developers adopt different approaches. Traditionally, the most familiar approach to community development is identifying the problems and needs of a community and identifying a solution for those problems (Haines, 2008). By focusing on problems, community residents tend to concentrate only on what is missing in a community.

Building on community's assets rather than focusing on its needs to bring community development is the basic approach of asset-based community development. According to the asset based approach, "community is built by focusing on people's gifts rather than their deficiencies" (IACD, 2009, P. 1). Asset based approach continues to lead the thinking on community development globally.

2.3. Community care

In any community, there are different groups of people who are poor and vulnerable, in need of support and protection. In addition, communities have their own mechanism to support those groups. Community care is providing the services and supports necessary for such 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).

According to the department of Health Care (1998) (as cited in White & Harris, 2001) community care is an aspect of the modernization agenda for social services which continues to stress the importance of a consumer-focused strategy. The strategy based on principles such as care should be provided to people in a way that supports their independence and respects their dignity, services should meet people's specific needs. People should also have a

say in the services they get and how they are delivered and they should be able to have confidence in their local social services, knowing that they work to clear and acceptable standards and that if those standards are not met, action can be taken to improve this.

Around the emergence of community care as social service in 1960s and 70s the conservative government in England has made a focus on consumerism as a strategy for community care. Consumerism was first driven politically by the Conservative government, but in the implementation of the community care reforms, consumerism connected with wider movements for change and with a range of concerns about the experience of service users, from a variety of perspectives (White & Harris, 2001). Consumerism in the context of community care focuses on empowering the individual citizen as a consumer (or customer) of community care. According to consumerism, services need to be flexible in meeting individual needs. Individuals should have more say in how their needs are met. Services should be specified and standards should be set for them. Service users should have access to complaints procedures. The gender analysis of community care underlines the need for social care practices to recognize diversity (Orme, 1998).

2.4. Community Care Coalitions

Communities have their own means of managing crises faced by their members. They have been supporting each other during times of impoverishment, accidents, chronic problems, sickness, and death of members. Communities in Ethiopia have a strong tradition of supporting and caring for their members who are poor, destitute, and vulnerable. A range of community formations and structures exist in the Country with varying roles, but with common objectives of providing care, support and protection. Those traditional caring systems are elements of social capitals.

We can mention different carrying systems that are traditional such as – *Iddir, Mahber, Iqub, Debo* and others. These are support mechanisms focusing on making contributions in resolving the social and economic problems of the poor, destitute and vulnerable (Mezgebu, 2007).

Community care coalitions are one of the tools to achieve community development. 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 & Kegler, 2002). Community coalition can also be

defined as a group that involve multiple sectors of the community, and who come 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. Including individuals and organizations at the local level in coalitions is important because they are best able to understand the strengths, needs, and challenges of the children and families in their community. Community members are able to identify intervention strategies, which are feasible and most appropriate within the community context (Mead, 2013).

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, and helps resolve community problems through collaboration (Wolf, 2000). Effective community care coalitions engage the community in coalition building or formation.

Community care coalitions consist different groups and individuals as members. Those members are called coalition groups. Coalition groups are supposed to be broad based and widely inclusive community structure. Broad community engagement is essential to strengthen the capacity of the community to identify, understand, and address complex problems (World Vision, 2005).

According to Jain Osmond (n.d), coalitions begin with an initial core group of committed members. The coalition effectiveness increases when the core group expands to include a broad constituency representative of the diversity of the community.

Community care coalitions that are established to protect orphan and vulnerable children includes all stakeholders that are concerned and already taking action to protect orphan and vulnerable children (World Vision, 2005). The coalitions could include community-based organizations, local NGOs, churches and other faith based organizations. It also includes schools, traditional leaders, health care facilities, political leaders at local level, parents' groups, youth groups and clubs, micro finance groups, saving clubs, orphan and

vulnerable children themselves, households caring, human rights and child advocacy groups, local businesses and similar other groups.

2.5. Community Care Coalitions and Community Systems

The systematic interaction among community members and their interdependence make up social capital. Institutions within communities and their relations with community groups, religious organizations, and different other organizations are important aspects of community system (Cannan & Warren, 2003). Social networking institutions bring community members together. Those networks could be considered as an important aspect in community system.

Community care coalitions should work together with the community. For coalition's effectiveness, the participation of the given community is crucial. The community should participate from the problem identification stage to the end (World Vision, 2005). In another word, communities should be the one who define the problem, discuss on the strategies, and implement them. Therefore, for coalitions to work with the community, the existing community systems play the bigger role. Community's context, their history, collaboration, leadership, membership, structure, politics, processes, community readiness, and other factors influence the coalitions. (Butterfoss, Lachance, & Orians, 2006)

2.6. Criteria for Effective and Sustainable Community Care Coalitions

There is no one –size- fits-all criteria that may set to all community coalitions to do their work (Mead, 2013). Nevertheless, there are still factors that contribute for community coalition's effectiveness. Criteria like member and leader capacity, organizational capacity and community capacity are those inter related factors that contribute significantly for those coalitions' effectiveness. Mead maintained that leadership skills and knowledge, the appropriate attitude for collaborative activities are the most important elements.

Positive working environment, effective communication and strong relationship among members are the other main factors under organizational capacity. By community capacity, the author meant the degree to which the coalition addresses community needs. Mead further argues, local groups in the community plays an important role in the effectiveness of coalitions. Individuals and organizations at the local level can identify and

create efficiencies, reduce duplication, align and coordinate programs and services, and share resources.

Similarly, Kegler, Steckler, Mcleroy, & Malek, (1998) identified some important factors that contribute to the effectiveness of community coalitions to implement health promotion programs. According to their study, 'implementation' is the major measure of coalition effectiveness. They focus on the implementation stage of coalition development when studying coalition effectiveness. In addition, to measure coalition effectiveness, the study identified twelve important factors such as leadership, decision-making, communication, conflict resolution, benefits, costs, and organizational climate. The factors also include staffing, capacity building, member profile, recruitment pattern, organizational structure and community capacity.

The quality of the CCC depends on a large degree in the inclusiveness and effectiveness of the initial community mobilization efforts (Germann, Ngoma, Wamimbi, Ann Claxton, Gaudrault & the CCC Study Country Teams, 2008). Members' participation, satisfaction, and quality of action plans are used as measures of coalition effectiveness. The study by Kegler et. al (1998) supported several tenets of the model, including a relationship between action plan quality and resource mobilization. The researchers agree with the strong relationship between inclusiveness and coalition effectiveness.

To maintain community coalitions, there are important determinants. According to Butterfoss and Kegler (2002), sustaining member involvement and recruiting new members, implementing competent processes and concrete action, acquiring member and external resources, and identifying positive results are important determinants for successful maintenance of coalitions. Coalition building and maintenance require time and members' commitment (Wynn, Johnson, Fouad, Holt, Scarinci, Nagy, Partridge, Dignan, Person, & Parham, 2006).

2.7. Child Protection

The 1989 United Nations Convention on the Rights of the Child defines a child as a human being below the age 18, unless majority under the law applicable to the child is attained earlier. Children being vulnerable to myriads of risks that endanger their survival need to be protected by several kinds of mechanisms. The UN defines child protection as prevention and response to violence, exploitation and abuse against children (UN, 1989).

Child protection (CP) is an effort to safeguard children from actions or situations that place their healthy development and well-being at risk (Medrano & Toussaint, 2012). Physical, sexual, emotional or psychological abuse, commercial sexual exploitation, child trafficking, child labor, abuse in the home, school, and community, and harmful and abusive traditional practices, such as female genital mutilation (FGM) and child marriage are risks that put in danger the healthy development and well- being of children.

Children are physically, mentally, and emotionally immature and unable to adequately protect themselves from the aforementioned risks. Hence, inability of children to protect themselves from dangers necessitates protection mechanisms to be put in place. Every child has the right to be safe from harm. Nevertheless, every year the lives and physical, mental and emotional well-being of millions of children around the world are threatened by maltreatment such as abuse, neglect, violence and exploitation.

Studies from around the world shows that approximately 20 percent of women and 5 to 10 percent of men reportedly having been sexually abused are children. Other studies show that between a quarter and a half of all children report severe and frequent physical abuse (WHO, 2006). In addition, it is estimated that 215 million children are involved in child labor, which is a form of child exploitation, and 115 million of them are involved in hazardous work (ILO, 2010).

Child Protection System

Child protection can be well ensured if efforts to prevent risks and response to violence, abuse and exploitation are organized. Child protection system is a systematic synergy of laws and policies, meaningful coordination across government departments and between sectors at different levels. Multiple governmental and non-governmental actors should work in cooperation for its effectiveness. Preventive and responsive services with a skilled child protection workforce, adequate funding, children's voice, and participation and an aware and supportive public are mandatory elements in child protection system (Feneyrol, 2011).

Child protection system involves several actors in particular state and can also be transcend to global system to solicit support in such domains as education, justice and health. Systematic child protection avoids the fragmented efforts by several actors. As risks to child protection increased, concerted efforts to avert problem should be promoted. The child protection system looks at the circumstances that challenge children's well-being as a web of

threats rather than taking them one by one. It addresses all of the issues that children in multiple circumstances might face and the structural and root causes of gaps in prevention and response (Medrano & Toussaint, 2012).

However, child protection system is certainly successful in protective environment. UNICEF developed Protective Environment Framework to promote multidisciplinary, multi-sectoral and holistic approach to child protection. According to UNICEF, a protective environment is one where all actors from children and health workers to governments and the private sector committed to their responsibilities to ensure that children are protected from abuse and exploitation (UNICEF, 2006).

Child Protection in Ethiopia

Ethiopia ratified the Convention on the Rights of the Child (CRC) on December 9, 1991 by virtue of Proclamation 10/1991. The adoption of the two instruments marks a paradigm shift since it identifies children as bearers of not only care and protection rights but also civil and political rights as well. Ethiopia also ratified the African Charter on the Rights and Welfare of the Child (ACRWC) on October 2, 2002 by virtue of Proclamation 283/2002 (Alemu & Birmeta, 2014).

Article 4 of the Convention on the Rights of the Child provides obligations of Member States to undertake all appropriate legislative, administrative, and other measures for the implementation of the rights enshrined in the Convention. Similarly, Article 1 of the African Charter on the Rights and Welfare of the Child spells out the obligations of the Member States to recognize the rights and freedoms enunciated in the Charter and to undertake the necessary steps to adopt legislative and other measures necessary for giving legal effect to the provisions of the Charter. Once a State has voluntarily acceded to and ratified a treaty, the State is obliged to adopt the same in good faith.

As a Member State to both treaties, Ethiopia has been taking various measures to ensure the realization and observance of the rights of children as enshrined under the Convention and African Children's Charter and other treaties as well (Alemu & Birmeta, 2014). These measures range from constitutional recognition of the rights of children to that of various steps to be taken with a view to give the provisions of the two treaties legal effect in Ethiopia.

According to the Ministry of Women and Children Affairs MoWCA (2009), a vulnerable child is one whose survival, care, protection or development might have been

jeopardized due to a particular condition, and who is found in a situation that prevent the fulfillment of their rights.

MoWCA's Alternative Childcare Guidelines on Community-Based Childcare, Reunification and Reintegration Program (2009) defines Orphans and Vulnerable Children (OVC) as children whose survival and development is jeopardized by certain circumstances and are therefore in need of alternative childcare services.

The type of target children under this category includes - but is not limited - to some kind of defined groups. Group such as single and double orphans, street children, abandoned children whose parents /families are untraceable, children with disability, trafficked children, children exposed to the worst forms of child labor, children infected or affected by HIV/AIDS are included. Similarly, victims of sexual abuse and exploitation, displaced children, non-orphan children whose parents are not able to support the child due to illness, injury or detention are target children. Due to different factors, children can be forced to take responsibilities that are beyond their capacity. Child mothers, child headed households, separated children, refugee children and other target children, depending on the local definition of vulnerability are the targets.

Over the past few years, the Government of the Federal Democratic Republic of Ethiopia has taken steps to reform policy and legal instruments for the protection of children and women. Guidelines have also been developed. The National Coordinating Body for Multi-Sectorial and Integrated Response to Violence against Women and Children was launched in 2009, with a view to addressing juvenile justice and violence against women. It has produced a five-year strategy and action plan. The Ministry of Justice set up units in Justice Bureaus to investigate and prosecute crimes committed against children and women (UNICEF, 2006).

Promoting child protection in Ethiopia is of utmost importance. Children are vulnerable to ranges of abuses and exploitations. More than 5.5 million children are categorized as orphans or vulnerable children (OVC) in Ethiopia. These children are vulnerable to various of forms of abuse, neglect, exploitation and violence (Save the Children Sweden, 2010).

According to a survey by the Ministry of Labor and Social Affairs, the Central Statistics Agency and the ILO in 2001, 84% of the country's children are engaged in activities that may be regarded as child labor (UNICEF, 2006). In 2007, the Ministry of

Labor and Social Affairs in a study supported by UNICEF estimated the overall number of children on or off the street at around 150,000 with about 60,000 living in the capital. The study revealed that poverty, family disintegration, neglect and violence at home, lack of educational opportunities, the death of parents and sexual abuse were among the factors that pushed vulnerable children onto the street. There was also evidence that children venture into street life as early as four years of age.

In 2002, the Women's Affairs Department in the Ministry of Labor and Social Affairs estimated that 90,000 females were involved in commercial sex work; approximately 20 per cent of them were aged between 12 and 18 years. In 2006, the Ministry formulated a National Action Plan on Sexual Abuse and Exploitation of Children (2006-2010) with the overall goal of reducing the impact of commercial sex work on children. The Plan identified four levels of intervention: prevention, protection, rehabilitation and reintegration, to be coordinated and monitored during implementation (MoLSA, 2006).

The Child Friendly Rehabilitation/Treatment Guideline for Sexually Abused and Exploited Children by the MoWCYA (2008) as cited in UNICEF's child justice project, in Ethiopia the problem of sexual abuse and exploitation of children is a growing phenomenon as it is illustrated by few indicative studies undertaken in the country. The most common types of child sexual abuse and exploitation include early marriage, abduction, female genital mutilation, rape, incest, and child trafficking (UNICEF, 2009).

The International Office of Migration estimates that at least 1.2 million children are victims of trafficking in Ethiopia every year (UNICEF, 2009). The Criminal Code includes provisions criminalizing trafficking in women and children for the purposes of sexual or labor exploitation (UNICEF, 2009).

The 2007 census counted 231,192 children with disabilities. The immediate causes of childhood disability include inadequate dietary intake, preventable and other diseases, birth defects, war and accidents. The underlying causes include insufficient access to food, inadequate maternal and childcare practices, poor water and sanitation and inadequate health services (UNICEF, 2009).

A study by Save the Children Sweden in 2010 revealed that the common and widespread child protection risks in Ethiopia includes physical punishment, humiliating and degrading treatment, sexual harassment and rape, child labor exploitation, trafficking, female genital mutilation (FGM),early marriage, abduction, and robbery.

The Ministry of Justice, Ministry of Labor and Social Affairs, Ministry of Women and Child Affairs and Federal HIV / AIDS Prevention and Control Office manage the Ethiopian child protection system (MoLSA, 2004). The government has embarked on policy reforms put legal instruments, and developed guidelines for the protection of women and children. In addition to these measures, the government has put in place an Ombudsman for children along with other Ombudsman (African Child Forum, 2013).

2.9. Community Care Coalitions to Protect OVCs

Community coalitions play critical role in improving the lives of young children and their families. Different scholars argue towards the effectiveness of community care coalitions for child care. They put different facts to support their argument.

In children's lives, family is the nearest group of people that surround them and provide the necessary protection and care. Next to family, the community is the other environment that is near to the children. The community consists of schools, churches and mosques, different groups of individuals, services and programs. Those groups have their own role in providing care for children. Communities have to unite around supporting young children and families as 90% percent of brain development occurs at the age of five (Mead, 2013). In the absence of parents, for orphan children, community has the biggest role in providing care (Gabel, 2012).

2.10. Theoretical Framework

Miles and Huberman (1994) (as cited in Maxwell, 2004) defined a conceptual framework as a visual or written product, which explains either graphically or in narrative form, the main things to be studied such as the key factors, concepts, or variables and the presumed relationships among them. It is a visual display or a picture of what a theory says in line with the phenomenon being studied.

Social Capital Theory explains that existing healthy social networks in a given community are important assets for successful community initiatives (Hustedde, 2008). Understanding and bridging such capitals will bring effective results. This study deals with the effectiveness of community care coalitions that work on child protection with respect to the arguments of social capital theory. The research is made under the concept that argues

understanding the community, identifying social capitals and using them appropriately helps for effective and sustainable community work.

Similarly, System Theory emphasizes on the need to focus on the existing social structure and social institutions for effective community initiatives (Tamas & et.al, l987). Social systems play greater role on community-based programs. This study explores whether or not the coalition under study identified the existing social structures and systems and use them efficiently. This study is designed under the main belief that community care coalitions, as other similar community development tools, should take the community, and its various elements, as a center.

Community care coalitions as programs, solve certain community problems and contribute to the realization of community development. It should take the community itself as a center. Asset based approach argues that such programs should identify and use the community assets rather than its needs in its every step (IACD, 2009). The study agrees with this idea. Any action that intends to bring change in a community should start with what the community has.

Principles under the national social protection policy of Ethiopia (2015) go in line with the main concept of asset-based approach to community development. Identifying and mobilizing local assets to come up with positive changes is the most important component of the policy. The policy aims to avoid dependency so that the development will sustain. This concept is promoted in the asset-based approach to community development. The approach suggests that development can be community or Outsider initiated. But development 'by the community, for the community' will be efficient (Haines, 2008).

The policy seeks to build or release the capacity of community members to continue to drive their own development by starting with what already exists in the community (NSPP, 2015). Participation, inclusiveness, accountability, and transparency are the other main elements, which indicate the effectiveness of community based activities. This study will deal with the effectiveness of community care coalitions with respect to such elements in the lens of asset based approach and the social protection policy that goes in line with the approach.

Chapter Three: Method

3.1 Research perspective

A paradigm or worldview is a basic set of beliefs that guide action and alternative knowledge claims (Creswell, 2003). According to Guba (1990) there are four world views that inform qualitative research. These include post positivism, constructivism, advocacy or participatory and pragmatism.

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 & Newman, 2006). This research is conducted under the constructivist paradigm. In the study, multiple meanings, values and definitions of participants are understood in their specific set of situations as the constructivist paradigm suggests. This research relies as much as possible on the participants' views. In order to explore the results by community care coalitions, analyzing the case from the participants' point of view is more important. The study makes sense (or interpret) the meanings that those participants have about those programs and their results.

3.3 Study Area

Gullele sub- city is one of the ten sub cities in Addis Ababa, capital of Ethiopia. The sub-city is located in northern suburb of the City, near the Mount Entoto . It borders with the sub-cities of *Kolfe Keranio, Addis Ketema, Arada and Yeka* (Addis Ababa City administration, 2014). The sub -city has ten *Woredas.* In 2011 the sub- city's Population was 284,865. Population density per sq. m was 9,438.9. As community care coalitions are formed at *Woreda* level in Addis Ababa, the study covers one *woreda :- woreda 3*, which represent one Community Care Coalition.

3.4 Study Design

Because the research assesses the results that community care coalitions have brought on individuals lives, it is qualitative. From the existing five common approaches for qualitative research, (biography research, phenomenology, grounded theory, ethnography and

case study), case study is the appropriate approach for this study. For this study, from the three types of case studies, (single instrumental case study, collective or multiple case study and intrinsic case study), single instrumental case study is used.

As qualitative study, this research followed a single case study design with exploratory nature. The unit of analysis was community care coalition with a case of cullele sub city woreda 3.

3.5. Study Participants and Inclusion Criteria

Identifying research participants and drawing specific criteria for the selection of participants helps the researcher to clearly identify and include the right targets from who the data should be collected (Creswell, 2007). To determine the appropriate participants from the observation unit, non probability sampling was used. From non probability sampling types, purposive sampling technique was selected. This 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.

This study has four groups of participants that includes: vulnerable children, households who are taking care of vulnerable children, members of the community care coalitions, and the fourth group consists of representatives from the responsible institutions, including Addis Ababa Women and Children Affairs Office and *Gullele* sub-city Women and Children Affairs Office.

The selection criteria for vulnerable children group include children from age 12- 18, vulnerable children who are receiving the services from CCCs and children who are willing to participate. Children between the age of 12 and 18 were selected based on purposive sampling. The age range is needed because those above 12 are better to express themselves and about their service experience. The age 18 is selected as the maximum age in the range, because children are defined as those under the age 18.

Under the vulnerable children group, four girls and eight boys have participated in in-depth interviews. From those twelve children five of them are orphans living with their mothers and three of them are orphans living with their grandmothers. From the rest four children, one of them live with a family with whom he has no blood ties. One of them live in a divorced

family with his mother, and the rest two are living with their relatives. Their caregivers make a living by doing menial works such as:- serving at people's houses, washing clothes, baking *injera* for sale and begging on the street.

All children who participated in in-depth interviews are under the age range between twelve and sixteen. They all are students from grade four to grade nine. Profile of children participated in the study is annexed under Matrix Table 1.

Criteria for the second group include households who were taking care of vulnerable children. They could be single mothers, single fathers or relatives who are heads of the family in which vulnerable children who receive services from CCCs. Other criteria include households who were benefiting from different services of the coalitions and who were willing to participate.

Under this group, ten caregivers have participated in a focus group discussion (FGD number 1). From those caregivers six of them are divorced mothers, two of them widowed grandmothers, one divorced aunt, and one widowed mother are included. They make their living through different ways, such as: - baking *injera* and provide cleaning service at people houses. From ten participant caregivers half of them have only one child and the rest two caregivers have two children each and the remaining three caregivers have three, four and five children each. However, only one child in a family gets support from the CCC.

The third group consists community care coalition head or representatives who participated in in-depth interview and FGD. They are chosen to participate in the study with the following criteria. They should be the one with adequate knowledge about the functions of CCCs. They should have a working experience in the CCC for at least a year. They should also be currently working in the coalitions, and they should be willing to participate in the study.

Six members of the CCC have participated in the FGD number two. Those participants have been working as a CCC member since the establishment of the CCC in 2015. All the participants are married and have children. Under the third group the CCC head who participated in a key informant interview, which is coded as KII-3, is included. The head has worked on that position since the CCC's establishment. Profile of the CCC members and head of the CCC is annexed under Matrix Table 2 and 4. The head of the coalition has participated in the in-depth interview.

The fourth group includes the Department of Women and Children Affairs in the Addis Ababa city administration and *Gullele* sub-city. One person from each institution has participated in key informant interviews. The criteria used to recruit key informant interviewees include the following:-

- Heads or deputy heads who are leading the department and institutions.
- Directors or officers who are directly working in the organizations on community care coalitions and child protection.
- willing to participate.

The fourth group of participants whose profile is annexed under Matrix Table 2 have participated in key informant interviews, which are coded as KII1, KII 2. They have worked on their positions for more than a year.

3.6. Method of Data Collection

Data for this study were collected using five techniques. Data from primary sources are gathered through in-depth interviews, key informant interview, focus group discussions, and observation. I also reviewed some related written documents as a secondary source of data. In-depth interviews are important to find detail information and clear image about the role *woreda* 3-community care coalition plays on the lives of OVCs, in the *Gullele* community. In-depth interviews were held with vulnerable children who are benefiting from the services.

Interviews with key informants were held with the governmental organizations that are responsible for the organization and following up of the community care coalitions. Interviews with those organizations' heads and or experts are aimed to find the necessary information about the process on the organization and operation of community care coalitions.

The third data collection method is focus group discussion. Focus group discussion is a carefully planned discussion, which provides insights into how people think and provide a deeper understanding of the phenomena being studied (Michael Bloor, Jane Frankland, Michelle Thomas, Kate Robson, 2002). In focus group discussions, each group should have no fewer than 6 and no more than 10 people (Eliot & Associates, 2005). To generate rich discussion, more participants are needed. However, it is also suggested that the number

should not exceed from ten. That helps to manage the discussion effectively. In this study, about two focus group discussions, participating households in the first group and coalition members in the second were held. Both focus group discussions helped to obtain participants' perceptions about the overall program and services. they also gave a deeper understanding of community care coalitions and their results.

The fourth method of data collection was observation. Gorman and Clayton (2005) (as cited in Baker, 2006) defined observation as a study method that involves the systematic recording of observable phenomena or behavior in a natural setting. In this study, observation was one of the methods to collect data. The I gave attention to what I observed at the field and recorded the evidence whenever possible. Attending different sessions on which the beneficiaries and community care coalitions meet to deliver services created the opportunity for me to observe the overall environment, necessary phenomena and behavior. Observation in this research contributed to find necessary information beyond what is said through interviews.

3.7. Data quality assurance

There are two strategies which promote the quality of the data in qualitative study. which are: Ensuring the quality or authenticity of the data and trust worthiness of the data (Sargeant, 2012). This research used authenticity of the data, which refers to the quality of the data and data collection procedure. In order to insure the data gathered the researcher have used data triangulation as a method. The researcher has engaged multiple sources of data. That helped to produce a more comprehensive view of phenomenon under study.

Through triangulation approach the study have used the appropriate method of data collection with appropriate related techniques which include: using unbiased interview guides, took a good care to resolve the effects of the researcher's biases. the researcher has also selected a phenomenon and also a place with which the researcher have no relationship.

The researcher has used appropriate method for the appropriate situation and participant to collect data. To mention one: in-depth interview other than FGDs was used as a method to collect data from OVCs. That method was selected because the setting and method of data collection would help the participants to be open about different related but personal issues.

3.8. Method of data analysis

Data analysis emphasizes the move from data to meanings or representations (Flick, 2013). There are two major strategies or approaches to analyze qualitative data. The first approach is through expanding the collected data by producing one or more interpretations. The second one is oriented to reducing big sets of data or the complexity in the data. The major methodological step is to code the data which basically means to find a label that allows the grouping of several elements (statements or observation) under one concept, so that we have a more or less limited number of codes (or categories) rather than a large variety of diverse phenomena. Those stages of coding are common in qualitative data analysis (Creswell, 2007).

The data analysis for this study followed the coding approach. It started with organizing all the data from interviews, focus group discussions, document analysis and observation in a way, which could help for analysis. This represents the pre-coding stage. Then on the coding stage, those prepared data (ideas, experiences) were summarized into meaningful statements. The researcher of this study classified the summarized data in to four groups or codes. Those codes are the organization of the CCC, services delivered, strategies followed, and challenges faced. After categorization, the final stage was to summarize it in to broader themes, which make the data clearer for discussion.

3.9. Ethical considerations

Research ethics deals primarily with the interaction between researchers and the people they study. Whenever we conduct research on people, the well-being of research participants must be our top priority. Regardless of whether the community-level permissions exist, individual's consent is mandatory. Participants should know what is expected of a research participant, expected risks, and benefits, including psychological and social, the fact that participation is voluntary and that one can withdraw at any time with no negative repercussions. Participants should understand how confidentiality will be protected, the name and contact information of the local lead investigator to be contacted for questions or problems related to the research (Creswell, 2007).

The data collection process of this study respected all the ethical requirements that are explained above. On this study, participants were informed with the necessary details before

engaging in the study. The process of getting consent from participants focused on explaining the objective of the study, benefit of their participation, the reason they are selected in this study and that their participation have no risk and harm and needed only for academic purpose. They signed the consent form which clarifies the purpose of participants' engagements and how confidential the information they provide shall be.

Parental/guardians consent and permission was obtained for children who participated in the study before the interview. The researcher explained the purpose of the study for the children. Interviews with children were conducted in private location which at the same time under observation of their care givers, mostly at their residence. Similarly, interviews and discussions with all participants were undertaken in situations that ensure their privacy so that they could feel free and be open when they respond to questions and reflect their ideas.

Chapter Four: Result

4.1. Introduction

This chapter presents the result of the study. Section one presents organization of the CCC. It summarizes CCC's documentation systems, resource allocation, and recruitment of members. Section two describes major services provided to the beneficiary children and their caregivers. Some of the services described include health service, economic support; educational support, training, and counseling service.

In the third section, strategies that the CCC applies to carry out its services are presented. Some of the strategies presented include, referral system, community participation, child participation, relationship with traditional support networks, strengthening the relationship among formal and informal actors. The final topic under this chapter deals with the identified challenges that the CCCs are encountering. Those major challenges identified include financial and accreditation challenges, turnover in CCC chair persons and professionals, lack of follow-ups from concerned governmental institutions.

4.2. Organization of the CCC

The community care coalition (CCC) working manual prepared by Addis Ababa City Administration Bureau of Women, Children, & Youth Affairs (2015), emphasize the need to establish community care coalitions, as much as possible, on broad base representation. The need of encompassing all interested individuals, groups and all stakeholders who are interested in the area of social protection is particularly to forge coordinated efforts and viability.

In 2015, in an effort to benchmark experiences, Addis Ababa Women and Children Affairs office sent professionals from all sub-cities to *Tigray* and *Amhara* regions. It was after the benchmarking visit to two regions, the office has prepared the CCC working manual and distributed it to all *woredas* throughout the city to organize CCCs at *woreda* level. According to the KII-2 participant, after receiving the manual, all sub cities' Women and Children Affairs offices along with *woreda* officials and professionals, representatives from *Idirs*, *Iqubs*, schools, churches and mosques discussed on the aims, operations and importance of CCCs. After undertaking those discussions, they finally formed CCCs at *woreda* level.

Accordingly, the community care coalition at *Gullele* sub-city *woreda* 3 was formed in 2015. ‘‘All members of the CCC are from different organizations including *idir*, religious institutions, disability, and women associations. It also includes elders, and socially respected individuals. Members from governmental offices such as health, education, justice, and women and children affairs office are also included’’ (KII-3).

The CCC is being led by the executive committee, which has eight members. The head of the executive committee is head of the *woreda* administration followed by deputy chair, secretary, cashier, accountant, and three internal auditors. Under the executive committee, there are 52 members all grouped under three sub-committees (KII-2). Those sub-committees with specific functions are awareness raising committee, resources mobilization committee and beneficiary identification and selection committee. Each committee has fourteen to sixteen members. All sub-committees are accountable to the CCC’s executive.

According to the KII-3 participant, the CCC meets once a month, and each sub-committee meets once in fortnight. Main agendas of each meeting include discussion on the previous month’s performances, gaps, and challenges encountered by each sub-committee. However, the meeting schedule is losing its consistence from time to time due to every member’s other personal and professional commitments (FGD1P1).

The following table describes the organizational structure of the coalition as presented on the CCC manual. According to the document the CCC executive committee leads the overall activities of the coalition. The table clarifies the existing hierarchical structure which involves all the committees and leaders of the coalition.

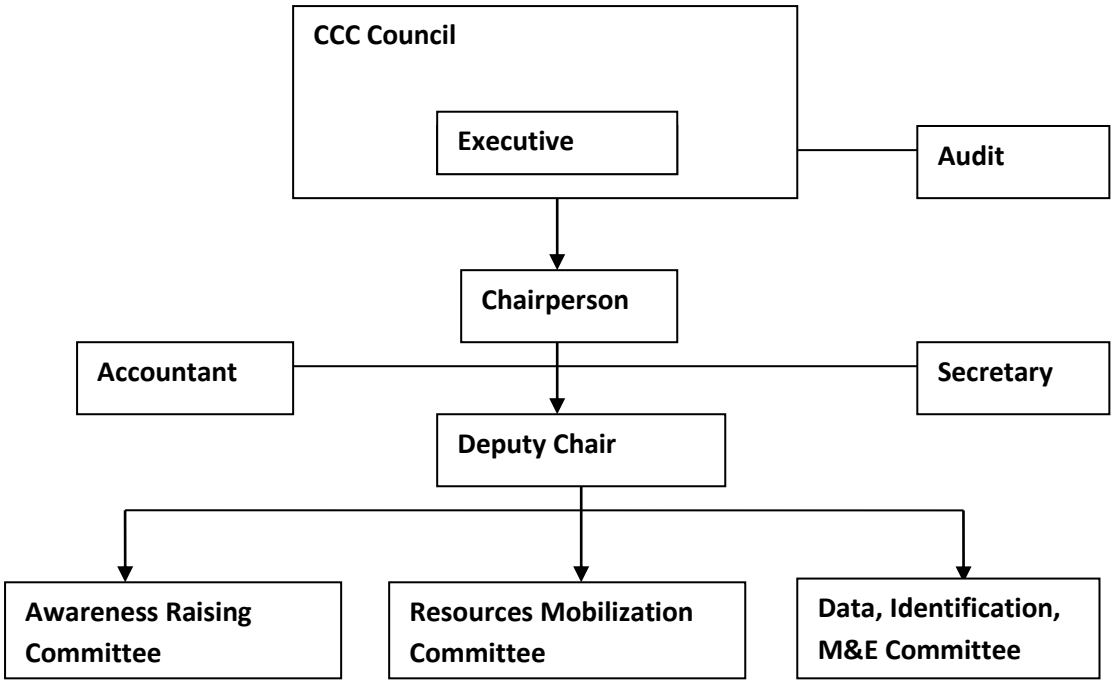

Diagram 1- Organo-graph of CCC (AAWCYAB,2008)

Sub committees' functions

The main objective of awareness raising committee is to raise the level of awareness of the community towards social protection and on the needs of protecting the lives of the marginalized. The committee mobilizes the community to create a belief that the community can solve its problems by its own (KII2). The committee is tasked to initiate the community to contribute in any way possible to the overall activities of the CCC. It also endeavors to raise awareness on child, disability, and elderly rights (FGDP5). The committee prepares different events to raise awareness. Participants on the FGD-2 mention that the committee works on raising awareness about social protection, which directly supports the works of resource mobilization committee.

Data, identification, and selection committee serves as a data collector for over all social protection activities in the community. Its duties include establishing database of vulnerable population and make regular updates (KII3). It is responsible for the identification and selection of beneficiaries based on the CCC screening criteria. The committee follows up the status of beneficiaries. It is also responsible for monitoring and evaluating the efficiency of the supports rendered (AACAWCYAB,2015).

Resource Mobilization sub committee's main duty is mobilizing resources from the local communities and different sources. There are two ways of mobilizing resources. The coalition members knock at the community's door holding the receipt and request for money. The cash is also collected from individual business organizations like cafeteria and restaurants and other different shops. The second way of mobilizing resources is through collection of cash from different sources on regular bases FGDP-5. The committee also receives other resources such as exercise books, clothes (both new and hand-me-down clothes).

Membership

The community care coalition (CCC) working manual (2015), indicates that community care coalitions should be established, as much as possible, on broad base representations. For coordinated efforts and viability, the coalition should encompass all interested individuals, groups, all stakeholders who are interested in the area of social protection.

KII-3 and KII-2 participants said that the CCC at *Gullele* Sub-city *woreda* 3 consists about 52 members from *Idir*, church, elderly, schools, the *woreda*'s health institutions, education, justice offices and women and children affairs office. KII-3 participant believes that the composition has a positive impact on the creation of acceptance toward the CCC in the community from the beginning. Participant 5 in FGD2 said ''members from those traditional networks are contributing at equal level with other members.'' According to KII-2, CCCs are headed by chief executives of *woreda* administrations. Such organization is preferred as the highest administrational power in *woreda* is vested in the head of the Administration. It is believed that it makes the coalition more stronger.

The following table indicates members of the CCC and their representation. It helps to understand the level of representation of different responsible and concerned groups.

Members from *Woreda* 3 administration		Members from Social institutions and associations	
Particular offices	No. of members	No. of members	Name of the institutions
Women & Children Affairs Office	6	1	Disable Associations
		5	Religious institutions
From labor and social affairs	2	1	Merchants
Justice Department	1	5	*Idir*
Finance Department	6	1	Hiwot Development associations
Health Extensions and Department	3	2	Schools
Clean and beauty Department	2		
Education Department	1	Total 15	
Administration Department	4		
Trade and Industry Department	1		
Women's development case team	3		
Youth and Sport Department	1		
Micro Enterprises Department	1		
Youth Forum	2		
Women's associations and League	4		
Total 37			

Table one: - members of the CCC (source: FGDP-1)

According to a document from the office, which shows the list of members, no member from *Iqubs,* churches and mosques are included. But Participant 1 of FGD1 argued even if *Iqubs* are not included, members who are classified as "members from the community'' are those from churches and mosques. Nevertheless, she could not clearly identify those from religious institutions. Those individuals are considered as elders and socially venerable individuals.

In addition, from the existing 36 *Idirs* in the *woreda* about 16 are included in the CCC as members. However, they are represented by two members. Participant 1 of FGD1 said ‘‘financial shortage for providing allowances for each CCC member has limited the women and children affairs office from including all-important actors as members.’’

Resource Mobilization Mechanisms

The coalition mobilizes its resources from the community. From the three sub-committees of the CCC at the *woreda*, resource mobilization committee is responsible for collecting and managing resources. According to Participant 1 of FGD2, resources from the community are money, free education and health services and different kinds of materials that are helpful for the children such as pen, exercise books, closes, shoes, pencil, and school bags. Different individuals give such materials for the coalition so that they could provide them for children (KII3). Participants of FGD-2 said that members of this committee have a greater role in mobilizing resources from the local communities, which will be used for the rehabilitation and re-integration of OVCs. The committee mobilizes the business community and other community members in an effort to raise funds and other important resources.

The coalition collects cash from the community, business institutions, and different private and non-governmental organizations residing at the *woreda*. As mentioned earlier, there are two ways of doing so. The first one is that coalition members knock at the community’s door holding the receipt and request for money. The cash is collected from individual business organizations like cafeteria and restaurants and other different shops. The other way is through collection of cash from different sources on regular bases FGDP-5.

According to support arrangement document from the CCC, 42 children are now benefiting from the monthly cash support. 5 *Idirs*, which are members of the CCC, provide a certain amount of cash for six children on permanent bases. According to FGDP-1 the CCC also made a linkage between some OVCs and an NGO called ‘Hanna Orphans home’, which has an office in the *woreda*. The NGO directly gives 360 birr per an OVC every month for 17 OVCs.

The CCC linked six children with *Idirs* so that those *Idirs* provide permanent monthly cash support for each child. The money comes through the CCC and then the coalition hands over the money from *Idirs* to the families of the children. In addition to direct cash support for those six children, *Idirs* also supply different amount of money for the coalition every month KII-3. *Shema* (Ethiopian traditional cloth) designers and shop owners reside at a

market what traditionally called "*Gundishmeda''* contribute from 1000 to 1500 birr for the coalition. Resource mobilization committee members visit the market and collect the money. The amount of money varies every month depending on the number of merchants and designers the committee members could address and based on the amount of money each individual wants to contribute. Similarly, 173 staff members of the *woreda* administration willingly contribute one percent of their monthly salary for the coalition (FGDP1).

The coalition through its cashier collects all direct cash supplies and saves in its bank account. The coalition has One hundred eleven thousand four hundred and eighty-seven birr (111,487) in its current saving account. It monthly spends 6840 birr for the economic support service provided for OVCs. It also provides clothes and organizes a meal program for OVCs on two annual holidays, on X-mass and Easter. Every year when school starts, the coalition purchases school uniform for 42 children (FGDP3).

There are three public schools located at the *woreda*. All the three schools have working relations with the coalition through their teachers who are members in the coalition (KII3). It also formed networks with a private school. For example, the coalition once discussed with a private and elementary school located in the community about five children who used to study there but could not keep learning because their family faced financial and other problems. Then five OVCs are now learning without paying the monthly fee.

Regarding the issue of resource mobilization, the CCC like the rest CCCs in Addis Ababa, once faced a problem of printing legal receipt to collect resources (KII-1). The issuance of a receipt is instrumental in avoiding suspicion from the community and eases the effort of mobilizing resources. According to FGD2 and KII-2 participants, the willingness, and relentless effort of the executive head at *woreda* 3 administration result in establishing the coalition and reach to neediest. They further noted that the commitment of the head is extremely important ingredient for establishing well-operational CCC. If the head did not give the permission, the coalition would have stopped operating from the beginning just like other coalitions in the city, the participants passionately expressed.

Information compilation and Documentation

The coalition does not have its own office. It uses the *woreda's* Women and Children Affairs Office for documenting every data, organizing meetings, and other related purposes. That prevents them from properly holding regular meetings. They are forced to cancel

meetings whenever those offices they use are busy for other activities (Participant-1 of FGD 2).

Lack of permanent office creates a gap on documentation. Documents are set on the shelf together with other documents of the department. According to participant 1 of FGD2, having a permanent office, would set their documents and staffs properly. That would also make resource mobilization easier specially to collect resources from those who come to the CCC to provide cash support (Participant-1 of FGD2).

4.3. Child Protection Services

The Community Care Coalition provides different services for OVCs and their caregivers. Those services are economic strengthening, health, education, referral, counseling and training, prevention against child labor. According to the participant on the KII3, the coalition is planning to provide family reunification and reintegration service for children living on the street.

Health Support Service

From those OVCs and their caregivers who are benefiting from services by the CCC, some of them need serious health check-ups. The service is being provided to beneficiaries such as children and their caregivers who live with HIV/AIDS. Other beneficiaries of the CCC get free health services whenever they face health problems as well (KII3).

Those beneficiaries who participated in the FGD stated that they have identification cards that help them get free health services from government health facilities in the community. The CCC helped them get their IDs. Whenever children and their caregivers encounter health problems they can visit the nearest health facility to get the necessary service for free. A child living with his father and grandmother, and who participated in an in-depth interview said that ‘‘due to illness, my father cannot make a living and he always stays at home. My grandmother, on the other hand, begs on the street and makes some money. and when I feel sick I can easily visit the *woreda* health institution center holding my free treatment card without looking for money or waiting for my family to take me there” (Participant 8 of I D I).

All the children and caregivers who participated in in-depth interviews and FGD stated that they are easily provided with free health services whenever they are sick. The service also includes supplying of medication for children who are living with HIV/AIDS. Participant 12 of IDI who lives with HIV said ‘‘I benefit a lot from the special health

treatment I get from the *woreda* health station, which includes access to the necessary special medication.''

Economic Strengthening

The CCC provides economic strengthening service for its beneficiaries. The beneficiaries get direct cash support every month. The CCC provides 360 birr per an OVC for their caregivers per month from its own account. The money is provided for those caregivers to help their living. The caregivers spend 300 birr for some household expenses and save the rest 60 birr in a bank account opened by the name of the child. The money according to KII3 participant is saved for the child's future college expenses. The CCC consistently follows up on the monthly saving.

The table below shows number of children benefiting from the service, the type of support provided and the source of support.

Type of support	No of beneficiaries	Amount of money per month/ support in kind	Source of the support
Cash	17	360	Hanna Orphan
	19	360	*Woreda* 03 CCC saving account
	5	360	Idir
	1	500	Idir
Material/ Equipment	17	School uniform, education equipments, books cloths, shoos	Hanna Orphan
	25	School uniform, education equipments, books cloths, shoos	Woreda 3 CCC saving account

Table two- support arrangement, (source: FGDP-1)

The CCC works on linking some OVCs with NGOs and *Idirs*. The coalition approaches such organizations in an effort to solicit their promise to raise some children. There is an NGO called Hanna orphans home, which has an office in the community. The coalition discussed with the NGO then the organization started to come to the *woreda* Women and Children Affairs Office every month to provide 360 birr for 17 children's families. Six children get direct cash support from different *Idirs* that are members of the CCC. One of those six children gets five hundred birr

monthly cash from an *Idir* in which her mom was a member before she died. The other five children get 360 birr from *idirs*. Then the CCC provides the money to those OVCs. Totally about 42 children receive direct cash support from the CCC (FGDP1).

On FGD1 all the caregivers agreed that even if it is small, the money they receive monthly helps to support their family. Participant 3 of FGD1 said, "We could never find such amount of money for free.'' She emphasizes that no matter meager the payment is, it makes a sizable difference in their living. Caregivers spend the money for household expenses and for buying cloth and or shoes for their child. Participant 8, 9 and 4 of IDIs said that their caregivers could not buy them what they need. They hear their caregivers saying the money they get from the CCC is small.

Caregivers on FGD1 agreed that they appreciate if they could receive loan services that would help them improve their lives on sustainable bases. From the care givers who participated, Participant 2 of FGD1 bakes *injera* for a living. A granary shop provides her with some *'teff'* flour. She then bakes and sell it. They allot some money for her from the revenue they receive from selling it. She said ''it would be better if I find money on loan arrangement, so that I could buy the *teff* by myself and bakes *injer*a to sell it directly to the market. I believe that would help my family a lot because I directly receive the profit for myself and payback the loan through time.'' In that way, she believes that the family will have a safe and permanent income, they also can feed themselves from the *injera* they bake for sale.

Educational Support

The CCC provides some materials that are important for the children's study such as school uniform, exercise books, pen, pencil, rubber and related equipments at the beginning of new academic year. According to Participant 9, 5 and 10 of IDIs, the children find those materials very helpful. Some, however, complain about the quality and quantity of exercise books they get from the CCC (IDIP-4). Participant 3 of IDI said that she wishes to get guiding books and dictionaries from the CCC because English is the subject she feels very important and she is not good enough at. Participant 5, 4 and 12 of IDIs would be happy if they get tutor classes on the subjects they found difficult.

Most of the children have brothers and sisters. But they are the only child getting the services from the family, Which is because of the financial shortage the CCC faces FGDP-1. In such situations, the child has to share the school materials with his or her brothers and sisters (IDIP-3).

The CCC believes that it has enough supply of school materials to provide for the children every year (KII-3). He said that the CCC understands that it would be perfect if it could increase the variety of those educational supports through providing guiding books, rulers, rubbers, and sharpeners. He also said that the CCC through its member teachers follows the children. However, it did not start giving tutor classes for the students. It is part of the CCC's plan, he said.

Referral Service

The CCC has a link with different governmental institutions. The CCC links its beneficiaries with different higher health institutions through its health service (KII-3). When referring cases to higher institutions is needed, the coalition directly writes a letter for the organization from which the support is needed. That way the beneficiary gets the service needed from the new institution.

The city women and children affairs bureau did not prepare the necessary legal bases when organizing CCCs (KII1). The CCC could operate because it is under the umbrella of *woreda* administration and the executive used his executive power to ensure the CCC's operation. It is now working on those legal documents. As the community care coalition has no strong legal base in its organizations, the letter is written in the name of the *woreda* administration and signed by the head that resolves the problem of accreditation and plays important role on the effectiveness of the referral system.

However, a single mother with a serious health problem mentioned that even though she got a free health care card, she could not find sufficient health care service from the *woreda* health station. Moreover, even if the CCC has written her a letter of cooperation for higher hospitals, she said she could not find enough health care support. She prefers to find an efficient health care service (FGD1P9).

Counseling and training Service

Counseling and training service directly focuses on caregivers. The CCC along with some organizations prepares trainings on different issues. They deliver such services along with different events such as women's day and child rights day (KII3). Participant of the KII3 has mentioned that the CCC tries to follow vulnerable children at schools through member teachers. If those teachers found out that a child is facing some difficulties and problems, they directly discuss and counsel them to solve the problems.

Despite the belief that the provision of counseling is important in dealing with problems that vulnerable children and caregivers may face and which directly exert a negative impact on the lives of OVCs, the CCC has not yet strengthened this service (KII3).

Prevention and Response to Child Labor

There exists child labor *in Woreda*3. People bring children from the Southern parts of Ethiopia and engage them in making of traditional clothes. These children are vulnerable to various problems as the job is beyond their capacity. Some of them do not attend day or night classes. KII3 participant mentioned that the coalition along with the World Vision Ethiopia worked on awareness creation to prevent child labor. However, they have no response mechanism and the CCC did not even go far on prevention because the problem is so broad and goes beyond its capacity.

4.4. Major Strategies Employed by Community Care Coalitions

Focusing on Local Resources

The coalition included members from the community itself. The community is its financial source. Many individuals especially those living abroad contribute different clothes and shoes to children through the coalition. The coalition works with different health institutions and schools in the *woreda*. That helps the health, counseling, and education services of the coalition (KII3). Those local institutions contribute a lot in solving different problems using local resources. CCC members believe that it's easy to solicit support from nearby communities for they are familiar with and know the predicament of the children and families of in need (FGD1P4).

CCC members further noted that, the culture of sympathy and lending of a helping hand for people is very instrumental in the successfulness of the coalition. Being uncertain of what fate brings their families in the future, helpers are willing to support to their capability, they added.

Integrating Formal and Informal Actors

In the coalition, both formal and informal actors are included. However, most of the members are from governmental institutions and formal associations. Compared with formal

actors, Informal actors' participation is minimal. Both actors in the coalition feel responsible and work together. The researcher has observed that because the organizer is the Women and Children Affairs Office some members feel that it is the one responsible for organizing different gatherings and events for coalition members. That creates some sort of hierarchy among the formal and non-formal actors.

All participants on the FGD2, mentioned that the permanent meetings the coalition used to held are not frequent. While collecting data, the author of this research planned to make the coalition members FGD in the same day in which their permanent meeting is held. However, the meeting was postponed several times.

Relationship of the Coalition with Traditional Support Networks

Traditional support networks are the one focusing on making contributions in resolving the social and economic problems of the poor, destitute and vulnerable (Center for development researches, 2016). The CCC includes traditional support networks as its members. As it was discussed in the previous chapter, the inclusion of those traditional support networks helped the CCC to do its works. It was difficult for the coalition to get acceptance in the community at the initial period of the CCC. The presence of representatives from those networks helped the coalition in getting acceptance from the community. The community builds trust because the coalition includes those people with whom the community has already built trust.

Idirs are the very active members of the community care coalition. In addition to the role they play in awareness creation and motivating the people to work with the coalition, they directly contribute cash to the coalition. Some member *idirs* permanently give monthly fee per child for the coalition. a member of the CCC said there are about thirty sixth *Idirs* in the *woreda*. From those *Idirs* about sixteen are members of the CCC. Participant 1 of FGD2 mentioned that it was possible to include all of them under the coalition, but the problem is that the coalition when it was formed the organizer, the women and children affairs office had to pay allowance money for all the participants for attending the meeting. She also mentioned that they are expected to make similar payments. Therefore, that hindered the office from including them all in the coalition.

From both the FGD2 and KII3 it was learned that no local business like Iqubs are participating in the CCC. Though it was said that members from Religious institution are participating in the coalitions, the author of this research could not find representation in list.

Child Participation

According to the KII3 participant, children are participating in the CCC's operations. He said children are participating through different groups such as children parliament, children clubs, other school clubs, and class monitors associations. Those groups are filled with children. They discuss about issues of children like children rights, children education, and child labor. As these groups are near to the student, they have information about the children in the school. On the other hand, those groups and teachers and the administration have developed strong link. Therefore, many cases and issues of the child are near to teachers. The CCC's head explained that CCC has relations with every school, be it private or public. It also incorporates many teachers who work in the school as members of the CCC. Those teachers play an important role in bringing each child's problem to the coalition.

The participant on the KII3 mentioned some cases of which child problems came to the CCC's table through children themselves. He remembers a child who was raped several times by one of her family member. She was a student at one of the public schools in the *woreda*. She confided the matter to her school friends. They then needed to help her so they brought the case to the child club at the school. The club members along with their teacher who coordinates the club and on the other hand who is member of the CCC heard of the case, he finally brought the case to the CCC's head.

Then after the coalition discussed and worked with the *woreda* justice office, which is also member of the CCC. Finally, they took the case to the court and the guilt went to prison. The child after staying for some time at a camp she reintegrated with her family. He believes that if the proper approach is utilized children are free to participate on issues that concern them. In addition, the CCC believes that their participation is indispensable. According to him, through such linkages, children are participating well in the CCC.

All the OVCs who participated in the in-depth interviews said that they do have comments on the services provided by CCC. However, they have not been given an opportunity to express their comment about the services they get from the coalition. The beneficiary children and their family/ caregivers are clueless about the CCC. They have no

information about who the members of CCC are and what they do. What they know is that the Women and Children Affairs Office collects money from the staff's monthly income and gives their family every month and provides them with some cloth and school materials every academic year (IDIP12, IDIP2).

There is also a child who believes the financial support comes from annual government budget (IDIP4). Some others said an NGO called Hanna orphans home donates them some money every month and provides them with the educational and health services (IDIP1, IDIP3). All the children who participate in in-depth interviews have never participated in the CCC's discussions on the issues of children. One of the participants said he was asked of his comments about the services informally by a staff from the *woreda* Women and Children Affairs Office (IDIP-12).

Referral system

The coalition through writing different letters for concerning bodies it helps to solve some problems that OVCs and their family face. The coalition includes the local health and education institutions as members. But if some cases that need the engagement of higher institutions appear, it writes letters for concerning bodies so that the problems will be solved KII-3. Beneficiaries have explained that the coalition have done a lot through linking them with higher hospitals so that they could get higher medical care for free FGD-1.

4.5. Major Challenges encountered by Community Care Coalitions

The CCC at *woreda* three is facing several challenges. It has able to overcome some problems and keeps operating. The issue of accreditation, for example, once was the most difficult challenge the CCC has faced. This challenge remains the same in other CCCs in the city. *Woreda* 3 managed to skip this challenge particularly due to the decisions of the executive head of the *woreda*. However, challenges such as financial shortage, frequent turnovers of professionals and leaders are continuing. Under this sub topic, all the challenges the CCC faces are discussed.

Financial Challenge

The main financial source of the Community Care Coalition is the community itself. There are permanent financial sources that include the money from the *woreda*

administration's staff monthly income, the cash from '*gundishmeda*' merchants, monthly money contribution from *Idirs* and the monthly money that hanna orphan pays for some OVC families. On the other hand, the CCC gets some financial support from different business organizations shops and individuals. CCC members and participants of FDG2 mention that resource mobilization committee members walk through the community holding the voucher to collect money.

They said most business institutions and some individuals always suggest for permanent participation. They ask CCC members to visit them every month on regular basis. However, FDG2 participants said even if the community suggests so, the coalition has limitations for visiting the community. They say the members have other responsibilities and engagements that in a way makes walking through the community to permanently collect money difficult. However, the FDG2 participants said that the coalition has a plan to make permanent visit through the community to collect money.

The main challenge the CCC faces is that the insufficiency of the money it collects from different sources to achieve the goal of the CCC. On the KII3 the head of the CCC said ''our job would be said effective if we could work on building strong and sustainable base for those people to get rid of the problems they face, but what the coalition does now is ensuring the survival of the beneficiaries lives.''

Lack of follow up and support from higher organs

The CCC mentions that higher organs such as Addis Ababa City Administration Women and Children Affairs Bureau and the *Gullele* Sub city Women and Children Affairs office are not making the proper follow ups and providing supports for it. Participants on both the KII3 and FGD2 agreed that CCC that the bureau has done nothing to strengthen the CCC and or helping resolve its challenges. Its engagement only limited to disseminating of CCC guiding manual. They believe that it was the mandate of the bureau, for example, to resolve the issue of accreditation and voucher printing, this resulted in handicapped the activities of CCC in another *woredas*.

Even if the sub city Women and Children Affairs office follows the CCC more than the bureau, it is not to the desired level. The sub city called them and other CCCs in the sub city several times to make discussions. Though unable to bring significant change specially in

mitigating, the challenges CCCs have been facing beyond their capacity KII3. The sub city helps them through providing trainings for professionals Participant 3 of FDG2.

The problem related with accreditation is the other main problem the CCC is facing. Participant of KII2 argued that ‘‘as long as there is a belief that communities could solve their problems by themselves, there is no need of being dependent upon other organizations like NGOs. A sufficient attention needs to be given to CCCs.’’ On the KII3 the Participant mentioned that community care coalition is a big project that could bring basic change throughout the country. Unfortunately, however, such a big idea is not getting enough attention it deserves. Even local Medias in the country are not covering the issue properly. Promoting the project and creating awareness in the country could have strengthened CCCs. Lack of accreditation and promotion limits the effectiveness of the referral system that the CCC uses.

According to KII2 participant, the absence of strong legal base for the establishment of CCCs resulted in getting very less attention and accordingly office and such operational materials are not fulfilled. He said the coalitions were not organized under any kind of proclamation by the concerned body. That in a way create significant gap. From both FGD2 and KII3 it was learned that the concerned bodies particularly the city Women and Children Affairs Office, which is responsible for initiating the organization of community care coalitions throughout the city, is not following their work and providing any kind of assistance.

The sub city mentioned that shortage of work force has limited it from handling a strong follow up on coalitions’ works (KII2). In addition, the city women and children affairs office, on its behalf, said it is not making any records and following coalitions because it is now working on arranging some legal grounds in order to strengthen CCCs (KII1).

Turnover in professionals

People leave their position for different reasons after working on a certain field and position for a long time. Turnover of professionals pose its own challenges on the effectiveness of any kind of job. The same holds true in the functions of CCCs. Participant on the KII2 stated that shortage of expertise coupled with turnover of professionals and officials is massively challenging. He said that the sub city is working on improving the lives of children with three expertises but about eight expertises are needed to follow up the works of

all *woredas*. Replacing that position and then introducing the new staff with the job takes a long time. According to him, those two challenges are preventing them from effectively following and supporting CCCs.

The same is true in the CCC members and organizers at the *woreda* Women and Children Affairs Office, which is directly responsible for organization and operation of the CCC. While undertaking this research, the researcher was told that the CCC head would be living his position in the months to come owning to health problem he has been struggling with. Most CCC members and the head himself believe that since the CCC's operations has already built a strong networks every community member will follow and ask for it. This creates doubt among members as to how much the new head would be.

Awareness gap

Participant 2 of FGDP2, who is members of Data, Identification and selection Committee, said that most of the community members in the *woreda* have a demand for support. ''Almost everyone in our *woreda* needs support'' she said. That remains a challenge the CCC cannot solve.

The committee when making selection it takes the living situation of families and OVCs in to account. Participants of FGD2 believe that the CCC is unable to sufficiently deal with all OVCs and all OVCs' social problems due to limitation of resources. They believe they should prioritize OVCs with difficult situation from others in the community. Because all the members of the CCC are selected from the community itself they know each community member and their life situation (FGDP3). They believe that made their job easier. However, they all mentioned that the dependency attitude in the *woreda* remains a challenge.

Chapter Five: Discussion

5.1. Introduction

This chapter discusses the key findings of the research. The previous chapter provided all the data and information gathered through different methods. This chapter analyses those information and data gathered within the theoretical framework the research employed. The strategies that the coalition uses in delivering services and the challenges it faces are the discussion points as presented in the pages that follow.

5.2. Discussion of Key Findings

5.2.1. Effectiveness of the Coalition

This study deals with the effectiveness of community care coalitions with respect to elements such as participation, inclusiveness, accountability, and transparency, which indicate the effectiveness of community based activities. Those elements are discussed under different community development theories. The sub topic discusses the CCC's effectiveness with respect to those elements and theories.

Participation and inclusiveness

Coalitions begin with an initial core group of committed members. The coalition's effectiveness increases when the core group expands to include broad representations of the diversified community. Coalition groups are supposed to be broad based and widely inclusive in their structure. Broad community engagement is essential to strengthen the capacity of the community to identify, understand, and address complex problems (World Vision, 2005).

There is a strong linkage between inclusiveness and community development. Moreover, inclusion expands the sense of ownership throughout the community. From the beginning, all the members and leaders at the CCC under study have sufficient idea on how CCCs are better organized and who could and should be included.

The CCC has 52 members from different government institutions associations and individuals. However, despite the fact that the coalition has many members from different actors, the inclusion of formal and informal actors has not yet been balanced. Many governmental institutions are represented at broad level. Representation of governmental

institutions is important, as the role of those institutions in solving social problems is pivotal. However, it can be understood that many individuals are represented from the same institution and small number of people from informal institutions. This may result in less diversification of ideas and perspectives. Beside fewer representations of informal institutions, there are also some informal institutions which are not included at all.

In the CCC at the *woreda*, *mahibers* (local associations) and *Iqub* are examples of those institutions that are not included in the coalition. Absence of these institutions limits the effectiveness of the coalition's overall activities. Although they are not actively participating, people from mosques and churches are represented in the coalition. This in activeness, among others, deprive the coalition role in counseling, reintegrating families, in rendering moral support to beneficiaries who are suffering from serious health issues like HIV/AIDS.

Moreover, they could have played additional role in creating awareness about social protection and in motivating the community to participate in any way it is capable . The same holds true for *Iqubs*. That kind of gathering has enormous capacity to strengthen coalitions. *Iqubs* can play as significant role as *Idirs* which are now playing their indispensable share in the coalition.

According to system theory, to achieve community development, understanding the dynamics of inter-group relationships, and considering the institutions operating in the community are essential (Tamas & et.al, l987). Moreover, understanding a community, identifying social capitals, and using them appropriately will help for effective and sustainable community work. According to the social capital theory, social networks in a given community are important assets for successful community initiatives (Hustedde, 2008). Hence, paying attention to those structures and their function is indispensable.

Services' effectiveness

The services that the coalition provides could be classified into different categories according to the effectiveness and efficiency. Some services are effective some others are less effective and the rest services are not well implemented.

Effective services

Education and health services are more effective when compared with other services. The coalition provides OVCs with sufficient school materials. The children are contented with school materials they get from the CCC. Some of the children asked for extra materials such as:- dictionaries and guiding books. Some others said they would be happy and successful at their study, if tutor classes were arranged. To make the education service more effective, it is necessary to diversify the services with the view of increasing their satisfaction.

The coalition and beneficiaries who participated in the study believe that this service is one of the most effective services it has been rendering for the children. Those materials that the CCC provides for OVCs are much necessary for their education, that in a way has affected the educational lives of the children in a positive way.

The other service, which is comparatively effective, is health service. All beneficiary OVCs and their caregivers have identification cards to help them find free health service. The children and their caregivers explained how effective the service is. The card helps them get any kind of health service at the disposal of *woreda*'s health station, any time for free. All they need to do is to hold the card and appear to the *woreda* health station whenever they need to get the service. The limitation here is the efficiency of the referral system on health. Some health cases are referred to higher hospitals. Although most of the time the beneficiaries get the services needed from higher health institutions through referral system, there is a room for improvement. This could be related with the issue of accreditation.

Regarding the issue of OVCs and their caregivers who are living with HIV/AIDS, the coalition provides health treatment whenever they are in need of it. Nevertheless, it should have worked more to treat this group of beneficiaries in a different way. Those people because of their health status, need to get maximum attention about their health. The coalition is incapable providing extra nutrients and permanent checkups. Absence of discussion with the beneficiaries with the view of revising the performance is also where the coalition is fall short of. The coalition believes that the health service is effective. Without disregarding some gaps that were discussed above, we can conclude that the health service is effective when compared with other services.

Less effective services

Economic strengthening service is labeled under less effective services. The economic service as discussed in the previous chapter, only focuses on direct cash support provided for OVCs' caregivers. A family gets three hundred and sixty birr per month of which 300 birr goes for household expenses and the remaining 60 is earmarked for deposit on the saving account opened by the name of the child for his/her future education. All of the beneficiaries said the money is supporting them to some extent. They said they could not get it anywhere for free. However, providing the fact that family's income is meager, they are in money shortage. In spite of the existence of more than one OVCs in several families, only one child per family is benefited, and that is in order to reach many families.

The coalition has 111,487 (one thousand eleven hundred and four hundred eighty-seven) birr in its own saving account. In addition, the community is not contributing as much as it demands as the coalition is not regularly mobilized to collect resources. The coalition could maximize the income of the beneficiaries by exploring other arrangements. For instance, by encouraging beneficiaries to do work that could increase their earning. Each caregiver has his /her own capacity that enables them to permanently make income such as baking of *injera*, *tela* and *tej* making, there are also mothers who are trying to get income from selling some vegetables, charcoal and the like in small amounts.

The coalition has the capacity to help all those efforts so that they can make permanent income through a loan provision service. However, provision of loan on pay back arrangement has not yet been started. Asset- based approach argues that Community based programs should identify and use the community assets rather than its needs in its every step (IACD, 2009). Any action that intends to bring change in a community should start with any resource the community has. Loan arrangement goes in line with the asset-based approach. Rather than providing cash support, it is better to provide loan service, which could provide a community with strong and sustainable economic ground. The saying has it that "Give a man a fish and you feed him for a day, teach men to fish, and you feed him for a lifetime.''

This is not to disregard the cash support. It is in fact, preferred due to the existing financial shortage and as an immediate and short-term solution. However, the CCC cannot risk ignore loan service.

The loan arrangement would increase the revenue of the households and create a sense of independence on the side of the beneficiaries. The parents and caregivers seemed very interested to do by their own, using local and personal knowledge and resources. It also motivates family to work hard and make a change.

On the other hand, there is a non-governmental organization which is called Hanna Orphan who donates monthly cash for beneficiaries of the coalition. The organization is not member of the CCC. It started its donation after some professionals from the women and children affairs office held discussion with the organization. The organization's participation makes a difference in the performance of the coalition. It is helping many children's lives.

The organization is part of the community by the virtue of its existence amongst the community. It can participate in the coalition as a member or in any way similar with other business organizations, individuals and the like. However, practically the organization is neither a member nor participating like other actors. What it does is just donating money directly to beneficiaries. We cannot see the role of the CCC here beside arranged the support at the initial period.

Less implemented services

Child labor is one of the problems from which the children are victim. Despite the fact that there are victims of child labor in the community, this service has not been well implemented by the CCC. There exist different ways of overcoming child labor in the community. The CCC, together with the community, has a great potential that could make a difference on eliminating child labor.

The CCC has the capacity to overcome child labor by, among others; employing counseling service. It includes creating awareness on beneficiary groups by using different events such as child and women's day. The Women and Children Affairs Office may undertake awareness creation activities in the presence of families, caregivers, and children. The CCC can use Art as an important tool in this regard with an aim to promote the cause. On those events, some important information about child raising, family, child rights and the like will be imparted. However, the CCC falls short of carrying out this task.

On the other hand, the coalition provides counseling service for the OVCs through their school teachers, who are members of the CCC. The participant on KII3 stated that

‘‘whenever family engagement is needed, teachers will call parents and render the counceling service.’’ However, such a service is limited to improving the educational performances of the children.

The coalition does not have any method of engagement with regard to disagreement aroused between the families through counseling. There are different problems facing each family and OVC that could be solved or ease through counseling service. So the CCC should improve such service to improve children’s lives. In order to contribute a lot, the CCC should engage in it and strengthen the service on permanent manner. It could also use such a network to deal with similar other family or personal problems.

Effectiveness of strategies

The coalition employed different strategies in order to achieve its goals. The main strategies include: - child participation, establishing relation with traditional support networks, integrating formal and informal actors, referral system and focusing on local resources. Under this sub topic, we categorize strategies in to two groups based on the effectiveness of implementation as effectively implemented and less effectively implemented. To say, limitations on the implementation of strategies affect the overall effectiveness of the coalition.

Effectively implemented strategies

The CCC’s strong relation with traditional support networks, its ablity of integrating formal and informal actors and focusing on local resources those strategies are grouped as well implemented ones as compared with other strategies the coalition uses. However, all those strategies that are grouped under effectively implemented strategies are not without limitations. There are gaps without which the strategies could have been perfectly implemented.

Traditional support networks in the community include; - *Iddir , Mahber* and *Iqub*. The relationship the coalition established with the commonly known traditional support network-- *Idir* can be labeled as one of the strongest network. Sixteen *Iddirs* are working with the coalition to improve the lives of OVCs. They are also members of the CCC through two representatives. In addition to their engagement as a member in the CCC, *Iddirs* make financial contribution on monthly basis. Five *idirs* promise to cover the monthly cash support

for six children. That shows that the coalition has built good relation with the traditional support network. Nevertheless, the CCC has limitations on working with other traditional support networks such as:- *Iqub* and *Mahiber* are not included at all. That limits the CCC's effectiveness.

The coalition bases its activities by mobilizing resources from local sources. It has earned affirmative responses from local bodies and community members. It could operate and provide all services by using resources from local sources. But the coalition could mobilize more resources it has not utilized it fully from the community. The coalition brought formal and informal actors together to solve problems of OVCs. Integrating formal and informal actors came to realization ever since the CCC was organized.

Less effectively implemented

From the strategies the coalition has set as a tool to achieve its goal, child participation and referral systems are less effective. The CCC is working to improve children's live. Therefore, what naturally follows is children's participation in the coalition. Child participation in the coalition, however, is limited. Their participation is not as active as is supposed to be. As it was presented on the previous chapter, children participate in the coalition through the network between teachers and different children's groups such as child parliament, children clubs and class monitors associations. The coalition includes some teachers as members but not those associations.

The teachers do not have formal and permanent network with the children to discuss on issues of OVCs. They do not have enough information about the CCCs. Children should be the key participant and they should remain the main source of information and solution. The coalition believes their participation through their teachers is enough. But they should be the one who speak for themselves.

Its use of local knowledge and resources enable the CCC perform successfully. However, sometimes it faces problems that need the engagement of other organs out of *woreda*. That is delivered under the referral system. If the responsible and concerned organs had supported it, and if the issue of accreditation is solved the CCC could have effectively used referral system and advocacy as an effective strategy towards achieving its goal. However, the issue of accreditation limits the power of the CCC at the *woreda* level. That

challenges the implementation of the referral system as a strategy to solve issues beyond its domain and power.

5.2.4. Challenges

Financial shortage is one of the main problems which hinder the CCC from reaching its maximum efficiency. Financial shortage limits the services quality and variety. The community is rich in different kinds of resources. As presented in the previous chapter, coalition members discussed the existence of strong social capital resource in the community. In addition to that, the community is known for being the main center for '*shema*' production. Many individuals who work on designing and production of the famous Ethiopian traditional cloth exist in the community.

Different OVCs' caregivers have their own capacity of work, which they can use to support their family. The coalition could use all those resources to bring significant changes on the lives of OVCs. The problem is on mobilization of those resources. The coalition could bring about changes on the lives of the children. However, the CCC could not transcend more from sustaining the lives of its beneficiaries. If the coalition could have worked a lot on resource mobilization, it would have been very rich in resources. Moreover, that overcomes resource shortage, so that the coalition could be effective in bringing lasting change on the lives of its beneficiaries.

The *woreda*'s CCC is not well known at almost all levels. The media have worked very little/no in promoting the activities of coalition of this nature. As the operation of CCC is much related with community mobilization, focus should be given to such kinds of promotions. The coalition also lacks follow-ups and support from concerned bodies. Follow-ups and support from higher concerned institutions help the coalition to do its jobs more easily. Especially the help of such institutions support the referral system of the CCC. If the coalition is provided with an office and important office furniture, that ease its work and contribute a lot for its efficiency. It also strengthens the coalition and helps it solve its deficiencies.

Most members of the *woreda's* CCC are staffs of different governmental institutions in which professionals' turnover is higher. That is a challenge for the CCC, as selecting and training new members would not be easy. The problem of turn over similarly challenges Women and Children Affairs Offices at the sub city and city levels. The institutions claim

that the turnover is one of the challenges that hinder them from undertaking the proper follow-ups for community care coalitions.

Chapter Six: Conclusion and Recommendation

6.1. Introduction

This final chapter brings the study to its conclusion. It established its conclusions based on the research questions listed in the first chapter. The other sub-section of the chapter tries to forward some recommendations. Those recommendations show what can be done in the future to help the CCC operate effectively.

6.2. Conclusion

The CCC in *Gullele* sub city *woreda* 3 provides different services to improve the lives of OVCs. The services include economic strengthening, health support, educational support, referral, counseling, reunification and reintegration. According to their effectiveness, the services are divided into most effective, effective and less effective. Health support and educational Support are the most effective services that the coalition can be credited with.

Economic Strengthening service is at the middle in terms of effectiveness. The coalition provides certain amount of money to help the beneficiaries cover some of their expenditure. Even if it helps the beneficiaries, the money, rather than playing the role of economic strengthening, it just helps to sustain lives.

The less effective services include reunification and reintegration service and counseling service. We could say those services are not implemented properly. There are children of divorced families. Different kinds of disagreements and separations also happen in families. Such problems could happen between the child and his or her caregivers or it could happen among other members of the family at which the child lives but in any way, that affects the children. The coalition could perform better in solving such problems under those services.

When we see the existing favorable conditions, the existing tradition of helping each other, caring for the vulnerable group serves as a catalyst for the coalition to earn acceptances of the community. The community has a long standing tradition of helping each other both individually and through traditional gatherings. Such existing traditions create a very favorable ground for the coalitions' acceptance. Socio- cultural traditions of the community are important ingredient in executing the project. The existence of such tradition eases the

coalition's job of organizing the community around the aim of solving societal problems by society itself.

We can mention *Idir* as a main social system that created a favorable condition for the coalition. However, the participation of other social systems, traditional businesses, and religious institutions are limited. The study found out that the coalition's effectiveness is heavily depends on its success of using the existing strong and long grounds effectively.

The operation of the coalition, however, is not devoid of challenges. There exist challenges and capacity gap that stands against community care coalitions' activities. Those challenges can be generalized as financial insufficiency, turnover in experts at different levels, lack of follow ups from concerned bodies. The coalition could help its beneficiaries and include other OVCs in the *woreda* under its programs, if concerted efforts are exerted towards solving those challenges.

6.3. Recommendations

This section recommends some mechanisms that would help to increase the efficiency and effectiveness of community care coalitions. The recommended ideas could be implemented by the coalition itself and some of them require a collective effort with the community and concerned bodies.

The coalition should fight the dependency thinking in the community that challenges effectiveness of the coalition. It also puts CCC's positive efforts under question especially among the community members who could not directly benefit from its efforts. The CCC could work in resolving such kinds of awareness gaps in line with its efforts to raise awareness on social protection.

Diversifying and strengthening the services shall augment the success of the coalition in general. The CCC should work on preparing tutor classes to support the students to perform well in their education. On the other hand, the referral system should follow the health service. That way both education and health services could become most effective. In addition, increasing teachers and school's participation ease the difficulty to help the children on their study by using local resource.

Arranging a loan to be paid back on long-term basis would be essential in changing the standard of living of the communities. In this regard, the coalition may facilitate a loan to

the families of OVCs from *woreda*. The energy and wish of independence on the side of the beneficiaries are important ingredients in the efforts of changing the lives. The coalition could start loan service from providing small amount of loan for OVC caregivers from its saving account. It could provide the service for the caregivers after organizing them under groups, which could be a solution for financial shortage the CCC could face when implementing the service. Department of small enterprises, which is part of the CCC, could bring experiences on small enterprises' formation to support the service.

The coalition should work more on resource mobilization. In order to operate effectively, the CCC needs to mobilize the existing resources in the community. The coalition should first identify all the resources that are available in the community, and further discuss on how to mobilize and use them. Members of the resource mobilization committee, which is responsible for this specific job, should work on resource identification and on how to mobilize them.

As it was discussed in the previous chapter, the coalition group is not diversified enough to the level it is supposed to be. The CCC should work on diversification of its group. Diversified coalition group is very much important in strengthening the coalition itself. It also eases community mobilization and augments the coalition's acceptance by the community.

Beneficiary's participation should be another focus area, which needs enough attention. This includes children and caregivers' participation. Children should be the major actors in the CCC's activities. They should get the chance to show the strengths and gaps of the service provider, the CCC. The CCC through diversifying the participation should study the level of satisfaction and identify gaps. Beneficiaries' participation is also important to diversify and strengthen services. The study argued that diversification of services would bring positive changes on the lives of OVCs and various problems that are affecting the lives of the children should get solution. The CCC should also focus on strengthening the existing services.

The CCC needs a strong follow up and support networks from higher concerned governmental institutions such as:- the sub city and the city's women and children affairs offices. Beside, government should give due focus in strengthening this organization. The activities of the coalitions deserve promotion and in this regard, the role of Medias is pivotal.

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Annex

6.5. 1 Study Participant Matrix Table

Matrix Table 1. In-depth Interview Participant beneficiary children

Code assigned	Sex	age	education	place of living	Date interviewed	Source of Support
IDIP-1	F	12	Grade 5	Addis Ababa	Jan. 22,2018	Hanna orphans home through CCC
IDIP-2	M	14	Grade 9	Addis Ababa	Jan. 22, 2018	CCC
IDIP-3	F	12	Grade 4	Addis Ababa	Jan. 22,2018	Hanna orphans home through CCC
IDIP-4	M	15	Grade 8	Addis Ababa	Jan. 22,2018	CCC
IDIP-5	M	12	Grade 4	Addis Ababa	Jan. 22, 2018	CCC
IDIP-6	M	14	Grade 5	Addis Ababa	Jan. 22, 2018	CCC
IDIP-7	M	16	Grade 8	Addis Ababa	Jan. 22, 2018	CCC
IDIP-8	M	13	Grade 7	Addis Ababa	Jan. 22, 2018	CCC
IDIP-9	F	13	Grade 7	Addis Ababa	Jan. 22, 2018	KongoseferIdirthrough CCC
IDIP-10	F	14	Grade 7	Addis Ababa	Feb. 9, 2018	CCC
IDIP-11	M	15	Grade 9	Addis Ababa	Feb. 9,2018	CCC
IDIP-12	M	16	Grade 8	Addis Ababa	Feb. 9,2018	CCC

Matrix Table 2. Key informant Interview Participants

Code	Sex	age	Educational Status	Code	Sex	age
KIIP-1	F	29	BA in social work	Addis Ababa	April, 18, 2018	Expert at Addis Ababa city administration women and children affairs beurochild rights and protection sub department
KIIP-2	M	29	BA in sociology	Addis Ababa	Feb, 13, 2018	Head of Gullele sub city children affairs department
KIIP-3	M	49	BA in teaching	Addis Ababa	March, 22, 2018	Gullele sub city woreda 3 administration head, CCC head

Matrix Table 3. Focus group discussion Participant households (FGD-1)

Code	Sex	age	No.of Child	Marital status	Discussion Date	place of living
FGD1P-1	F	35	2	Divorced mother	Feb. 9, 2018	Addis Ababa
FGD1P-2	F	38	2	Divorced mother	Feb. 9, 2018	Addis Ababa
FGD1P-3	F	70	1	Widow grandmother	Feb. 9, 2018	Addis Ababa
FGD1P-4	F	37	1	Widow mother	Feb. 9, 2018	Addis Ababa
FGD1P-5	F	68	1	Widow grandmother	Feb. 9, 2018	Addis Ababa
FGD1P-6	F	44	5	Divorced mother	Feb. 9, 2018	Addis Ababa
FGD1P-7	F	39	4	Divorced mother	Feb. 9, 2018	Addis Ababa
FGD1P-8	F	40	1	Divorced aunt	Feb. 9, 2018	Addis Ababa
FGD1P-9	F	40	1	Divorced mother	Feb. 9, 2018	Addis Ababa
FGD1P-10	F	35	3	Divorced mother	Feb. 9, 2018	Addis Ababa

Matrix Table 4. Focus group discussion Participant CCC members (FGD-2)

Code	Sex	age	Educational Status	Code	Sex	age
FGDP-1	F	30	BA in social work	Addis Ababa	March, 27, 2018	Child support and care expert at woreda3 women and children office
FGDP-2	F	35		Addis Ababa	March, 27, 2018	Development worker at woreda 3 administration
FGDP-3	F	38		Addis Ababa	March, 27, 2018	Women's league member
FGDP-4	F	40		Addis Ababa	March, 27, 2018	individual community member
FGDP-5	F	43	BA in sociology	Addis Ababa	March, 27, 2018	expert at Labor and social affairs office
FGDP-6	F	29	BA in sociology	Addis Ababa	March, 27, 2018	Child support and care expert at Woreda3 women and children office

Key informant interview guide for Addis Ababa Women and children affairs office

1. How do you explain community care coalitions and their main intentions?
2. What are the main reasons that necessitate the organization of community care coalitions in the city? And, Who established them?
3. How many coalitions are there in Addis Ababa? When were these coalitions established? (If there is a profile please provide me with that?)
4. Who are the members of community care coalitions in Addis? In addition, could you explain the considerations that are taken into account when forming the coalitions?
5. Could you explain the services provided by CCCs and how the services are delivered to beneficiaries?
6. From where do the coalitions find resources? And, how do they use their resources?
7. How do you explain the general operation of CCCs in the city? How successful are CCCs operating in Addis?
8. And, what kind of support does the office provide for them?
9. Regarding the CCCs applications, which sub cities are leading with best experiences and which ones are lagged behind? What Makes them best? What are the reasons behind?
10. How did the community respond to CCCs when they first started operating? What challenges did the CCCs experience? What measures were taken in response to those challenges? Could you clarify the roles of your office in addressing the challenges?
11. How do you explain the relationship between the coalitions and the community?
12. How much does the existing social capital (*Edir*, *Equb* and the like) contributes for CCCs? Please explain the link between the coalitions and those capitals?
13. The research specifically deals with CCCs in Gullele sub city. How did CCCs in the sub city formed? How do you explain the roles played by the Addis Ababa Women and Children Affairs Office?

14. Some reports explain that coalitions in Addis are weaker than coalitions in other regions of the country. Do you agree with that? If so, what do you think are the reasons?

Thank you very much for your cooperation!

Key informant interview guide for Gullele Sub City Women And Children Affairs Office

1. How do you explain the life situation of children in the sub city?
2. How many CCCs are there in the sub city? What are their main objectives?
3. Who are the members of the coalitions? Why does each member included?
4. Are all the coalitions in the sub city performing equally or are there variations? If there are, what is the reason?
5. What kind of support does your office provide to the effectiveness of CCCs?
6. In your sub city, how does the community respond to the CCCs' interventions? What challenges did they face? What measures were taken to address the challenges?
7. What are the services provided by CCCs?
8. From where do the coalitions generate their resources? And, how do they manage it?
9. How do you explain the relationship between the coalitions and beneficiaries?
10. Can we say the coalitions are effective? If so what are the indications?

Thank you very much!

Key informant interview guide for Wereda 3 Community Care Coalition

1. What are the aims that the community care coalition desires to accomplish in your *wereda*?
2. When did the coalition form? Who are the members?
3. Do you have any written guideline the coalition to be lead with?
4. Can you please explain the life situation of children in your *wereda*? Especially how do the lives of orphan and vulnerable children look like? Can you please include some data?
5. What services does the coalition provide? How are they delivered to the beneficiaries?
6. Would you explain major child protection services your community care coalition provides to vulnerable children and their families?
7. Explain about the educational, health and economic supports provided to vulnerable children and their family? What are the types? In what time range and where is it given?
8. How many children are benefiting from the services you provide? What are the criteria to select beneficiary children? Do you think you are providing the necessary services to improve the lives of all vulnerable children in your *wereda*?
9. What are the strategies you use to establish good relations with your beneficiaries? Why are you choosing those strategies? Can you explain the strategies you use to deliver each service to beneficiaries? Why?
10. How did the community respond when you first start operating? Can you compare the community's response from the time when you started operating until now?
11. Do you involve the community in your operations? How?
12. What positive grounds were there to strengthen you when you first started operating?
13. Do you think the existing social, religious and other similar systems go with your involvements and aims?
14. What challenges do you face since you first start working in the community? How much do the challenges affect you? What measures did you take to overcome challenges?

Thank you very much!

In-depth Interview guide for beneficiary children

Personal information

Sex

Age

Educational status

1. Whom are you living currently with?
2. Are there other children in your family besides you? If yes, how many?
3. Do your guardians engage in income generating activities? If yes, what are they? If not, why?
4. Do you have any one you feel that you missed him/her? If yes where does he/she go?
5. Have you ever been separated from someone you love?
6. If the answer for the above question is yes, are you still separated or re-integrated to the one you were separated?
7. If yes, how when and why did the re-integration happen?
8. Have you ever leave your home to live somewhere else? If so what are the processes involved, challenges encountered and pushing factors out of home?
9. Does anyone support you besides your family? If yes who and how?
10. What are educational, health and other services you receive from community care coalitions? How and when do you receive them?
11. How much do the services from the coalition help?
12. Have you ever been participated on services delivered to children by community care coalition? If yes, when (regularly, sometimes, rarely, not at all). If not, why?
13. Do you have other points you want to add to this interview that can support the study?

Thank you very much for your cooperation!

Focus group discussions Guiding Questions for parents or caregivers

1. Can you explain the basic health services you or your family received from community care coalitions?
2. Would you state major education services provided to your children by community care coalitions?
3. Could you explain economic strengthening activities that are given to you by community care coalition?
4. Does the community care coalition provide other services for your family? If there are please explain?
5. Have you ever received counseling service by CCCs in your Kebele? If yes, when and on what issue?
6. What ways does the coalition use to provide its services for you? How effective are their involvements?
7. Are the coalitions filling any gap in your life? If yes, what are they? How?
8. Have you ever been involved in the operations of community care coalition's activities?

Thank you very much!

Focus group discussion guiding questions for coalition members

1. How do you explain the life situation of children in your *wereda*? specialy how do the lives of orphan and vulnerable children look like?
2. How important is the existence of the community care coalition?
3. What services does the coalition provide for OVCs and their family? Explain the health, referral and counseling services?
4. What are the strategies you use to deliver each service to your beneficiaries? Why are you choosing those strategies?
5. How do you involve the community and the beneficiaries in your operations?
6. Can you explain the level of child participation in your operation starting from the base? How are their participation shown?
7. What challenges have you faced? How did you overcome them?
8. How did you get the community attitude when the education and mobilization committee staeted operating? Do you think it could bementiond as a challenge? And now?
9. Have you finished collecting data, screening or you do it continuously and how d u do it?
10. How do you evaluate your operation? What kind of impact do you think the CCC has put on changing the lives of OVCs in the wereda?
11. In what ways do you think can the community care coalition ensure service sustainability and efficiency?
12. What do you think is the reason that made your CCC more effective than others?

Thank you very much for your cooperation

Checklist for the Observation on beneficiaries

Observation on Beneficiaries (children)	Activity	description	repetition	implication
The living condition of the children	The appearance of the house in which the child lives			
	Food items consumed in the house			
	Drinks at the house			
	Types of clothes wear by the children			
	Health conditions of the children			
Relationship with others	The attachment between the child and his/her family			
	participation during decisions made by community care coalitions about children.			
	Relationship with other children			
The status of children in school	Education materials owned by the student			
	communication with teacher and class mates.			

Checklist for the Observation on coalitions and coalition members

Observation on Coalitions and members	Activity	description	repetition	implication
Strategies used by the coalition and members	The way how it delivers its services			
	Consuming the existing favorable social capitals and systems			
	The way the coalitions manage the resources			
Relationships	The degree of thrust coalition members have on the aim they are supposed to achieve			
	Ability to understand the beneficiaries			
	Ability to work together (among coalition members and with beneficiaries)			

Consent note

I am Hermela Temesgen, a student at Addis Ababa University, school of Social Work.

I am conducting a study on the impacts of community care coalition on child protection for an academic purpose.

The information you provide is very essential for the study.

For you to involve in this research, you are required to sign on this consent note. Therefore, you can respond to the question you want to and you can skip the question you do not want to answer. You can also withdraw from participating in the study any time you want.

The information you provide for the study 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 participate in this study, signing on this consent note will help the research.

Signing on this paper means you understand the purpose of the research as it is stated on this consent paper.

I thank you for providing the necessary information!

Name of participant Name of the researcher

Signature Signature

Date Date