STRENGTHENING COMMUNITY SAFETY NETS PROJECT

BEST PRACTICES DOCUMENTATION REPORT

Submitted to

CHILDFUND INTERNATIONAL

By

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Disclaimer:

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1. Acronyms

ADP	Arsi Development Program
AIDS	Acquired Immuno-deficiency Syndrome
AKCCCDO	Arat Kilo Child Care & Community Development Organization
CBHI	Community Based Health Insurance
CBOs	Community Based Organizations
CCF	Christian Children's Fund
CCG	Community Care Givers
ECD	Early Childhood Development
FBOs	Faith Based Organizations
FGD	Focus Group Discussion
FP	Family Planning
HIV	Human Immuno-deficiency Virus
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
OSHO	Oromo Self Help Organization
OVC	Orphan and Vulnerable Children
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
QI	Quality Improvement
RH	Reproductive Health
SCSN	Strengthening Community Safety Nets

SHGs	Self Help Groups
STD	Sexually Transmitted Diseases
UGP	Urban Garden Project
UNAIDS	United Nations Joint Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCC	Vulnerable Children's Committee
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WISE	Women in Self Employment
YHH	Youth Headed Households

2. Acknowledgements

The documenting team acknowledges all project staffs, who assisted the documentation process in the field. It also gives due respect to all partners of the SCSN project and its target groups who unreservedly gave us the information for the best practices documentation. Finally, the team acknowledges the support provided by Ato Wondwosen Hailu, who organized the field work and accompanied the documentation process.

3. Executive Summary

This document represents a report on Documenting the Best Practices of ChildFund Ethiopia's Strengthening Community Safety Net Project that has been implemented for the last three years since 2009 in five sub-cities of Addis Ababa City Administration (Gulele, Kolfe Keranio, Nefas Silk Lafto, Yeka and Akaki Kality) and four woredas of Oromia Region (Debre Zeit, Meki, Shashemene and Fentale). The SCSN project was designed to mitigate the adverse impacts of AIDS on the well-being of HIV affected, vulnerable children and families while enhancing community and government capacity to serve vulnerable children families. The best practice documentation process aimed, among other things, at determining, documenting and sharing best practices and lessons learned with other stakeholders and identify findings/lessons that can be used for future programming.

The documentation process was basically a qualitative study based on capturing promising practices in identified project sites through VCC, volunteers, ECD centers, YHH, SHGs and partners. Each process was guided by study tools specifically designed for the purpose. It is believed that the documentation of best practices encourages the replication of small, successful interventions on a larger scale.

This report has also served as a basis for a documentary film and a magazine. More explanatory scenes and information are included in the documentary. It has a 25-30 minutes duration with 5-7 minutes shorter version.

The documenting team tried to look the best practice data generated from a field situation in light of seven key areas: effectiveness, ethical soundness, cost effectiveness, relevance, replicability, innovativeness and sustainability; adapting the framework used by UNAIDS and its partners in Southern Africa.

4. Background of Strengthening Community Safety Nets Project

Despite multifaceted efforts and encouraging results, a cursory look at the situation of health care and HIV prevalence in Ethiopia shows a generally poor quality and lack of access to health services. The situation is compounded by poor hygiene and sanitation and lack of access to safe water which made children vulnerable to a wide range of diseases such as diarrhea, measles, tuberculosis, respiratory tract infections and malnutrition. Systems for care and referral for children affected by AIDS and people living with HIV (PLHIV) vary in quality and coverage, with most areas having limited access to ART, professional health personnel and medical supplies. HIV counseling and testing services are not adequately equipped with supplies and trained personnel.

Statistics pertaining to HIV in Ethiopia show that 3.5% of the population between the ages of 15 and above is estimated HIV positive (UNDP, 2008). According to the Ministry of Health report (2007), there were 75,420 pregnant women and 64,813 children (0-14) living with HIV. The UNICEF report (2007) also indicated that 11.5% of pregnant women between 15 and 24 years of age were HIV positive. Annual deaths due to AIDS were estimated to be 72,000; female accounted for 56.9%. Total orphans (0-17) were estimated at 5.4 million; 900,000 due to AIDS (MoH, 2007). Moreover, the combined report of UNDP, WHO and UNAIDS (2008) showed that antenatal coverage and PMTCT for HIV positive pregnant women was 28% and 3.6% respectively. Condom use among male and female youth (15-24) is 30% and 17% respectively.

The SCSN project was designed to mitigate the adverse impacts of AIDS on the well-being of HIV affected, vulnerable children and families while enhancing community and government capacity to serve vulnerable children families.

Project Goal

The goal of SCSN project was to promote healthy child development for 50,000 children and assist 8500 primary and secondary caregivers in Addis Ababa and Oromia Region through comprehensive family centered and child focused care and

support services. Project services areas included five sub cities of Addis Ababa, namely: Gulele, Kolfe Keranyo, Nefasilk Lafto, Arada and Akaki Kality and four woredas of Oromia Region, i.e. Fentale, Dugda, Dbre Zeit and Shashemene. The sub cities in the capital were said to be high prevalence, underserved urban areas. The following table shows the project areas by region, number of kebeles and OVC population.

Table 1. SCSN Project Areas by Region, Woreda/Sub city,

Number of Kebeles, OVC population and Estimated OVC Beneficiaries

Region	Woreda/Sub city	Kebele	Total OVC	OVC Beneficiaries
Oromia	Debre Zeit	9	6000	4000
	Fentale	6	6171	2210
	Dugda	5	10314	2581
	Shashemene	10	5000	3000
Addis Ababa	Akaki Kality	8	7424	5250
	Arada	10	11393	7750
	Gulele	10	74565	7255
	Kolfe Keranyo	10	58321	8325
	Nefasilk Lafto	10	67991	9629
Total		**78**	**247,179**	**50,000**

The table shows that there are a total of 247,179 OVC in the 78 kebeles. The SCSN project aimed at addressing 50,000 OVC out of the total 247,179 which accounted for 20%. The rationale for selecting the project sites followed the following four criteria:

- Underserved urban areas with high HIV prevalence and poverty levels
- A high number of orphans and vulnerable children and limited coverage of social and health services

- Support from government authorities
- Implementation feasibility with high emphasis on rapid scale up

Project Objectives and Strategies

To achieve the project goal, ChildFund Ethiopia and its partners set out to accomplish the following objectives:

- **Objective 1**: Increase access to and utilization of comprehensive, coordinated and family centered care for 50,000 OVC.
- **Objective 2**: Expand service access and coverage through enhanced collaboration, coordination and referrals among community, NGOs and government actors serving children.
- **Objective 3**: Improve service quality and coverage through enhanced community data collection and program monitoring systems.

The project strategy supports a holistic service package reinforced with strengthened referral networks and improved data collection systems that enable continuous quality improvement. Moreover, the project approach integrates lessons learned and effective approaches developed in Ethiopia and elsewhere including PEPFAR funded projects.

The SCSNP identified the following specific strategies that fit into the unique local context.

- Building on existing foundation
- Strengthening family capacity to care for children
- Focusing on early childhood
- Expanding the continuum of care

Furthermore, ChildFund Ethiopia's programs for vulnerable children integrate the following core elements:

- Addressing the psychosocial needs of children and caregivers
- Enhancing child protection and legal services for vulnerable families

- Expanding access to essential services (e.g. health care)
- Increasing household economic resources
- Improving service coordination and partner collaboration

A number of cross cutting principles reinforce program elements. They include:

- Working in partnership with key local stakeholders and leaders
- Involving children, youth and PLHIV, as part of the solution in all project activities
- Addressing gender and gender based violence prevention in all services
- Building community and partner capacity to sustain programs
- Continuously improving quality through improved management and learning systems
- Inclusiveness regardless of location, gender, ethnic group, caste, religion or ability level

Three Levels of Volunteer Network

The SCSN project put in place three tiers of community level service providers to ensure project support. These are community caregivers (CCGs), youth mentors and community paralegals. Community caregivers address issues related to the core OVC services including healthy child development, primary health education, psychosocial support, nutrition, etc. Youth mentors provide services directly to vulnerable children through child to child activities and life skills education whereas community paralegals take care of legal counseling on rights and child protection to vulnerable families including information on birth registration, wills and succession planning and legal rights along with appropriate referrals for additional services.

Project Services

The SCSN project services are commonly referred to as 6+1. Hence, they are seven integrated services in a holistic approach. The services are: psychosocial support, child protection, shelter and care, food and nutrition, education, health and

economic strengthening. The project services are intended to children under 0-11 years of age.

5. Working Definition of a Best Practice

The Joint United Nations Program on HIV/AIDS (UNAIDS) and its partners in Southern Africa developed a "Best Practice Framework" to rapidly scale up and emulate the successes and best practices in changing behavior, reducing new infections and mitigating the impact of HIV/AIDS. The framework defines best practice as a "practical instrument that facilitates sharing within and between member states in order to assist local authorities to scale up interventions based on what is known to work-through documenting, understanding and appreciating good experiences; facilitating learning of what works and what does not; sharing experiences; and assisting replication of small and successful interventions on a larger scale". This report is modeled on attributes of best practices outlined in the framework.

6. Methodology

6.1 Study area and period

The study for documentation of best practices of the Community Safety Net program (SCSN) was conducted in four sub-cities of Addis Ababa (Gulele, Arada, Kolfe Keranyo and Akaki Kality) and in four woredas of Oromia Region, namely: Fentale, Dugda, Debre Zeit and Shashamane. The best practices documentation was conducted between the months of July and August 2011.

6.2 Study Population

The assessment of best practices documentation used a cross-sectional design with qualitative methods, focus group discussion, individual in-depth and key informant's interview; and conduction of case studies. The various target groups were recruited from the already existing structures and community groups formed for the purpose of the implementation of the project.

However, case studies were selected with the help of project staff people in the respective assessment areas. Case study is a life story or sequence of events over time related to a person, location, household or organization that helps to obtain insight into a project's impact. For instance, case study assists to look into how people deal with change and why change occurs in specific ways. It also helps to learn about people's experiences, dreams and obstacles for future planning. Main targets of case studies in this report are YHH and primary beneficiary children.

6.3 Data Collection Methods

Both primary and secondary source of information were used to get as much information as possible to enrich the best practices documentation survey.

Primary data

Focused Group Discussion (FGD)

Three Focus group discussion sessions (in Gullele sub city, Addis Ababa, at "Gende Giraba Korke-Adi village, Dugda district and at Shashemene) were held with a Vulnerable Children's Committee (VCC) in total composed of 17 (2 females and 15 males) members including a child representing vulnerable children and SHG members consisting of 10 mothers/guardians of OVC. Moreover, small group discussions were also held with orphans and vulnerable children of 9-11 years old and the most vulnerable caregivers. Moreover, small group discussions were held at Shashemene, Dugda, Fentale and Debre Zeit with QI Committee members along with VCC, SHGs and groups of project beneficiary children. Two experts with backgrounds of Public Health and Sociology and Social Anthropology and rich experience in qualitative data collection methods facilitated the focus group discussion. The discussion was conducted in a neutral environment for 1-2 hours with the help of an Audio tape for a later transcription on the basis of FGD data collection tool. (*See the annex*).

Individual in-depth interviews

Individual in-depth interviews were conducted with different target groups in the project area including: Early childhood Development (ECD) center coordinators,

community paralegals, community care givers (CCG), partner organizations including AKCCCDO, Medan Acts, USAID Urban Garden Project and Community Based Organizations; and project/OVC officers of SCSN program. Likewise in-depth interviews were held with youth headed households, orphans and vulnerable children and most vulnerable caregivers who directly benefitted from the project. In most cases household level observations were made particularly for video documentation.

With the help of the local project staff people, the study team selected respondents based on knowledge of the project, level of participation, capacity of expressing opinions and their ability to provide good information that would serve for the best practices documentation. Where relevant, more than one informant was interviewed as in the case of YHH to exhaust information on the area of an interest.

Case studies

Selected and exemplary cases with success stories among the Youth Head Households (YHH) were interviewed. A total of four YHH who are believed to provide information on best practice were identified and interviewed.

Field observation

Where relevant, field observations were made especially on YHH, what they are doing, activities of self help group while they are on producing vegetables in their garden and early childhood development centers in Addis Ababa (Gulele and Arada), Meki and Fentale woredas. Observations were also made while children were discussing issues of child rights and while youth mentors tutoring children,

Filming and photographing

In line with the data collection process by the team of experts, two camera teams composed of a script writer, a film director, cameraman an assistant cameramen deployed from the consultant office; made a number of footages in the respective areas and target groups where the data was collected.

Review of Secondary Sources

Secondary data source was utilized to meet the objectives and enrich data requirements of the best practices documentation. Accordingly, prevailing pertinent documents deposited in the project office both in the head office and in the fields, such as project proposal, annual reports, guidelines and strategies were reviewed.

Table 2. Methodologies Used by Project Sites

Project Sites	FGD	Small group discussions	In-depth Interview	Case Studies	Field Observation
			Methodologies Used		
Gulele	√		√	√	√
Arada		√	√	√	√
Kolfe Keranyo			√		√
Akaki Kality		√	√	√	√
Dugda	√	√	√	√	√
Shashemene	√	√	√	√	√
Fentale		√	√	√	√
Debre Zeit		√	√		√

6.4 Data Collection tools

Data were collected using five separate guides for each type of target groups. Focus group discussion guides and semi-structured questions for in-depth interview developed for this purpose. The data collection tools were developed by taking into account the objectives of the assessment and cover a wide array of issues related to OVC. *(See annex)*.

Data collectors were second degree holders in a health or related field and had proven previous experience in qualitative data collection. A team composed of two people organized and conducted the field works. Field work was closely assisted and facilitated by an expert from ChildFund.

6.5 Data analysis and Management

FGD notes and records were transcribed and compiled with in-depth interview responses. Thematic areas were identified based on the objectives of the assessment and data collection tools components. Compiled and analyzed data were illustrated, interpreted and presented in understandable ways.

6.6 Ethical Considerations

Prior to data collection, ChildFund explained the objective of the best practices documentation to the field staff; asking for cooperation during the data collection. Data collectors have also explained the objective of the assessment to all target groups that have participated in the documentation process. Permission was asked and verbal consent was obtained from each participant and guardians where minors have been involved. For FGDs a written consent was also produced by reading out the consent statements and written consent from participants before proceeding with the FGDs.

6.7 Challenge

Obviously, best practices documentation is quite distinct from evaluation although there can be some overlapping. The SCSN project had a relatively short duration of mere three years out of which actual project implementation took no more than a year and half. Consequently, the consultants found it difficult to make recommendations and concretize the best/promising practices.

7 Findings and Discussion

7.1 Vulnerable Children's Committee (VCC)

The documenting team has found out that VCC is the ubiquitous features of the SCSN project. Adopted from previous experiences, the VCC are meant to strengthen and extend the service network for OVC and families. They comprise of a broad section of community representatives keeping the gender balance as much as possible. In all the project sites that the documenting team visited, the Vulnerable Children's Committee had representatives from women, youth, PLHIV,

elders, OVC, *idir*, and kebele administration/peasants' association. Perhaps one of the unique features of the VCC is its inclusion of a representative from OVC. Among other things the Committee guides project start up and scale out, promotes and supports new partnership and collaboration among service providers, advocates for additional support for vulnerable families, leads in the identification of vulnerable children and maps services. Focus group participants and key informants of the documentation process were quite elaborate about the roles and responsibilities of VCC.

A total of thirteen VCC had participated in the FGD sessions of which two were females. Most of the committee members started to serve when the project was launched three years ago though few started a year ago. The committee has a chair person, a secretary, a paralegal member and a child representing vulnerable children. VCC members claimed that they were voluntarily recruited by the people based on their previous deeds and commitment they had in their community. Some discussants have reported that they were also serving the people in the form leading *"Iddir"* prior to their involvement in the VCC. The child representative said, "Children believe that I can represent them in the committee and selected me".

FGD participants of VCC members, Kebele 06, Gulele, Addis Ababa

All FGD discussants agreed that they have taken a five days long basic training followed by refreshment courses for more than five times. According to them, the

focus of the training was on the project goal, objective and how the project would function, how to take care of children. Besides the trainings, they had visited other regional project areas as experience sharing study tours at Shashemene, Dire Dawa and Wolenchite. One of the discussant explained this as,

> *'Some of us have been selected to visit other regional project areas to share our best practices and to learn from others. The selection for experience sharing program from the VCC were made according to our high performance in the committee. I myself got the chance to visit and learn from two project areas, namely Meki and Diredawa'.*

FGD participants from Ganda Giraba Korke Adi, Dugda

VCC members underlined that their basic role was to serve the community honestly and with full commitment. However, they mentioned specific activities they are expected to do as:

- Selecting the exact beneficiary according to the criteria ChildFund Ethiopia set without favoritism only based on the evidence the OVC is the right one to be assisted.
- Ensuring the fair distribution of all the services (provision of food, teaching material, household material)
- To identify and verify, if an OVC has additional needs.
- Check if the volunteer are working according to their plan.
- Identify and deicide who needs what (Mapping of services); for instance, Who needs services related to health, education or IGA, etc.
- Information dissemination, counseling for the better of the community communication
- Organizing Health, Psycho-social legal and income generating committees

VCC were asked to mention those best practices they could speak while working with ChildFund. Accordingly, all of them witnessed that SCSN project was one of the best projects to work with and they were so grateful to serve the community for success of the project objective in their respective catchment areas. They listed what they thought the good practices of SCSN project as follows:

- Enabling community members to target and verify the neediest ones by themselves. Some poor people started to bring forward the poorer and poorest ones
- Opening of almost closed schools around *Egzihabiherab.* (The school is now accepting students from kindergarten to grade two).
- Buying educational materials for children who cannot afford
- Reimbursement of health expenses for those who couldn't afford to get medical treatment
- Supporting orphans and vulnerable children in having birth certificate
- Working with 10 schools in the area in different activities and provided supports like buying Roto water tanker, Desks, sleeping mattresses, educational reference materials, particularly in Gulele sub-city of Addis Ababa

- Seed money ejection for youth headed household OVC (for youth who cares for their siblings)
- To cover their cost and get them in school for those who stayed at home even if they were beyond school age because of different constraints mostly economic.

Although what have been listed above are project activities, two issues stand out as unique experiences: the fact that primary beneficiaries themselves directly involve in the prioritization process in determining who should come first as a beneficiary and the capacity of the VCC members to look for more support from outside of the project and align it with the core OVC services. These seem to be the fruits of the specific approaches of the SCSN project. It used very transparent and open criteria to select project beneficiaries. It employed wide range of community participation through dialogue. This was best seen in the composition of the VCC members using the existing structures like, *idir*, kebele administration, PTA, etc. This helped to develop thrust among project partners, i.e. donor agencies, implementers, volunteers and beneficiaries. Furthermore, the child centeredness of the project focusing on those between 0 and 11 years of age, which other projects do not usually focus on, proved to be more appealing to the innate humane nature of families/guardians, caregivers, volunteers, etc. Perhaps the views of w/o Birke and w/o Radia, caregivers from Kerara Fulicha kebele of Kuyera in Shashemene, Oromia Region, encapsulate the observation. They said:

> *Our feelings about children as a whole were not so much different from that of any other mother. We like them, we love them and we do know that they need protection. However, before the project we did not really understand that there are children who are vulnerable and hence need special attention and support. SCSN project simply enhanced our knowledge and made us more aware about issues that we normally take for granted. It thought us about real love, compassion and humanity.*

In the SCSN project each child is seen as an individual in a family setting. The dynamics of family is fully considered. Consequently, the psychosocial support aspect of the project is given due concern and through the implementation process this proved to be highly essential and actually made the project unique. This was attested by a number of volunteers and primary beneficiaries at the different project sites.

Perhaps a common observation among the VCC members could be the passion and commitment they developed both individually and as a group. The fact that they came together as a committee willingly, the training they attended and the experience sharing tour they took part fed into nurturing their community zeal. Focus group discussant from Dugda said:

> *In our kebele (Ganda Giraba Korke Adi) we identified 536 OVC. We built 10 houses for those who did not have shelter. We built 7 ECD centers; 2 are operational while the rest 5 are completed and ready to be used after fulfilling the necessary equipment. Almost all ECD centers are built on plots donated by individuals who are members of the VCC and dwellers of the kebele.*

Another remarkable observation among the VCC was the preparedness to sustain project results. Besides putting in place a coordinated care and investing on community participation, SCSN project focused on adult caregivers. The rationale proved to be forward looking. FGD participants argued that they clearly understood that project support would not be for eternity. A participant from Dugda said:

> *It is our duty to maintain, even scale up, project results in our kebele. What has been initiated, should not be terminated simply because the SCSN project phased out. We know this from the very beginning and we have been discussing about it. We are prepared for it. For instance, through idirs, we mobilized the community to contribute 2 birr every month for OVC support. We*

opened a bank account and deposited the money. Currently, we have birr 5000. Furthermore, the kebele administration provided 2 hectares of land to generate money for OVC support from sale of the produce. The land is tilled by community labor. Therefore, the monthly contribution and the annual produce would help us to address the needs of OVC with no much support from outside.

An exemplary effort towards sustaining the project gains was also observed at Kerara Fulicha kebele, at Kuyera, Shashemene where we discussed with VCC members and a couple of community care givers. The VCC chairwoman, w/o Mintwab Ibrahim, said: "312 OVC are being taken care of through the SCSN project". Grown up as an orphan, Mintwab also cares for orphans in her household along with her own children. She even donated one of her rooms to be the office of the Vulnerable Children's Committee. Speaking of the Committee's mobilization efforts and the gains thereof, w/o Mintwab said:

We approached our kebele people in different ways and succeeded to secure a pledge worth of birr 10,000 for our OVC support. One idir committed to contribute birr 480 a year. We also established a different idir called "Be motna be hiywot yemireda idir, i.e. (Support in Life and Death Idir). Members of this idir are parents/guardians of OVC. So far we contributed birr 7050. We have a plan to install a flour mill to generate income sustainably. We also have a plan to purchase a plot and build an ECD center. So we are determined to keep going by ourselves.

W/o Mintwab, sporting the cup for her best efforts on OVC support at Kuyera

The SCSN project's wide range of community participation through dialogue seems to have addressed the issue of sustainability ahead of time. It developed OVC partners' inventories in the project sites and enabled them to identify their potential roles in OVC care and support. This was to enhance expanded partnerships to leverage available resources and avoid duplication in providing comprehensive OVC services. The whole process eased fulfilling identified roles and responsibilities as defined earlier. Taking lessons while implementing, the project organized experience sharing visits to share successful community initiatives, experiences and practices that worked well in different social milieu to meet the needs of orphans and vulnerable children. According to reports, 635 volunteers took part in experience sharing visits organized by the project. In fact, key informants the documenting team interviewed invariably mentioned the experience sharing visits they took part at Shashemene, Dire Dawa and Wolenchite and the lessons they drew thereof. According to the opinion of most of them, the visits really helped them "to look ahead beyond the present".

7.2 Volunteers

7.2.1 Community Care Givers: The Case of Tigist Emiy

Community caregivers (CCGs) are referred to as "the first volunteer cadre" of the SCSN project. They included existing community volunteers as well as new recruits through CBOs, FBOs, PLHIV associations, *idirs*, etc. Through the SCSN project community caregivers attended standard training packages developed from existing protocols and tools which would help them to address core technical responsibilities like healthy child development, primary health education, psychosocial support and nutrition. The 2010 annual report showed that a total of 7620 community caregivers trained in the 78 project sites during the two operational years of the project. This accounted for 90% of the total target. Tigist Emiy is one of those "first volunteer cadres" of the project.

Tigist lives in Gulele sub-city in Addis Ababa. She has been a CCG since 2009. The Vulnerable Children Committee selected Tigist to be a CCG considering her prior experience as a home based provider under two organizations. Speaking about her volunteer work for SCSN project, Tigist said:

> *I work directly with families caring for orphans and vulnerable children. I am responsible for 26 children; however, those in need are much more. For instance, I identified 40 OVC whom I simply kept in a waiting list. I will try to coordinate support for them if/when the kebele gets additional materials for distribution.*

"I take care of two orphans. They are the children of my children. We benefitted from the project. The two kids attend school and all the expense is covered by the project. I am a member of a Self Help Group. I am grateful for the support I got."

A project beneficiary

Tigist says she visits each child at least three times in a month time. She conducts needs assessment in a participatory manner with family members. "I counsel them as to how to overcome their problem. I share my experiences that I get from the ChildFund training. I also talk with the children, inquire about their health and see whether they are enrolled in school or not".

In SCSN project, volunteers were trained with limited resources, but the project managed to equip them with skills and commitment to know how to assist people and refer them to additional services, and hence get coordinated care. Tigist said that her volunteer work would give her joy particularly when she solved her clients' problems. "I am trained and know how to assist people or refer them to projects that can help them. It is my responsibility to help. It is the commitment I made after I took the training".

A child being taken care of by a community caregiver

To Tigist, the best practice of the SCSN project is the focus on building the capacities of youth who turned out to be the bread winners of their family. She said, "the core focus is to empower orphans and youth headed families to become self reliant so that they will not require assistance from outside for all times to come". In our interview, Tigist spoke passionately about the tailored trainings that ChildFund Ethiopia organized particularly to the youth. She said that the skills that the youth gained through training and eventual support would help them to live

independently and provide them confidence to make their own life and that of their siblings'. "This approach ensures long-term sustenance of project results".

"I feel delighted when I help people"

Abay is a mother of two kids. She is in her 20s. Abay came from a poor family of migrant workers, at Metehara, in Fentale woreda of Oromia Region. Her father was conscripted to the war during the previous regime and the family does not know whether he is alive or not. They are five in the family; 3 siblings, Abay and the mother. Abay dropped from grade 10 in favor of her brother who is currently studying at Adama University at great pains.

Abay is a committed community care giver. She took the training the entire SCSN project provided for community care givers. She attended the standard training package focusing on healthy child development, primary health education, psychosocial support and nutrition, OVC parenting skills; basic OVC needed services, and how to timely seek other OVC needed services. She worked with the project to enroll orphans and vulnerable children and caregivers, provide home based and family centered services to enroll most vulnerable orphans and their caregivers. Abay identified OVC that needed referrals for additional services; and maintained updated records of types of services provided to each OVC. The project kept her morale (and that of her likes) through regular supportive supervisions for project staffs. She availed herself of on job skills building arrangements like experience sharing meetings. She was acknowledged for excelling performances and was provided with volunteer kit. Partly because of her educational background and partly because of her compassionate nature, Abay coordinates home based care services in her kebele. She oversees 25 community care givers. Abay discusses HIV/AIDS, STD, FP and RH issues with her clients. Abay convinced some of her clients about HIV testing and helped them to visit Metehara Hospital for VCT service.

Abay, the community care giver, Metehara

Abay found out that one of the clients of a community care giver was living with HIV. The client is a middle aged woman, a widow and mother of two grown up children, a boy and a girl. Traversing an average of 2 kilometerssome distance three days in a week, in the challenging weather of Metehara, which sometimes reaches 35°C -38°C, Abay used to go to the lady's house to comfort her. She helped her in accessing health services including ART. She enlisted her and her children in the SCSN project support. Abay also became instrumental in building a better house for the poor lady mobilizing community volunteers with the SCSN project office at Metehara. She also assisted the lady in accessing startup capital to initiate an income of her own. The lady bought a cow and she got a calf. She sells milk and supports her income.

The old dilapidated house

The newly built house

Preventive health services to project beneficiaries are provided directly at home through trained community caregivers and in partnership with local implementers

and stakeholders. Families/guardians of orphans and vulnerable children whom the consultants interviewed were unequivocal about the knowledge they gained from the project through the caregivers. They said that they acquired important parenting skills and experienced improvements in looking after their children.

7.2.2 Community Paralegals

Community paralegals are one of the key service providers in the SCSN project. They are recruited from among community leaders and respected elders maintaining gender balance. They provide legal counseling on rights and child protection to vulnerable families. They also make available information on birth registration, wills and successions planning along with appropriate referrals for additional services. Furthermore, community paralegals organize discussion sessions with care givers and local opinion leaders to facilitate the dialogue over child rights and required protection actions. To enable them carry out these roles and responsibilities, the project envisaged training packages on Ethiopian law, birth registration, legal will development, succession planning, and counseling and referrals skills. The annual project performance report shows that a total of 78 community paralegals have been trained, i.e. one per project kebele. The documenting team held interviews with some of them and observed the following major points.

> *'I will never stop my volunteer work even if the project terminates. I know lots of helpless people broken by abject poverty. I want to help them so that they help themselves'.   A paralegal from Meki*

At Meki the documenting team interviewed two paralegals, a middle aged woman and a man. They have been volunteering for the last three years under the SCSN project. The woman paralegal said that she had been a volunteer since 2005. Later, when the SCSN project started she applied to the VCC to serve as a paralegal. She took trainings on three occasions, both mainstream and refreshers. She knows her duties and responsibilities very well and even serves beyond that. Speaking about it she said:

> *I carefully look for children who are being exploited and those who are not able to go to school. I am aware of child trafficking, rape, abduction, etc. and therefore closely follow up such things. When I come up with evidences, I report to the Police and Office of Women, Children and Youth Affairs. If need be I stand as a witness. I also help children supported by the project to have birth certificates. This gives me satisfaction and elevates my morale.*

Another paralegal added: "of the services I rendered, identifying the problems of OVC and improving the awareness of parents/guardians are the most important. I came to realize that investing both on the children and their parents/guardians results in noticeable changes".
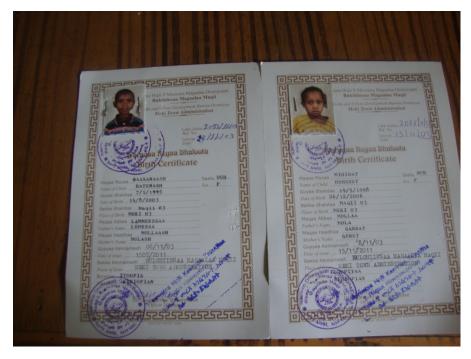

A paralegal at Meki

As indicated earlier, SCSN project is a child centered project. It entirely focuses on orphans and vulnerable children between the ages of 0 and 11. In the project each child is considered as an individual in a family setting. Based on these premise, the project has proved to put in place coordinated care for orphans and vulnerable children and their caregivers selected as target groups. To this effect, the project developed a Coordinated Care Guide by adapting from the USAID funded PC3 project. The guide was translated into one of the local languages, Amharic, for use as a working aide by project field staff such as OVC Officers and Community

Development Workers as well as community volunteers and VCC members. It helped its users in the implementation of a 'needs based' and holistic OVC care and support services delivery. The guide proved to be helpful in harmonizing the monitoring tools, simplifying enrollment forms and documentation journals to track results and providing technical assistance to Community Development Workers and OVC Officers to ensure that Quality Improvement teams were tracking changes towards the implementation of the OVC services standards.

The paralegals argued that the coordinated and integrated approach, the investment on the children through life skills which eventually helped them to have the courage and the skill to express their feelings and ideas and have self respect on themselves explain the quality of the SCSN project. In the words of one of the paralegals:

> *To my knowledge, what makes the project unique is that it comprises essential components like health, education, food, shelter, legal support, etc. that are basic to the life of a child. Moreover, the SCSN project starts with identifying the OVC problem and then goes to prioritizing them. Above all it involves the OVC themselves in a way that suits them, i.e. through their peers. To me this is a best approach and experience.*

It is interesting to observe that the paralegals have no qualms about sustaining the project results. "We got the skill", said the woman paralegal. She added: "through the efforts of the VCC, the *idirs* are now contributing money every month under the motto of 'one birr for one child'. Some *idirs* have already had a separate bank account for this particular contribution".

Samples of a birth certificate

Kebebush Temune is a poor woman who lives in Akaki Kality sub-city of Addis Ababa. She has her own children, but she also brings up an abandoned child whom she has found while going to a hospital for her antenatal care some five years ago. With the help of volunteers from Emannuel Development Association, an implementing partner of the SCSN project in Addis Ababa, Kebebush availed herself of the project services. Her adopted child, who is now five years old, has got a birth certificate, attends schools and benefits from the project. Kebebush is happy that the project supports her and her family.

W/o Kebebush and her adopted child

Volunteer paralegals are also instrumental in providing not only legal services but also in arranging succession plans and wills through "memory books" particularly for parents

who live with HIV and other debilitating illness and who perceive their life is short-lived. SCSN project has put in place a memory book initiative which promotes documentation by terminally ill parents/guardians of their family history, wishes, plans and good memories for passing on to their children after their death. In the 2010 annual report, one of the primary beneficiaries of the project, w/o Meseret Bejiga of Dugda woreda is quoted to have said the following:

> *I am very delighted to leave this document [the memory book] to my children. I wrote about how I grew them up, the challenges I have encountered, the key lessons in my life, what my children should or should not do, our relationship with their father and so on. This gives me a great relief because my children will have adequate information and happy memories about me when I pass away.*

The memory book initiative of SCSN project also helps parents and children to open dialogue candidly and plan jointly for the future. For instance, Meseret and her sons agreed that their uncle would be their next appointed guardian if she would pass away. Getnet, here eldest son said:

> *I am proud of my mom. She did a good job to break the silence in our community and helped us to build our capacity to deal with the challenge we may face in life. The memory book is an invaluable document that will be kept with us forever. It is more important than any assets because it allows us to know who our mother is. There is nothing that can replace my mother.*

7.2.3 Youth Mentors

The SCSN project stipulated to provide services directly to orphans and vulnerable children through support for child to child activities and life skills education. The approach emanates from national and international experiences whereby children respond well to support and guidance from older children and youth who can provide critical support and transmit information in simple and clear ways. The project also promotes youth groups to propose and design activities to support orphans and vulnerable children based on their knowledge of children's needs,

interests and abilities to foster leadership and ownership. It backstops the youth efforts through training on psychosocial support, life skills education, reproductive health, STI and HIV/AIDS and developing child-to-child activities. According to the 2010 annual report of the SCSN project, a total of 154 youth mentors trained to work with the project to provide peer to peer services including mentoring of younger OVC in education and school related activities and imparting life skills. The proportion was approximately two youth mentors per project kebele. The documenting team observed the fruits of this approach at the different project sites.

Getahun Bekele is one of the youth mentors in Meki town trained by Dugda Children and Family Development Association. Getahun is 29 years old and has been in the SCSN project since 2009. Earlier he has served as a volunteer home based care provider for another local NGO called Oromo Self Help Organization (OSHO). He was selected by the VCC after successfully went through a competition. He said that his volunteer work at OSHO and his experience with children affected by HIV/AIDS contributed to his selection as a youth mentor.

Getahun Bekele, youth mentor at Meki

Getahun told us that the number of training sessions focusing on children's rights, education, health, communications, etc. Getahun explained what he did after the training in the following words:

After the training I was assigned to mentor 530 children. It was a huge task, but I categorized them on the basis of their age. For those under 5, I concentrated on their mothers with whom I discussed health issues such as breastfeeding, hygiene and sanitation, family planning, HIV/AIDS, etc. For children between 6 and 9 years of age I organize debating, discussion, conversation and story telling sessions in order to develop their capacity to express their ideas. Moreover, I organize tutorial classes whereby elder children support the younger ones in their education. Children between the ages of 9 and 11 also benefit from similar types of support. However, to the last category, I organize discussion sessions on major life events such as birth, old age, death, etc. and instruct the children to re-tell the stories they understood in a drama. I also invite adults (like successful business people) to share their experiences to the children.

Nonetheless, Getahun singled out the approach to tutorial class and the related co-curricular activities as good experience. In his words, "it made the children change agents". He told us a telling tale.

A seven year old boy quarreled with his parents and ran away from home and started spending the night in the streets. Some of the children who attend the mentoring sessions knew about the incident. They came together and discussed about it and decided to do something. First, they went to the boy and discussed about the problem and convinced him that the right thing to do was to go back to his home and make peace with his parents. Then they went to the boy's parents and discussed with his mother and father. The latter got amazed by the efforts of the kids. The parents were weeping. After successfully reinstating the boy in his home, the kids came to me and took me the boy's home and introduced me with his parents. This really made me happy and proud.

Children who took part in the documentation process as informants were also unequivocal about the benefits they obtained from SCSN project. For instance, Biruk Temam, 11 years old, 5th grade student from Dugda, said:

I benefitted from the project. I get education support and take part in tutorial classes and co-curricular activities. The fact that I take part in those activities helped me to improve not only my academic performance but also my behavior. Before joining in the project, my academic performance was below average. I had never ranked between 1 and 10 in the class. However, after I attended the project services, I improved a lot. For instance, last year second semester when I was in grade 4, I ranked 4th, but in the first semester, I ranked 18th. This is mainly because of the services I got from the project. Had I not been attending the tutorial classes I would have never improved my performance in such scale. The tutorial is not limited in dry school lessons. We are rather told about study methods, communicable diseases like HIV/AIDS, personal hygiene, personal care and protection, etc. The lessons make me happy and improve the feeling I have about myself.

Children who take part in the youth mentorship program expressed similar opinions about project services. Tigist Elias is one of the primary beneficiaries of the project in Dugda woreda. She is very eloquent and active. Tigist is a member of VCC representing orphans and vulnerable children and she also serves as secretary of Dugda Woreda Children's Parliament. In a short interview, she shared us her observations thus:

In the tutorial, we are not simply learning our school lessons. Our youth mentors organize activities that are appealing to us as per our preference. We participate in debates, recite poetry, perform drama, and other activities that help us to bring out inherent capacities. We attend trainings on child right and related issues. We also take in experience sharing visits and share our observations to our friends. These participations help us improve our capacity to express our ideas and feelings in front of an audience. For example, if you take me, I was very shy to talk to people and I had limited capacity to explain myself before joining the project. However, after participating in the project I had no problem to talk to people. I developed courage and confidence. I think I observed similar improvements among my friends.

According to Getahun, what made the project unique were the fact that it focused on children up to the age of 11, the peer to peer approach and the integration of psychosocial support with material and other types of assistance.

At Shashemene, Arsi Development Program provides tutorial and youth mentorship program in 7 kebeles. A total of 464 children between the ages of 4 and 11 are involved in the program. Female children account for 53%. At kebele 10, the documenting team observed three volunteer youth mentors tutoring 56 children (24 male and 32 female) whose age ranged between 4 and 11 years. Two of the mentors, Abaynesh Abose and Degu Aldo, female and male respectively, had been with the project since 2010 and they were selected by the VCC. The third one, Birhane Ali, female, joined them last September of her own accord through application to the VCC.

Abaynesh, Degu and Birhane; Youth mentors at Shashemene

The youth mentors told us that they started tutorial and mentorship in July 2010 after eight days training on life skills and teaching methods. They also took lessons from experienced teachers who occasionally observed the tutorial process. The children attend tutorial classes for an hour 3 days a week; from Monday to Wednesday, from 5:00pm to 6:00pm; and on Saturdays for 3 hours from 9:00am to 12:00am.

With regard to the best practice so far, Abaynesh said: "to me the best practice I observed is the improved ability of the children to express themselves. Some children just amaze me the way they understand their skill and talk about it very clearly at that tender age. I think, this is because youth mentorship avails user friendly services that are appealing to the children". Degu added: "the best experience of the program is the attitude change that I observed not only among the children but also among their parents and us; the mentors". He continued, "another observation is marked improvement in academic performances among a number of children". As an instance, the mentors mentioned Meklit and Firehiywot, who ranked 1st and 4th in grade 3 and 4 respectively. ADP has a plan to give award to best performing children to motivate them for coming years. "This is gratifying to all of us" declared the youth mentors.

Meklit and Firehiywot, well performers.

Hiywot Lema of Debre Zeit talked in the same genre. Hiyowt is 11 years old and she is now in grade 6. Hiywot has been supported by SCSN project through Ratson, the implementing partner at Debre Zeit, since the past three years when she has been in grade 4. Speaking about the youth mentorship services, Hiywot said:

> *I participated in the tutorial and other educative activities of the project under Ratson since I was in grade 4. Thanks to the project I learnt about life skills. I attend tutorial programs arranged by our youth mentors. I also take part in entertaining activities like drama, story telling, dancing, and riddle competitions, etc. that are educative at the same time. I have never been a rank student. After I joined in the project, I became one of the promising students in my class. However, it is not only me who improved school performance. There are others too. I think had we not*

been in the program, it would have been unlikely that we would improve our school results. Now I feel self-confident that I would be a doctor.

At Fentale, the documenting team observed two youth mentors tutoring children supported by the project at Alge kebele. Perhaps a slightly different approach in youth mentorship at Alge, and identified as a best practice by the project staff, is the use of best performing students in Adis Nigat Second Cycle School as youth mentors in stead of volunteer youth from outside. Youth mentors from inside are better known by and closer to the younger children. They can also be easily accessible and can bring about more impact on the children. Since the youth mentors are still in school, it is proved that they can get better support from considerate teachers and members of the PTA. We met and discussed with two of them, Tigist Awel, female, 13 years old and Tesfaye Biset, male, 19 years old. They were in grades 6 and 8 respectively. They had been in the mentorship program for a year and half.

Youth mentors at Alge, Fentale

Both youth mentors attended training on life skills. They also took part in refresher training focusing on reproductive health, STI and HIV/AIDS on two occasions. They teach twice a week on weekends for three hours from 8:00am to 11:00 am. Tesfaye told us that the project was unique on two counts: first, in its participatory approach and secondly, in its integrated services. He added, "the kids are selected

by community care givers who know the people better. Since parents of the kids are beneficiaries of the project, they are interested to see their children take part in the project and benefit out of it". Tigist also added:

> *Basically we help the kids on subjects in which they are less performing. However, we also share them the knowledge we got from the life skills training. We advise them to be respectful to their parents and elders, and be attentive in their education. As a youth mentor I feel that I should be a role model to the children. I have to be truthful and honest. I think, youth mentorship helped me to develop such behavior in me and others. The best experience I observed in the exercise is my improved ability to speak my mind unashamed and with audacity in front of an audience. I also feel that I now have the capacity to distinguish my strength and weakness. I am trying to impart such capacity among the children that I help. In fact, the alert and active participation of some children amazes me, and it encourages me too.*

Children attending tutorial class at Alge, Fentale

7.3 Early Childhood Development (ECD) Centers

Community based Early Childhood Developments Centers provide ideal entry point to address holistic development of children including primary health services and nutrition. The SCSN project drew important lessons from national and international experiences and planned to enhance and expand ECD centers to reach vulnerable children with a priority on identifying and engaging young girls identified through home-based case management by community care givers. Consequently, the project supported 46 ECD centers, trained more than 112 caretakers/facilitators and 136 mothers during the first two years of implementation. Mothers take turns serving in the centers while youth mentors serve as mentors for children, providing basic life skills guidance and support recreational activities.

Hibret ECD Center

> *"Our great success is in community mobilization. I can really say that we succeeded in our inclusion of the local community and make them aware of our services and their potential."*
>
> *OVC Officer, AKCCCDO*

Hibret ECD Center is found in Addis Ababa, Arada sub-city, woreda 09. It started operations in 2009 with support from Arat Kilo Child Care and Community Development Organization (AKCCCDO), an Ethiopian resident charity which has been in service for more than 20 years. AKCCCDO works with CCF-Canada and it is an implementing partner of the SCSN project.

The ECD center started operations with 85 kids of between 2 and half and 3 years of age. The majority of them were female. In 2011, 65 kids attended in the center; 35 of them were female[*]. A teacher, a care taker and a volunteer assistant (all female) serve in the ECD center. The teacher attended training on integrated ECD approach by the project.

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[*] Number of kids in the ECD center decreased because some households had moved to other localities as the result of Area Development Plan of the Government of Ethiopia.

AKCCCDO has managed to achieve the objective it set itself and has been rewarded with the community's admiration and support. AKCCCDO is perhaps best seen as a capacity builder. Through the SCSN project, it provides training and technical support to families/guardians. The project identified ECD teachers to be trained that in turn train mothers to be involved in ECD center based OVC services delivery. Trained mothers will then work with ECD center facilitators in caring for children including OVC at ECD centers. Consequently, every day a family/guardian of one of the kids comes to the center and serves for half day. This is done on schedule, willingly with conviction. Volunteer family members/guardians fetch water, boil milk for the kids, clean utensils, etc. AKCCCDO's clinic provides the milk for the ECD center.

SCSN project supports community mobilization efforts through community facilitators to garner more support for OVC programming. Facilitators are trained how to employ community conversation aiming at increasing awareness about the needs and vulnerabilities of OVC, the impact of HIV/AIDS on OVC and their caregivers, etc. These efforts lay the ground to sustain project interventions. Since November 2011, families/guardians of the kids in Hibret ECD Center started a monthly contribution of 25 birr each to cover for the house rent of the center. This is done by their decision. Well-attended, monthly parents' meetings are held at the center. Here, caregivers can learn about ECD-related issues such as parenting skills, nutrition, school-home relations, etc. The discussions also helped them to be more aware of various issues and existing opportunities. The families/guardians of the kids have come in a group and availed themselves of a Community Based Health Insurance (CBHI) scheme. In this scheme all family members will get health services. Each family contributes a monthly 3 birr for the service. The decision is made by members themselves with no imposition from outside, hence the capacity of each member to participate in the scheme has been well thought over.

The benefits of AKCCCDO's efforts through the ECD center were clearly evident to the documenting team. One of the caretakers interviewed said:

> *The dirt and filth in the village is unhealthy to the kids. The fact that they are staying in the center really helped them to be healthy. The mothers are also relieved from attending to the kids so that they can work to bring in some income for the family.*

One of the mothers of the kids said:

> *Now that my child goes to the ECD center and stays there, I have got the opportunity to do other things for the family. I know that my child and the other kids get good care at the center. Moreover, I benefitted from the training about child rearing, cleanliness, etc. I am very happy and grateful for the project services.*

The ECD Center is highly relevant in a number of ways. Firstly, it is guided by the community itself, ensuring its continued relevance. Secondly, it ensures that OVC access basic services. Thirdly, it supports the national initiative to bring preschool into mainstream education. The teacher in Hibret ECD Center said, "the kids from the Center display good behavior while they start attending in kindergartens. Both parents and the teachers in the kindergartens attest to it".

06 ECD Center

Woreda 06 ECD Center is found in Addis Ababa, Gulele sub-city. It was built by the woreda administration in 2008, but remained without rendering the intended service for about three years. As a resident of the woreda, the VCC chairperson was cognizant of the situation and approached the Semen Ber ChildFund Ethiopia Office to bring the center to some service. She at the same time approached the Woreda

Education Office over the issue. She, together with the other members of the VCC, persevered and finally became successful on both prongs.

Woreda 06 ECD Center, Gulele, Addis Ababa

Woreda 06 ECD Center exemplifies the innovative approach in project implementation. It shows the community's capacity to creatively identify opportunities and then take full advantage of them. At the same time, it also demonstrates a significant creative moment when ChildFund Ethiopia Area Project Coordination office, Semen Ber saw the opportunity to support the VCC overture and develop the Center. ChildFund Ethiopia provided desks, tables and chairs, blankets, mattresses, carpets, toys, etc. while the woreda Education Office assigned 8 teachers and 2 care takers. The Education Office pays for the salaries of teachers and care takers and allots budget for materials.

The ECD Center now has four class rooms, a feeding room, toilets and a playground. During the 2011 academic year, there were 200 kids from poor households. The OVC are selected by the woreda Education section in association with the VCC.

Recounting the challenges of the brief experience, praising the supports garnered from the different partners, one of the key informants commented thus:

…due to the poverty situation of the parents/guardians, the kids who attend in the Center do not bring food with them regularly. Moreover, the toilets are not suitable for kids. There are other facilities that are not fulfilled yet. We are also worried that the existing facilities will not be enough if the number of kids coming to the Center grows. Nevertheless, the important thing is to initiate the Center to service; and thanks to ChildFund Ethiopia, the woreda Education Office and the community we have done that. God will help us hereafter.

Besides innovative approach, the woreda 06 ECD Center shows one of the many benefits of using community participation so that it helps a program achieve sustainability; as the community develops the skills to do the work themselves. Their work with the woreda administration has also demonstrated to the Education Office officials the great things that can be achieved with relatively little financial input.

The VCC chairwoman and two of the Center staff

Ganda Giraba Korke Adi ECD Center, Dugda Woreda

"The Oromo people have a magnanimous culture of adoption through what is known as gudifecha and mogasa whereby they adopt not only the poor and the vulnerable but also the self-reliant and the resourceful. When the SCSN project came to our kebele to work for orphans and vulnerable children, it did not become novel to us; but it showed us the modern way of doing things in an integrated manner".

A VCC member at Dugda woreda

At Dugda woreda, the SCSN project had been implemented by Dugda Woreda Children and Family Development Association. It evolved from a ChildFund Area Coordination Office into a community based organization following a recent

restructuring. The association is a registered entity as per the Charities and Societies Legislation of 621/2009. It implements the project in 3 urban and 3 rural kebeles. It has 2831 orphans and vulnerable children as target groups in all the kebeles.

Ganda Giraba Korke Adi is one of the rural kebele catchments of Dugda Woreda Children and Family Development Association. It is a few minutes drive from the town of Meki. The kebele is known for its efforts to make arrangements for the education of pre-school children through ECD centers in line with the project approach. The VCC chairman said:

> *We have built five ECD centers in our kebele. Two are functional while the structure work of the other two centers has been completed. We are yet to build the roofs and complete the finishing works. Most of the ECD centers are built on land donated by individual farmers who live in the kebele.*

There are 44 children at Ganda Giraba Korke Adi ECD center of whom 26 are female. All are between 2.5 and 5 years of age. The center has a trained teacher who gets a monthly incentive of birr 150. The mothers have a roster for volunteering with the feeding program. Parents contribute for a yearly consumption of the children in terms of cereals and other farm produce. The community also allotted 2 hectares of land to subsidize food for orphans and vulnerable children. The land is tilled by the local community. The VCC organizes the volunteer work, avails seed and fodder for the oxen. After harvest, the produce will be sold and the money will be deposited in a bank. The ECD centers are administered by a local committee of 5 members.

Childrent at Ganda Giraba Korke Adi ECD Center, Dugda

At Ganda Giraba Korke Adi, the VCC has already identified orphans and vulnerable children in the kebele. The VCC chairperson was meticulous of his notes. Leafing through his writing pad he told us thus:

> *We identified 536 orphans and vulnerable children in our kebele. Out of them we selected 121 as the most needy and vulnerable. We provided scholastic support in terms of exercise books and pencils to 30 children while 33 of the children got nutrition support. The committee distributes 10 to 15 kilograms of maize every month for children who need supplementary food. A total of 121 children got flour and cooking oil. We believe that the support helped them to be healthy and keep them coming to the ECD center. It is to sustain this situation that we exert our efforts. The two hectares of communal land that we set aside as source of income for the OVC, will help us to realize our vision. This is our mechanism to maintain the ECD center in spite of project support from outside.*

The VCC vice-chair also said: "now we are not scared of the situation after because we are prepared for it. Through our *idir*, we already started contributing birr 2 every month for OVC. We put this money in the bank. We now have about birr 5000".

Children's toys and play room at the ECD Center

Among other things, SCSN project also focused on building community capacity to ensure the success of quality improvement (QI) efforts. Accordingly, it developed context appropriate and user friendly QI training manuals for community caregivers and VCC members. The manuals included: Community Caregivers Manual, VCC Training Manual, QI Coaches Training Manual and Coordinated Care Guide. From the trainings supported by those manuals, community caregivers learnt individual problem solving and decision making skills as they provide family centered and home based care services to OVC and their caregivers. Similarly, VCC members obtained essential skills for implementation of QI activities at a team level. Moreover, QI coaches developed knowledge and skills in QI to facilitate teamwork and communicate OVC services standards and also plan for improvement. The whole process helped to create synergy to ensure coordinated care.

Ganda Giraba Korke Adi exemplifies the rewards of community inclusion in project implementation to finally ensure ownership. Participation in the whole project

process enabled the VCC members in particular and the community at large to believe in their capacity to do whatever they can to fulfill the needs of OVC tapping the resources and opportunities from outside to the best of their ability.

Dire Redi Kebele ECD Center, Gelcha, Fentale Woreda

The people in our kebele are determined to educate their sons and daughters. We recognize the value of education. We know young people from our own kebele who got educated and held high positions, leading better life. We also know how educated sons and daughters help their parents.

Ade Robe Hulo, VCC vice-chairwoman, Fentale

The SCSN project at Fentale woreda has been implemented by Fentale Children and Family Development Association. Earlier, it has been known by ChildFund Golan Site; working in 3 rural and 2 urban kebeles.

The ECD center at Dire Redi is found in a rural kebele called Gelcha after 20 or 25 minutes drive on a bumpy road from Metehara. It was built in 2010 by the community with some help from the ChildFund/the Association in terms of cooking utensils, wire, nail, toys, other play things, mattresses, etc. A total of 61 children (32 female) spend their time in the center.

The ECD center at Dire Redi, Fentale woreda

Similar to the other project sites, the Vulnerable Children's Committee of Gelcha kebele took a leading role in identifying OVC in the kebele and later in setting up arrangements to establish ECD centers after taking training by ChildFund Ethiopia. Sheikh Muktar Fentale, *Aba Geda* of Fentale woreda and chairperson of the VCC said:

> *the VCC started discharging its responsibilities by identifying OVC. Accordingly, we identified 70 double orphans, 100 single orphans and 100 vulnerable children of destitute households. The Committee started caring for OVC with 70 of the double orphans and 30 of the single orphans. However, later all the 270 OVC are enrolled in the SCSN project.*

At Gelcha kebele there are 3 ECD centres built at about the same time with community initiatives and support from the SCSN project. A total of 153 children spend their time in the ECD centers. Each has a classroom, a feeding room and a playground.

Children playing at Dire Ad ECD Center, Fentale

The documenting team also interviewed *Ade* Robe Hulo, vice-chairwoman of the VCC who was eloquonet about her roles and responsibilities as a VCC member. Ade Robe said: "we mobilize the community to be aware of children's hygiene, education and environmental sanitation. We coordinate the construction of ECD centers and discuss among ourselves about the need to care for OVC. The response from the community is encouraging".

Sheikh Muktar Fentale and Ade Robe Hulo

Sheikh Muktar pointed out that the holistic approach of the project was the best practice as far as Gelcha kebele was concerned. "The children get education, food and nutrition support. When they get sick, they will get medical treatment and the cost will be covered by the project". He added:

> *The kids are now going to the ECD center with pleasure and expectation. They get food, toys and other play things which they do not get at home. Above all they learn. They start learning at the right age. They learn about cleanliness, good behavior, etc. When they start primary in government schools they won't face much challenge.*

Linking project efforts with local culture, *Ade* Robe said: "caring for the poor and orphans is not alien to the Oromo culture. So the SCSN project is not something alien to us. It built on what we have and what we already know. However, it showed us how support could be holistic. Having seen the strong results, I do not think we abandon our efforts. It is our duty".

Sheikh Muktar in Aba Geda costumes

7.4 Youth Headed Households (YHH)

The economic position of orphans and vulnerable children, their families and households need to be strengthened. Children and young people are extremely resilient. They are able to cope with a wide range of difficult circumstances. However, in some situations, these efforts to cope may produce problems. For instance, economic survival often compels orphaned, adolescent girls to engage in high-risk behaviors such as transactional sex.

The SCSN project gave due concern to the issue of economic strengthening for most vulnerable households. It envisaged tackling the issue from two prongs: first, by linking families to ongoing economic strengthening programs supported by local partners; and secondly, by supporting the development and evaluation of a youth focused model for sustainable and reliable income generation. Accordingly, drawing lessons from previous experiences, the project supported individual, market survey based youth-led enterprises. Success would be determined by the project's ability to generate sustainable income that is used to increase education and health care

services to children. Case stories the documenting team collected attest this assumption.

Running Two Shops: "A Gift of God"

Asrebebech is one of the young girls in Arada sub-city, Addis Ababa, who live in a youth headed household. She is 20 years of age and takes care of her two young sister Haftam, 11 and Worke, 15. Asrebebech came from Woldya, North Wollo, Amhara Region, when she was 9. She ran away from an early marriage following the death of her dear mother. Though she had two elder brothers, they were not helpful. So she came to Addis and sheltered in her aunt's house. Her two sisters stayed behind to live with their father.

After few years of communal life in the extended family of her aunt, Asrebeb ran away from there too and rented a small house. She wanted to bring her sisters to Addis. She brought one of them at first and the other later after the death of their father. It has been more than five years since she has started living in such a way.

Asrebeb singles out her contact with a local NGO called Arat Kilo Child Care and Community Development Organization (AKCCCDO), CCF-Canada's project sub-grantee local implementing partner, as a turning point in her life. She recounts it thus:

> *My neighbors know that I have nothing other than the meager income that I get out of waitressing at some cafeteria and trying to cover my expenses starting from paying my house rent and buying food and clothes for myself and my two sisters. They also know that I have dropped out from school since the working house at the cafeteria made it inconvenient for me to attend my classes regularly. Our problems were visible to anyone around. Consequently, I was recommended by a community care giver who volunteered in AKCCCDO. Eventually, I got registered for the SCSN project. The support I got from the organization includes food and*

> *clothing. This helped me at least to prepare food with enough oil for my family.*

Nevertheless, it was the Basic Business Skill training that she took which was significant to Asrebeb. She called it "life changing". Asrebeb was emotional when she was talking about it and the consequences. She said:

> *I attended the five days training and one of the activities at the end of the training was developing a business plan and a budget. I did accordingly and I couldn't believe when they gave me birr 8500 so that I could run my own business. It was not only money that I got but also an advisor and counselor who worked as community development worker. She helped me become successful in my business, in my own life and she taught me how I could take a good care of my little sisters. With the money I received from AKCCCDO, I rented two container-shops for birr 150 each per month. In the two shops I sell different items and both are earning me good money. When I was a waitress, I was only able to send my sisters to school, but now I myself restarted my education as an extension student. Thanks God and thanks to AKCCCDO that my life has changed for the better. Since I have a business that is pushing me forward, I know I can make my life even better in the future.*

Asrebebech is now busy trying to manage both her container-shops of goods and vegetables located within about 5 meters distance from one another. The support she is getting from AKCCCDO is indeed of a great help in the absence of any other helping hand. "The support I got was really God's Gift"!

"My Life is changing for the better"

Like Asrebebech of Arada, Meseret of Gulele is an orphan. She has been a household head taking care of her younger brother and sister since the past ten years.

Meseret was born in 1991 at a place called Sululta, 23 kms north of Addis Ababa. She is now 20. In 2001, Meseret's father died of tuberculosis. Their mother started selling *arekie,* a local hard liquor, to maintain the household. However, after four years Meseret's mother also died. Now that both of the parents died, Meseret had to shoulder the responsibility of looking after her siblings. She recollects: "I told myself then that I had to be strong and keep my family together even at the expense of my education. I was in grade 7. It was everyone's advice in my village that I should stop going to school and get married". Unheeded to the suggestion of the villagers, Meseret accepted the offer of her cousin who told her to come to Addis Ababa. Consequently, in 2006, with help from her cousin, the husband and the father-in-law, Meseret moved to Addis along with her siblings. She rented a house for 60 birr per month and started washing clothes for individuals and cook for them to make ends meet. Meseret added:

> *I managed to get a public school for myself and my brother. My little sister was then 2 and half years old. After a year and half, by the time she turned 4, I applied to Egziabher'ab Kindergarten and, thanks to their goodwill, my little sister was enrolled for free. Nevertheless, though I succeeded in getting education for all of us, fulfilling our basic needs remained very difficult. Our rented house, for instance, was very far from the main road and it was very difficult to live in it during the rainy seasons for it was almost sitting outside. We did not even have a blanket.*

Meanwhile, a good opportunity unfurled without Meseret's knowledge. It was ChildFund Ethiopia's SCSN project. Meseret explained her contact with the project in the following words:"I heard people talking about an NGO called ChildFund. They told me to get registered and benefit from the project. I did accordingly and got

support in terms of food, blankets and educational materials". When it comes to the most important part of her encounter with the ChildFund SCSN project, Meseret said:

…my life changed for the better… because of ChildFund's Business Skill Training which I attended. It aimed at making the trainees self-sufficient by engaging them in small scale business. After successfully attending the training, I was given birr 6547 as a start-up capital to initiate my own business. I rented a container-shop for 80 birr per month and started selling food items. After a while, I came to understand that food items do not have much demand in my shop area and thus less profitable. Therefore, I soon adjusted my business plan and now I am selling food, tea and coffee.

In an air of self-confidence and self-esteem, Meseret commented thus:

My life has changed for the better, thanks to ChildFund. At least, I am not working as a part time maid. I work in my shop. I managed to rent a better house for 300 birr per month…. Now I am in my sophomore years at Kotebe Teachers College studying Civic Education while working in my shop. What a change better than this!?

"I will be a wholesaler"

Melkamu Kasu is a young man of 20 years of age who lives in 02 kebele of Shashemene town. He lives with his mother and four younger siblings, a sister and three brothers. His father has died of malaria some eight years back. Melkamu dropped out of school after completing grade 7.

Unable to pursue his education due to family destitution, Melkamu started shoe shining. His starting capital was birr 16. While shoe shining Melkamu managed to join a local savings scheme called *ikub,* i.e. a sort of chit fund, and started to deposit 60 birr per week. He saved 850 birr through the *ikub.* Now he quit his shoe shining business and started selling socks. Gradually, he bought a container and made it a small shop.

It was at this stage that Melkamu was recommended to join ChildFund Ethiopia's SCSN project by community care givers who knew about his perseverance and family situation. Melkamu said:

> *I attended business skill training by Arsi Development Program for one month. We were 30 trainees altogether. I learnt about business planning, savings and record keeping and a number other important issues. After the training was completed, I got a total of birr 10,000 in two rounds; birr 7300 in the first round and birr 2700 in the second. With this money and the skill I got, I started a small business selling utensils.*

The hardworking Melkamu

Melkamu told us that he was happy about his life. He explained about it in the following words:

> *Now I am able to lead my life in the way I want to. I built a house for my mother. I also gave my brother*

> *2000 birr to help him start a sheep business. All my siblings are in school and I have a weekly ikub worth of birr 300. When the ikub cycle gets complete after each person gets his share in a draw, I will also get mine which is birr 8000. I have my own savings, too.*

Melkamu describes himself as a decent and sociable young man free of any sort of addiction. Melkamu says that he spends his time with mature and successful businessmen who are his role models. He believes that he is a model to other young people. He advices a number of them and also helps them in finding apprenticeship in neighboring wood and metal workshops. Melkamu envisions a bright future and amazingly confident about it. "I will have a house ware wholesale business. I am sure about it because I can see it". The confident Melkamu still lives with his mom and his siblings.

"I used to work in the backyard"

Aboneh Tafese is a young man of 22 years of age who lives in kebele 03 in Shahsemene. He has two sisters and one brother. Aboneh is the eldest. They have been double orphans since childhood. Aboneh does not recall when and how his parents died. He and his siblings have been taken care of by their maternal grandmother who is still alive.

In Aboneh's home, fulfilling the daily necessities has always been an uphill journey. Therefore, Aboneh; being the eldest of all, had to work to subsidize the household income. Though he was in school, he could not pursue his education beyond the 7th grade. Eventually he started a small carpentry in his backyard. Devoid of essential hand tools and working capital, his work was quite limited to the production of stools, small tables, shelves and the like.

Aboneh was the right target individual for ChildFund Ethiopia's SCSN project which Arsi Development Program (ADP) implemented in Shashemene. Hence, he was recruited by the community care givers in his kebele and got the opportunity to take part in the business skill training organized by ADP. Aboneh said:

I attended a one month training organized by Arsi Development Program. The training was about business skill. On another occasion I also took part in five days refresher training along with 14 trainees. I got essential knowledge and skill on how to initiate a business, manage and save resources. After the training, I got birr 9000 on two rounds.

The ADP intervention was a turning point in the life of Aboneh. He said: "it really lifted me up. I rented a plot whereon I am working. It is on the roadside, no more in the backyard. My wood workshop is expanding. I bought small machines and even hired three assistants. I am earning good money".

Aboneh emphasizes the self-confidence he develops following the training and the financial support. He feels that His conscientious efforts are bearing fruits. While interviewed, Aboneh was thinking of his work to meet the deadline he gave to one of his clients. He was silent by nature and laconic in his conversation. The moment the interview was over, Aboneh hurried to his workshop to deliver the woodwork to his client on time.

The reticent Aboneh

6.5 Self Help Groups (SHGs)

An interesting experience in line with objective 2 of the SCSN project, which aims at expanding "service access and coverage through enhanced collaboration, coordination and referrals among community, NGO and government actors serving children"; is the evolvement of Self Help Groups, which consist of parents/guardians of OVC and members of destitute households. The activity is also aligned with the strategy of forging partnerships making use of PEPFAR linkages. The documenting team observed such group at Shashemene.

In October 2010, Arsi Development Program organized 179 women in a self help group and referred them to USAID's Urban Garden Project (UGP) to enable them

get access to the OVC support arrangement to supplement their nutritious food intake from small gardens. Accordingly, the UGP provided training on urban gardening and also referred the women to a local NGO called WISE for a further three days training on savings. Speaking about the arrangement, Ato Beriso Tufule, Community Mobilization Officer of the UGP at Shashemene said:

> *UGP's responsibility is to provide training to organized women groups referred to as by project partners. UGP also provides seed, seedlings and covers expenses related to watering the gardens. This support continues only till the first harvest. UGP's strategy is providing support to target groups at one place at a time, usually for one year. Then it goes to a 'new place for new beneficiaries'.*

In a focus group discussion where 10 members of the SHG participated, discussants told us that they were recruited by community care givers. Some of them are widows, but all are from destitute households. Participants also said that they indeed took training on gardening and savings, organized into smaller groups of 20 women and started saving 2 birr per week. One participant said: "I am the

treasurer of one organized group. So far we have contributed birr 940. We did not yet open a bank account, in due course we will. Our plan is to take some loan to start a small business". Focus group participants also said that they planted pepper, cabbage and spinach. They divided the first harvest among themselves on purchasing arrangement. "We bought our produce purposely to augment our savings".

SHG members attending their garden, Shashemene

Members of the SHG and FGD participants, Shashemene

According to FGD participants, each SHG member has 20sq.m land for the garden. ADP provided the land for them. Ato Firew Denebo, Community Development Worker in ADP, said that ADP leased 2500 hectares of land from Kale Hiywot

Church for a year at a cost of birr 4000. According to the discussants, target groups are happy with the support.

At Debre Zeit, Self Help Groups which consist of primary caretakers of orphans and vulnerable children are assisted by the local implementing partner of the project, Ratson. Enlisting support from other local partners, Ratson is able to engage project beneficiaries to use their backyards to produce vegetables so that they enhance their nutrition intake to a certain extent.

Backyard vegetation garden, Debre Zeit

Commenting on the experiences of SCSN project in broader terms, Ato Dawit of Ratson said: "to my mind, the major job we tried to do in this project was the efforts we exerted on changing the attitude of the community. With confidence, I can say that we supported to strengthen the mutual support mechanisms of the community. I think, this was what the project was all about". The director of Ratosn fully agrees with the opinions of his colleague.

Similarly, w/o Meseret of Kolfe Keranyo sub-city Women, Children and Youth Affairs Office; one of the major partners of the project from the government sector says: "the project showed us that it is possible to keep alive and even strengthen mutual support among community members amidst enormous problems". Referring to the efforts of Kore Children and Family Development Association at Ayer Tena area of the sub-city, she further commented that the community volunteers are those who have been in the problem like the other orphans and vulnerable children. Commending on the good efforts of the project whereby it succeeded in enlisting 200 orphans and vulnerable children at a boarding school at Shashemene, w/o Meseret says "this is mutual support in practice; and this is one of the fruits of high level of awareness on the problems of orphans and vulnerable children.

W/o Meseret of Kolfe Keranyo

The documenting team also held focus group discussion with a self help group at Gulele sub city, Addis Ababa. Members are from destitute households and parents/guardians of OVC. They came as a group following a training session organized by the project. Motivated by an idea from a community caregiver, training participants agreed to allot part of their per diem as a startup for a self help group. Then they decided to contribute 2 birr per week realizing a saving scheme they learnt during the training. Now the group has a revolving fund of its own, where members take loan from, and do their petty trade.

SHG members during the weekly contribution

8. Conclusion

One could safely conclude that SCSN project had qualities of its own that helped it to look differently at an old problem. The project entirely focuses on OVC between the ages of 0 and 11 years and their caregivers whereby each child is considered as an individual in a family setting. It exerted good efforts on wide range of community participation through dialogue which helped to develop thrust and put in place coordinated care. The project organized community experience sharing programs which enabled learning from each other. The investment on adult caregivers focusing on the household including men, women and older youth would

also help to sustain project gains. The following concluding remarks have been made referring to volunteers, project services and beneficiaries.

Vulnerable Children's Committee

Voluntary Children's Committees are indeed the trade mark of SCSN project. They are the flag bearers of the project along with the community volunteers whom they support, supervise and coordinate. The VCC are meant to strengthen and extend the service network for OVC and families. They comprise of a broad section of community representatives keeping the gender balance as much as possible. In all the project sites that the documenting team visited, the Vulnerable Children's Committee had representatives from women, youth, PLHIV, elders, OVC, *idir*, and kebele administration/peasants' association. Perhaps one of the unique features of the VCC is its inclusion of a representative from OVC. Among other things the Committee guides project start up and scale out, promotes and supports new partnership and collaboration among service providers, advocates for additional support for vulnerable families, leads in the identification of vulnerable children and maps services.

Community Caregivers

Community care givers are the primary volunteers of the SCSN project in its three tiers volunteer structures. They included existing community volunteers as well as new recruits through CBOs, FBOs, PLHIV associations, idirs, etc. CCGs work directly with families caring for orphans and vulnerable children. They attend standard training packages developed from existing protocols and tools. The trainings assist them to address core technical responsibilities like healthy child development, primary health education, psychosocial support and nutrition, etc. Each CCG is responsible for 20 to 26 children. CCGs further identify other OVC whom they keep in a waiting list for opportunities of possible support from other structures like the kebele. CCGs make home visits 2 to 3 times in a month. They conduct needs assessment with family members, hence participatory; provide counseling, share knowledge from training and other experiences. CCGs also consult the children they

care for, inquire about their health and see whether they are enrolled in/attend to school or not, etc. CCGs have periodic meeting among themselves, also have close support and follow up form project staff. There is an arrangement whereby better educated and active CCGs supervise and support other CCGs. The project keeps CCGs' morale through regular supportive supervisions, on job skills building arrangements like experience sharing meetings, acknowledgement to excelling performances, etc. CCGs directly provide health services on household level and also make referrals whereby expenses incurred will be reimbursed by the project. Project target groups/individuals are highly appreciate both arrangements.

Community Paralegals

Community paralegals provide legal counseling on rights and child protection to vulnerable families; make available information on birth registration, wills and successions planning along with appropriate referrals for additional services. Paralegals also organize discussion sessions with caregivers and local opinion leaders to facilitate the dialogue over child rights and required protection actions. The SCSN project supported them to have those skills through different training packages it organized on Ethiopian law, birth registration, legal will development, succession planning, and counseling and referrals. Reports indicated that the project succeeded to put in place at least one paralegal per project kebele. Moreover, the SCSN project developed a Coordinated Care Guide by adapting from the USAID funded PC3 project. The guide was translated into one of the local languages, Amharic, for use as a working aide by project field staff, community volunteers and VCC members. The guide helped its users in implementing of a 'needs based' and holistic OVC care and support services, harmonizing the monitoring tools, simplifying enrollment forms, tracking changes towards the implementation of the OVC services standards. This helped to put in place coordinated care and support services. The overall approach also helped volunteers

to clearly understand their duties and responsibilities; feel happy with their volunteer work and keep their conviction to sustain project gains. Furthermore, SCSN project has put in place a memory book initiative which promotes documentation by terminally ill parents/guardians of their family history, wishes, plans and good memories for passing on to their children after their death. Volunteer paralegals are instrumental in implementing it and in fact, this helped parents and children to open dialogue candidly and plan jointly for the future.

Youth Mentors

Youth mentorship is one of the project's services. It is provided directly to orphans and vulnerable children through child to child activities and life skills education. The program promotes youth groups to propose and design activities to support OVC based on their knowledge of children's needs, interests and abilities to foster leadership and ownership. The project succeeded to put in place at least 2 youth mentors per project *kebele* to provide peer to peer services including mentoring of younger OVC in education and school related activities and imparting life skills. The program was implemented innovatively aligning it with local context as was the case in Metehara, Fentale woreda where best performing students served as youth mentors in stead of volunteer youth from outside. Participating children at the different project kebeles were consistent in mentioning the impacts of youth mentorship programs on their academic performance, behavior improvement, capacity of listening, speaking and debating.

ECD Centers

SCSN project recognizes ECD center as ideal entry point to address holistic development of children including primary health services and nutrition. ECD Centers are proved to be highly relevant in a number of ways. Firstly, they are guided by the community itself, ensuring continued relevance. Secondly, they ensure that OVC access basic services. Thirdly, they support the national initiative to bring preschool into mainstream education. Key informants at different project kebeles of both urban and rural settings comment that the kids from ECD Centers

display good behavior while they start attending in kindergartens. The project trained parents/guardians on parenting and other skills and they take turns in the ECD centers to serve for their children. This created a good opportunity to impart skills, exchange experiences and inculcate sense of ownership. Parents whose kids are staying in the centers are happy that their kids are well cared and they themselves have got a respite to do other things to bring in income for the family. There are good initiations and efforts in building ECD centers and putting arrangements to sustain the process particularly in rural project kebeles of Oromiya Region.

YOUTH HEADED HOUSEHOLDS

SCSN project gave due concern to the issue of economic strengthening for most vulnerable households. It supported individual, market survey based, youth-led enterprises. Success would be determined by the project's ability to generate sustainable income that is used to increase education and health care services to children. It handled the issue in two ways: first, by linking families to ongoing economic strengthening programs supported by local partners; and secondly, by supporting the development and evaluation of a youth focused model for sustainable and reliable income generation. Pilot cases have shown that a number of participating youth benefitted from Business Skill Development trainings and start up capital provisions. They said that the project helped them to change the lives of their household as a whole.

Self Help Groups

Self Help Groups have become innovative developments of the SCSN project. They consist of parents/guardians of OVC and members of destitute households. They often come together with the help of Community Caregivers. Group members often attend training on how to initiate small trades, savings and credit schemes. The fact that coming together as a group ignites hope in terms of access to credit, training, and possible/potential link with microfinance institutions. Group members who took

part in FGDs appreciate the exercise as an eye opener, but they also emphasize that capacity (particularly finance) is quite limited.

For those who work to reduce the impact of the HIV pandemic, the efficient use of available resources is essential as they are very limited. The application of inefficient or ineffective interventions and the process of trial and error that accompanies the implementation of novel projects or programs can result in resource waste. The documentation of best practices helps to avoid such waste by allowing organizations to learn from the successes of others. The need to scale up activities has made the sharing of best practices a greater imperative than ever because it minimizes the chances of large-scale replication of error and re-invention of the whole effort.

The documenting team has tried to look into the SCSN project within the "best practices framework" indicated earlier. Project activities and services are seen from the perspectives of 7 key areas in the following manner.

1. Effectiveness

A best practice must have clear objectives guided by identified community needs obtained through a baseline study. It must also have evidence that it is achieving these objectives. The community should also participate at every stage of the project.

Accordingly, the SCSN project had clearly set its objectives from the outset. It had also conducted a baseline survey to be able to identify community needs. The project had in place a monitoring mechanism to follow whether objectives were met or not. Community participation had been evident throughout the project process. Project target groups were selected by the VCC which included a broader representation of diverse community members. Project site community took part in the different project activities such as care giving, youth mentorship, paralegal support, quality control, etc.

2. Ethical Soundness

It relates to upholding social principles and professional conduct. An intervention is a best practice if it does not violate human rights, respects confidentiality as a principle, embraces the concept of informed consent, applies the "do no harm" principle and works together towards the protection of the interests of vulnerable groups.

In the SCSN project, there was significant child participation. Children were represented in the VCC and they actively took part in youth mentorship and tutorial programs. The project strictly adhered to the principle of confidentiality. It worked through referrals and did not focus on orphans only but also included non-orphan vulnerable children so that it avoided stigma and discrimination. There was parental/guardian involvement in project activities such as training, volunteering in ECD centers, ensuring their consent for the children's participation, etc. The project paid careful attention to transparency and communication by providing its reports and project information to relevant partners and stakeholder at woreda, zone, region and national levels.

3. Cost-effectiveness

Efficiency measures the capacity of a program/project to produce desired results with the minimum expenditure of energy, time and resources. The intervention should have in place cost saving and reduction systems.

Basically, SCSN project's integrated approach ensured cost-effectiveness. The project subsumed in its plan a wide range of volunteer work involving the broader section of the community. The children who became youth mentors and took part in tutorial also gained life skills at the same time. Furthermore, the SCSN project used already existing building structures to implement some of its activities. This was cost-effective for both the implementing partners and community in that the organizations did not have to begin construction of new structures. Community members did not have to travel long distances to attend support group meetings, hence there is effective use of time and resources. In all the project sites the

documenting team visited, the implementing organizations owned their office premises and did not have to worry about rentals.

4. Relevance

Interventions related to HIV or OVC need to take cognizance of the specific context in which they are taking place, noting cultural, religious and other norms, as well as political systems and the socio-economic environment in so far as they affect vulnerability, risk behavior or the successful implementation of a response.

As stated earlier the SCSN project ensured its relevance to OVC, through a strong focus on child participation. It tried to address the urgent need for psychosocial support for children and families affected by HIV/AIDS and those made vulnerable by a host of other factors without relegating other types of support. There was complete agreement among both beneficiaries and key informants that the project activities were hugely relevant to their needs. The economic strengthening program through business skill training and provision of startup capital particularly to youth headed households and persevering destitute families were highly relevant. Enlisting the support of *Aba Gedas* at Fentale and religious leaders in other project sites showed the project's sensitivity to cultural, religious and other norms of the social environment.

5. Replicability

Inherent in a best practice is the ability to be copied or adapted, and its need to discover interventions that set an example.

The documenting team observed that the SCSN project had visible community acceptance due to its integrated approach, greater involvement of community and wide range use of community volunteers. This would undoubtedly simplify replication.

6. Innovativeness

A best practice may demonstrate a unique and/or more cost effective way of implementing a program or responding to an issue. The program itself could also be unique.

Observing the project from the vantage point of local context, a number of key informants and project target groups emphasized that the SCSN project was unique on different counts. One paralegal said: "the project starts with not only identifying the problems of OVC but also prioritizing them. It focuses not on material handouts but building capacities, including that of children". A youth mentor commented: "the inclusion of children up to the age of 11 in a project is particularly novel because this group has tended to be overlooked. The SCSN project contemplates beyond material support and concerns with psychosocial support".

7. Sustainability

Sustainability is the ability of a project to continue and to continue to be effective, over the medium and long-term. This can be strengthened through community ownership of the project and through skills transfer. Sustainability should take into account financial sustainability, marketing and awareness building of the project.

Although two and half years of implementation may not be enough time to speak of sustainability, the documenting team has observed that the issue has been injected in the community. A Community Conversation facilitator from Shashemene said: "I can say that the project has initially thought of sustainability and has imparted the notion among the community. If ADP were not around, I believe that the community would carry on supporting OVC". A paralegal from Meki said: "If ChildFund terminates its support, I will not give up my volunteer work. You see, we got skills now". Furthermore, mobilizations of contributions for OVC through *idirs* at different project woredas are good indications to sustain project results. The involvement of children as youth mentors and participation in tutorials and related co-curricular activities also helps to carry on the work without much help from outside.

Table 3. Summary of Indications of the Seven Key Areas by Project Sites*

Project Sites	Seven Key Areas						
	Effectiveness	Efficiency	Ethical Soundness	Relevance	Replicability	Innovativeness	Sustainability
Gulele	√	√	√	√	√	√	√
Arada	√	√	√	√	√	√	√
Kolfe Keranyo	√	√	√	√			
Akaki Kality	√	√	√	√			
Dugda	√	√	√	√	√	√	√
Shashemene	√	√	√	√	√	√	√
Fentale	√	√	√	√			√
D/Zeit	√	√	√	√		√	

These are just indications. The key informants at the different project sites have been identified purposively and different data collection tools have been used accordingly. Hence, the summary needs to be taken from this perspective.

9. Annexes

Data Collection Tools

Tool 1. Focus Group Discussion Guide for Parents/Guardians

Introduce the purpose of the FGD and get verbal consent. Assure FGD participants that the information they shall share shall be treated anonymously.

1. Do you know an organization called ChildFund in your locality? (If yes, can you tell us what activities this organization is doing? Ask them the types of activities in which they are involved/participated/benefitted?)

2. How were you selected for this project? (Probe involvement of VCC in their village)

3. What do you think are the benefits of this project for you as a guardian/family?

4. How do you view this project/program? (Is this yours, ownership, or imposed, or donor driven, or neutrally accepted because there is no choice)

5. How are project implementers working with you to determine and meet your needs?

6. How does your community contribute towards the services/activities that this project offers? (Cash, kind, other support, e.g; advice and networking)

7. Is there an increase in the number of children and families in this community whose lives have been changed as a result of benefitting from the project?

8. Do you know a best practice from which others can learn from/can be replicated to other places from this project? (If yes, can you share us a story that demonstrates this best practice?)

9. In the absence of donor support, do you think this project should continue? Why? (Are there skills in the community? Is the community contributing to the project in cash or kind?)

10. What are some of the challenges faced by you as a guardian/family? (Encourage them to list and prioritize the most important one)

11. Do you have any other additional information deemed relevant but not covered in the questions?

Tool 2: Interview Guide for Key Informants/Volunteers

Introduce the purpose of the interview and get verbal consent. Assure the interviewee that the information s/he shall share shall be treated anonymously.

1. How long have you been working as a volunteer?

2. How were you selected/recruited as a volunteer?

3. Have you been given training to work as a volunteer? (If yes, what type?)

4. What are the major activities you are supposed to do? (Probe to list activities of CCGs, paralegals and youth mentors)

5. What is the best experience that can be shared? (Probe to find out the best practice from each types of volunteer work listed below)

    5.1 **Community Care Givers (CCGs)**: enroll OVC and care givers prove home based care and family centered services, identify OVC that need referrals for additional services, maintain records of types of services provided to each OVC.

    5.2 **Paralegals**: increase community awareness about child protection issues; provide support to OVC and their care givers that need legal services.

    5.3 **Youth Mentors**: provide peer to peer services including mentoring of younger OVC in education and school related activities and imparting life skills

6. What do you think is the most unique aspect of this project?

7. Do you have any other additional information deemed relevant but not covered in the questions?

Tool 3: Interview Guide for Project Partners

After adequate introduction and explanation of purpose of data collection, point out that interview may take up to one hour. There may be need to have some documents handy to clarify issues during or after the interview.

Government Offices/NGOs

1. What is your responsibility and for how long did you work in this office?

2. Does your office work together with the ChildFund project?

3. How does the project goal (aim) relate to or fit into the National perspectives (related to OVC)?

4. How were project priorities determined? (Probe for information on needs assessments, community and other stakeholders' involvement, whether the project is addressing the urgent needs of OVC?)

5. Can you tell us a best practice that can be sustained and replicable even after the termination of the project?

6. Do you have any other additional information deemed relevant byt not covered in the questions?

Tool 4: Focus Group Discussion Guide for VCC

Introduce the purpose of the FGD and get verbal consent. Assure FGD participants that the information they shall share shall be treated anonymously.

1. How long have you been working as a VCC?

2. How were you recruited as a member of VCC? Who recruited you?

3. Have you been given training to work as a committee member?

4. What are the major activities you are supposed to do? (Probe to list activities)

5. What is/are the best experience/s that can be shared? In terms of

   - Participatory selection and enrollment of most vulnerable OVC and care givers

   - Conducting service mapping for strengthening coordinated care and service delivery

   - Monitoring the project implementation

   - Selection of youth headed households for economic strengthening

   - Other best practice that deemed necessary to be mentioned

6. Do you have any other additional information deemed relevant but not covered in the questions?

Tool 5: Guides for Case Study (OVC/YHH)

Introduce the purpose of the interview and get verbal consent. Assure the interviewee that the information s/he shall share shall be treated anonymously.

1. How old are you? Where do you live? With whom do you live?

2. Do you go to school? What is the family size in your household?

3. Do you have siblings? How many (male and female)?

4. How long has it been since you started to live in this way?

5. Why do you think it happened to be so?

6. Do you know an NGO named ChildFund?

7. Do you get support from ChildFund? (If yes, what types)?

8. Did the support from ChildFund help you to lead your life?

9. How did your life change since you got a support from ChildFund?

10. Can you share us the best experience you got out of the project support?