



Federal Democratic Republic of Ethiopia
Ministry of Labour and Social Affairs

Community Care Coalitions

National Strategic Framework

March 2018
Addis Ababa

Table of Contents

Acronyms.....	iii
Definition of Key Terms.....	iv
1. Introduction	1
2. Vision and Mission	3
2.1. Vision.....	3
2.2. Mission.....	3
3. Goals, Objectives and Guiding Principles	4
3.1. Goal	4
3.2. Objectives.....	4
3.3. Principles	4
4. Governance.....	5
4.1. <i>Kebele</i> Level Governance	5
4.2. <i>Woreda</i> Level Governance	6
4.3. Zonal Level Governance	7
4.4. Regional Level Governance	8
4.5. Federal/National Level Governance.....	8
5. Legal Framework.....	9
6. Selection and Identification of Beneficiaries	10
7. Service Delivery Standards	12
8. Administration of Services.....	14
9. Coordination.....	15
10. Resource Mobilization and Resource Management	17
11. Beneficiary Data Management.....	19
12. Monitoring and Evaluation	21

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BoLSA	Bureau of Labour and Social Affairs
BoWCY	Bureau of Women, Children and Youth
CCC	Community Care Coalition
CSO	Civil Society Organizations
GTP	Growth and Transformation Plan
HIV	Human Immuno-Deficiency Virus
INGO	International Non-Governmental Organization
MoLSA	Ministry of Labour and Social Affairs
MoWCY	Ministry of Women, Children and Youth
NGO	Non-Governmental Organizations
NSPP	National Social Protection Policy
OVC	Orphaned and Vulnerable Children
SAS	Situational Analysis Study
SNNPR	Southern Nations, Nationalities and Peoples' Region
UNICEF	United Nations Children's Emergency Fund

Definition of Key Terms

Case management: A special follow up and care provision processes for vulnerable people by Community Care Coalitions' service beneficiaries.

Child: All under the age of 18, as recognised in the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and under Ethiopian law.

Civil Society Organizations: Autonomous associations that are independent of the public, not-for-profit and are designed to advance collective interests and ideas of the society. Civil society organizations work in a broad range of political, legal, economic, social and cultural contexts and may include (but are not limited to) international and national non-governmental organizations, faith-based organizations and professional associations.

Community: A group of people that recognizes itself, or is recognized by others, as sharing common cultural, religious or other social characteristics, background and interests, and forms a collective identity with shared goals.

Deprivations: According to Merriam Webster Dictionary deprivation is “the state of being kept from possessing, enjoying or using something.” It is also defined as “an act or instance of withholding or taking away something from someone....” Deprivation is the consequence of a lack of income and other resources, which cumulatively can be seen as living in poverty. The relative deprivation approach to poverty examines the indicators of deprivation, which are then related back to income levels and resources¹.

Disability: According to the World Health Organization, disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations.

Framework: A broader overview, outline, or skeleton of interlinked items, which supports a particular approach to a specific objective, and serves as a guide that can be modified as required by adding or deleting items.

Kebele: Community-level government administrative unit in Ethiopia.

Risks: The probability of a specific hazard occurring in a given location and its likely consequences for people and property².

Productive Safety Net programme: The Productive Safety Net Programme (PSNP) is the flagship social protection programme of the Government of Ethiopia.

Social exclusion: It is the process in which individuals or people are systematically blocked from (or denied full access to) various rights, opportunities and resources that are normally available to members of a different group, and which are fundamental to social integration and observance of human rights within that.

Social protection: The Government of Ethiopia defines social protection as a “set of formal and informal interventions that aim to reduce social and economic risks, vulnerabilities and deprivations

¹Townsend 1979.

²Federal Democratic Republic of Ethiopia, National Policy and Strategy on Disaster Risk Management (Draft Document), March 2009.

for all people”. Social protection measures can help ensure that the right of children and adults to an adequate standard of living is fulfilled, and can:

- reduce people’s vulnerability to risks that would push them into poverty;
- reduce the impact of their current hardship; and
- address some of the factors that keep people in poverty.

Psychosocial support: The ongoing process of meeting people’s physical, emotional, psychological, social and mental needs.

Vulnerability: The susceptibility to suffer harm or loss. Determinants of vulnerability include physical, social, economic, political, cultural, and institutional factors³.

Vulnerable children⁴: In Ethiopia, a vulnerable child is someone who is under 18 years and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfilment of his or her rights. This includes (but is not limited to):

- children who have lost one or both parents
- children whose parent(s) is/are terminally ill and can no longer support them
- children living and working in streets
- children exposed to different forms of abuse, violence and/or exploitation
- children in conflict with the law
- children who are sexually exploited
- children with disabilities
- unaccompanied and separated children
- children exposed to the worst forms of child labour
- Trafficked children.

Woreda: District-level government administrative unit in Ethiopia, consisting of several *kebeles* under it.

³*Ibid.*

⁴ Extracted from the definition of Orphans and Vulnerable Children in: Ministry of Women’s Affairs Ethiopia, 2009, Alternative Childcare Guidelines on Community-based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Services and the Standard Service Delivery Guidelines for Orphans and Vulnerable Children’s Care and Support Programs developed by the Ministry of Women’s Affairs and the Federal HIV/AIDS Prevention and Control Office in 2010.

1. Introduction

Ethiopia has witnessed strong economic growth and development over recent years, resulting in a significant reduction in poverty across the country⁵. Considerable improvements in infrastructure, increased access to safe water and expansion of basic services, such as primary health care and education, have all helped to make a difference in the lives of communities. The country has made important strides towards improving the lives of vulnerable children and adults over the past decades. Economic growth, improvement of social services and the development of policies and interventions to address poverty have helped to protect communities from risk and to support individuals in need.

A tradition of helping vulnerable members of society has translated into the development of a range of diverse community-based structures in Ethiopia. These include child welfare groups, associations for persons with disabilities, referral network groups, youth associations, women's self-help groups, community care coalitions (CCC) and many others. Widespread throughout the country, these groups seek to respond to problems in their communities and to care for those in need. Today in Ethiopia, together with frontline workers of the social service system, these groups represent the frontline in the protection of the rights of vulnerable people and the building blocks for a national system of social protection.

Social protection as a means to address poverty and vulnerability has gained increasing political prominence at global, regional and national levels. Internationally, social protection is recognized as a basic right within the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of the Child. At regional level, the African Union Social Policy Framework for Africa (2009) spells out a minimum package of social protection measures calling for *"responses by the state and society to protect citizens from risks, vulnerabilities and deprivations"*, and for member states to incorporate social protection in their national plans. In Ethiopia, a country characterized by recurring emergencies, high poverty and food insecurity, social protection is recognized as a way of reducing poverty and achieving national development goals. Social protection actors include the government, the business community, humanitarian organizations and donors, and grassroots actors such as communities and extended family systems.

Provisions for social protection are included in the Ethiopian constitution (Article 41, No. 3-5), with policy⁶ towards non-contributory social protection⁷ as well as contributory community-based health insurance system; and actions over the past decades contributing to building the resilience of vulnerable families and communities. These consist of national food security, disaster risk management and nutrition interventions as well as microfinance, credit and social insurance schemes. As part of this, the Productive Safety Net Programme (PSNP), a wide-scale social transfer initiative for food insecure households established in 2005, constitutes the second largest social protection programme in Africa. Investment in free basic social services, along with fee waivers for the most vulnerable, cash transfers within PSNP, and school feeding programmes have also played a role in protecting the vulnerable and enabling access to services⁸. Underpinning these social protection interventions is the government's national Growth and Transformation Plan (GTP), which aims to reduce poverty through economic growth. One of the goals included in the Growth and Transformation Plan (GTP II) is the transformation of the social protection system. The GTP II places a community-based approach, more specifically the role of CCCs, at the centre in order to

⁵ The percentage of Ethiopians living below the poverty line is believed to have reduced from 44.2% in 1999/2000 to 29.6% in 2010/2011. Source: Ministry of Labour and Social Affairs Ethiopia, 2012, *National Social Protection Policy of Ethiopia*.

⁶ National Social Protection Policy of Ethiopia (Ministry of Labour and Social Affairs, 26 March 2012)

⁷ It is important to note that there is no legislation in Ethiopia for non-contributory social protection.

⁸ See Ministry of Labour and Social Affairs Ethiopia, 2012, *National Social Protection Policy of Ethiopia* for a detailed list of government social protection interventions.

achieve social security and community welfare. During the duration of the plan (2016-2020), the target is to establish 17,351 CCCs. Through these coalitions, the target is to reach 6, 434, 400 social support recipients. Members of the community who receive psychosocial support will increase from 167,880 individuals at the beginning of the plan (2016) to 795,293 individuals at the end of the duration (2020)⁹.

In order to reach the targets described both in the National Social Protection Policy and the GTP II, it is vital to develop a framework for the establishment and strengthening of CCCs. A Framework for Community-Based Structures was drafted in 2012 with the aim of expanding the role and scope of community-based structures to deliver social protection services in a coordinated and systematic manner. However, community-based structures have different scopes and characteristics, which made it difficult to ensure well established and coordinated efforts to enable communities play their roles in the protection and support of vulnerable societies and members. Therefore, it becomes a necessary step to strengthen existing community structures, notably CCCs, as it is recognized by the National Social Protection Policy (2014), Social Protection Strategy of Ethiopia (2016) and sectoral plan of the Ministry of Labour and Social Affairs (MoLSA) during GTP I and GTP II. Strengthening of CCCs requires a national framework to guide the national, regional and local processes of forming and strengthening the coalitions into a visible and realistic community cadre for protection of the vulnerable groups and the transformation of society for a better future.

The purpose of this document is to provide a common framework for CCCs engaged in social protection activities in Ethiopia. The framework is developed based on the extensive descriptions presented in the draft Framework for Community-based Structures document and the results from Situational Analysis Study (SAS) (MoLSA, 2017) conducted to understand the experiences of existing CCCs in five selected regions of Ethiopia (Amhara, Gambella, Oromia, SNNP and Tigray).

This document is organized into 13 sections. The first three sections cover introduction, vision and mission statements respectively. Section four presents the goals, objectives and guiding principles of the national framework for CCCs. Sections five, six and seven cover governance, legal framework, and selection and identification of beneficiaries. Section eight-ten present service delivery standards, administration services and coordination. The last three sections cover financing services and financial management, beneficiary data management, and monitoring and evaluation.

⁹ See page 217 of the II Growth and Transformation Plan (GTP-II), 2016 (2008 E.C)

2. Vision and Mission

2.1. Vision

The vision of CCCs is to see a society in which vulnerability is addressed at community level and social security is ensured for the most vulnerable people and their families in Ethiopia.

2.2. Mission

The mission of CCCs is to prevent and respond to socio-economic risks vulnerable people face at community level by promoting a **mutual support system**, strengthening resource mobilization capacity among communities and ensuring their wellbeing by providing basic services.

3. Goals, Objectives and Guiding Principles

3.1. Goal

The Goal of CCCs is to foster resilient communities that develop local strategies, identify resources, prevent/respond to vulnerabilities at community level, strengthen social capital, and promote social norm changes.

3.2. Objectives

The objectives of CCCs in Ethiopia are to:

- a) Strengthen the economic capacities of the vulnerable.
- b) Strengthen social capital to promote mutual support.
- c) Mobilize local resources and promote social norm change.
- d) Support vulnerable people to access basic social services, social protection and legal services.
- e) Support the development endeavors.

3.3. Principles

The following are guiding principles of CCCs.

1. **Participation:** Consultation in decision-making, goal setting, planning, resource mobilization, etc.; information sharing and being involved. Maximize participation of vulnerable people throughout the process of decision-making and goal setting towards improved wellbeing.
2. **Transparency:** Being open for public scrutiny, provision of access to full information; being open and honest.
3. **Non-prejudice/impartiality:** Equal treatment of all persons irrespective of differences in gender, religion, ethnic group, etc.; not prejudiced towards or against any person; basing judgments/decisions on objective criteria.
4. **Gender equality:** Situation in which access to rights or opportunities are not affected by gender (being male or female); equal/same or similar access to resources such as economic participation and decision-making regardless of gender.
5. **Cooperation:** The act or process of working together to the same end; collaboration; joint action; teamwork; combined effort.
6. **Accountability:** Being responsible for actions taken or not taken; being able to explain, clarify and justify actions/inactions to relevant others.
7. **Trustworthiness:** Being honest or truthful; being reliable; worthy of confidence and being dependable.
8. **Development of saving habits:** Cutting back on expenses and setting aside some money and other resources; budgeting oneself and keeping some money for future needs.
9. **Inclusiveness:** The quality of including different types of people and treating them all fairly and with dignity (irrespective of ethnicity, ability, religion, language, etc.).
10. **Self-reliance and development:** developing self-reliance and self-confidence.
11. **Confidentiality:** ensuring protection of personal information and ideas from fraud and misuse.
12. **Equity:** Respect of egalitarian access and use of available resources in an equitable manner.
13. **Ownership:** Ability to develop the sense and actual possession, management and use of tangible and intangible resources.
14. **Do no harm, empathy, shared confidentiality:** Mutuality, respect, fairness and development of common understanding and responsibilities for the protection of common values, assets and wisdoms.
15. **Rights-based Approach:** Respecting the rights of equal participation, decision-making and respect

4. Governance

The CCC governance structure shall consist of the following constituencies at the various levels. Throughout the governance system females and males should be equally presented, with equal leverage and responsibility (i.e. chairing committees) as well as representation of different age groups and minority groups. As stated during the CCC workshop in May 2018, there is “The need to move away from a one-size-fits-all approach in the governance structure of CCCs in regions given the realities of different regions. It is imperative that the national framework, implementation guidelines, and action plan are all contextualized in each region without losing the common threads that enable harmonized capacity building efforts as well as measurement of the performance of CCCs”.

4.1. Kebele Level Governance

At the *kebele* level, the CCC council shall consider local contexts. However, council members shall be drawn from the following constituencies.

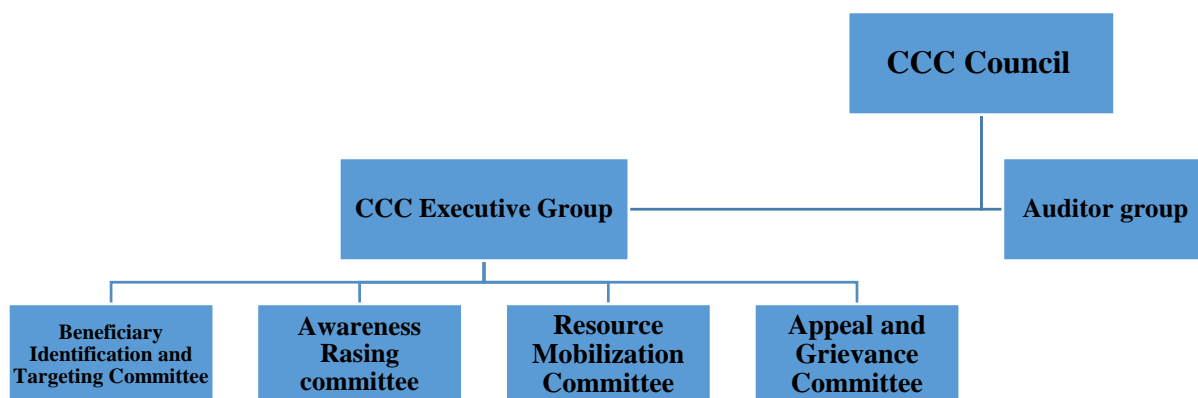
1. Local government structures (administrative and non-administrative)
2. Community organizations (formal, semi-formal and non-formal)
3. Religious institutions
4. Civil society organizations operating at local level (NGOs, associations, leagues, etc.)
5. Private sector (business firms/associations, etc.)
6. Representatives of the beneficiaries
7. Community leaders¹⁰, elders, etc.

The *kebele* level governance structure of CCCs needs to be as broad as the wider scope of operations to reach the huge target groups. The Council is the governing body of CCCs. Members of the council shall consist of:

1. Required number of members from the local administration (government offices, preferably *kebele* administration, justice office, women and children affairs office, labour and social affairs office, education, health, etc.)
2. Three members from community organizations
3. One member from each religion present in the *kebele*
4. One member from civil society organizations operating in the *kebele*
5. Three members from each group of beneficiaries (children, women, youth, etc.)
6. Three prominent members as recommended by the local community.

The CCC council shall be chaired by the *kebele* administrator/manager or an individual designated by the *kebele* administrator. Under the council is the Executive group, led by a manager/team leader (a full-time employee) under the *kebele* administration and assistant employees/volunteers dedicated to execute CCCs’ routine activities. Under the Executive group, there are various committees responsible to undertake/conduct different tasks. The auditor group is accountable to the council. The following diagram illustrates the *kebele* CCC governance structure.

¹⁰Including youth group leaders, women’s representatives, respected/ritualized individuals in the community.



The council shall assign a chair for each committee for a specified term of services (preferably 2-3 years).

The **auditor group** is voluntary/assigned experts with financial and resource administration knowledge/expertise responsible to make annual auditing of the CCCs transactions and services. They are independent of any entity that forms the CCC structure.

The **executive group** consists of full-time staff members of the *kebele* assigned for the purpose of the CCC, volunteers and other assigned personnel responsible to plan and execute the functions of CCC to reach the vulnerable individuals and groups in the community. Where possible, a professional/paraprofessional social worker or equivalent staff provides support and guides the work of the executive group. The screening and employment of the professional/paraprofessional staff has to be verified by the *woreda* administration. The situational analysis report indicates that one reason for the weaknesses of many CCCs to function properly is the leadership assigned to *kebele* chairpersons. These individuals are overwhelmed by many administrative and political responsibilities and in some cases lack the expertise. Many participants of the situational analysis study recommended the need for a social worker to lead the CCCs at *kebele* level.

The **committees** are specialized groups drawn from government structures, NGOs, local associations, business groups and community representatives to assist the executive group in providing services to the community. The chair of each committee shall be proposed by the *kebele* administration and approved by the council. Each committee chair shall serve 2-3 years for no more than 2 terms.

Detailed mandates, responsibilities and accountabilities of the *kebele* CCC functional bodies, as presented in the above structure, shall be described in the working manual or CCC guidelines.

Scope of Operations: The *kebele* level CCC is the main ally of the government to implement the social protection policy and ensure the welfare and protection of each citizen. Within the boundaries of their *kebele*, the *kebele* level CCCs engage in facilitating access to various types of services, from livelihood strengthening to the provision of basic social services.

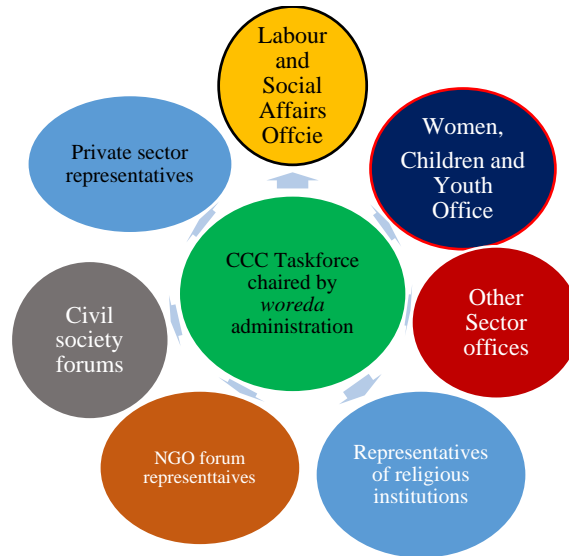
4.2. Woreda Level Governance

The *woreda* level CCC Committee shall consist of the following entities as members.

1. *Woreda* administration office
2. Relevant *woreda* sector offices
3. Civil society (NGOs, associations, etc.)
4. Representatives of religious institutions

5. Representatives of the business/private sector

The *woreda* level CCC committee consists of a chair assigned by the *woreda* administration, Office of Labour & Social Affairs, and Office of Women and Children Affairs as co-chairs, other relevant government offices, NGOs, other civil society organizations, representatives of religious institutions and representatives of the private/business sector. Where possible, it is advisable to assign a full time para-social worker or community service worker at *woreda* level who can coordinate with, provide technical support and supervision to *kebele* level CCCs. This worker can be deployed either in the *Woreda* office of Labour and Social Affairs or *Woreda* office of Women, Children and Youth. This worker can also serve as secretary and non-voting member of the taskforce. Structurally, the *woreda* CCC task force is presented as follows.



Scope of Operation: The *woreda* CCC taskforce's scope of work is limited within the *woreda* geographic boundary. All *kebele* CCCs through their Councils are accountable to the *woreda* CCC taskforce. The *woreda* taskforce provides regular support to each CCC in the *woreda*. Technical support, capacity building, monitoring and supportive supervision and other necessary assistance are coordinated by the taskforce. Legalization of the CCC will be recommended by the taskforce and issued by the relevant body at *woreda*. The scope of operation for the *woreda* taskforce/CCC is also to organize case conferences as per standard operating procedures on complex cases that could not be addressed at *kebele* level (e.g. non-statutory child protection cases).

4.3. Zonal Level Governance

The zonal level CCC Committee shall consist of the following entities as members.

1. Zonal administration office
2. Relevant zonal sector departments
3. Civil society forums
4. Representatives of the business sector
5. Representatives of religious groups

The membership and organizational structure of the zonal CCC committee shall be similar to the *woreda* level CCC taskforce. Members shall be drawn from relevant government departments, NGOs forum, civil society representatives, representatives of private sector/business firms, religious institutions and *woreda* representatives. The departments of Labor & Social Affairs, and Women, Children and Youth shall co-chair.

Scope of Operation: The scope of operation for the zonal CCC committee shall be to guide the *woreda* CCC taskforces and provide the necessary administrative and technical backstops. The zonal

CCC committee supports *woredas* to establish CCC taskforces. The committee bridges the *woreda* CCC taskforces and regional CCC councils.

4.4. Regional Level Governance

The regional level CCC Council shall consist of the following entities as members.

1. BoLSA and BoWCY as co-chairs.
2. Other relevant Bureaus including Bureau of Health, Bureau of Education, and other bureaus and offices/agencies as decided by the regional administration.
3. Relevant Civil society forums
4. Representatives of the business sector such as Regional Chambers, Hotel and tourism, associations, etc.
5. Representatives of religious groups/institutions.

The membership and organizational structure of regional CCC councils are similar to the zonal and *woreda* committees, where the Regional Bureau of Labour and Social Affairs chairs the council and the relevant regional bureaus shall be members of the council. Other representatives in the council include but are not limited to, NGO forums, civil society representatives, representatives of the business/private sector, representatives of religious institutions, and zonal representatives.

Scope of Operation: The scope of operation of the regional CCC council includes drafting regulations (in regions where CCCs are not legally established), drafting the detailed mandates, duties and responsibilities of the zonal, *woreda* and *kebele* councils and committees, reviewing any additional guidelines of operation developed by zonal level CCC committees, and advising the regional administration in allocation of resources, including finance and personnel to strengthen the function of CCCs at various levels.

4.5. Federal/National Level Governance

The Federal/National level CCC Council shall consist of the following entities as members.

1. Ministry of Labor and Social Affairs
2. Ministry of Women, Children and Youth
3. Ministry of Education
4. National HIV/AIDS Prevention and Control Office
5. Other relevant Ministries including Ministry of Health, Ministry of Agriculture and Rural Development, etc.
6. Civil society forums (INGO, National NGOs, other civil society associations)
7. Religious institutions forum
8. Social Sector Standing Committee of the Peoples Representatives' Council (Parliament).

The National CCC Council shall be chaired by the Ministry of Labour and Social Affairs and co-chaired by Ministry of Women, Children and Youth. Other relevant government ministries shall be members of the council. Representatives from international and national NGO forums will be represented in the council. The Social Affairs Standing Committee from the Peoples' Representatives Council will be a member of the council. All regions will be represented in the Council through the Bureaus of Labour and Social Affairs (except Amhara region, which will be represented by BoWCY) as chairs of the regional CCCs. The upcoming social protection council under the Ministry of Labour and Social Affairs shall lead the operations of the National Community Care Coalitions' Council.

Scope of Operation: The Federal/National CCC Council is responsible for providing the necessary guidelines and feedback to draft legislations and regulations prepared by the regional CCC councils and other technical advice to properly support the CCCs in their respective regions. By organizing a national level consultation forum, the Council enables regions to collaborate and work together to enhance the performances of CCCs at the *kebele* level, which are owners of the main process to ensure the welfare of citizens. The Federal/National Council also advises and encourages relevant ministries to collaborate with CCCs in their lines of work.

5. Legal Framework

In order to enable CCCs to become operational under a legal environment, the following legal actions need to be taken.

1. National level legal frameworks such as the national social protection policy and strategy, national child policy, etc. shall provide provisions to recognize the role of CCC in social protection and child protection frameworks.
2. All regional states develop regulations that provide legal mandates for CCCs to operate under the general socio-economic development framework of the region and the country.
3. Those regions with established regulations need to update the contents of their regulations to address gaps that hinder the operation of CCCs as independent community structures.
4. Both federal level regulation and regional level regulations are required to clearly articulate the mandates, responsibilities, accountabilities and major activities to be shouldered by CCCs.
5. The *woreda* administration is mandated for licensing of the CCCs and renewal of such licenses every two years, or as required as per the regulation in each region. Both issuance and renewal of licenses will be confirmed by the relevant *woreda* level offices, as specified by the *woreda* administration.

6. Selection and Identification of Beneficiaries

Residents of a particular *kebele* (irrespective of their length of stay) can be beneficiaries of the CCC's activities either on permanent or temporary basis depending on their vulnerability and needs. However, specific beneficiary/target groups are those groups of communities who are in most cases vulnerable to a number of risks. Specifically, these groups include:

1. Children under difficult circumstances (orphans, child laborers, child migrants, child survivors of violence and abuse, children vulnerable to early marriage and other harmful practices);
2. Women under difficult circumstances (including survivors of violence, poor, female-headed households, etc.);
3. Youth who are unemployed and are in difficult circumstances (e.g. youth living and working in streets and children in conflict with the law, etc.);
4. Persons with special needs (disability);
5. Persons living with HIV/AIDS, and poor people with chronic illnesses;
6. Groups subject to disaster (flood, drought, conflict, etc.);
7. Families with chronic food shortage due to various reasons;
8. Community members with psychosocial needs.

CCCs shall contribute resources or their services (when necessary) to support vulnerable individuals, groups or communities in transit/mobility based on a call for support by other governmental or non-governmental entities concerned with the matter.

Approaches/procedures to select beneficiaries: Beneficiaries' self-reporting is the first entry point to select beneficiaries. In the absence of capacity of individuals to report, reporting by household members, neighbors and community members shall be the strategy to identify beneficiaries. However self-reporting or reporting by household members, neighbors or community members may not provide sufficient grounds to make individuals or groups eligible for support. *Kebele* CCCs shall conduct household-, individual- and community-level risk assessments on a regular basis, with standardized assessment tools. Outcomes of these risk assessments shall be used as the entry point for beneficiary targeting.

Selection Criteria: The following shall be the criteria for beneficiary selection.

1. Residents of a particular *kebele* (both temporary and permanent). In case of children, their parents/guardians should be permanent residents.
2. Individual/household vulnerability to risk(s)¹¹
3. Absence/lack of other support systems
4. Availability of resources under the CCC's mandate
5. Interest of the beneficiary to receive support from the CCC

Further criteria can be included by each region by making reference to the Social Protection System Document.

Beneficiary Registration: Upon fulfilling the criteria for selection, the CCCs shall register their beneficiaries. The registration shall have the following elements.

1. Each region shall develop a standard registration card/templates for beneficiary registration applicable for all *kebeles*.
2. The registration template includes the following:
 - a. Current status of the beneficiary (socio-demographic information, types of risks, etc.)
 - b. Types of benefits the beneficiary is intended to receive
 - c. Intended period/time set to receive assistance
 - d. Information on other support groups (family, neighbors, volunteers) who shall assist the beneficiary.

¹¹Please refer the definition of risk in the section "definition of key terms".

Exit: Each individual/family beneficiary shall exit from the services rendered by CCCs based on the following.

- a. When the CCCs (based on critical assessment) learn the beneficiary is self-sufficient.
- b. When the CCC encounters critical resource limitations and is unable to continue the services. The interventions may be resumed when the CCC is able to mobilize resources again.
- c. When the beneficiary leaves the *kebele* or dies.

7. Service Delivery Standards

The service delivery shall follow a relatively uniform system across all regions but with special consideration to particular circumstances in a given geographic context. CCCs shall deliver the following five service categories.

1. Cash support
2. In-kind/material support
3. Psychosocial support
4. Technical and labour support
5. Linkage and referral support

Cash Support: Cash support shall be two types:

- a) **Direct assistance:** This is support given on temporary or permanent basis for child school support, food purchase, and medical support. Individuals/households shall be the targets.
- b) **Livelihood grants:** This support is to enhance individual/household livelihood capacity through revolving funds where applicable and available.

The regional CCC council shall determine the amount of direct assistance or contributory support, which shall be subject to revision on regular basis.

The *kebele* CCC executive is responsible for the delivery of the cash support. The *woreda* finance office shall provide specific directives for cash support.

Support in-kind: This includes school materials, school uniforms, other ordinary clothing for children, household utensils, consumables and production inputs¹². Based on the level of risk the beneficiary is found to have, the frequency and longevity of the in-kind support will vary from one-time assistance to permanent provision over a long period of time. The regional CCC shall determine the amount and quality of standards for assistance in-kind, which should be relatively uniform to each *woreda* and *kebele*. These standards shall be revised on regular basis.

Psychosocial Support: Members of the community who need psychological or social support in their daily life shall be assisted by the professional/paraprofessional social workers (depending on availability of these workers at *kebele* or *woreda* levels) and other (health professionals, development specialists, spiritual leaders, etc.). Regional BoLSAs and BoWCYs shall jointly develop standard guidelines for psychosocial support in consultation with professionals and organizations specialized in this area.

Technical and labour support: CCCs shall mobilize volunteers in the *kebele* with the required technical and labour resources to provide the necessary support for the needy. For example, neighbors can organize their labour to renovate a house or harvest crops on behalf of labour-constrained families.

Linkage and referral Support: CCCs may not address all the needs of their beneficiaries. Therefore, a linkage and referral system shall be established. To assist the linkage and referral support, CCCs in each *kebele* shall develop a database of available sources of support outside of its scope of operation. The database shall be regularly updated (at least once a year). A standardized linkage and referral system shall be developed by the regional CCC in consultation with zonal and *woreda* CCC for each *kebele*-level CCC.

¹²Example includes agricultural inputs such as seeds, ploughing equipment, etc.

Each CCC should develop mechanisms to learn from other CCCs on service delivery approaches in general and on data management systems in particular. This can be facilitated by the *woreda*-level CCC.

8. Administration of Services

CCC services are divided into four categories. These are cash support, support in-kind, psychosocial support and linkage and referrals. Cash and in-kind delivery of services can be implemented in two approaches.

1. **The first approach shall be direct delivery of service to the beneficiaries.** When service recipients are adults, cash or in-kind services shall be delivered directly to the beneficiary. However, when the adult beneficiary is challenged by intellectual impairment, the head of the household or a designated individual shall receive the service for transfer to the beneficiary.
2. **The second approach shall be delivery of services to the household or institutions on behalf of the beneficiaries.** When the beneficiaries are children or adults with certain capacity limitations, household heads or institutions (such as schools, health facilities, rehabilitation centers, etc.) shall take the responsibility for receiving the services and properly administer them on behalf of the beneficiary.

Case management system: In order to facilitate the appropriate use of services (cash, in-kind, psychosocial support and/or linkage and referrals) for children or other vulnerable individuals/groups, a standard case management system shall be established. Each CCC shall handle case management through its para-social/social workers or other para-professionals volunteering to serve CCCs. A draft national case management framework exists for child protection purposes, the development of which is led by MoWCY. For support that does not involve child protection, mechanism and tools can be adapted from programmes such as the PSNP IV, which can be done by the Federal CCC coordination committee and further contextualized by regional CCCs.

Roles of CCCs in Social Protection Programmes: The CCCs have a role in implementing formal as well as non-formal social protection programmes. The specific roles of CCCs in this regard shall be:

1. Participate in government or NGO-led social protection programmes through selection and identification of beneficiaries, grievance mechanisms, and links to the social services system;
2. Encourage community participation in resource mobilization;
3. Engage in policy/programme formulation and advise government on the effectiveness of such policies and programmes (this is feasible for CCCs at regional and federal level);
4. Provide up-to-date and evidence-based feedback to various levels of government structures for planning and monitoring purposes (this is feasible for CCCs at *kebele* and *woreda* level); and
5. Present appeals to the appropriate government body through grievance mechanism to protect the rights of service users and proper graduation (exit from services)¹³.

¹³The strategy is adopted by the PSNP Phase IV to safeguard a proper entry and exit of the programme in order to avoid any negative impact on environment or society (see PSNP IV, 2014, p.6). A similar role can be played by CCCs to ensure the proper entry into and exit out of the service for clients.

9. Coordination

CCC coordination covers the topics of stakeholders, stakeholder management, and referral system and networking.

Stakeholders: Stakeholders are the source of strength for CCCs. There are two aspects of understanding stakeholders of CCCs.

- 1) The first is the internal stakeholder group, which is complex by composition and interest. The community in the *kebele* is the internal stakeholder of the CCC, out of which all functional entities (the council, committees, resource providers, volunteers, and even beneficiaries) are drawn from. This can be similar to that of membership to CCCs. Therefore, for internal stakeholders, CCCs can also interchangeably use the term members. But membership can only be limited to those households or individuals who contribute cash or in-kind donation. In this regard, the use of the term “internal stakeholder” is much preferable and gives a more encompassing meaning to the role of CCCs than “membership”.
- 2) External stakeholders of CCCs are those entities that are not members or key functionaries of CCCs with direct influence on the overall functions and operational of CCCs. External stakeholders are diverse. Some have direct influence and other have indirect influence. The government system/structure, NGOs, businesses/the private sector, mass media and the neighboring communities of that particular CCC are examples of external stakeholders.

Stakeholder Management: In order to properly understand the influence of stakeholders as well as to effectively use them for the purpose of CCCs, the following are important considerations.

1. Create a database of stakeholders by category (internal and external) and by their nature of influence to the CCC (supporter, beneficiary, influencer etc.);
2. Establish strong connection to each category of stakeholders;
3. Update the profiles of stakeholders on regular bases;
4. Recognize the contributions of stakeholders by providing certificates, awards, etc.;
5. Analyzing the responsibility, contribution, commitment and support of each stakeholder;
6. Monitor the effectiveness of the CCC in its stakeholders’ management, including the amount of resources mobilized from each stakeholder, new stakeholders added to the database, etc.
7. Establish strong relationships through communication.

Referral system and networking: As briefly mentioned under section 8, CCCs cannot address all the needs of their beneficiaries. Therefore, a viable referral system and networking have to be established. For the purpose of referral services, CCCs should:

1. Create a database of all other support organizations/groups in the *kebele* and beyond;
2. Identify each support organization by service/support type and function;
3. Establish formal agreements (MoU) when necessary to facilitate communication;
4. Develop a referral system in order to easily communicate with the support organization;
5. Create a feedback mechanism to update the status of the beneficiary referred to other organization/s for support.

Networking is beyond a referral service. It strengthens the mutual support between the CCCs and other support organizations. To strengthen networking, CCCs shall consider the following.

1. Foster transparency as a culture within the CCC structure and across stakeholders;
2. Foster democratic/participatory leadership;
3. Avoid highly structured, top-down communication and relationships;
4. Develop mutually agreed communication channel(s) through which information shall reach all concerned individuals and groups;
5. Define the purpose of networking and create clear boundaries among stakeholders’ influence on a particular CCC;

6. Avoid proxy communication with stakeholders, or donors. CCCs should have their own mandate to communicate and establish partnership with their supporters;
7. Identify role players (network bridges) from the community and encourage them to play networking roles within the community or across other stakeholders for the benefit of the CCC;
8. Develop a goal or purpose to establish networking;
9. Clearly identify the audience/target with whom networking will be established. It will be either individual persons or institutions. Studying the profiles will help to establish effective and meaningful networking; and
10. Develop a communication and networking standard/guideline which helps define purpose of networking, alternative channel of communication, responsibilities of networker, etc.

10. Resource Mobilization and Resource Management

Financial sources, ways of resource mobilization, financial management (including duties and internal control mechanism) are key considerations under this framework.

Financial Sources: Although the major resource for CCCs is financial, there is also a possibility of mobilizing other types of resources such as food grains, material, labour and expertise. All these are resources required by CCCs at various levels to achieve their goals and functions. Each resource needs to be mobilized in a systematic and sustainable manner. Each resource mobilization should be guided by a standard (guideline) appropriate to each type of resource and by each CCC level. Mobilized resources also need to be managed properly in order to be utilized for the intended purpose.

For financial resources, CCCs should have a financial management guide to properly use the available finances. Similarly, for the human resources (skills), CCCs should have human resources management guide. And for resources solicited in-kind, a goods and items management guide should be established. If these systems are in place, resources will not only be mobilized but also properly managed and utilized. Sources of financial and other forms of resources for CCCs include the following.

1. **Community members:** Community members are the primary sources of financial and other types of resources for CCCs to adequately provide support to their beneficiaries.
2. **Partners:** This could be both private/business, faith-based and NGOs who appreciate the work of CCCs and willing to support their end goals.

The following shall be key considerations for CCCs' resource mobilization:

1. Community care coalitions should develop ways to mobilize their own resources to avoid becoming wholly reliant on external grants and actors.
2. NGOs and other development partners should give priority to CCCs as their partners at the grassroot level so as to broaden the resource base of CCCs and to avoid duplication of efforts and misuse of scarce resources.
3. A proper resource mapping: Asset mapping should be conducted on regular basis to create a database of available resources in the community for future potential utilization.
4. Everyone possesses resources in one way or another. This value and principle should be instilled among community members to promote the "asset-based community" (the inside-out) development.
5. For CCCs' initiatives, matching funds or leveraging is required and government and external donors should be alert to support CCCs, once the efforts by such CCCs are appraised and evaluated.
6. To ensure continual functionality of CCCs, permanent employees at *kebele* and *woreda* levels, notably community service workers and/or social workers should be fitted into the government employment structure.

Financial Management: Financial management is equally important as mobilizing the finance. Therefore, CCCs should consider the following with regard to their financial management:

1. As part of a financial management element, CCCs should have legal status to manage their finances, including ownership of bank account and related transactions. Interest from bank or loan should be a direct income to CCCs not to other financial institutions including regional financial institutions.
2. Financial resources of the *kebele* level CCC should be managed by joint signatory system with signatories selected from the *kebele*, and the *kebele* level CCC executive committee members.
3. Volunteers' time and expertise should be constantly interpreted into monetary terms (based on local market value) and registered separately. This helps to understand the total resources mobilized and utilized in monetary terms. Similar estimation should be made for resources mobilized in kind.

4. Adequate working space (office, storage, meeting places, etc.) for CCCs should be made available from the local public/government facilities. However, individuals, NGOs, other community structures and others shall provide working spaces whenever there is a shortage of public facilities.
5. Internal auditing for *kebele*-level CCCs shall be conducted by the *kebele* finance office. Outcomes of the internal auditing will be reported to the *kebele* administration.
6. Annual auditing will be carried out by *woreda* Finance and Economic Cooperative Office, which is external to the *kebele* CCC system. Outcomes of the external auditing shall be reported to the CCCs council.

11. Beneficiary Data Management

Beneficiary data management refers to the type of data collected/stored, data storage and management, and issues of privacy/confidentiality.

Beneficiary data type: The most common data to be collected from all types of beneficiaries include the following:

1. **Basic socio-economic profiles:** name, age, gender, family situation (in case of households as beneficiaries), marital status (in case of adults), source of income, educational status, living arrangements, residence (rural/urban including specific addresses), etc.
2. **Types of beneficiary needs for intervention:** These include legal, financial, material, psychosocial, health, education, linkage/networking supports. These have to be specified in detail.
3. **Types of beneficiary assets/strengths:** Potential capacities/assets the beneficiary possesses that will be used as inputs for intervention.
4. **Types of vulnerability:** Describe the types and severity of vulnerability, magnitude (individual or family level), duration of vulnerability, coping mechanisms so far by beneficiaries (if any).
5. **Recommended/suggested ways of intervention/plan:** As suggested by the beneficiary or household members, experts or opinions of others. This has to be proposed in detail including timing, resources needed and sources where the resources will be solicited.
6. **Data update system:** Mechanisms of documenting all the changes that occur in the beneficiary's life in the due course of the intervention is to be documented.

Data storage and management: Beneficiary data need maximum care to store and proper data management should be put in place. The following are considerations for beneficiary data storage and management:

1. A very basic paper-based system consisting of simple forms and files should constitute the beneficiary data management system. Whenever possible, computerized data storage systems should be established.
2. Only authorized individuals should have access to beneficiary data. And when beneficiary data is needed for public/open communication and discussion, confidentiality/anonymity is required and only the required information is revealed without basic personal identifiers.
3. CCC executive members need to have sufficient knowledge of beneficiary data management.
4. As applicable to every case based on the sensitivity and consent of the client, confidentiality should be maintained for all information.

Beneficiary information documentation (data storage), data management and reporting should consider the following.

1. Documentation should be complete and legible.
2. Includes dates, label and narratives of information.
3. Includes author of the document/information (include signature and name).
4. Computerize, whenever possible and necessary, and store in a safe manner to avoid misuses and loss of data.
5. If documentation is on the progress of activities, provide sections in the documentation in ascending order from the first phase of documentation to the recent, by putting numbering or lettering marks (e.g. document 1, 2, 3 or document a, b, c, etc.).
6. No unauthorized access to information.
7. Computerized documentation shall be protected appropriately.

Similarly, beneficiary data management and reporting should consider the following.

1. Use standard format developed by the CCC or supplied by the party using the report (for example, government or NGO that provide funding).
2. Report only on information needed.
3. Make the necessary precaution not to disclose the privacy of individuals without their

consent (example cases of domestic violence or abuse).

4. Always maintain copy of the report in the CCC file.
5. Use only the most appropriate channel for sending the report (e.g. print, electronic).
6. Label each report with the necessary identifiers such as date, period of report, authorized person to compile the report, and authorized entity to receive.
7. Always accommodate feedback from the recipient and annex amendments as part of the original report. Do not erase and change original reports for the sake of including comments/feedback.
8. Keep track of reporting period. Delays in reporting jeopardize relationships and resource flow from stakeholders (government, NGOs and even community members).

12. Monitoring and Evaluation

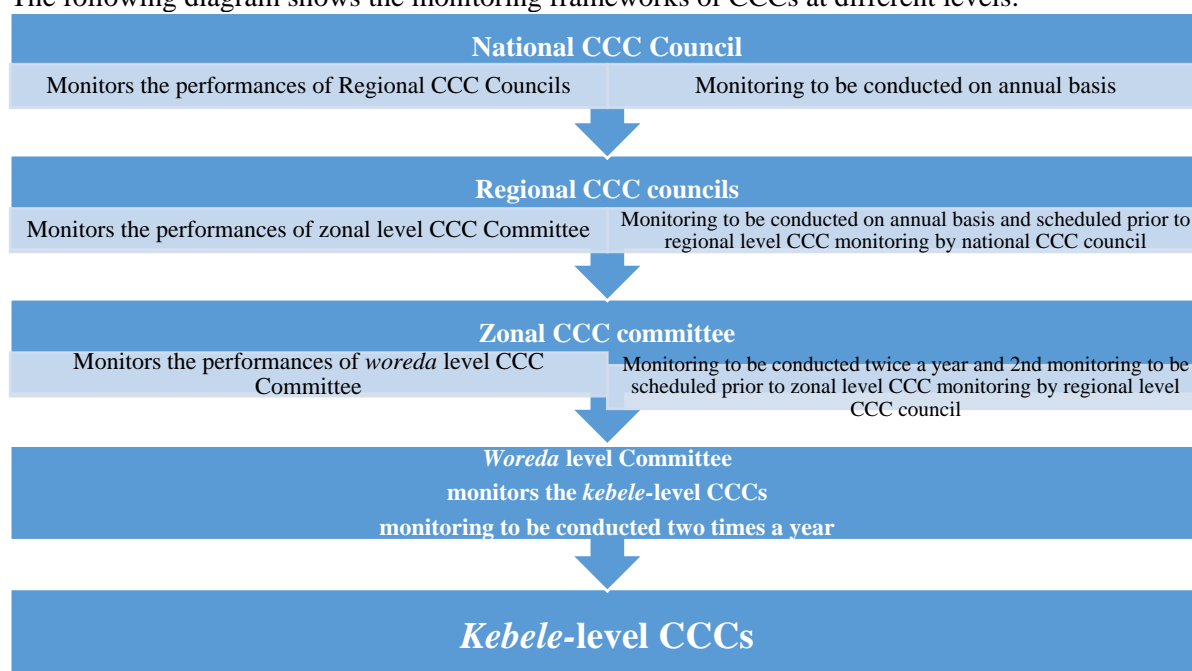
CCCs at different levels should carry out internal monitoring. For example, monitoring of *kebele* level CCCs shall be conducted by the *kebele* CCC and *kebele* administration jointly. Only the *woreda* taskforce provides quarterly supervision and consultation with the CCCs. In addition, external evaluation is conducted by an external agent parallel to the *kebele* CCC or higher in terms of structure.

Monitoring: Establish a way to routinely follow up on activities so that the results of CCCs' work can be seen over time. It is important to have a simple monitoring system so that CCC can track how many vulnerable people are being reached and the amount of time, effort and resources they are using to do this. By comparing results against plans, CCCs can track their progress and (where necessary) use lessons learned from their experience to adapt future activities. Strong monitoring is also an important way to ensure accountability. It allows CCCs to share their work and report to others, including the community, *kebele* administration and *woreda* CCC taskforce. The key is to keep monitoring data simple and user-friendly; ensure that it is not time-consuming to collect and that it can be used to improve the situation of vulnerable people.

Community care coalition with strong monitoring systems should apply the following:

1. Develop simple, user-friendly indicators to measure progress from the start of their activities;
2. Develop simple monitoring tools and collect consistent information on a regular basis (preferably every three months);
3. Use collected data to tailor future plans and activities;
4. Involve members, beneficiaries and other community stakeholders in measuring progress and performance;
5. Develop efficient filing and record keeping to ensure monitoring results are stored securely and that sensitive information remains confidential;
6. Document and disseminate lessons learned;
7. Report back on activities, progress and results to wider stakeholders (i.e., *kebele* CCC council, beneficiaries, *kebele* administration, *woreda* CCC taskforce, etc.).

The following diagram shows the monitoring frameworks of CCCs at different levels:



Evaluation: Evaluations of CCCs and their activities should also be conducted at appropriate intervals, for example at the end of specific interventions (such as loan schemes or cash transfer initiatives), or every four or five years to assess progress and effects/impact. Evaluations of CCCs can be conducted at the regional level, commissioned by the regional CCC coordinating body. The evaluation has to be independent. The Federal level CCC coordinating body can also commission multi-region CCC evaluations as needed.

Timely feedback on the evaluation and consultation with stakeholders on results are part of the evaluation process to be held on regular basis. Such timely feedback and consultation strengthen the work of CCCs at various levels. It also strengthens transparency, and trustworthiness of the CCCs by its members and the wider stakeholders.

Mechanisms should be developed by each CCC to seek lessons from other CCCs on monitoring and evaluation experiences. This task can be facilitated by the *woreda* level CCC.