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**The Role of Community Care Coalition Program in Child  
Protection: Practices and Challenges in Abune Zena Markos  
Children and Adult Supporting Association**

**By**

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**The Role of Community Care Coalition Program in Child Protection: Practices and Challenges in Abune Zena Markos Children and Adult Supporting Association**

**BY**

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**ADDIS ABABA UNIVERSITY**  
**CENTER FOR EARLY CHILDHOOD CARE AND EDUCATION**

**Letter of Approval**

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## Declaration!

I here with declare that the thesis entitled “The Role of Community Care Coalition Program in Child Protection: Practices and Challenges in Abune Zena Markos Children and Adult Supporting Association” is my original work and never been presented in any other University or Institution.

**Addisu Tsegaye Estifanos**

Signature: \_\_\_\_\_

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## **List of Acronyms and Abbreviations**

**ACRWC:** African Charter on the Right and Welfare of the Child

**BoLSA:** Bureau of Labour and Social Affairs

**BoWCA:** Bureau of Women and Children affairs

**CCCs:** Community Care Coalitions

**CCGs :**Community Care Groups

**CSOs :**Civil Society Organizations

**EBP:**Evidence Based Practice

**FDRE :** Federal Democratic Republic of Ethiopia

**FGM/C :** Female Genital Mutilation or Cutting

**GTP:** Growth and Transformation Plan

**GOs:** Governmental Organizations

**ID:**Identification Card

**IGAs:** Income Generating Activities

**MoLSA :**Ministry of Labour and Social Affairs

**MoWA :**Ministry of Women Affairs

**MoWCA:** Ministry of Woman and Children Affairs

**NGOs :** Non-Governmental Organizations

**NSPP:** National Social Protection Policy of Ethiopia

**PLWHA:** People Living with HIV /AIDS

**UNCRC:** United Nations Convention on the Rights of the Child

**UNICEF :** United Nations International Children Emergency Fund



## **Abstracts**

*The purpose of this thesis is to explore the Role of Community Care Coalition Program in Child Protection: Practices and Challenges in Abune Zena Markos Children and Adult Supporting Association. In doing so, the researcher has used qualitative research approach mainly secondary sources. Review of books, scientific articles and recently completed in-country works and researches involving document analysis has been made. For primary sources, the researcher has conducted key informant interviews, observation and administered focus group discussions. The research findings of this thesis indicate that the main roles of Community Care Coalitions are Economic strength, education, health and referral services. Furthermore, the practices of Community Care Coalitions are protecting children from economic exploitation, utilizing cash transfer, using animation for child right advocacy, mobilizing community through street theatre, promoting children participation in society, supporting child development and providing emotional and psychological support. Reflecting on the above findings research result suggests that; the identified packages of practices have brought changes to the lives of selected vulnerable children and families at three different levels as high, medium and low. Capacity building, resource mobilization and data collection as strategy by Community Care Coalitions have guided positive change to happen on the lives of beneficiaries. Structural, financial and accreditation and professional challenges have negatively affected Community Care Coalitions functioning. Focusing on local resource, knowledge, institution, integrating formal and informal actors and using planned program are the key sustainability pillars of Community Care Coalitions.*

# CHAPTER ONE: INTRODUCTION

## 1.1 Background of the study

Communities have their own means of managing crises faced by their members in traditional societies. They have been supporting each other during times of impoverishment, accidents, chronic problems, sickness and death of members. The supports for such circumstances come from Idir, Ekub and Mahiber<sup>1</sup> (Mezegbu, 2007). Often, community problems or issues are too large and complex for any one agency or organization to tackle. In these circumstances, putting together a coalition of groups and individuals can be an effective strategy for changing the programs and policies in schools, business, government and other relevant sectors that are needed to solve the problem or achieve the goal. In community, children are among our most vulnerable populations. The injustices suffer many children are unspeakable and occur in all corners of the globe in all walks of life. The term “child protection” is very broad and can encompass a wide range of issues. Custody and support, child abuse and neglect, violence against children, child prostitution, child pornography, sex tourism, child labor, and trafficking in children are just some of the issues that arise when discussing child protection (Johns Hopkins University, 2013).

However, communities have their own means of managing crises faced by their members in traditional societies. However, the role of community based support systems is most of the time treated as informal and has been less emphasized in literature (Kassaw, 2006).

Community care coalitions (CCCs) are different from traditional support network. Community care coalitions follow system based approach unlike traditional support networks. Coalitions integrated formal, informal and local Civil Society Organizations (CSOs) unlike traditional support networks focusing on members and their contribution. Community based child protection groups are sustainable when they are owned and driven by community, in this case by community care coalitions (Save the children 2013)

Community care coalitions are groups of individuals and/or organizations at local level that join together for common purpose of expanding and enhancing care for People living with HIV/AIDS (PLWHA) and most vulnerable children in communities. Groups providing care directly are community care groups (CCGs), those with mainly a coordination role are called

CCCs. CCCs include heads of churches, volunteers, the government, businesses, NGOs and CBOs providing material and financial support locally (Caitlin, Medley, Michael & Kevin, 2010)

Historically, CCC as a program has begun to be implemented in the western world. In Britain, Community Care Coalitions were used for treating and caring for physically disabled 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 and it is also cheaper and effective (CADCA, 2013)

According to National Social Protection Policy of Ethiopia, (2015), CCCs shall be strengthened and expanded to play significant role in the implementation of productive and social safety net programs. Social protection is part of social policy framework that focuses on reducing poverty, social and economic risk of citizens, vulnerability and exclusion by taking measures through formal and informal mechanisms to ascertain accessible and equitable growth to all (NSPP, 2015, p.7).

Child protection is therefore, one component of social protection focusing on system based measure to problems encountering vulnerable children. Accordingly, the policy gives special attention to vulnerable children and others under difficult circumstances. Currently, there are 6.6 million orphans out of which hundred thousand are street children in Ethiopia (UNICEF, 2018). This indicates rampant child vulnerability in the country. The major child protection services that have been provided by CCCs to vulnerable children are health, nutrition and education, for supporting children and family. In providing services, coalitions need skills like, leadership, management, coordination and reporting and use service delivery strategies. Major challenges that affected the functioning of coalition are low awareness and low initiative of members (CCC implementation guideline, 2010).

As indicated in the guideline, in Ethiopia, services provided to vulnerable children are formal for governmental and CSOs and informal for local community members and most

importantly, both operate independently. Joint actions of formal and informal support systems guided by implementation manual are current attempts starting from 2015 for sustaining child protection locally through CCCs supported by policy. Thus, the major purpose of this study is to explore the role of community care coalitions for child protection by emphasis on Practices and Challenges in the Case of Abune Zena Markos Children and Adult Supporting Association.

## **1.2 Statement of the Problem**

As observed, CCC program 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 and child protection.

In the Ethiopian context, 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.

In the field of research some studies have been conducted on the role of community care coalition focusing on coalition formation, capacity building, functioning, role and effectiveness. Kegler & Honeycutt (2010) have conducted a study on the influence of community context on coalitions in the formation stage. They found that community participation, geography, politics, history, norms and values have influenced coalition for agency selection, staffing and leadership, membership, processes and structure.

Most of the studies that have been conducted so far on community care coalition have focused on community facilitation and mobilization for health service in western context. To my information, only few studies are conducted by Binega (2013), Ababe (2016) and Firehiwot Woldesilassie (2019) and HermelaTamasgen (2018) on the areas of community care coalitions in Ethiopia. However their study areas were limited only too few coalitions out of twenty providing different services. Abebe (2016) authored another study. The author focused on Community Care Coalitions for child protection in Assosacity administration.

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). Hermele Temesgen (2018) also explored on Effects and outcomes of Community Care Coalitions on Child Protection in *Gullele Sub- City woreda*3, Addis Ababa. As one can understand from above, those studies focused on explaining the major services provided by community care coalitions for children and on child vulnerability issues.

Therefore, aforementioned studies have gone through limited number of coalitions. The gap that the researcher saw include: the situation in community care coalition in study area is far from this expectation. Most of the public and private school Child Care, and Education centers in rural towns are not having full patronage from parents. Equally, children of preschool age that are yet to be enrolled into Child protection could be seen in large numbers in many homes within communities in the study area. If this problem continued in the same manner children cannot get any benefit from community and also unable to develop their protection to them. So the major objective of this study is emphasizing on Practices and Challenges community care coalition for child protection and identifies the problems related to it and to suggest feasible solution that enable to mitigate the problems.

Thus, the researcher thinks that the Practices and Challenges of community care coalition for child protection may be emphasizing by methods and techniques parents employ in their children.

### **1.3 Objective of the Study**

#### **1.3.1 General Objective**

The general objective of this study is to explore the role of community care coalition for child protection emphasizing on Practices and Challenges in the AbuneZenaMarkos Children and Adult Supporting Association.

#### **1.3.2 Specific Objective**

1. To investigate major role of community care coalition in child protection services provided to vulnerable children in Abune Zena Markos Children and Adult Supporting Association
2. To explore the practices employed by community care coalition in providing child protection service in AbuneZena Markos Children and Adult Supporting Association

3. To examine the challenges of community care coalition in child protection services provided to vulnerable children in Abune Zena Markos Children and Adult Association service.
4. To investigate sustainability of community care coalitions programming in the study area.

#### **1.4 Research Question**

1. What are the major role of community care coalition in child protection services provided to vulnerable children in Abune Zena Markos Children and Adult Supporting Association?
2. How performs the employed by community care coalition in providing child protection service of Abune Zena Markos Children and Adult Supporting Association?
3. What are the main challenges of community care coalition in child protection services provided to vulnerable children in Abune Zena Markos Children and Adult Supporting Association?
4. How can community care coalitions ensure service sustainability of child protection in the study area?

#### **1.5 Scope of the Study**

Community Care Coalitions are being implemented in different regions of Ethiopia. However, the study focuses on the role of community care coalition programme practiced in Abune Zena Markos Children and Adult Supporting Association?

#### **1.6 Significance of the Study**

The primary significance of this study may help policy makers to identify practices and challenges of community care coalition in child protection and inspire their sense of responsibility. Thus, it is crucial for anyone who wants to know the role of community care coalition program in child protection by emphasize on Practices and Challenges. It has also significance for child protection and community development activists who are interested in advocating for the right of children. The study explored the roles of community care coalition for child protection service the study identified and analyzed key child protection services delivered by community care coalition to vulnerable children and their families. By forwarding community care coalition to focus on changing norms that predispose children to violence and abuse, this study addressed the research questions stated. Offer clue and pave a way for further study that may be conducted in depth.

### **1.7 Limitation of the Study**

From the very beginning, it was intended to investigate the role of community care coalition for child protection emphasizing on Practices and Challenges of Abune Zena Marcos Childers and Youth Association. However, because of scarcity of enough time this study was confined it only on the stated area. In addition, it would have been better if the study had been conducted at different area. Another limitation was that while collecting data through interview some respondents were afraid to give responses freely. However, all necessary information was given to solve these problems and to make this study complete. Therefore, the paper will only show a bird's eye view about community care coalition program by take in to account practices and challenges of Abune Zena Marcos Childers and Youth Association

## **CHAPTER TWO: REVIEW OF RELATED LITERATURE**

This chapter offers conceptual definitions of different terms and theories. In other words, it was grounded by conceptual definition of community care, community care coalition, child protection and grounded by theories which help as a road map to the subject under study. Moreover, it identifies International best practices and approaches to community care coalition and its challenges. Moreover, this chapter covers an enquiry into how concepts and theories are understood and how to identify practices and challenges of community care coalition as context.

### **2.1 Conceptual Framework**

#### **2.2. The preschool Environment and Parents' communication**

The preschool climate is also one of the factors that affect parents' participation. Communication knowledge, meeting preference, time, personal affairs, economic problems (Cock Burn, 2004), parents and teachers' attribution are also other constraints. Parents beliefs about what is important, necessary and permissible for them to do with and on behalf of their children; The extent to which parents believe that they can have a positive influence on their children's education; and Parents' perceptions that their children and school want them to be involve.

Parent preschools communication facilitates children's skills and knowledge development. A child's first experiences in school are often parents' first experiences as critical stakeholders in their child's formal schooling. Parent school relationship during preschool may also allow parents to develop skills in working collaboratively with school personnel. Parent involvement may be particularly important for children from low-income families. The preschool years are therefore an optimal time to establish good communication between to familiarize parents of children at-risk for academic difficulties with the skills children need to acquire prior to entering elementary school (File, & Juan, (2010). The social development of a child is influenced by parental. So, effective communication between parents and school is vital on the child's social development as his or her parents directly correlates with the relationships and social behavior the child will have throughout life.

The relationship between parents and their child will also influence different aspects of his or her social development. For example, when a child is very young, the child will look to parents to see how to respond to ambiguous situations as a form of social referencing. In this manner, the



child learns proper social behavior from imitating the behavior of the parents specifically; a child will learn how to address conflict from the influence of his or her parents.

Throughout each form of psychosocial development, parents play a vital role in the positive development of their child. Parents who influence the development of their child in a positive manner tend to have particular qualities and characteristics. These parents tend to be responsive, demanding, accepting and emphasize discussion and interaction (Collins., 2000) It is evident that parents greatly influence the development of their child. In the emotional sense, a positive parental influence can help a child establish a healthy personality and reach identity achievement. Parents also aid in the development of their child's moral reasoning and judgment skills through supportive discussions and conversations.

Lastly, a close, secure relationship between the child and his or her parents influences the social behavior of the child in the future. The environmental aspect of development is especially important in the psychosocial development of a child (Collin. 2000). Scholars suggest that parents' involvement in children's education may come through their participation in both home and school activities and that such parental involvement enhances children's educational achievement. It has been suggested that families that have both parents undertaking the role as disciplinarian and authoritarian and are more involved with the family have children with higher academic achievement (Walker, 2004).

### **2.2.1 Community Care**

In any community, there are different groups of people who are poor and vulnerable, in need of support and protection. However, 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 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.

### 2.2.2 Community Care Coalitions

According to Ababe (2016), 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 compassionate 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 consists 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).

Coalitions begin with an initial core group of committed member. 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).

As observed, 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

### **2.2.3 Community Coalition System**

According to (Cannan& Warren, 2003), 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 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 words, 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)

#### **2.2.4 Child Protection**

According to 1989 United Nations Convention on the Rights of the Child, Child can be defined as a human being below the age of 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.

As one knows, 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 5to 10 percent of men reportedly having to 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).

#### **2.2.5 Child Protection System**

Child protection system is a systematic synergy of laws and policies, meaningful coordination across government departments and between sectors at different levels. Child protection can be well ensured if efforts to prevent risks and response to violence, abuse and exploitation are organized. 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 sectorial 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).

### **2.3 Coalition Capacity Building**

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

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

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

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

## **2.4Coalition Functioning**

Coalition functioning is one of the key areas in community care coalition research, involves members of coalition to perform duties in line with the coalition goal. Riggs, Nakawatase and Pentz (2008) stated that intervention for community coalitions can be effective in enhancing internal community coalition functioning, specifically as this functioning pertains to planning for adoption and implementation of evidence based prevention programs in a community. Feinberg, Greenberg & Osgood (2012) on their research have elaborated the correlation between readiness and coalition functioning and perceived effectiveness as quite strong.

Readiness may be considered determinant of the kinds of strategies appropriate for a community. For communities low in readiness, alternative approaches may include the development of local institutional and leadership infrastructure rather than directly funding complex coalition efforts. The scales of readiness index indicated democratic-oriented community leadership that seeks grassroots participation like leadership, competent to manage conflict, feeling connected to the community as important areas to consider for such intervention.

Thus, the management of internal processes may be more important for success than the management of external relations. Other study by Valerie, Hawkins & Oesterle (2015) has come

up with the existence of a positive relationship between coalition functioning and coalition capacities. Higher Coalition functioning may increase the coalition capacities that lead to greater coalition achievements (in this case, community leader reports of science-based prevention). Further studies conducted by Brown, Feinberg, Valerie, Shapiro & Greenberg (2013) have contributed findings supporting the coalition functioning and coalition ability in supporting program implementation. The evidence further stated that, coalition member's knowledge of the communities that care model was clearly the best predictor of implementation support, especially for evidence based practice. Thus, coalition members understanding of a science based approach to prevention and the activities related to installing communities that care likely enhances coalition efforts to support the implementation of evidence based programs with fidelity.

Several aspects of coalition functioning including leadership or governance, internal cohesion, and fidelity to the communities that care model, community relations, and low need for technical assistance predict a coalition's ability to support high quality evidence based program implementation. Funding agencies, trainers, and technical assistance providers can best support coalition's abilities to foster high quality implementation of evidence based practice (Brown, Feinberg & Greenberg, 2010).

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

## **2.5 The role of Community Coalition**

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

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

## **2.6 Coalition Effectiveness**

Effectiveness is the major factor bringing local community coalition to the achievement of desired goal which in turn lays a foundation for sustainable community development. The study conducted by Yang, Foster, Fishman, Collins and Ahan, (2012) on developing problem solving framework has stated that coalitions are more likely to produce community changes and thus achieve important intermediate outcomes when they develop their operational and problem solving capacities and pursue more comprehensive array of strategies. Coalitions are more likely to pursue a breadth of comprehensive strategies when they have strong operational and problem solving capacity. The pursuit of more comprehensive strategies is in turn related to higher level of community changes.

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

Other evaluative research conducted by Butterfoss (2006) on process evaluation for community participation and its intermediary role in health and social change outcomes indicated that coalitions often recruit less diverse partners than desired with higher proportion of females, middle age and minority race professionals. Perhaps the focus should be achieving substantive



representation, where members are selected by and accountable to community interests. As per this finding, measurements of process indicators alone are insufficient and researchers and evaluators must learn innovative ways to tie process evaluation to intermediate and long term goal attainment. This indicates the necessity for recruitment and diversity of coalition members and necessity of linking process and outcome indicators for coalition's long term goal attainment for effectiveness.

## **2.7 Child Vulnerability**

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

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

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

## **2.8 Theoretical Frameworks**

According to Hermela (2018), explain theoretical 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 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, 1987). 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 program could 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 role, practices and challenges 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.

## **2.9 The role of Parents' Participation in Preschool Education**

Parents' participation has typically been defined as parents' engagement in activities such as volunteering at school, communicating with teachers, participating in academic activities at home, and attending school events, meetings, and conferences Hill & Taylor (2000). In the national policy framework for ECCE of Ethiopia MoE (2010), Parents and other care givers are the most important in the life of the child. They play a key role in children's development. Their role is to socialize the children and inculcate life principles and spiritual, cultural, and moral values for his/her character development. Managing and expansion of early child care and education is not a task to be left to single organization or body. Ramsay and Johnson (cited in Zaray, 2011, p.31) particularly emphasized the cooperation work of the school and parents to promote the holistic development of the child. According to them, the two most significant environments for the child are the home and the school. Although, these two environments impact the child separately the experience in one environment also affects the other.

According to Hurry (2001) "having regular and good communication and partnership between teachers and parents is essential for consistent positive experience both at home and in school". Parental involvement in school helps the teacher understand the child more and better and able to work together effectively (Robinson, 1996). Similarly Hurry (2001) further explained that home-school or parent- teacher relationship help to create what the children are like, better understand with regard to preschool education, an opportunity for parents to meet other parents and learn from their experiences. Home and school are the two worlds for preschool children where total development takes place. Thus, school administrators and teachers have to create strong alliance with partners.

The importance of parents' attitudes in preschool is that it influence the academic achievement in next educational grades. Parental attitude in preschool includes not only meeting the

children's needs for education, but also supporting children's development (Kocyigita, 2015). Some special benefits of parental involvement at a preschool level are improvement in reading level and students showing improvement in their understanding, which allows them to move to the next level (Huang, & Mason, 2008). Academic achievement in subsequent school grades is determined during preschool (Kocyigita, 2015).

As National Children's Resource Centre (2006.p 9) "Parents have a crucial role to play in relation to their children's overall self-esteem and more specifically the image that child parental involvement in their education an important source of continuity from birth through-out preschool years, and even to adult hood." Parent involvement facilitates children's development of pre-literacy skills such as phonological awareness and letter name knowledge Powell et al., (2010). These skills have been shown to be essential for later school success. Over, the transition to preschool marks the beginning of an important relationship of home and school (Powell et al, 2010).

The relationships that you build with parents as a teacher will bring about collaboration between home and school to enhance children's development. Contemporary research suggested that the most effective programs for young children are those which involve their families. Family involvement and attitudes in early childhood program can range from simple talks when only there is a problem to frequent and regular participation ( Burn ,2004,). In ideal situation, parents and teachers work closely in a variety of ways.

Wolfendale (1983) Pointed out that parents have been traditionally been viewed as clients and not as parents. She argued that the concept client impulses that parents are dependent upon experts' opinions passive in receipt of services need of redirection preferable to decision making and perceived as inadequate and deficient. In contrast to the clients concept, the parents concept include these characteristics, parents are active and central in decision making and perceived. And its implementation parents are able to contribute to as well as receive services (reciprocally) and parents share responsibility. Thus parents and professionals are mutually accountable ( Curtis(1981). Curtis further stated that one way of making closer link between home and school is to organize workshop/meeting for parents in early child learning. Both parents and the school need to share common perception and responsibilities about the child mutual involvements, accountability and cooperation as well as reciprocal communication systems are more vital (Seigel, (2002),( as cited in Girma , 2011 ).

## **CHAPTER THREE: RESEARCH METHODOLOGY**

This chapter contains the research design, the research method, the population, sample size and sampling techniques, instruments of data collection, the procedures of data collection and the method of data analysis.

### **3.1 Research design and methodology**

Research design is the master plan that specifies methods and procedures to do the study and method is a style of conducting a research work which is determined by the nature of the problem (Singh, 2006). To realize this purpose the researcher was employed qualitative methods. Thus, In order to understand properly the existing on role of community care coalition program in child protection: practices and challenges in Abune Zena Markos children and adult supporting association a descriptive survey design were used to carry out the study. This method involves the gathering of information qualitatively information to inquiry quite qualitative (subjective question) data (Creswell, 2003). Qualitative approach relies on extensive use of primary and secondary sources. 'Qualitative studies typically involve key informant interviews and Focus Group Discussion'. In other words, it employs methods of data collection and analysis that are non-quantitative, aims towards the exploration of social relations, and describes reality as experienced by the respondents. In exploratory focus groups, researcher interview groups of users about an existing information and facts. Therefore, it helps researcher to identify the participant's attitudes, satisfactions and dissatisfactions, discover opportunities and issues, spark ideas and develop theories (Baxter and Jack, 2008).

To accomplish this study, the research method was qualitative approaches with more emphasis on qualitative approach as the leading methods. Qualitative approach emphasized because assessing the Abune Zena Markos Children and Adult Care Association made through tender in Addis Ababa can better understood by collecting large qualitative data's. Furthermore, the qualitative approach employed and incorporated in the study helps to validate and triangulate the data.

In other words, it emphasizes the qualities of entities, processes and meanings that are systematically examined and explained. Hence, these methods enable the researcher to explore individuals or group observations and practices on specific phenomenon to get detail information on the research area. Moreover, it is an approach that allows the researcher to examine people's

experience in detail from the perspectives of research participants (Hennink, 2010). Therefore, qualitative approach enables the researcher to provide interpretive tools to explore The Role of Community Care Coalition Program in Child Protection: Assessment Practices and Challenges in The Case of Abune Zena Markos Children and Adult Supporting Association. To accomplish this purpose, both secondary and primary sources of information have been collected and carefully analyzed.

### **3.2 Data Sources**

To get more detail information on role of community care coalition program in child protection practices and challenges in Abune Zena Markos children and adult supporting association the data were gathered through primary and secondary source.

Primary data- Primary data were gathered through field surveys, personal interviews, observation and FGD. While Secondary sources of information were data used in this research were the documents of the organization under the study (Abune Zena Markos); certain relevant documents from the sample school, different research reports from MoE, website, books, report, magazines and private sectors who manage education were used.

### **3.3. Methods of Data Collection**

#### **3.3.1 Key Informant Interviews**

A key informant interview is in-depth interviewing one of the data collection method used in qualitative research techniques. Boyce defined key informant interviews as a qualitative research technique that involves conducting intensive individual interview with respondents to explore their respective views, experiences and motivations on a particular situation (Boyce, 2006). In fact key informant interviews provide crucial conversations to find out detailed and primary information about the subject under study from the interviewee.

Key informant interview are a method of data collection that involves researcher to ask open-ended question (O'Leary, 2014). The technique enables the researcher to ask respondents open-ended questions that are relevant to the problem under study. Hence, for the study at hand open-ended interview questions were prepared and zoomed in to the research participant's particularly with CCC officers and member of the academia, and other groups were considered in interview. The interview were used for some individuals with three journalists, two university students, two

analysts and two from teachers / women's associations with one government official from the justice office. To test interview, 17 respondents from the schools even female and ten male participants were taken. The purpose of interview was used to obtain more clarification and details to collected data from the respondent through face to face discussion.

### **3.3.2 Focus Group Discussion (FGD)**

Focus group discussion is another significant method for collecting qualitative data. "FGD is important to generate rich understanding of many participants at once" (O' Leary, 2014). By using FGD, the researcher aimed to acquire information from discussants on case study area. The moderator plays an important role in facilitating discussion drawing on questions relevant to the problem under study. This method helps to produce shared information and views from the discussion with a mixed composition of (heterogeneous groups) in terms of significant from all sex, ages and professional statuses of the participant as much as possible (Freitas and Popjoy, 1998). To such end, researcher was conducted one FGD with the total of eight participants: six are male while two are females. Open ended question were set for respondents to gather in depth information from Abune Zena Markos in order to get the relevant information going the researcher were selected school leaders and community elders to get reliable information through face to face communication. To get the important information FGD contain 6 groups and each group has 6 members which include 36 respondents from Abune Zena Markos school were participated.

### **3.3.3 Observation**

Observation is a 'systematic description of behavior, events and art facts in the social setting chosen for study' (Marshall and Rossman, 1989). Researcher used observation methods to enhance other empirical data collected. It enables to describe the nature and content of the existing situation of the case study area to support the relevant data. The author have observed how CCC orally and reality on the ground. In particular, on January, 2021 the author closely observed the Abune Zena Marko sChildrens and Adult Care Association. These and other personal observations assisted me in understanding the existing content and situation of the event around the researcher area.

Ground truth data's on the field were collected by direct observation on the selected area for this study. The researcher observed and collected the necessary visual information with the help of hand held camera from the existence of Abune Zena Markos Childrens and Adult Care Association. Observation used by the researcher in order to get more information to accurate the information gets from the other tools.

### **3.4 Sampling techniques**

This study adopted a purposive sampling method in order to determine samples of informants. This makes the researcher purposively to select the respondents from the total study population' (Tongco, 2007). For Teddlie and Yu (2007), purposive sampling is a 'method of selecting certain units or cases based on a specific purpose rather than randomly'. Sampling is necessitated to gather in-depth information from a smaller number of carefully selected participants (ibid).

Accordingly, the author has selected research participants on personal judgment. Participants who have particular knowledge of the phenomena under investigation were picked. Their experience or proximity with the study topic is back grounded. The significant data obtained from the fieldwork was first recorded in a notebook and later transcribed. The source was analyzed translating recorded note from different local language into English, by using thematic analysis techniques. Thematic is a 'method that is often used to analyze data in primary qualitative research' (Thomas and Harden, 2008). It emphasis on identifying, coding and examining themes within data collected. Thus, researcher have tried to employ this analysis along with pinpointing, describing and coding since these techniques allow identifying ideas within the data implicitly and explicitly.

### **3.5 Data Analysis**

In accordance with the data that were collected from different sources; the data gathered through interview and document analysis, were categorized thematically the of issues rose. After the classification, each of the variables were analyzed and interpreted. Then depending on the nature of the research the data were gathered, analyzed using different statistical tools. Accordingly, the respondents report and the nature of the basic questions the following techniques were used. The data collected from school communities, FGD and interview given from experts are used in descriptive statics.



## **CHAPTER FOUR: DATA PRESENTATION AND DISCUSSION**

This chapter presents the findings of the study and their interpretations. Therefore, the purpose of this section is to present and discuss the data in particular reference to the role of community care coalition program in child protection: assessment of practices and challenges in the case of Abune Zena Markos children and adult supporting Association. The data have been obtained through interview, carefully conducted with different academia, from CCC officers and other stakeholders. Observation, Focus Group Discussion was also administered. To the end of this, the chapter explained by taking in to account or categorized in to three basic fronts through 4.1- The role of CCC, 4.2 -The Practices of CCC 4.3- The challenges of CCC on the area of study based on data collected through different techniques which is explained under this study.

### **4.1 The Role of CCC Program**

The role of Community Care Coalition in different services for OVCs and their caregivers are paramount. Those services are economic strengthening, health, education, referral, counseling and training, prevention against child labor. Data reveal that, the CCC coalition provides economic, social and cultural support, family reunification and reintegration service for children. Accordingly, the roles of CCC in the study area are organized as follows.

#### **4.1.1 The Role of CCC in Economic Support**

Like other support CCC provides economic support services for its beneficiaries. Data reveal that the beneficiaries in case study area get direct cash support every month. Accordingly, the CCC provides 450 birr for an OVC for their caregivers per month from its account. The money is provided for those caregivers to help their living. The caregivers spend 400 birr for some household expenses and the rest have 50 birr in save account opened by the name of the child.

The finding by (Nargiso, Egan and Karen & Florin 2012) states the relationship between economic strengthening efforts with greater number of policy changes. However this research agrees with this finding due to policy change that enabled the incorporation of CCC in to policy documents that ultimately resulted in the delivery of service packages. This service with supportive supervision form CCC improved their living condition than the past. In line with the above objective, the participants of the study area were expressed their ideas as follows:

According to participants, the money is saved for the child's future college expense. The CCC consistently follows up on the monthly saving. This economic support also helps the child's morale to have special objective to stand on his personal feet and economic self-independent for the future. According to data obtained by interviewer, the numbers of the children are benefited from the services; the type of support provided and the source of support are needed.

Then Bureau of Labour and Social Affairs communicates the source of fund to be notified to the community care coalition according to which the numbers of beneficiaries are determined. The third main actor was the City Micro Finance Office. Bureau of Labour and Social Affairs and Micro Finance office formalize their agreement with memorandum of understanding and communicate community care coalition. The revolving loan was free from interest and has a time range of two years where the households save some amount of money.

#### **4.1.2 The Role of CCC in Health Support**

From those OVCs and their caregivers who are benefiting from services by the CCC some of them need serious health checkups. The services are being provided to beneficiaries such as children and their forgivers. The result of with 2<sup>nd</sup> member of FGD respondents replied that:

*The beneficiaries of the CCC get free health services whenever they face health problems and they have identification cards that help them get free health services from government health facilities in the community. The CCC helps them get their IDs. Whenever children and their forgivers encounter health problem they can visit their nearest health facilities to get necessary services for free.*

Another respondent who participated in an in-interview said that:

*Due to illness, my father cannot make a living and he always stay at home. My grandmother on the other hand, begs on the street and earns some money and when I sick I can easily visit the woreda health center for holding free treatment card without looking for money or waiting for my family to take me there.*

From above observation one can understood that as all the children and caregivers who participated in interview and FGD ideas that they are easily get free health services whenever

they are sick. The services also include the supplying of medication for children who are living with HIV/AIDS. To support this participant 6 of the KII who live with HIV/AIDS said that ‘I benefited a lot from the special health treatment I get from the woreda health station, which includes access to the necessary special medication’. Therefore from above observation one can understand that the role of CCC in health support is paramount.

#### **4.1.3 The Role of CCC in Referral Services**

The CCC has partnership with different government institution said:

*The CCC link its beneficiaries with different higher health institutions through was health services. When referring cases to higher health institutions is needed the Coalition directly write a letter for institutions from which the support is needed. In this way the beneficiaries get the necessary service from the partner institution. Though the problem is the city children and women affairs bureau didn't prepare the necessary legal bases for CCC's referral services.*

*The CCC could achieve these services because it's under the umbrella of woreda administration and the executive used his executive power to ensure the CCC's referral services.*

The data obtained from interview result reveal that because of the above reality, the CCC has no strong legal bases and the letter written in the name of the woreda administration and signed by the head that resolves the problem of the accreditation and plays an important role on the effectiveness of the referral system. In support of this, a single child with a serious health problem mentioned that “even though I got a free health care card, I could not find sufficient health care services from woredas health station. Likewise even if the CCC has written a letter of cooperation for referral hospital I could not find enough health support”. She prefers to find an efficient health care service.

#### **4.1.4 The Role of CCC in Education Support**

The CCC provides same materials that are crucial for the children study like school uniform, exercise books, pen, pencil, rubber and related equipment's at the beginning of new academic year. According to KII 5 & 7;

*The children find those materials very helpful. Some however, complain about the quality and quantity of exercise books they get from the CCC. They wish to get guides and dictionaries from the CCC because English is the subject most of the student are very important and they are not good enough and happy if they get tutor classes if the subject they found difficult. However, most of the students have brothers and sisters. But they are the only child getting from the family because of the financial shortage of the CCC faces. Because of this, the child has to share the school materials with brothers and sisters. Although the institution believes that it has enough supply of school materials to provide for the children every year. They said that the CCC understand that it would be faultless if it could increase the evidences of educational support through guide books, rulers, rubbers, sharpeners and others. They also said that our institution through its member teachers follow the children. However it did not start tutor classes for the students. It is the part of institutional plan.*

#### **4.1.5 The role of CCC in Counseling Services**

As Ababe pointed out that (2016), 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. To support of this, the participant of FGD 4<sup>th</sup> has mentioned that:

*The CCC follows vulnerable children at school through member teachers. If those teachers found out that children are facing some difficulties and problems, they directly discuss and council them to solve the problem. Despite they trust that the provision of counseling is important to dealing with the problem those vulnerable children and caregivers may face and which directly*

*exert a negative impact on the lives of the OVCs, the CCC has not yet strengthened these services.*

#### **4.1.6 The Role of CCC in Capacity Building Service**

The foundation of all community care coalition support package was considered as specific support given to vulnerable children, the families and community surrounding their neighborhoods. Capacity building refers to a set of capacity development program intended to enhance the capacity of children, family and their local community and sectors to increase their support for the prevention and response of major problems triggering child protection service. This may include business development service training as capacities building to households for engaging them to income generating activities (Ababe, 2016).

Moreover, according to data gathered HIV/AIDS prevention and traffic accident training given to children at school and short and long term training and experience sharing event made by sectors and CCC. With regards to community members community dialogues and short advocacy events are the part of capacity building programs. Therefore, capacity building program delivered by CCC and sector offices was divided in to four categories. These are capacity building programs for community care coalition members, for local community, for line sectors like ‘ketana’ leaders under the scope of the *kebele*.

The capacity building program is most of the time delivered to the planned targets in line with the schedule of annual work plan. Unexpected changes in the environment affect the effectiveness of capacity building program. CCC has delivered various capacity building activities to member of the community. Personal interview with participants indicated that they have delivered capacity building training four times this year for sector representatives’ community care coalition members, ketene leaders and local community residents respectively. ‘This training was entitled supporting poor children child protection in our kebele. Two children has migrated from south region and one resident has send his child to school and lift this migrants home keepers in his yard’

In line with the above objective, the participants of the study area were expressed their ideas as follows:

*Dwellers reported to CCC and we check them with police and started discussing the reason. In our kebeles there is a program called development army through which we provided training to households on child feeding and nutrition. Always in our kebele we have one day community dialogue with a member of the community every Thursday. Sometimes we arrange coffee ceremony for discussion when we engage institution which takes from one hour to two hours. In our kebele there are one of five associations for household of this vulnerable children and they report when child harmed happens in their neighborhoods. With this association the problem encountered by one mother is supported by other 4 members.*

From this one can understand as CCC communication and referral with local community structure has led to the identification of services gaps and beneficiaries eligible for intervention, still significant amount of vulnerable children are out of services. Strengthening resource mobilization capacity coupled with referral leakage can led to the identification of overlook beneficiaries and services gaps. The center of this was full ownership of high government officials of CC programming for integrated local community development.

#### **4.1.7 The Role of CCC in Reunification and Reintegration Services**

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

##### **4.1.7.1 Providing Reunification Service**

Based on the data collected through FGD with CCC officials, children who left their home or place of origin have been engage in sale of lottery ticket, sale of groundnut and transporting that to hotels, bar and restaurant and also home of the individuals. CCC have collaborated with sub

city administration police department officers for the screened children to be reunified to their family of origin after informing their respective labor and social affairs to protect their children from migration. Five children (three boys and two girls) were reunified to their families in Shashamene, Wolaytasodo and Hawasa cities by covering their transportation cost. Despite all this effort reunification services remained challenge for CCC. To justify the following statement is clearly stated by KII 4 in depth interview:

*Reunification is the least successful program for our Keble's CCC. This is because; the reunified children come from towns and kebeles which is difficult to succeed without the support of the sector operating in the child's place of origin. At the study area period we recruited and discussed with children to reunify them with their family and prepared transportation their subsistence costs by starting from Addis Ababa to their home.*

The data obtained from participants outlined the challenging the nature of unification program. This is due to multilayered nature of the pushing factor that forces the child to leave the area of origin. The services gaps and situation that expose child to other exploitation and abuse in the areas of destination made it less successful. The main focus of the CCC future reintegration programming should have to consider factor pushing child in the family setting in the area of origin and destination. 21184848

#### **4.1.7.2 Providing Reintegration Service**

‘Community care coalitions have also planned to reintegrate children who stopped their education and living in different circumstances to the community where they are originated’. According to the data gained from key informant interview with KII-5,

*Reintegration program is most of the time planned as intervention program for children who lost both of the parents and who have no relatives to live with. Reintegration helps the child in the community when they are born, then living with different culture of their destination place. With this regards CCC have reintegrated children to the resettlement kebeles around institutions by communicating with their local community and their respective kebeles.*

## **4.2 The practices of CCC Program**

### **4.2.1 Protecting Children from Economic Exploitation**

Research findings suggests that the association has help the child with local communities, employers and NGOs to catalyze the steps necessary to change the attitude and practices which perpetuate child labor. Through community mobilization and awareness rising, the association specializes in working with communities from the bottom upwards to raise awareness about child labor, forced labor and about what makes a community vulnerable to phenomena.

Moreover, it invests in improving in quality of education including the construction of rehabilitation of basic school infrastructures, provision of education materials and training of teachers. Also uses school as basis for fostering in an improved awareness of child labor issues and establishing monitoring system to track school enrolment and attendance.

The server K I 1 said:

*The provision of basic service as a child labor and force power are driven or exacerbated by poverty, the association supports community projects that enhance the children access to basic services, such as health care, water or sanitation. This reduces the cost of families (in terms of both money and time)of meeting their basic needs and minimize the pressure that force the poorest households to put their children to work in order to supplement the household productive capacity and income. In livelihood support, to tackle the poverty that underscore exploitation in economy with other specialized agencies also works to improve the sustainability of livelihoods in community to live poor households a higher level and greater stability of income.*

### **4.2.2 Utilizing Cash Transfer to Enhance Child Protection**

The findings of the research suggest that as cash transfers can help to reduce the rate of early marriage by making girls' education and employment opportunities a condition of receipt of cash transfer. One of the informants who participate in 4<sup>th</sup>FGD share this idea said:



*The use of cash transfer while still under explored may be an important element of a broad child protection framework including awareness raising and vocational training which can effectively reduce child exploitation.*

#### **4.2.3 Utilizing Animation to Child Right Advocacy**

Researcher observed that teachers with their IT partners work on the animate method to produce advocacy messages in their work and campaigns. This involves child participation throughout the process of producing animated films. Children use animation to discuss their concerns, report on their situation and educate other children and adults about issues and important to their lives. Through this medium children are able to tell their stories free of external effects such as social pressure. ‘Animation taps in to children’s creative potential to enable them to express themselves. The method is aimed at providing children with a space to discuss and advocate for their rights’. The children are fully responsible for making all parts of the film. They write the story, draw and color the characters in the film, and give voices to the characters they create.

#### **4.2.4 Mobilizing Community through Street Theater**

By using children and other stakeholders the association recognizes the vulnerability of children from poor, marginalized communities and use Theater to build awareness on children’s rights and health. Through a theater-based approach, the Institution mobilizes community-led action to combat inequality in health care, lack of access to justice and violence against children. Children are empowered through their participation in theater. Efforts concentrated on working with rural and urban children. Therefore, theater creates a forum where children can voice their concerns and demands.

K I -6 state her idea in related to the role and important street theater to protect child from harm full pressure as follows:

*Theater helps the child and their communities to overcome inhabitation by providing a platform for open discussion of sensitive issue like sexual violence and human trafficking. Through theatre, we can highlight the cause and effect of sex tourism, trafficking and mobilizing communities to be active agents in protecting children from abuse. Street-theater also builds awareness on the consequences of trafficking and the tricks and*

*trends used by traffickers to proliferate exploitation. By support community networks through inclusion of village women, youth and health workers and other government officials in theater production are sensitized to the issues while building involved actors' communication, advocacy, and leadership skills. This is the best way that we can practice CCC.*

#### **4.2.5 Promoting Children Participation in Society**

Data gathered through interview, focus group discussion and from informants suggest that the institution operates on the Addis Ababa city to create, initiate and promote activities for children to check during their leisure and assists and supports parents in raising their children. “All programming designed societies of the institution is based on the wish, interests and needs of children represented in the FDRE constitution on the Rights of the Child and involves children from birth through the culmination of their elementary school education.” The association also provides programs on cultures and art including the creation of children books at the festival of children creation in a society. Other initiatives in the field of education include raising awareness and knowledge of preventive health and social services that contribute to child health development. Likewise, children’s Week and Messages of Children for Adults was another innovative campaign practices which promote children’s needs and underscore their important participation within society.

#### **4.2.6 Supporting Child Development**

Abune Markos (the case study area) offers essential program for children to educate, support, and nurture Child and their families. KI-1 states:

*The institution has to empower the next generation of the country of the country through their model of inter-connected core services. Through its center of excellence and strategic local partnership it invests on child development and encourages active township participation in the success of its youngest generation. The community garden and park also provides meals for the children who utilize the facilities which includes vegetable gardens, computer rooms and safe play areas monitored and staffed by community volunteers.*

The program at the center focused on early child and youth development and family support services. In this way network are strengthen to create community support system that encourage child development bolster the family unit and ultimately positively impact the progress of the children. Therefore, ‘the services may provide were intended to help strengthen families and develop children’ “from cradle to career”.

#### **4.2.7 Providing Psychological and Emotional Support**

Data reveal that this program was beginning as the first initiative of its kind since September, 2019 to initiate debate on the issue of child abuse. It focuses on emotional health of children and adult peoples with special consideration for orphan child. Given taboo nature of the topic the issue is addressed within more holistic framework, utilizing a broader emotional health dialogue. To end the program raises awareness on child sexual abuse at schools, hospitals, and streets. Key I 4 and 5 share their ideas as follows:

*The association was rises consciousness on child sexual abuse child body protection and emotional health of youth while teaching important life skills at training and seminar with other stakeholders in the community. Advocacy is also another facet of the association work most recently through a public awareness campaign “Stop Child Sexual Abuse,” that included over 500 participants. Also identify local partners with whom it teaches life skills education. This proficiency courses are conducted at schools representing a range of socio economic background facilitating the emotional development of young students by including such feelings, anger management, self-esteem and self-acceptance, gender equality, body protection and communication skills.*

The institution also actively enhances the capacity of interested stakeholders on issues related to child sexual abuse through the establishment of Child Protection Committees, which involve community members who voluntarily conduct awareness-raising initiatives within their respective communities.

#### **4.3 The challenges of CCC Program**

Societal factors that keep protection abuses under wraps was make direct measurement of child protection difficult. This is dangerous for the concerned standards data collection efforts may not

capture the situation of marginalized children. This idea was supported by (Landgren), 2005 children tend to be invisible in the general demographic and household survey and particular vulnerable to exploitation and abuse.

It appears easier to measure the prevalence or incidence of practices that have widespread public and official acceptance including female genital mutilation/cutting, child marriage, recourse to detention and institutionalization, corporal punishment in home and school. Some protection issues while socially accepted are nonetheless not readily revealed because they speak to an underlying crime or source of shame. Where direct measurement were problematic as in case of child trafficking, sexual abuse and child soldier, seeking to quantify abused children may not be the best use of resource.

Therefore, child protection service through employing strategies by community care coalition is triggered by different type of challenges. These challenges have influenced the role and practices of community care coalition program intervention at Abune Markos Children and Adult Care Associations. These challenges are embedded into different causal factors which are varying depending on the level of professional engagement, organizational structure and commitment of heads and respective officers.

According to the data gathered from different sources; Key Informant Interview, focused group discussion, Questionnaires, Observation and others the major challenges that affected child protection program in Abune Markos Children and Adult Care Associations can be organized as follows. These are, structural challenge, financial and accreditation challenge and professional challenge.

#### **4.3.1 Structural Challenge**

Data reveal that one of the challenges affecting community care coalition's service delivery in case study area is structural constraints. Data collected from document review of the subject under study their CCC structure has affects their community care coalition intervention. CCC follow bottom up approach in their program planning, monitoring, evaluating and reporting. This means that planning is initiated implemented by CCC offices. For doing so, coalition offices established at local level need to strengthen their capacity to build the institution.

For the purpose of this, the existing CCC programming has some structural barriers. Well organized office structure, beyond importance brings services effectiveness. The current office setting does not allow CCC program officers to precede their work simultaneously. The key Informant 4, have shared his experience of how office setting affect their program delivery. He states challenges of office structure as follows:

*In the morning we come to CCC office. But the office doesn't have enough furnished space for us so when the chair, vice chairperson and secretary take a table the remaining other will go to other office and do our task there. Therefore, the office has limited space and furniture.*

One can observe from above conclusion as office set up has its own role on the success rate of coalitions programming. Well organized office has high tendency of attracting workers and reduce occupational hazards when compared to the opposite. This shows negative consequence of structural barriers on the function coalition.

#### **4.3.2 Financial Challenge**

Community care coalition is ‘a community based social protection system intended to catalyze local community development in general and child protection in particular’. Catalyzing child protection with in local community requires financial resource. According to the community care coalition implementation guideline, community care coalitions activate financial resources from the local community, organization and from concerned governmental and civil society organizations with which they work (Ababe, 2016). Depending on the data generated from focus group discussion with community care coalitions, main source of their financial resource are gained from local community, Government another Civil Society Organizations.

The major challenge that affected CCC program implementation as a financial constraint was the imbalance between the collected financial resources and the needed finance by children and families living in a poor economic situation. The allocated amount of budget by institution didn't allow the implementation of child protection program by implementing sectors.

‘The other challenge was considering child protection as single institutional program only implemented by budget allocated to one sector’. The non-allocation of reasonable budget to child protection coordinating program offices was stated by different participants. Key informant interview conducted with KI-2 stated that:

*The annual budget allocated by institution was very limited. In this year the allocated budget was unable to cover program beyond the two quarters and we have no budget for the coming half years. We have no option to conduct training support CCC officers and arrange advocacy program in the institution.*

Furthermore, CCC members and participants of FDG 2, 3 and 6 mention that:

*Resource mobilization committee members walk through community holding the voucher to collect money. They said most business institution and some individual always suggests permanent participation. They ask CCC members to visit them every month on regular basis. However, FDG 2 participants said even if the community suggests so, the coalition has limitations for visiting the community. He said that members have other responsibilities and engagement that in a way make walking through the community to permanently collect money difficult. However, the FDG 6 participants said that the coalition has a plan to make a permanent visit through a community to collect money.*

### **4.3.3 The Accreditation Challenge**

The problem related with accreditation is the other main problem of the CCC case study area. Research findings suggest that as long as there is a belief that communities could solve their problems by themselves, there is no need of functioning organizations like NGOs. A sufficient attention needs to be given to CCCs. Since CCC is a big project it could bring basic change throughout the country. However such a big idea is not getting enough attention it deserves. Local media in the country are not covering the issue properly. Promoting the project and creating awareness in the country could have strengthened the CCCs because; lack of accreditation and promotion limits the effectiveness of referral system that the CCCs use.

According to KII- 3, 5 and FGD2 participants,

*The absence of strong legal basis for the establishment of CCCs resulted in getting very less attention and such operational materials are not fulfilled. They said: the coalitions were not organized under any formal proclamation by the concerned body. That in a way make significant group. From KII 3 and FGD 2 it is possible to teach concerned bodies particularly the city Women and Children Affairs Office, which is responsible for initiating the organization of community care coalitions throughout the sub city is not following their work and providing any kind of assistance.*

However, the sub city mentioned that shortage of work force has limited it from a strong follow up on coalitions' work (KII 7). Likewise, the city women and children affairs office on its behalf said: it is not making any records and following coalition because it is working on arranging some legal grounds in order to strengthen CCCs (KII 4). As Ababe (2016) writes, resource mobilization was highly connected with community care coalition accreditation. "According to the community care coalition implementation guideline accreditation refers the process by community care coalitions to pass the process of legal recognition so as to receive issued financial slip". "This was issued from Bureau of Finance for ensuring financial transparency during times of collecting resource. During their establishment, community care coalitions are not accredited". This has challenged their resource mobilization, but community care coalitions have decided to collect resource by using the voucher used by community, government and NGOs.

#### **4.3.4 Professional Challenge**

The other critical factor challenging CCC protection program is the limited engagement of professional in child protection. According to data collected from interview with CCC officer's chairperson leading CCC are not trained on profession related to child protection. "This has directly affected the child protection program by CCC". The other professional challenges were observed by sector coordinating and sector supporting CCC.

According to the data gained from key informant interview with KI-3, low professional engagement with community care coalitions child protection program as follows: As child protection coordinating organization we work closely with all government sectors related to child protection. In doing so, I have observed the variation in program

implementation practices with sectors which hired professionals that fit to the stated post and those that do not hire professionals who fit to the stated post and those that do not hire the right professional for the position.

Naturally, child protection programs need generalist and specialist services. The inability of sectors in recruiting the right professional has affected the role and practices of coalitions functioning'. Other KIIs conducted with the Bureau of Women and Child Affairs of the N?L sub-city have indicated that some of them have hired as a social work professional for the post that are even stated as a social worker. Even though professionals are key change agents by community-based child protection like CCC, trained professionals are needed to support service delivery. This indicates that professionals and paraprofessionals have to work together for providing kangaroo mother care for vulnerable children and their families.



## **CHAPTER FIVE: CONCLUSION AND RECOMMENDATION**

This study is conducted with the objective of investigating the role, practices and challenges of CCCs for child protection. Accordingly, three major research questions were addressed focusing on major child protection services packages delivered, major role of CCC, employed practices and pressing challenges of CCCs for the three objectives respectively. The tools used under this study were interview, FGD, observation and document review as data gathering tools. Thematic analysis approach was the main data analysis method used for coding, categorizing and creating theme to fit to research objective. Therefore, key conclusions drawn from the three major research questions are summarized as follows.

### **5.1 Conclusion**

The analysis of findings the role, practice and challenges of child protection services indicated that, the service package delivered by CCC have brought positive changes to living condition of vulnerable children and their families at three different level. The first category of finding indicated those programs that have high success rates by bringing significant change on their lives. These categories are key categories packages like economic strengthening, health support, education support capacity building, delivery of rehabilitation device and counseling.

The second and third categories are those that are partially succeeded and less succeeded packages in CCC program that have brought medium level and some change of their lives. These include referral service, preventing and responding to child labor and child participation and reunification and reintegration service respectively. The other components states that CCC has provided coordinated and referred vulnerable children and their families to access free health service. Educational material and supports given by CCC have increased Childrens access to education besides capacity building program support other nine service packages. The provision of rehabilitation for disabled children by CCC has improved their wellbeing coupled with reduction of breakdown in the family due to counseling service by CCCs.

As far as referral service is concerned it was effective in CSOs than governmental and private organizations in supporting vulnerable children and their families for issues that are under the area of intervention. Weak collaboration in the area of origin and destination was the underlying cause for non-reduction of child labor despite prevention and response program

delivered by CCCs. The efforts made to reunify and reintegrate children did not brought strong success due to weak economic capacity of family, the influence of brokers, weak follow up of parents and child interest in early age work. In the study area child participation was very low. This was resulted from low awareness, the existence of multiple child problems and considering child participation programs as the least priority areas by CCCs and sectors. The strategies employed by CCCs have guided CCCs to bring positive change on the life of children and their families. This ascertained the direct linkage between the effectiveness of service and employment of appropriate strategy. Local resource mobilization by CCCs as the second strategy has catalyzed the delivery of service packages. This indicated direct relationship of resource mobilization ability and effectiveness of CCCs functioning.

The collection, organizing and documentation of data as third strategy, decreased the amount of time needed in the service delivery that reduced the pending of service schedules for intervention. As the analysis of the finding on challenges encountered by CCCs depicted that, the challenges identified by CCCs negatively affected its functioning. Resolving accreditation and structural barriers, mobilizing resource and linking service with professionals was the major challenges of the CCC. The CCCs structure has hindering effect on its functioning due to the shortage of space and office supply. Though finance is a key input for effective implementation of CCC program, financial challenges have brought the opposite effect. Accreditation challenge has affected success of resource mobilization and functioning negatively. The low existence of professionals in CCC programming is the other bottleneck affecting the functioning of CCCs.

Despite the triggering effect by challenges above, CCCs have ensured sustainability in child protection service. Its sustainability factor was due to its focus of local resource, local knowledge and institutions, planned intervention and the linkage of formal and informal actors. The use of vast array of strategies is the other component of service sustainability besides analyzing the relation of CCCs and traditional support networks based on their scope, purpose and accreditation system. Analyzing the relationship was important to utilize the issues to which they contribute their role, practices and challenges. Due to these, sustainability factors depicted that CCCs are not ad hock program and sustains the child protection service provision for longer period as a community development.

## 5.2 Recommendation

This section recommends some helpful mechanism that would help to develop role, practices and encounter the challenges of community care coalitions. Recommended idea could be implemented by coalition itself and some of them require a collective effort with the community and concerned bodies.

- The coalition should fight dependency thinking in the community that challenges the role and practices of the coalition. It also puts CCC positive effort under question especially among the community member who could not directly benefit from its effort. The CCC should work in resolving such kinds of awareness gaps in line with its efforts to raise awareness on social protection. Diversifying and support the services shall augment the success of the coalition in general.
- The CCC should work on preparing more tutor classes to support the student's 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.
- 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 discussion 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 like 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 coalition deserve promotion and in this regard, the role of Medias is pivotal.

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## Appendixes

### Appendixes: In-depth Interview Guide for Vulnerable Children

The purpose of this questionnaire is to collect relevant data for the study entitled the role of community care coalition in child protection services provided to vulnerable children in Abune ZenaMarkos Children and Adult Supporting Association. Hence, your responses have vital contribution for the success of this study as well. You are kindly requested to read all questions and fill the questionnaire with genuine responses. Be sure that your responses will not be used for other purposes other than academic purpose.

**Please note the following points before you start filling the questionnaire:**

You do not need to write your name on questionnaire paper. Read all the instructions before attempting to answer the questions. There is no need to consult others to fill the questionnaire. Please provide appropriate responses by putting (x) mark on your choice from one of the suggested alternatives. Please do not leave the questions not answered.

**Thank you in advance!!**

#### Part I: General Information and Personal Data

##### 8.1.1. Socio Demographic Information of Participant

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

##### 8.1.2 Family background

8. With whom are you living currently?
9. Do you have children in your family besides you? If yes how many?
10. Does your parents engaged in job? If yes what are they? If not why?
11. Does your parents educated at any level? If yes at to what level?If no why?

12. Does anyone support you besides your family? If yes who, when and how?
13. Does any member of your family member died? If yes what was the cause and when?

### **8.1.3 Major Child Protection Services delivered to Children**

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

**Thank you very much for your cooperation and response!**

**Annex 8.2.**

**Key Informant Interview Guide for Concerned Sectors**

**8.2.1.Socio Demographic Information of Participants**

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

**Major issues to be addressed**

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

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

**Annex 8.3.**

**In-depth Interview Guide for Community Care Coalition Chair Persons**

**8.3.1.Socio Demographic Information of Participants**

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

**Major Issues to be Addressed**

- 1. Does your community care coalition provide any type of child protection service? If yes what are the types? If no how do you support vulnerable children and their families? Probe (heath, education, economic strengthening).
- 2. Does your community care coalition use any strategies for providing child protection service? If yes what are they? If no how do you deliver your service?
- 3. Have you ever encountered challenges in your community care coalition delivery of child protection service? If yes what are they, if not in what way did you reduced their effects?
- 4. Do you think that community care coalition has relationship traditional support network like Idir, Equb and Mahiber? If yes in what dimensions?
- 5. Do you think that community care coalition can ensure child protection sustainability? If yes in what way? If not in what other ways do you thick can support sustainability?
- 6. Do you think that community care coalition bring service integration? If yes explain? If no in what ways? Probe (GO, NGOs and CBOs involved)
- 7. Does your community care coalition participate children in coalition program? If yes when? If no why? Probe (frequently, sometime rarely and not at all).
- 8. What other issues do you think are left?

**Thank you very much!!**

## **Annex-8.4.**

### **FGD Guide for Community Care Coalitions**

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

1. Would you share to me major child protection service packages your community care provided to vulnerable children and their families?

Economic support(Cash, revolving loan), How much in birr?In what time range? what was the process involved?

Educational materials provided to vulnerable children? What are the types? In what time range and where is it given?

Reintegrated vulnerable children with their families by community care coalition? In what time range? From where (origin) to where (destination)?

Capacity building training given by community care coalitions to children and their families received? Probing (Training family, sectors, community for supporttheir Referral service children and families?Probing (GOs, CSOs and private organizations).

Physical rehabilitation service (Wheel chair, cranch, shoes).

#### **8.4.2. Major strategies employed by community care coalitions**

2. Would you share to me the strategies used by your community care coalitions for child protection service delivery?

Mobilize local resource get resource for your programming? Probing (Financial, Material Human resource)

Data Collection- Probing (by age, sex, service need to guide intervention, referral, for media).

#### **8.4.3. Challenges encountered and Service Sustainability**

12. Would you please tell me the challenges triggering your community care coalition in providing child protection service?? Probe (financial, office)

13. Tell me about your perception of the relationship between community care coalition and traditional support networks?

14. In what ways do you think can community care coalition ensure service sustainability?

15. Would you please share to me major actors involved in community care coalition program implementation. Probe (government and nongovernmental organizations).

### **Annex-8.5. FGD Guiding Questions for Vulnerable Children**

1. Explain to me basic health services you or your family received from CCC?
2. Would you share me major education services provided to you by CCC?
3. Does community care coalition reintegrated children in your family? How? When? Why?
4. Does community care coalitions' given capacity building for you and your families? When?
5. Explain economic support activities that are given to you and your families?
6. Have you ever received counseling referral service by CCCs? If yes when? On what issue?
8. Do you think that community care coalitions mobilize local resource for child protection? If yes what are the types?
9. Have you ever been registered by CCCs up to know? If yes when and for what purpose?
10. Have any of your child family members received physical rehabilitation service? When, what are the types?

**Thank you very much!**

### **8.6. FGD Guiding Questions for Female Households**

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

**Thank you very much for supporting me!**

## **Annex 8.7.**

### **Observation Guide on Services delivered by Community Care Coalitions, Vulnerable Children and household's situation**

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