



**INDRA GANDHI NATIONAL OPEN UNIVERSITY
SCHOOL OF GRADUATE STUDIE**

**ASSESSMENT OF THE CAPACITY OF COMMUNITY BASED
ORGANIZATIONS ENGAGED IN HIV/AIDS PREVENTION
INTERVENTION WITH PARTICULAR EMPHASIS TO SOME
SELECTED IDDIRS IN ARADA SUB CITY,
ADDIS ABABA, ETHIOPIA**

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*Assessment of the Capacity of Community Based Organizations Engaged in
HIV/AIDS Prevention Intervention with Particular Emphasis to Some Selected Iddirs in
Arada Sub City, Addis Ababa, Ethiopia*

MSW Dissertation Project Research

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**MSW Dissertation Project Research Submitted to School of Social Work of the Indira
Gandhi National Open University, in Partial Fulfillment of the Requirements for Degree of
Masters of Art in Social Work**

DECLARATION

I hereby certify that the dissertation entitled: ASSESSMENT OF THE CAPACITY OF COMMUNITY BASED ORGANIZATIONS ENGAGED IN HIV/AIDS PREVENTION INTERVENTION WITH PARTICULAR EMPHASIS TO SOME SELECTED IDDIRS IN ARADA SUB CITY, ADDIS ABABA, ETHIOPIA Submitted by me for the partial fulfillment of the Masters of Art in Social Work (MSW) to Indira Gandhi National Open University (IGNOU) New Delhi is my own original work and has not been submitted earlier to IGNOU or to any other institution for the fulfillment of the requirement of any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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CERTIFICATE

This is to certify that Miss YODITH YIMENU student of NSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for her Project Work for the Course **MSWP-001**. Her Project Work entitled: ASSESSMENT OF THE CAPACITY OF COMMUNITY BASED ORGANIZATIONS ENGAGED IN HIV/AIDS PREVENTION INTERVENTION WITH PARTICULAR EMPHASIS TO SOME SELECTED IDDIRS IN ARADA SUB CITY, ADDIS ABABA, ETHIOPIA: which he is submitting, is her genuine and original work.

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Abstract

The effects of HIV/AIDS are complex and far reaching. According to the six national report of MOH (MOH, 2006) this impact is revealed on the national economy, health service, population growth, average life expectancy and teaching learning process. HIV/AIDS requires holistic and integrated response from the government, bilateral and multilateral organizations, indigenous and foreign NGOs, community and faith based organizations and the private sector.

Community Based Organizations like Iddirs emanate from the community and hence they are entry points to community mobilization against the spread of HIV/AIDS and its impact. Studies showed that CBOs should have the resources, capacities and skills to provide various social services including HIV/AIDS prevention and service delivery to orphans and people affected and infected by HIV/AIDS (Shiferaw, 2010). To build the capacities of Iddirs, their status has to be assessed and capacity building plan has to be developed. The assessment by itself is to enable Iddirs themselves to identify capacity areas that they feel need to be strengthened in order to improve their effectiveness and sustainability as their set purpose.

This research tried to assess the Capacity of Iddirs that are engaged in HIV/AIDS prevention and intervention in some selected Iddirs in Arada Sub City of Addis Ababa City Administration using a capacity assessment tool called Community Capacity Barometer (CCB) which is adopted from a standard rating scale called Organizational Capacity Assessment (OCA). It is adopted and revised assessment tools to measure organizational and technical capacity of local community structure.

The overall result of the assessment report showed that, the capacity of Iddirs found in Arada who have been engaged in HIV/AIDS interventions, are not in a position to confidently say that,

their agencies are successfully enhance the social functioning of disadvantaged groups for which they planned to address and hence need capacity development support.

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List of Acronyms

- ❖ AIDS..... Acquired Immuno Deficiency Syndrome
- ❖ CBO..... Community Based Organizations
- ❖ CCB Community Capacity Barometer
- ❖ CPAs Core Program Areas
- ❖ CSO..... Charities and Societies Organizations
- ❖ CSO Civil Society Organizations
- ❖ CSP..... Capacity Strengthening Plan
- ❖ DELTA Development, Education, Leadership and Training for Action
- ❖ FDRE..... Federal Democratic Republic of Ethiopia
- ❖ FGD Focused Group Discussion
- ❖ HAPCO..... HIV/AIDS Prevention and Controlling Office
- ❖ HIV..... Human Immuno Virus
- ❖ MOH Ministry of Health
- ❖ NGO Non-Governmental Organization
- ❖ OCA Organizational Capacity Assessment
- ❖ PLWHA People living with HIV/AIDS
- ❖ SDPRP Sustainable Development and Poverty Reduction Program
- ❖ SIDA..... Swedish International Development Agency
- ❖ UNAIDS..... United Nations Joint Programme on AIDS
- ❖ USAID..... United States Agency for International Development
- ❖ VCT Voluntary Counselling and Testing

Local Terms

- ❖ Iddir - A form of indigenous voluntary association meant for burial, mourning activities as well as related social security activities.
- ❖ Iqub - A kind of traditional Rotating Savings and Credit Association (ROSCA), found in Ethiopia.
- ❖ Kebele- Smallest local administrative unit in the Ethiopian urban structure of
- ❖ Kifle-ketema - Sub-city unit, according to the recent urban re-structuring of Addis Ababa
- ❖ Sefer- Small village or villages
- ❖ Wereda - Local administrative unit larger than Kebele
- ❖ Ye-Iddir Dagna- Chairperson of Iddir
- ❖ Ye-Iddir Tehafy- Secretary of Iddir
- ❖ Ye-Iddir Sebsaby- Person in charge of chairing the activities of Iddir
- ❖ Ye-Iddir Genzeb-yaszh - Cashier of Iddir

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CHAPTER ONE

1. Introduction

1.1 Background

Community Based Organizations (CBOs) are grass root organizations generally formed by the local people and run by their members. In the User's Manual for Charities and Societies Low published by the task force for the Enabling Environment for Civil Society in Ethiopia, 2011, the Federal Government of Ethiopian identifies CBOs as a component of Civil Society Organizations (CSO). Amongst other types of civil society organizations, CBOs are the most influential organizations involved in social welfare activities in the Ethiopia.

Ethiopia has a strong culture of informal financial and social systems that are used to help communities through provision of financial, emotional, and other types of supports. These informal financial and social systems consists various associations and groups. The most and widely known associations include 'Equb' and 'Iddir'. Equb serves as a kind of rotating credit and saving associations. Iddir is a traditional community-based insurance scheme in which members make regular contribution for the association. The money collected usually serves to provide financial support during death crisis (Anteneh, et-al009). It is mainly a burial association for performing funeral ceremonies, coordinating collective way of paying condolences, and also for providing financial and labor assistance for the families of the deceased.

Most Iddirs are autonomous and self-sufficient. They operate independently and use the financial contribution of its members for running the regular management activities and accomplish the establishment objectives. They have written bylaws, monthly monetary contributions and regular meetings.

Although many Iddirs restrict their role merely to funeral insurances, others engage in HIV prevention activities and provide community based orphan support and social support for those who are infected and affected by HIV/AIDS. Ephrem Shiferaw on his research on “the Role of Community Based Organizations for Social Development” noted that, some Iddirs developed strong collaboration with governmental and nongovernmental organizations in order to intervene in various social problems. They have thus moved from original role as community insurance to provider of various social services. They are entry points to community mobilization against the spread of HIV/AIDS and its impact (Shiferaw, 2010).

The objective of community based orphan support and HIV prevention service is to improve the quality of life and survival of orphans and vulnerable children (OVCs) and HIV affected and infected families through the active involvement of the Iddir and wider community. An assessment report on Comprehensive Community Based Care and Support Program done by Merry Joy and ISAPSO in collaboration with Iddirs in Arada Sub city revealed that when compared with the baseline survey, the home based care and support done by Iddir members and volunteers addressed the medical, emotional, spiritual, psychological, social and material needs of people living with HIV/AIDS (PLWHA), OVCs and their families based on their needs and the resource available. Moreover, community based HIV/AIDS prevention programs such as education and discussion between partner/spouse/opposite sex and family members strengthened knowledge, attitude and practice of the target community. The program also promoted a significant difference in Voluntary Counselling and Testing (VCT)-uptake and condom use is observed and significant change in the reduction of misconception about method of HIV transmission and stigma among adults and youth.

Studies showed that community Based Organizations should have the resources, capacities and skills to provide various social services for their members and the wider community. The available community resources should be mobilized in order to promote further development activities in communities. Community based organizations deliver services effectively when they possess various capacities (resources). Therefore, assessing the capacities of the organization is the primary purpose of the study. Investigating about their capacities can be an input for the organizations to take the necessary measures in order to build their capacities and deliver their services as intended in due time. Generally, creating an enabling institutional environment and building the capacity of Iddirs in any social services and development endeavor is a key for effective participation of the community in general and ensuring sustainable development in particular.

Therefore, the purpose of the study is to assess the capacity of Iddirs, that are engaged in HIV/AIDS prevention and orphan Support. The study helps to identify capacity gaps and inform the concerned parties such as policy makers and other stakeholders so as to build the capacity of 'Iddirs'.

1.2 Statement of the problem

Ethiopia is one of the poorest countries in Sub-Saharan Africa both in terms of per capita income and social development parameters (FDRE, 1998). According to official statistics, about 33 percent of the populations live below the poverty line of one dollar/day. In addition to poverty, Ethiopia has been facing various social problems, of which HIV/AIDS being one of the major treats. HIV/AIDS has been the greatest challenges to the Ethiopian population, and it remained among the major causes of deaths of adults over the past two decades. Currently, it is estimates

that more than one million people live with HIV in Ethiopia of whom nearly 290,000 need Anti-Retroviral Therapy/Treatment (UNAIDS, 2008). This huge number and accompanied by Ethiopia's socio-economic status makes the problem of HIV/AIDS severe.

In 2002, the Government of Ethiopia launched Sustainable Development and Poverty Reduction Program (SDPRP). An operating principle of the SDPRP anticipates the importance of relationship between state and society towards promoting and strengthening partnerships between government and other development actors. Among the four pillars of SDPRP, capacity building of the public, private sector and civil society organizations are identified as some of the area of emphasis. According to HAPCO 2003 report, it was acknowledged that there exist technical, human and financial capacity building needs among civil society organizations and community based organizations operating in the country (HAPCO, 2003).

CBOs particularly Iddirs have the potential to play a crucial role in HIV/AIDS prevention and service delivery to orphans and people affected and infected by HIV/AIDS if equipped both with skill and capacity (human, technical and financial). Under-pinning this rationale, however, is the recognition that Iddirs though engaged in diverse community development activities; they are not systematic and fully equipped. The evaluation report of Comprehensive Community Based Care and Support Program that was undertaken by Merry Joy and ISAPSO in collaboration Iddirs Arada Sub city mentioned coming across with a problem in the capacity building of CBOs. It identified that capacity building effort of CBOs is at its infancy stage with disorganized manner. The report in addition disclosed that there is a good start in giving training named "Development, Education, Leadership and Training for Action (DELTA) for Idir members and due to this some IDIRS have changed their bylaws to focus on development issue mainly solving the problem of HIV/AIDS rehabilitation program. It also reported that the organization of IDIRS even at kebele

level is disorganized and is at a level of its lowest stage, limited experience in identifying and using local resource mobilization and relatively weak governance wise. Hence they are disparate in terms of specific development concept, and capacity building needs on areas of resource mobilization, networking and partnership, planning, implementation, monitoring, and reporting. In order for them to play more effective role, significant investments shall be required to build their capacity.

Although there are some studies conducted focusing on the roles of Iddirs in HIV/AIDS prevention and provision of supports for those who are affected by the problem, no adequate study is found conducted to assess the overall capacity of Iddirs that help them to engage in community development in general and HIV/AIDS prevention and intervention programs in particular. Therefore, this study is found to be a steppingstone to assess the capacity of Iddirs and recommend all the possible strategies to build their capacity so as to make them to be successful participant in development activities.

1.3 Objectives

1.3.1 General Objective

The primary objective of this study is to assess the Capacity of Community Based Organizations (CBOs) namely Iddirs which are engaged in HIV/AIDS prevention and intervention in some selected Iddirs in Arada Sub City of Addis Ababa City Administration.

1.3.2 Specific Objectives

- To identify competencies, skills and financial capabilities of Iddirs to render various needs (health, psychosocial, referral e.t.c) of orphans and people affected and infected by HIV/AIDS,

- To identify capacity and skills of Iddirs to plan, implement, monitor and report achievement of their engagement in HIV/AIDS prevention endeavor
- To describe strategies and structures of Iddirs that guides the overall governance and their activities,
- To analyze the capacity of Iddirs to establish and sustain linkages and partnerships with other development actors in order to engage in community development activities particularly on HIV/AIDS prevention,
- To identify capacity building priorities of Iddirs for effective HIV/AIDS prevention intervention

1.3.3 Research Questions

To effectively analyze the main issues raised in the specific objectives of the study the following research questions are identified and dealt throughout the study:-

- *What technical competency, financial and human resources the management of the Iddirs possess in order to undertake HIV/AIDS prevention intervention that is undertaken by the CBOs to meaningfully address the needs of the community affected and infected by HIV/AIDS?*
- *What are the governance structures, systems and procedures for human resource management, financial management, and planning and implementation system the Iddirs have?*
- *What strategies do they have on resource mobilization, community mobilization, participation and involvement?*

- *What are the systems and strategies in place for the Iddirs for networking, communication and collaboration?*
- *What capacity building needs are priority needs for effective engagement of Iddirs in HIV/AIDS prevention intervention*

1.4 Operationalization of Concepts

1. Capacity Building:

Efforts to strengthen abilities of employees, organizations and institutions to either singly or in cooperation with others, to perform appropriate tasks and meet their stated purpose (Alliance, 2006 P. 6).

2. Technical Capacity

Existence of appropriate competencies (knowledge, skills, attitudes), tools/frameworks, mechanisms and processes for meeting the needs and aspirations of the organization in various Core Program Areas (CPAs) (Alliance, 2006 P. 9)

3. Organizational Capacity

Existence of systems, strategies, structures and culture in organizations for effective and sustainable organizational functioning and performance (Alliance, 2006 P. 12)

4. Institutional Capacity:-Ability of organizations to effectively establish, maintain and sustain linkages, cooperation and partnerships with other development actors and respond appropriately to their operating environment. (Alliance, 2006 P. 19)

5. Assessment: is the routine process of data collection and measurement of progress toward program objectives (Alliance, 2006 P. 5)

CHAPTER TWO

2. *Review of Related literature*

Concepts of Organizational Capacity Assessment and Capacity Development

Recently, capacity building for NGOs, CBOs and institutions, has gathered growing recognition from policy makers, grant making bodies and international development agencies. This rests on the principle that investing in the human and social capital of marginalized individuals and groups enables them to develop the capacities needed to thrive and to play an autonomous role in developing and renewing their communities (Bentley et. al. 2003 P.33).

While building capacity gathered momentum, different concepts and practices have evolved in capacity building and development. Morgan (1998) describes the concept of capacity building and development progress as incremental process which passed through different approaches; from institution-building approach in the 1950s to human resource development approach in the 1970s and 1980s, to the capacity development/knowledge networks in 2000s. Therefore, it is possible to argue that capacity building remain a concept characterized by vagueness and generality.

Some of the definitions explained below offers some highlights about the essence of organizational capacity found in the recent literature and provide a fair representation of how organizational capacity is currently being addressed.

(Morgan 1998, P.3), defines capacity as the:-

“organizational and technical abilities, relationships and values that enable countries, organizations, groups and individuals at any level of society to carry out functions and achieve their development objectives over time.”

According to Cohen (1993:26),

“capacity building seeks to strengthen target human resources (managerial, professional and technical), in particular institutions and provide those institutions with the means where by these resources can be marshaled and sustained effectively to perform planning, policy formulation, and implementation tasks throughout the organizations’ priority topics.”

For Morgan (1998 P. 4-6), the core of capacity building is wider and more holistic: there is a close relationship between human resource development and capacity development; there is an evolving relationship between training and capacity development; effective capacity development requires sustained attention over a longer period of time; it is an attempt to move beyond administrative techniques and beyond projects, and capacity development attempt to accelerate interaction between organizations and their environment. In this sense, capacity development becomes a more complex concept than that of inputs, which is the concept most widely spread in the donor communities. It refers to the approaches, strategies and methodologies used by national actors and/or outside interveners to help organizational and/or systems improve their performance.

Aspects of Capacity Development

The above definitions share three aspects, centered on the understanding that capacity-building efforts need to be considered from a system perspective that recognizes the dynamics and

connections among various actors and issues at the different levels, as part of a broader unit rather than as loosely connected factors; and possible to deduce the following important points:-

- ❖ The importance of understanding that the context in which capacity-building efforts takes place
- ❖ The capacity building encompasses a hierarchy of levels (individuals, organizational, network/sectoral and overall enabling environment); and
- ❖ That to be successful, capacity-building efforts must respond to the relationship among these levels, all of which are systematically interlinked.

Rational for Organizational Capacity Development

Experienced, competent and well-functioning organization and institutions are key to poverty reduction through social and economic development. This conviction is widely shared by the governments, donor groups and organizations in the civil society, all over the world. But, while increasing investments are made in the rich countries in development of knowledge and of competence there is no equivalent in the poor countries. This situation calls for renewed efforts to increase support to capacity development as combined efforts to support the development of knowledge, competence and well-functioning organizations and institutions (SIDA, 2000).

To this effect Levine (Levine 2001, p.11) describes that, community groups (CBOs), NGOs and other civil society organizations are at the forefront of efforts to tackle poverty, ill health, environmental degradation, social injustice as well as mitigate the effects of conflict and humanitarian disasters. This places huge pressures on these over stretched and under-resourced organizations, which threatens their operational effectiveness and organizational viability. As a

result governments and donors have to recognize the need to invest in building capacity of such organizations.

As substantial amount of foreign aids are channeled to CBOS through NGOs; slice of the incoming aids must be tailored to existing capacity to ensure effectiveness and to avoid distortions. The size, scope and modality of foreign aids are constantly influencing CBOs and NGOs capacity and prospects for capacity development. Assessing CBOs and their capacity is thus a central element of preparing and implementing any kind of support. It may also support interlinked decisions on strategic and operational choices about overall levels focus areas, operational modalities and timing of aid and decisions about if and how development partners can support capacity development processes of partners.

Organizational Capacity Assessment: A Base for Capacity Development

A study conducted by European commission (EC, 2005 P. 71), indicated that, the traditional instruments used by development partners for capacity building and development like – equipment donation, technical assistance, training and knowledge transfer - have had a very mixed records of success. Sometimes the instruments are the problem (they may be wrong answer, based on poor diagnosis of needs and options). Sometimes the problem is the way in which the instruments are used (supply driven development partners rather than driven by sufficient domestic demands). Finally, it is sometimes the broader circumstances that are not conducive for capacity development (the instruments at donor's disposal are simply not relevant to the situation at hand).

In many cases outsiders have a limited understanding of and feeling for what is going on inside a given organizations. In particular, it is much easier to identify poor performance than the causes for this poor performance and the remedies to enhance it. Capacity assessment made by the

outsiders risks judgments made based on superficial observations of what an organization doesn't do or don't have. Such assessment are just like observing that a person has fainted because the person doesn't walk or doesn't talk etc. – by observing what the person is not doing. It is much more difficult – but of course also more important- to diagnose the cause leading to fainting and prescribe the right cure which will allow the person to recover and to avoid future fainting (Levine, 2001 P.22).

Usually in capacity assessment, the system approach has provided valuable frame work for capacity assessment. Any organization is viewed as a system consisting of interacting and interdependent elements embedded in the context from which the organization obtain inputs or resources, uses the input to organize production processes and produce out puts. Organizational survival and growth depend on adopting to and influencing the changing environment, as well as on producing out puts that are valued by external stake holders – which again enables the organization to obtain resources from a government, donor agencies or any other sources (SIDA, 2000 P.93).

Dimensions of Capacity Assessment

Technical Competencies

CBOs that design and implement projects with diverse nature need to have technical competence to ensure that programmes and projects are planned and carried out with an agreed strategy. This leads to an idea for specific action, orientation towards achieving a set of objectives, which then is formulated, implemented and evaluated with a view to improve the strategy and further action (EC, 2002 P. 89).

The existing staffs within the CBO need to have appropriate technical knowledge and skill to deliver service and support to their beneficiaries. Their initiatives and activities need to be reflected and go consistently with the overall strategy and plan of the organization. Each organization need to have technically competent staffs who have been carrying out the role or function assigned for him/her and should be able to demonstrate that he/she is meeting his/her responsibilities successful. And organizations need to have the appropriate capacity to measure these successes and reshape their future endeavors accordingly (DFID, 2010 P.52).

Capacity-building is not just about enabling CBOs to do something, but help them to be able to do it to the best of their abilities. As such, it is an ongoing and often lengthy and challenging process. Capacity-building must be linked to capacity utilization. Training workshops are just one form of technical support. Supporting organizations and donors also need to use other methods such as mentoring, to help CBO translate their new skills into action. This is particularly true when working with emerging groups or when addressing marginalized communities about sensitive issues (Alliance 2004 P. 19).

Organizational capacity starts from the CBOs first contact with a potential community, particularly if they use participatory tools to explore local needs. This helps mobilize interest, and build the community's ownership of initiatives, and break down any sense of 'us and them'. CBOs need to have the ability to sit down with partners, and target community for joint plan, implementation, monitoring and evaluation and reporting and dissemination. This helps them to ensure that CBOs can have a proactive rather than a reactive approach. This will help the development of empowered, sound, mature organization that have the capacity to manage changes in the ups and downs (DFID, 2010 P.58).

The capacity to monitor program and projects by regular process of data collection and measurement of progress towards program/project objectives and use of research methods to systematically investigate and evaluate program's effectiveness is key to CBOs that are engaged in designing and implementing different types of programmes and projects.

According to European Commission study on Institutional Assessment and Capacity Development (2005 P.85), CBOs need to have a comprehensive monitoring, evaluation and reporting framework in place. Baseline data has to be rigorously collected, organized and explained. Input, process, out puts and quality data need to be organized and analyzed. Outcome and impact of the project/program have to be studied and necessary adjustment need to be taken. It is required by organizations to have the capacity of finding practical ways of learning from tasks, re-packaging and sharing experiences, results and lessons about their program/project work.

Monitoring, evaluation, reporting and documentation work doesn't just happen; instead, it requires capacity building and appropriate resources. It enables partners to see what is or is not working and so replicate success and avoids mistakes. This can contribute to informed decisions about programme planning and resource allocation. Effectiveness in this process would create the capacity for good practice where continues and empowering process of information exchange between the organization and its partners, stakeholders and specific peer intermediary organizations. The process focuses on learning and sharing appropriate lessons, identifying and transferring relevant skills, tracking and reporting on progress, promoting positive change in policy and building and maintaining support for relevant approaches and resources (Alliance, 2004 P.23).

Governance and Structure

Many of the CBOS failed to realize their mission because of their weak governance structure, system and as well as lack of emphasis for human resource development (USAID 2006, P.29). Governance and structure covers the issues such as whether or not the organization is legally constituted and recognized. This is more than issue with small NGOs or community based organizations than is with governmental organizations or larger non-governmental organizations. The governance structure of an organization refers to those people and structures whose task is to set the overall strategic direction and purpose of the organization, as opposed to managerial decisions like purchasing, hiring and work planning. This capacity area also covers whether the governance structure of the organization facilitate or impedes the accomplishment of performance goals or not. Organizations with strong capacity in this area have an organizational vision, mission and governance structure that guides management practice. This management practice, in turn facilitates successful programme and project outcomes (USAID, 2006 P. 32).

Management System

CBOs need to have capacity in areas of management system and practices, human resource development, financial management, gender analysis and planning. This is important for team work, delegation of authority, internal operations and autonomy, topics much to do with the day to day functioning of the organization. Capacities for staff development, deployment, recruitment, and compensation, performance appraisal, creating opportunities for advancement, grievance and conflict management processes, administrative personnel practices, supervision, allocation of tasks and other related areas have tremendous values for organizational existence and further prosperity. Organization with strong capacities in human resource management constantly offers staff

training, exposure visit and other related schemes, which contributes to the achievement of the organization's priorities; provide opportunities for staff growth and development and proactively address the issues of staff turnover (USAID, 2006 P. 41).

Financial Management

Organizations must have the capacity to manage its finances such as resource generation, the availability of funds for planned activities, the status of financial management, accounting system, accuracy of financial data and its budgeting. Organizations with strong capacities in these areas regularly use established procedures to maintain revenue and expense in balance make accurate financial projections, include effective contingency measures that prevent operational disruptions, modify expenditures on a timely basis to account for revenue short falls and disburse and account for funds in a timely manner (Frontiers in Reproductive Health, 2008 P.6).

According to the same author, NGOs are required to build their capacity for financial sustainability, a state in which institutions have a reasonable expectation of covering its costs for the foreseeable future through a combination of donor funding and locally generated income.

Participation and Resource Mobilization Capacity

Resource mobilization is not just about money and fund raising. It is equally important to mobilize local assets such as political will, and to explore other means of gaining funds, such as cost-sharing schemes and charging for provision of service to other equivalent sectors. Resource mobilization is an active, two way relationship, rather than passive process of waiting for "others" to come to "us". CBOs need to support their resource mobilization plan (outlining what they want the resource for, when and how much) by actively scanning the funding environment and getting to know donors. Besides these CBOs need to balance resource mobilization opportunities with

their organizational vision and plan for sustainability. In this fast paced world they need to maximize their potential for resource mobilization, and they need to identify their competitive advantages and market themselves aggressively (Alliance 2004).

Besides the resource mobilization, CBOs requires the capacity for genuine participation to raise the awareness of the poor of their own situation, of socio-economic realities around them, their real problems, the cause of these problems and what measures they themselves can take to begin changing their situation (Abera, 2006 P. 27).

IFAD (1999 P. 72) also supported the above idea by stating that “the ultimate goal of participation is to raise the people’s awareness of their social and economic rights and duties, as a way of moving them from a state of dependence towards greater self-reliance and to enable them to assume an independent role in decision making.”

Participation requires immense capacity from NGOs to harness the existing physical, economic and social resources of the people in order to achieve the objectives of development programmes and projects and enable them to play an active and increasing role in development activities (Okley et. al. 1991 P. 43).

According to the same source, development programmes and projects by NGOs cannot be successful without the participation of the target population. As extremely useful function for development projects, NGOs need to mobilize and participate the population for efficiency (it helps to use resource available to development project more efficiently thus reduce time and energy), effectiveness (it can make projects more effective as instrument of community development and ensure successful completion of objectives), self-reliance (it helps people break the mentality of dependence, promote self-awareness and confidence), coverage (it will bring

more potential beneficiaries with direct influence of development activities), sustainability (ensure that local people maintain the project more dynamic – maintenance of an acceptable flow of benefits from the project after its completion).

This requires the Iddirs to have sound competencies and experience to mobilize, participate and involve the communities in development projects aimed at improving their life from the beginning to the end.

In order to enhance the participation of community members effectively; organizations need to catalyze, assess and organize community members to work on development programmes and projects designed for them and to effectively enable them to participate on different activities, which includes decision making (Alliance, 2004).

Networking and Collaboration

The capacity of CBOs must build for effective networking and collaboration and they need to have the strategy in place which can help them to do so. They have to create a good working relationship with partner NGOs, governments, donor groups, media and private sector. They need to create, or be part of, forums for sharing lessons and experiences. CBOs need to adopt their advocacy, communication and networking methods to the subjects, target and context. In a conservative environment, for example, advocacy based on dialogue and smooth partnership building, is likely to be more effective than aggressive demands and confrontation (IPPF, 1995 P. 13).

CBOs ability to build strong partnership with NGOs, government, churches, business and the media helps them to shape the context they are striving to change. The impact of the program and project work is also limited by the number of people that NGO program and project reach.

This number can be increased by leveraging the involvement of other institutions like schools, religious centers, kebeles and other social institutions, which have direct and regular contact and access to large population. For long term sustainability, to have access to people and places, to secure helping hand, for sharing knowledge, draw practical support and political willingness; CBOs must build effective partnership, networking and communication with other institution and they have to enhance their capacity to do so (IPPF,1995 P.21).

CHAPTER THREE

3.1 Research Design and Methodology

3.1.1 Research Design

- *Area of the Study*

The *Arada* sub-city occupies a total area of 9.54 square kilo meters with a total population of 297,942. Currently, the sub-city has a total of 10 *Woredas*. On average and by sub-city level, *Lideta* has the highest value of density with 391 persons per hectare, followed by *Addis Ketema* and *Arada* with 312 and 237 persons per hectare respectively (FEDBPACSP; 2010:9). There are more than 2000 Iddirs legally registered by the Addis Ababa Municipality out of which more than 230 Iddirs reside in Arada Sub City (Municipality of Addis Ababa, 2002).

Arada Sub City has a lot of problems related to HIV/AIDS. The Sub city is very old in its history and found at the center of the city administration. Famous places like “Atkilt Tera”, “Doro Menakia” “Talian Sefre ‘and “Eribekentu” that are known for their destitution and various social problem like densely population and poor housing , youth unemployment, prostitution, presence of many brothels, are found in Sub City. The major governmental higher education institutions like Addis Ababa University (Faculty of Social Natural Science, Technology Faculty and Faculty of Business Education are found in the sub city which also contribute to the increase in youth population who came to Addis Ababa to join the institutions. Service providing individuals and institutions like house renters, brothels, commercial sex workers and groceries are present in numerous numbers to address the needs of these groups of people. The area is a commercial center with a lot of drinking houses and commercial sex workers. This kebele is visited by many people around the surrounding and from other sub cities which make the situation of HIV transmission at a higher rate with the all possible favorable condition. Unwanted pregnancy and abortion is

common especially among the adolescent group due to rape, abduction and high proportion of youth who migrated from the rural area.

3.1.2 Study Design

This research is descriptive research which was designed to obtain information concerning the current capacity situation of Iddirs operating in selected Iddirs of Arada Sub City in Addis Ababa to curb the problems related to HIV/AIDS. It tried to assess existing capacity condition and prevailing situation at a time of the study.

Quantitative methods using a standardized assessment tool were used primarily for the purpose of explaining and describing the numerical representation and manipulation of capacity of these Iddirs during data analysis and interpretations. Other capacity areas that are meant to complement the quantitative findings were treated by employing qualitative methods, mainly focused group discussion, for non-numerical examination and interpretation of observations.

A focus group discussion guide was developed to help guide qualitative data facilitators and moderators gather information on the key qualitative study issues.

▪ Sampling Technique

Three types of sampling techniques (purposive, simple random and quota) were used in this study. Arada is purposely selected, because HIV is rampant in the area. The assessment only focused on those Iddirs that are engaged particularly in HIV/AIDS prevention and orphan support. Therefore, Iddirs, which meet the stated criteria, were identified from the 10 Woredas of the Sub City. In Arada Sub City, there are more than 230 Iddirs of which only 34 that qualify the criteria of engagement in HIV/AIDS prevention and support activities. These Iddirs are identified as total

population. From the population of these 34 Iddirs, 31 Iddirs were drawn (3/Woreda using quota system). However, in Woredas where there are less than 3 qualifying Iddirs, more sample was taken randomly from other Woredas with more population size so that the selected sample Iddirs represent the Sub City and make conclusion and generalization possible. The management bodies of each were engaged in the study though a specific Iddir is considered a unit of analysis.

The following formula was used to reach to the sample size.

$$n = \left[\frac{A^2 [p(1-p)]}{(d)^2} \right]$$

Where:

n = the required sample size

p = the value of p is 0.5)

A = Depends on desired significance level (in this case 1.96). The value of A for a significance level of 5 and 1% is 1.96 and 2.58 respectively

d= Margin of error (here = 0.05)

▪ **Tools for data collection**

In order to collect the required data for this research, a standard rating scale called Organizational Capacity Assessment (OCA) tool that is developed and used by Pact Ethiopia Office was adapted in a form of Community Capacity Barometer (CCB) and used. The researcher adopted assessment tools to measure organizational and technical capacity of local community structure. The tool facilitates information gathering consistent with the research design, operation, complexity and interpretation sought and to assure the reliability and validity of the data gathering tools.

To strengthen the quantitative findings, focus group discussion was employed with leaders of the Iddirs, Iddir members and influential community members to gather relevant data which might not be captured using the CCB tool that are related to the research question.. Five Iddirs were randomly selected for the FGD. The focused group discussion was done with leaders and members of the Iddirs and influential community representatives. Accordingly, five separate focused group discussions were made with, Iddir members, Iddir Leaders and influential community leaders in the respective areas. The Iddir leaders include ‘*Ye-Iddir Dagna*’(Chairperson of Iddir), ‘*Ye-Iddir Tehafy*’ (Secretary of Iddir), *Ye-Iddir Sebsaby*(Person in charge of chairing the activities of Iddir), ‘*Ye-Iddir Genzeb-yasz*’ (Cashier). The Iddir leaders who participated in the quantitative assessment were also members in the focused group discussion. The group discussions were made with 12 members in each group. The researcher deliberately tried to have equal/reasonable gender representation. However only three female FGD respondents participated in three of the five FGDs. The focus of the FGD touched upon the following information:

- ❖ What are the services given by the Iddirs in response to HIV/AIDS prevention and support, and who are the beneficiaries?
- ❖ How the Iddirs s are making PLHIVs, orphans, other community members and, other key stakeholders in the area part of the programme/project planning, implementation, monitoring and evaluation, and ensure accountability?
- ❖ Capacity for participatory resource mobilization for raising substantial amount of budget from domestic sources for future sustainability of the project and ensure smooth ownerships

- ❖ Capacity of the organizations to create a working relationship with key stakeholders in the area including the media and the private sectors

The tool: (Community Capacity Barometer (CCB) tool) and Method of Application

Community Capacity Barometer is a participant-guided self-assessment tool that enables CBOs to appreciate their strengths, identify key gaps and challenges and strategic actions to address them and take ownership of capacity development activities. It also serves as a baseline against which organizational developments overtime can be compared. It is also capacity development by itself as it enables to analyze and build in a capacity strengthening plan (CSP) for possible capacity developing partners or for self-development. During the process of assessment,

This CCB tool has six competency parameters/components, and twenty seven elements or indicators known as criteria. These criteria help members to indicate their level. The six components of organizational effectiveness are the broadest or highest level of measurement of organizational and technical capacity. These are (1) Governance, (2) Knowledge, Skill and Experience, (3) Members Participation, (4) Planning and Implementation, (5) Stakeholder Participation and Coordination and; (6) Financial Management

During the process of conducting an organizational capacity assessment, interviewers/facilitators do not assess or assign a rating to the individual CCB components/parameter, or to each sub-component/criterion. A team will be formed representing the Iddir to do the rating. The interviewer will ask to select the level that best describes their group/Iddir. The team examines the organization /agency at the most rudimentary level and assigns a rating of 1 through 4 for each criterion. Once they have agreed on the level that best describe

them, they score their level (1-4) and enter the grade in appropriate place. They were asked to provide evidence to support their ranking of their capacity when necessary.

The rating 1-4 indicates the value of the indicator/criterion as follows:

Very limited needing urgent attention or (1) when the Iddir has only limited system/mechanism in place and meets only up to 25% of agreed upon criteria and rated as (1), . For illustration- when there is substantial lack of essential equipment such as desks, chairs, computers and telephones. Staffs are unable to carry out their work properly as a result

To some extent with need for major improvement (2) when the Iddir meets to 50% of criteria and rated. For illustration- when most essential equipment is available, but is either old, of poor quality and/or in insufficient quantity

Substantial/satisfactory and still with room for improvement when the Iddir meets the stand substantially i.e (3) when the Iddir meets up to 80% of agreed criteria. For illustration when All essential equipment is there but several items need replacing, and staff sometimes need to share equipment and;

Good (4) when meeting up to 90-100% of the set criterion. For illustration when all the essential equipment is there but a few items need replacing and the office would benefit from more equipment such as desks and computers

Then the ratings given to each set of elements are calculated separately to arrive at the criteria parameter of each of the six components under which the sets of elements fall. Then the average of the six parameters will be calculated to get the aggregated result. This method is known

as rolling up. Finally the evaluation team will write the gap identified, the change needed and the proposed technical support and develop a plan of action for capacity development referred as Capacity Strengthening Plan (CSP).

Data Analysis

The collected data were organized, coded and tabulated. The analysis involves categorization, verification of data, tabulation, and explanations using framework analysis. Then the data was further analyzed using SPSS version 17.0, for computerized and accurate interpretation which will make sound conclusion and generalization possible. Through all the process, the data was analyzed in reference to the objective and the research question of the study. The qualitative data was analyzed separately by grouping and examining the information that are relevant to the research question.

Ethical consideration

All respondents from each of the selected Iddir signed written informed consent forms prior to data collection. In this study a brief description of the study and its procedures; explaining about the researcher's background and her objective in this assessment; an assurance that Iddirs as an independent entity are voluntary and have the right to withdraw at any time without penalty; an assurance of confidentiality that the information will not be publicized/shared; and benefits and risks associated with participation in the study, were explained before data collection.

CHAPTER FOUR

4.1 Data Analysis and Interpretation

4.1.1 Highlight of the Indigenous NGOs Involved in the Study

This study was conducted on selected community based organization namely Iddirs found in Arada Sub City of Addis Ababa that have been involved in HIV/AIDS prevention and orphan support activities. These Iddirs are involved in variety of intervention areas related to HIV/AIDS, beyond their mere establishment objective. As far as their geographical distribution is concerned, the Iddirs are found in Arada Sub City, Addis Ababa. They particularly engage in orphan support including provision of scholastic material and awareness raising activities on HIV/AIDS prevention to the wider community and to members of the Iddirs as well

In the subsequent data analysis and interpretation part, the selected Iddirs technical and organizational capacities along six main parameters and sub categories/criteria were thoroughly assessed separately. The technical competency covered issues related to knowledge and skill of the organization in providing HIV/AIDS prevention services and related networking and collaboration capacity to access services and knowledge through referral and networking. Since problems related to HIV are vast and multi-faceted ranging but not limited to economic, psychosocial, health and awareness and hence there is the need to coordination to address the challenges. This calls for referral and networking. Through referral system organizations with the expertise better address an issue. While networking in the CCB analysis assesses whether the Iddir associates with supportive networks or complementary partner organizations such as schools, religious groups, women groups etc to promote learning and partnership. The organizational

competency covers issues like governance, financial management, participation and planning and implementations capacities.

Finally, table describing the name of the 31 Iddirs involved in the study; their office location within the sub-cities, kebeles and house number and telephone and/or e-mail address is attached as annex 3.

4.2 Data Analysis

4.2.1 Organizational Capacity

4.2.1.1 Governance and Structure

Like any organization Iddirs need to have an independent governing body and approved organizational structure/constitution. All the Iddirs participated in the study confirmed that they passed through all the necessary legal registration procedure required from government office. The table below indicates that, 81% of the Iddirs involved in this study were registered according to national CBO regulation while 19.3% of the sample respondents described that they did not meet the criteria of registration fully so that there are rooms for improvement. This parameter indicator reveals that most of the Iddirs are registered to comply with national regulation. However, further capacity development support on areas of system and structure can boost their performance.

System of information sharing including reports, success stories and decisions is another competency area assessed. Outcome and impact of the project/program have to be studied and necessary adjustment need to be taken. It is required by organizations including CBOs to have the capacity of finding practical ways of learning from tasks, re-packaging and sharing experiences, results and lessons about their program/project work. And in line with the mentioned importance of system of information sharing, the finding data showed that 19.4 % of the organizations need

urgent attention as there was no system for sharing information in the organization. 35.4% of them reported to have the system but needs major improvement, 38.7 claimed that their system for sharing information in the organization is satisfactory. The remaining few covering 6.5 responded that they are good in the mentioned respect.

Another parameter for understanding the capacity of Iddirs is the presence of adequate office facilities. When adequate office facilities are available in any organization including Iddirs, there is a tendency to create better work environment. The data showed that 2 Iddirs (6.5%) do not have relatively good office base and very limited facilities. They use rented rooms that they need urgent intervention, 35.5% of them need major improvement in equipping the office base with office facilities while the majority Iddirs 48.3% said that their facilities substantially adequate to create good work environment.

It is fundamental that Iddirs should be established based on shared interest of the community and the goals should reflect their interest. The Iddirs were asked whether they have clearly defined goals shared by all members and accordingly, 71% replied that they have clear goals 23% claim that it is satisfactory but should be revised as they are now involved in HIV prevention and interventions work. 2 Iddirs (6%) reported that they need major improvement in reviewing their goal aligning with members' interest

Table one: Governance and Structure

Indicators of governance	1		2		3		4		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
The Iddir is properly registered according to national regulations			1	3.2	5	16.1	25	80.6	31	100
The Iddir has defined goals and is established around common interest of the community			22	6.5	7	22.6	22	71	31	100
Leaders have clear roles and responsibilities			11	35.5	13	41.9	7	22.6	31	100
The CBO possesses office facilities/centers such as office equipment and supplies to run day to day activities	2	6.5	11	35,5	15	48.4	3	9.7	31	100
There are systems for information sharing in the CBO	6	19.4	11	35.5	12	38.7	2	6.5	31	100

4.2.1.2 Participation of Members

Another parameter assessed is related to participation of Iddir members. This parameter has two sub categories and the assessment result depicts the following.

Table two: Members' participation

Indicators of Members participation	1		2		3		4		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
The target groups participate fully in the activities and major decisions of the organization	1	3.2	11	35.5	16	51.6	3	9.7	31	100
The community members demonstrated high degree of interest to contribute labor, finance, and material resources to the implementation of HIV intervention activities	10	32.3	10	32.3	11	35.5			31	100.1

When asked about the participation of the community in project activities and decision making; the majority figuring 51.6% reported to have strategies in place to involve the community and target group participation satisfactorily, 35.5% need improvement and 9.7 have good strategies. Only one Iddir (3.2%) need immediate attention.

With respect to the degree of interest that the community members demonstrated to contribute labor, finance, and material resources to the implementation of HIV prevention activities, it is found out that members of 11 Iddirs (35.4%) demonstrate satisfactory interest but still with room for improvement, while 35.4% need improvement and similarly again the remaining 35.4 need urgent intervention and capacity development. Community participation is about ensuring meaningful engagement with our communities and their participation through

financial, labor time skill and knowledge contribution. This indicates that overall there is lack of resource mobilization gap that need to be given emphasis when planning for capacity development.

Parallel to this, the qualitative finding on the capacity of the Iddirs to mobilize resource and make the target communities part and parcel of the resource mobilization shows similar result with the quantitative. The respondents said that they don't have any clue how the Iddir can mobilizing resources for HIV related tasks, what type of resources they currently have, and their sources. Many of the discussants don't even know the name of the project or indigenous NGO behind the CBO through which they have been supported. Primarily the CBOs/Iddirs mobilize their resources by themselves without participating the target community and other relevant stakeholders. However, they don't deny that orphans and PLHIVs are being supported by the Iddirs. These supports are scholastic material like exercise book, bags and uniform support. One strength all share is orphans are identified for support using a criteria developed by leaders and they know who is who and the vulnerability of each identified child. However, besides the criteria and the list of orphans, there is no documentation about the profile of the children.

4.2.1.3 Planning and Implementation

Planning and implementation is another organizational capacity parameter for competency assessment with 5 sub categories or indicators. It is clearly believed that without active community and stakeholders' participation from planning through implementation and monitoring and evaluation, one would end up in either plan-to-shelves or strong opposition from the community under consideration. The following table indicates the capacity level and related capacity development need of the Iddirs under assessment.

Table three: Planning and Implementation

Indicators of planning and implementation	1		2		3		4		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
The Iddir does planning based on the need of the community and are reviewed regularly (evidence based)	1	3.2	4	12.9	23	74.2	3	9.7	31	100
Implementation of activities are done as planned			9	29	20	64.5	2	6.5	31	100
All members and target groups of the Iddir participate in the planning and implementation of the activities	2	6.5	21	67.7	7	22.6	1	3.2	31	100
Does the Iddir have a monitoring and evaluation mechanism in place	2	6.5	20	64.5	6	19.4	3	9.7	31	
The Iddir has knowledge and skill on basics of data collection and reporting system: Accurate data is collected on time; Collected data is summarized and report is produced on time and Report is shared to members on time			19	61.3	10	32.3	2	6.5		

This criterion assessment is supported by review of pertinent document. Accordingly, the assessment result showed that majority of the Iddirs which accounts for about 74.2% do planning satisfactorily and is reviewed regularly with room for improvement, 12.9% need major

improvement on practice of planning and regular review of plans while 3.2% need urgent attention. 3 Iddirs (9.7%) are marked as good.

Further, the assessment report also shows that only 2 Iddirs (6.5%) confirmed to be good and implement according to plan while 64% substantially implement basing their plan but with room for improvement and 29% need major improvement as they do not strictly abide to their plan when implementing their activities

Again, the Iddirs were assessed with their promotion of members participation while implementation. To this end, out of the total respondents the majority (67.7%) need major improvement, 22.6% with room for improvement but does involve members' participation. Two Iddirs (6.5%) that at nascent stage in HIV prevention intervention need urgent attention and only one Iddir (22.6%) fully engage members to participate in implementation.

Another competency is knowledge of Iddirs to monitor evaluate their work. Accordingly the survey indicates that the status of monitoring and evaluation knowledge and skill of the Iddirs' is 64.5% grouped under to Iddirs with need for major improvement in undertaking monitoring and evaluation of plan accomplishment. 19.4% acceptably established a monitoring and evaluation mechanism whereas 9.7% are good. Again the 6.5% have urgent intervention need and capacity development support. As per the information obtained from review of documents to verify the information gathered from the quantitative finding; indicators are developed by the Iddirs to measure the achievement and data is collected against the indicators. The methods used to collect these data are through home visit and from documentation for material distribution. Leaders of the Iddirs who are the active participants of the program do the monitoring. However, in some Iddirs, the NGO that give the support for the project do its own monitoring.

The Iddirs under assessment need to collect data on activities regarding HIV intervention in order to report to the members and stakeholders. The collected data have to be summarized, analyzed and reports have to be produced. As shown in above table, out of the 31 Iddirs, participated in this study, 61.3% of them responded that their organization requires major improvement in data collection system, while 32.3% of them replied that they have satisfactory system in place. Two cases, about 6.5%, responded that their organization/Iddir have a good and clearly documented 4 functioning monitoring and evaluation system.

When we summarize the FGD result with regards to enabling target population, communities and other key stakeholders in the area, part of their programme/project planning, implementation, monitoring and evaluation, and how they ensure accountability, almost similar response were found in all the FGD results and overall answer is that, no any organization involves project beneficiaries in their project design, implementation, monitoring and evaluation. The data showed that the relationship between the beneficiaries as well as the relationship of the Iddirs with government office such as Kebele Administration Offices is very weak. All of them agreed that the relationship between CBOs/Iddirs, relevant government offices and influential leaders are very low. This clearly indicated that there is a need to build a plan to address the gap.

4.2.1.4 . Financial Management

Financial management knowledge, skill and practice are another parameter assessed. It has six indicator categories. The following table presents the technical capacity requirement urgency and their institutional status.

Table four: Financial Management

Indicators of Financial Management	1		2		3		4		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
The Iddir has cash box and/ official bank account to hold its fund					2	6.5	29	93.5	31	100
The Iddir has basic financial procedures (managing cash box/safe box, book keeping, income and expenditure registry book, signatories, etc)					2	6.5	29	93.5	31	100
The Iddir maintain supporting receipts and invoices for every expenditure made from the grant and income			5	16.1	11	35.5	15	48.4	31	100
The Iddir produces regular financial report to the members, the concerned donor or government organization			2	6	16	52	13	42	31	100
The Iddir prepares, monitor and review a budget			10	32	18	58	3	10	31	100
The Iddir documents all financial documents and reports			7	23	20	64	4	13	31	100

Concerning the Iddirs financial transactions practice, as it was described in table four, almost all the sample organizations responded their agencies have good (93.5%) capacity in terms of having a separate bank account for their HIV/AIDS related intervention.

With regards to having/maintaining financial procedures (managing cash box/safe box, book keeping, income and expenditure registry book, signatories, etc) in recording all the financial transactions with relevant receipts and other supporting documents, again 6.5% are satisfactory and good (93.5%). However in terms of maintaining supporting receipts, 6% of the Iddirs need major improvement, since there are times valid supporting receipts are not maintained. 52% of them said they have satisfactory procedure in place with regards to maintaining receipt 42% have good practice.

Concerning the Iddirs capacity to prepare financial reports for various stakeholders including to members, the concerned donor or government organizations; 6% of them said that they need major improvement, 52% have satisfactory and the remaining 42% have good capacities in this area respectively.

Again the Iddirs were asked whether they prepare, monitor and review budget and 32% of them need major improvement and the majority accounting for 58% said they have satisfactory procedure in place, while 23.3 have good procedures in managing project and overall Iddirs budgets.

The last indicator regarding financial management was related to Iddirs capacity to document all financial documents and reports and accordingly, and out of the 31 respondents 23% said they need major improvement, 64% do it satisfactorily but still there are rooms for improvement while the remaining 13% are good with this respect.

4.2.2 Technical Competency

4.2.2.1 Knowledge and Skill/Human Resource Development

Another parameter for capacity assessment is knowledge, skill and experience of the Iddirs with adequate and qualified staff (salaried or volunteers) who run program activities on HIV/AIDS prevention and support. This parameter has two categories including availability of knowledgeable adequate staffs on psychological support, basic health service, capacity to transfer knowledge through awareness creation on HIV/AIDS prevention and to document and share lessons learned. Concerning their human resource development, one of the questions forwarded to these Iddirs involved in this study was: does the Iddir has adequate and qualified staff (salaried or volunteers) who run program activities on HIV/AIDS prevention. The competency is assessed accordingly and the analysis is presented in the coming the result of the assessment report reveals the following presented in the table below.

Table five: Knowledge and Skill on HIV/AIDS prevention

Knowledge and skill	1		2		3		4		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
The Iddir has adequate and qualified staff (salaried or volunteers) who run program activities on HIV/AIDS prevention	3	9.7	7	22.6	20	64.5	1	3.2	31	100
Salaried or volunteers have knowledge and skills on psychosocial support for orphans and people affected and infected by HIV/AIDS			11	35.5	19	61.3	1	3.2	31	100

Salaried or volunteers have knowledge and skills in basic health care for PLHIV	1	3.2	13	41.9	17	54.8			31	100
Salaried or volunteers have knowledge and skills how to provide awareness and promote HIV/AIDS prevention activities			3	9.7	27	87.1	1	3.2	31	100
Lessons, best practices and accomplishments in program activities of HIV/AIDS prevention are documented and shared with key stakeholders.(members and donors)			14	45.2	15	48.4	2	6.5	31	
The Iddir has volunteers motivating mechanisms that drive them to enhance their activities sustainably	17	54.8	9	29	5	16.1			31	

Out of the 31 Iddirs, only 1 Iddir reported to be good with adequate qualified personnel in terms of HIV/AIDS prevention and support. 7 Iddirs (22.6%) need improvement with regards to placement of qualified personnel to provide HIV prevention service. 9.7% which is 3 Iddirs have limited capacity with this respect since they hardly have well-qualified and motivated staff, to boost the organizational efficiency and effectiveness and 64% are satisfying capacity with room for improvement.

Furthermore, the following results showed the capacity of Iddirs to provide psychosocial support to their target groups. 35.5 % of the Iddirs responded that their program staffs need major improvement in their knowledge and skills to provide psychosocial support to their beneficiaries.

While the rest 61.3% of the organization replied that their staff has satisfactory knowledge in the area but they do need improvement. Only 3.2 % replied that their program staffs have good knowledge and skills to provide psychosocial support.

As shown in the table 54.6% of the Iddirs replied that their key staff/volunteers have satisfactory knowledge and skills in providing basic health care for People Living with HIV/AIDS PLHIVs. About 42% replied that they need major improvement in providing basic health care to the targets and only 3.2% have very limited capacity and need urgent attention.

Another criterion assessed is knowledge and skill of Iddirs to create awareness and promote HIV/AIDS prevention information. This criterion assesses whether the volunteers or salaried staffs have knowledge on HIV transmission, prevention and related issues and the ability to educate their audiences. Accordingly, 87.1% (27) are capable of undertaking the activity to a satisfactory level while 9.7% need improvement and one Iddir reported to be good and open for improvement.

The capacity of the Idders in relation to documenting lessons learned and best practices on HIV/AIDS prevention and support was also discussed among the respondents of the study. 48.4% of the sample responded that documentation and sharing of lessons learned are at satisfactorily level. They also described that there are still rooms for improvement. 45.2% showed that the Iddirs need improvement while the remaining two Iddirs responded that they have good documentation and best sharing skill.

Another important criterion for the parameter is volunteer motivation strategy mechanism. It is noted that no Iddir has adequately motivate volunteers', which drive them to enhance their activities sustainably. Out of 31 respondents, which accounts to 55% need urgent attention, while, 29% responded needing improvement and only 16% have considerable method for the same. Hence the concerned NGO body should give attention to support the Iddirs

4.2.2.2 Networking, Linkages and Collaboration

Any organization needs to have cooperation and collaboration with stakeholders and organizations sharing similar values. This helps to share learning, resource like personnel, service facilities and information in order to achieve the desired result. Therefore establishing and building strong relation with different organizations is a skill for organizations and CBOs. The table below clearly indicates the capacity need of the CBOs under assessment.

Table six: Networking and Collaboration

Indicators of Networking and Collaboration	1		2		3		4		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
The Iddir associate with supportive networks or complementary partner organizations such as schools, government offices, CSOs, religious groups, and other like-minded groups,	4	12.9	9	29	14	45.2	4	12.9	31	100
The Iddir has active participation in HIV/AIDS prevention and orphan support activities to promote learning.	5	16	13	42	8	26	5	16	31	100
The Iddir are aware and create service referral network for services given by the network to reduce overlap of service or target group & strengthening their activities (through information and skill and experience sharing)	15	49	5	16	10	32	1	3	31	100

With the above-mentioned parameters with three indicators such as networking, linkage and collaboration capacity, 12.9% of the Iddirs affirmed that their organization needs urgent attention because they don't have networking and collaboration strategy in place. Another 29%

said they need major improvement while 45.2% answered back that their organization have satisfactory networking and collaboration strategy and only 4 Iddirs (12.9%) declared that they are good in creating and establishing sustainable working relationships with other CSOs, government and the private sector.

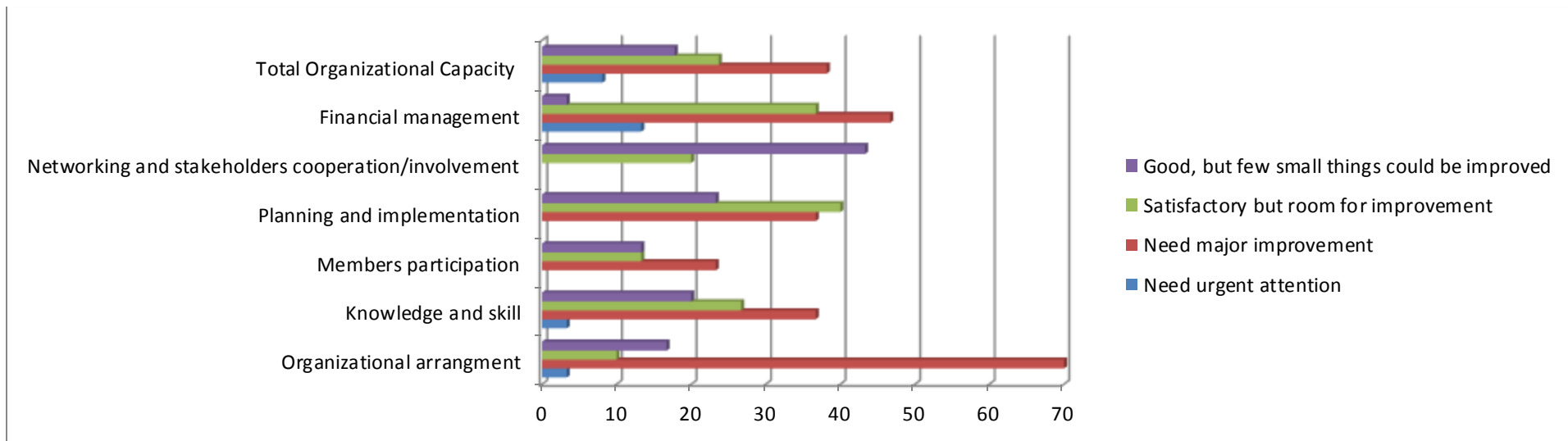
Further the Iddirs were asked about their participation status and skill to promote learning, 16% of the Iddirs admitted that they need urgent attention they hardly use the network they are member or they don't have a network, Additional 42% said they need major improvement while 26% responded to have used the network and participate in sharing lessons learned satisfactory and only 4 Iddirs (16%) acknowledged that they are good in using the network.

No one person or organization can address the multi-faceted effect of HIV/AIDS. Hence there has to be a coordination of effort from different organizations/sectors for effective and efficient, a system that includes local structures and processes to link a client from one care service to another (UNAIDS, 2008). This implies that the most effective help provided may be to link a client to another provider that can better meet the identified need. Some of the Iddirs somehow created service referral network for other necessary service given by the network to reduce overlap of service or target group and strengthening their activities (through information, skill and experience sharing). A Referral System is a collection of interactive procedures, processes and tools that define what referrals can be made, where and how they can be made, what the eligibility criteria are, and who is responsible for the management of these processes. A referral network is established when two or more organizations and/or individuals collaborate to achieve common referral goals. It is a part of a referral system and contributes to the coordination of Care. (Pact, 2010)

As we have seen again from the table, and out of 31 respondent 40% of the Iddirs require immediate attention since their organizations had scarcely has referral system, 16% need major improvement. Only 32% reported to have reached a satisfactory level and 1 Iddir is good.

Table seven: Aggregate organizational and technical capacity of the sample Iddirs across the six parameters

	Governance and structure	Knowledge and Skill	Members Participation	Planning and Implementation	Networking and Stakeholders Cooperation	Financial Management	Total Organizational Capacity
Need urgent attention	3.3	3.3				13.3	8.1
Need major improvement	70	36.7	23.3	36.7		46.7	38.2
Satisfactory but room for improvement	10	26.7	13.3	40	20	36.7	23.7
Good, but few small things could be improved	16.7	20	13.3	23.3	43.3	3.3	17.8



Graph one: Composite Results for Organizational Capacity across the Six Variables used to Assess Sample CBOs Organizational and Technical Competency

CHAPTER FIVE

5.1 Discussion

5.1.1 Analysis of Quantitative Information

5.1.1.1 Technical capacity

HIV/AIDS prevention, care and support as well as mitigation of the impact, require sustained and consistent efforts from all the stakeholders that has to work in close proximity with the community to prevent the spread of the disease and to reduce its subsequent negative impacts. Hence, CBOs/Iddirs need to have sound technical and organizational capacity to mobilize the community and design programmes in order to implement their programs effectively and bring change in the lives of people.

Technical capacity includes but not limited to knowledge, skill and experience of the Iddirs with adequate and qualified staff (salaried or volunteers) who run program activities on HIV/AIDS prevention and support.

All Iddirs need to have motivated and qualified staff/volunteers to undertake HIV intervention activities to its target community. These qualified staff or volunteers should be equipped with to provide psychosocial support to their target groups, knowledge and skills in providing basic health care for People Living with HIV/AIDS PLHIVs knowledge and skill to create awareness and promote HIV/AIDS prevention information. All in all almost all Iddirs under the assessment are lacking these competencies. This therefore gives them direction for the need to plan for capacity development.

The capacity of the Idders in relation to documenting lessons learned and best practices on HIV/AIDS prevention and support was also discussed among the respondents of the study and the result showed that all document their success. However still, documenting best practices for

learning, decision making and information sharing should be strengthened by all calling for further capacity development.

The finding further showed that indigenous NGOs involved in HIV/AIDS intervention have staggering capacity in technical, organizational and institutional capacity areas. The result of the in-depth discussion made with members of Iddir, leaders, prominent individuals and relevant stakeholders also demonstrated that, they are not in a position to claim that they are meaningfully address the needs of the target beneficiaries participate them effectively in the organizational process and maintain accountability.

From the above major findings it is possible to summarize that, the CBOs involved in this study, has encountered significant limitation in majority of the technical capacity areas and hence their growth with regards to community development intervention is under big question.

5.1.1.2 Organizational Capacity

Organizational capacity starts from the CBO/Iddirs first contact with the community they serve to explore local needs. Participatory method helps to mobilize interest and build the community's ownership of initiatives, and break down any sense of ownership. Therefore, it is crucial that the leaders should work with partners and target community for joint planning, implementation, monitoring and evaluation, reporting and dissemination. This will help them to be empowered, sound and mature organizations that have the capacity to manage changes in the ups and downs and control their future destiny (DIFD, 2010 P. 51).

The governance structure of an organization refers to those people and structures whose task is to set the overall strategic direction and purpose of the organization, as opposed to managerial decisions like purchasing, hiring and work planning. This capacity area also covers

whether the governance structure of the organization facilitate or impedes the accomplishment of performance goals or not. Organizations including CBOs with strong capacity in this area have an organizational vision, mission and governance structure that guides management practice. This management practice, in turn facilitates successful programme and project outcomes (USAID, 2006 P. 32). Many of the NGOs failed to realize their mission because of their weak governance structure, system and as well as lack of emphasis for human resource development (USAID 2006, P.29). Governance and structure covers the issues such as whether or not the organization is legally constituted and recognized. This is more than issue with small NGOs or community based organizations than is with governmental organizations or larger non-governmental organizations.

All the Iddirs participated in the study confirmed that they passed through all the necessary legal registration procedure required from government office. However it is evidenced that there are areas where all need capacity development need so that systems and procedures are in place.

In addition to legal registration, Iddirs require leaders who provide strategic thinking and direction; and possess clear role and responsibility. Concerning this competency, 35.5% of the sample responded that the Iddirs require major improvement. The reaming 41.9% said their organization satisfactorily and (22.6%) described that the Iddirs are in a good condition. Iddirs need to build in capacity development plan and solicit the support from other possible sources like NGOs, governmental organizations and other like-minded organization working with them in the absence of internal capacity development source.

CBOs that design and implement projects with diverse nature need to have technical competence to ensure that programmes and projects are planned and carried out with an agreed strategy. This leads to an idea for specific action, orientation towards achieving a set of objectives,

which then is formulated, implemented and evaluated with a view to improve the strategy and further action (EC, 2002 P. 89).

The assessment on practice of Iddirs in conducting sound planning and implementation criterion was further supported by review of pertinent document to reinforce the finding. Accordingly, the overall assessment result showed that majority of the Iddirs which accounts for about 40% do planning acceptably even if there are rooms for improvement, 36.7% need major improvement with this respect while 23.3 are marked as good still open for improvement. This parameter indicator demands Iddirs need to plan for capacity development intervention. Planning helps an organization chart a course for the achievement of its goals with the available resources. Unless otherwise organizations including Iddirs develop sound plan to reach agreed goal, the existence of the organization will be at stake.

Further, planning alone is not an end by itself. Activities should be executed according to plan. The assessment report also shows that only 2 Iddirs (6.5%) confirmed to be good and implement according to plan while 64% substantially implement basing their plan still with room for improvement and 29% need major improvement as they do not strictly abide to their plan when implementation and the remaining . Therefore, Iddirs under this assessment need capacity development support with this respect. The management of the Iddirs will better benefit the community they intend to support when the organization is in a better position and is able to work according plan.

In all community development programmes the key lies in the implementation of the programme for reaching the goals in such a way that the accountability issues are taken care of. Any community development programme has to have inbuilt component of monitoring and evaluation and transparent accountability procedure The community need to do an inspection on

organizations involved in community development activity, openly in public of the quality, income expenditure, and profit loss of a project, development work or a programme being carried out in its area (Anderson and Brady, 2001 P: 79).. In relation to these procedures all the FGD discussants agreed that the Iddirs don't apply these procedures and they even doubt if they have had the knowledge about it.

Organizations must have the capacity to manage their finances such as generation of resources, the availability of funds for planned activities, the status of financial management, accounting system, accuracy of financial data and its budgeting. Organizations with strong capacities in this area regularly use established procedures to maintain revenues and expenses in balance make accurate financial projections, include effective contingency measures that prevent operational disruptions, modify expenditures on a timely basis to account for revenue short falls and disburse and account for funds in a timely manner (frontiers in Reproductive health, 2008 P.6).

Organizations including CBOs/Iddirs are required to build their capacity for financial sustainability, a state in which institutions have a reasonable expectation of covering their costs for the foreseeable future through a combination of various resource generating schemes. All most all of the Iddirs participated in this study (46.7) replied that their financial management capacity need major improvement, 36.7 relatively satisfactory with room for improvement and only 3.3% are good. Still 13.3% need immediate attention. To understand own capacity gaps is one of the first steps of capacity development. Hence this is another area where Iddirs need to plan for capacity development.

According to Alliance (2004, P. 38), resource mobilization is not just only about money and fund raising, it is equally important to mobilize local assets such as political will, and to explore other means of gaining funds, such as cost sharing schemes and charging for provision of

services to other equivalent sectors. Besides the resource mobilization, CBOs require the capacity for genuine community mobilization, participation and involvement.

If we see their funding sources as if it is diverse or limited, about 23.3% of them replied below the average (that is below satisfactory level) and another 13.3% replied it is just satisfactory. One thing that indigenous Iddirs need to understand is that, resource mobilization is an active, two way relationship, rather than passive process of waiting donors and other groups to come to help them. They have to outline resource mobilization plan, actively scan the funding environment and strive to know the donors. In this fast paced world they need to maximize their potential for resource mobilization, and they need to identify their competitive advantages and market themselves aggressively.

Besides the resource mobilization, NGOs require the capacity for genuine community mobilization, participation and involvement to raise the awareness of the poor of their own situation, of the socio-economic realities around them, their real problems, the cause of these problems and what measures they themselves can take to begin changing their situation (Abera, 2006 P. 27). According to Okley (1991 P.43), participation requires immense capacity from NGOs to harness the existing physical, economic and social resources of the people in order to achieve the objective of development programmes and projects and enable them to play an active and increasing role in development activities. It is quite clear that any development programme/project by CBOs cannot be successful without the participation of the target population. Similarly, Iddirs capacity to mobilize, participate and involve the community in their programmes/projects are under serious constraints and majority of them are not in a position to say that they are participating the community in their development programmes designed to changes the social, economic, cultural and political life of the community.

To sum up, an organizational capacity assessed through all the six parameters (i.e. governance and structure, knowledge and skill, members participation, planning and implementation, networking and stakeholders participation and financial management) shows quite gloomy results. Having difficulties in almost all of the capacity areas makes Iddirs potentially high but lacking desired capacity and with need for capacity development to engage them as development partners especially in HIV/AIDS prevention and control.

Their poor performance on resource mobilization, community mobilization, participation and involvement would not only lead them to be totally dependent on foreign resources, but also it hinders the success of their projects/programmes as they are not placed in a position to confidently say that the community would ultimately own and sustain their programmes/projects.

5.1.2 Analysis of Qualitative Information

In order to supplement some of the findings in quantitative analysis, qualitative data were gathered using focused group discussion, which focuses on gathering information, related to the research questions. Five focused group discussions were made with, Iddir Leaders, Iddir members and influential community representatives who are members of the Iddir in the respective areas. It was made with 12 respondents in each group in the following areas:

1. What was the objective of the Iddir during establishment and what objective changes have been made later?
2. Who are the targets of the Iddir's HIV/AIDS prevention intervention and how are they selected?
3. What are the services the Iddir is providing to the targets of HIV/AIDS prevention program/project

4. What more do you think your Iddir should do to provide a better community based orphan support and HIV prevention service?
5. Capacity for participatory resource mobilization for raising substantial amount of budget from domestic sources for future sustainability of the project and ensure smooth ownerships
6. Capacity of the Iddirs to create a working relationship with key stakeholders in the area including the media and the private sectors.
7. Level of participation of Iddir members and beneficiaries of the program in planning, implementation and monitoring of the activities of the HIV/AIDS prevention and orphan support program.

The assessment revealed important and valuable findings the short summary of which are presented below.

All respondents reported that the establishment objective of all the Iddirs was to help members financially and psychologically during death crisis. They all agreed that members' monthly contribution is their income source for the mentioned Iddir benefit. However through time they expand their horizon and start helping members suffering serious illness and supporting orphans and vulnerable children. This change was in response to the multifaceted social problems happening within the members' families and the surrounding communities in general. However, many of them said that it is local NGOs have much influence for the involvement of these Iddirs to engage in HIV prevention and orphan support program.

Almost all said that most Iddirs take orphans' and PLHIVs as primary targets and the members of the Iddir as secondary targets, while there are cases where the affected family is taken

as primary target for intervention. In general the services provided by most Iddir according to the respondents include scholastic support to child orphan, home base care and support for PLHIVs and awareness raising education for members. Only Iddir provides income generating activity to families of HIV affected people. FGD group Respondents have different views regarding the service being given. Some respondents' from an Iddir in Woreda 7 said, the scholastic support is negligible and can't be considered as support in the first place as sufficient educational material is not provided to the children. Others at the same time are so appreciative that the income generating support to affected families. It helps the family to be self-sufficient and there is no need to give scholastic support to orphans.

Regarding selection of targets, most respondents know that Iddirs have selection criterion however approval is given by the management of Iddirs in most cases while some ask for confirmation letter for the concerned local government office.

Almost all FGD groups agreed that the HIV/AIDS prevention and orphan support program needs to be more strategic. All Iddir members and beneficiaries should be knowledgeable about the program and the activities; the services should address the needs of the target beneficiaries. Few of the respondents mentioned psychosocial support to orphans and PLHIVs as a basic component to include in community based HIV/AIDS prevention and support program. All agreed that members and beneficiaries should participate in planning, implementation as well as in monitoring of activities. They believe that these contribute to ownership of the program and sustainability.

The other finding that the researcher summarizes from these group discussions was the issue related to the capacity of the Iddirs to mobilize resource. The most of the respondents

representing Iddir members and community influential leaders said that they don't have any clue how the Iddirs are mobilizing their resources for the HIV prevention program, what type of resources they currently have, and their sources. Many of the discussants don't know even the name of the NGO through which they have been supported. However, all respondents said that they are very much interested to participate in the program because the issues are their own. They said that there is much to contribute in terms of labor, financially and in kind. On the contrary, those FGD respondents representing the Iddir leaders said that they should strengthen their capacity to mobilize resource from members and community. They believe that there is much to mobilize from the community both in kind, through labor and financially.

Any organization, CBOs and Iddirs need to have cooperation and collaboration with stakeholders and organizations sharing similar values. This helps to share learning, resource like personnel, service facilities and information in order to achieve the desired result. Therefore establishing and building strong relation with different organizations is a skill for organizations and CBOs. In this regard, all have similar impression. The local kebele administration is involved in selection of beneficiaries particularly in giving confirmation letter to beneficiaries. Otherwise there is no practical relationship with other stakeholders. They confirmed that this is an area that needs to be strengthened to use community resource properly, not to duplicate effort, and to get the support of concerned stakeholders and more importantly to endure accountability.

An in-depth discussion were also made on how the programs are making PLHIVs, Iddir members, other key stakeholders in the area, part of their programme/project planning, implementation, monitoring and evaluation, and how they ensure accountability. Almost similar response were found in all the three groups and the cornel of the respondents answer is that, no any organization is involving project beneficiaries and Iddir members in their project design,

implementation and monitoring of activities and evaluation of results. Only the leaders of the Iddir are involved in the program with backup of the local NGO that support the program. However, report is presented to members during all Iddir members meeting.

CHAPTER SIX

Conclusion and Recommendations

6.1 Conclusion

Any organizational survival and growth can be measured by the output that the organization is producing. Hence for a desired output, the inputs such as the organizational and technical capacities including resources, knowledge and skill are of high importance. Nevertheless, producing good output is not a guarantee for success; those outputs must be captured effectively, documented and disseminated to target audiences. Even though majority of these Iddirs have limitations across technical competency areas; their result on documenting and disseminating best practices and lessons learned; has limitations. This coupled with their limitations in other technical areas, makes their efforts less valued and appreciated by their community and other by stakeholders mainly partner organizations. The study has revealed that in all technical capacity areas Iddirs have constraints and limitations. This limitation has multifaceted impacts; obviously one of these impacts is, limiting them from achieving their objectives and goals. In addition to technical competences, the Iddirs have limited resource mobilization, participation and involvement of the community in order to implement the programs.

Humanitarian agencies including CBOs and Iddirs are established to promote wellbeing for disadvantaged and vulnerable populations. This can be possible by strengthening the opportunities, resources and capacities, of the target beneficiaries in their environment and by advocating to creating policies and services to promote condition that promote human right and quality of life. In line with this, many of the Iddirs assessed are far behind this needing urgent capacity development. In general, the finding of this study showed most Iddirs technical and

organizational capacity are very limited and need urgent attention to engage in community development activities.

6.2 Recommendations

Analyzing the results obtained from this study, the researcher recommends the following specific actions for future endeavors:-

- ❖ The Iddirs should have to create a comprehensive capacity building plan, solicit support and in areas of office facilities, monitoring, recording and reporting skill, and importance of networking and methods vigorously work towards their success and growth so that they can meet their goals and contribute to the development of their communities
- ❖ Conducive working atmosphere and effective governance structure have to be created in Iddirs so that they can get the trust of the communities, support from qualified staffs and volunteers and other capacity development support for NGOs and other stakeholders.
- ❖ Comprehensive staff development packages including training, experience sharing and incentives for volunteers for transport have to be created and learning/skill development opportunities have to be availed.
- ❖ Target communities have to be clearly defined, mobilized, participated and involved in all the agency's development endeavors.
- ❖ Effective monitoring and evaluation systems need to be established in order to monitor the consistence of activities with the plans, identify challenges faced and propose solutions to problems identified. The presence of relevant information is also important for future improvement, decision-making and sharing best practices. Therefore, lessons and best

practices need to be captured, documented, shared and inform further development of the programme.

- ❖ Target groups should have to be empowered and motivated to advocate for their socio economic needs.
- ❖ Networking and collaboration strategies should have to be designed with other CSOs, governments, media and private sectors have to be established.
- ❖ Empower the community to question the structures (Iddirs) representing them to establish

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Annexes

Annex 1 : Questionnaire and FGD Guide used

Questionnaire No. _____

Indira Gandhi National Open University
School of Social Work

Dear Respondents

My name is Yodith Yimenu, a post graduate student in *Indira Gandhi National Open University, School of Social Work*. As per the requirement of the university, I am conducting my MA dissertation project, which focuses on assessing and describing the capacity of Iddirs engaged in HIV/AIDS programme interventions. Accordingly, your esteemed organization has been selected and kindly requested to fill this questionnaire designed for data collection.

The instrument was designed to measure the prevailing capacities of indigenous Iddirss engaged in HIV/AIDS intervention. It was designed in such a way that the respondents rate their organizations according to predetermined scores or rates. The questionnaire have two major parts that tries to collect data related to organizations' HIV/AIDS programming technical and capacity, organizational capacity. Hence it would be advisable to be filled by your organization leaders, influential community representatives and members of Iddirs respectively.

Dear respondents the data collected by this instrument will be used only for academic purpose and by no means it will be availed for other purpose except to describe the problems at hand, which is meant only for academic purpose. Besides this, your response to this questionnaire would be kept confidential and cannot be disclosed to the other parties without your consent.

Your active participation and cooperation is highly helpful to the study to achieve its objective and entertain its discourse. I thank you for your esteemed cooperation and collaboration.

- Name of the Organization:- _____
- Address: Addis Ababa, Ethiopia
- sub-city :- _____
- Keble:- _____
- Tel: - _____
- e-mail:- _____

SPECIFIC CAPACITY AREAS TO BE ASSESSED

1. Guidance to scoring of indicators

Rating scale	Description
1	Need urgent attention
2	Need major improvement
3	Satisfactory but room for improvement
4	Good, but few small things could be improved

Explanation of the assessment score (with an illustration)

Indicator: The office is adequately equipped

Need urgent attention	There is substantial lack of essential equipment such as desks, chairs, computers and telephones. Staff are unable to carry out their work properly as a result
Need major improvement	Most essential equipment is available, but is either old, of poor quality and/or in insufficient quantity
Satisfactory but room for improvement	All essential equipment is there but several items need replacing, and staff sometimes need to share equipment
Good, but few small things could be improved	All the essential equipment is there but a few items need replacing and the office would benefit from more equipment such as desks and computers

Step .2 የሚመዘኑት ተቋሙ አቅም መለኪያ / The Community Capacity Barometer (CCB)							
ተ.ቁ	የአቅም ፍተሻ አይነት	ውጤት				የውጤት ቁጥር	ማስታወሻ
		የለውም(0)	በከፊል	ጥሩ	በ.ጥ		
1.	አደረጃጀት						
1.1	የሚመዘኑት ተቋሙ በመንግስት በመመዘኑ ስርአት መሰረት ተመዝግቦአል The CBO is properly registered according to national regulations						
1.2	የሚመዘኑት ተቋሙ የተቋቋመበት የአባላቱን ፍላጎት መሰረት ያደረገ ግልፅ የሆነ ዓላማ አለው The CBO has defined goals and is established around common interest of the community						
1.3	የሚመዘኑት ተቋሙ አመራር አባላት ግልፅ የሆነ ሃላፊነትና የስራ ድርሻ አላቸው Leaders have clear roles and responsibilities						
1.4	ሚመዘኑት ተቋሙ የራሱ የሆነ የአለት ተክሎች ስራዎችን ለመስራት የሚያስችል ቢሮና የቢሮ እቃዎች አሉት The CBO possesses office facilities/centers such as office equipment and supplies to run day to day activities						
1.5	የሚመዘኑት ተቋሙ መረጃን የሚለዋወጥበት ሲስተም/ስርአት አለው There are systems for information sharing in the CBO						
ተ.ቁ	የአቅም ፍተሻ አይነት	ውጤት				የውጤት ቁጥር	ማስታወሻ
2.	እውቀት ሙያና ልምድ	የለውም(0)	በከፊል	ጥሩ	በ.ጥ		
2.2	ሚመዘኑት ተቋሙ ብቁ የሆኑ (ኤት አይ ቪ ኤድስን በመከላከል ዙሪያ) ተቀጣሪ ወይም በጎ ፈቃደኛ ሰራተኞች አሉት						

	The CBO has adequate and qualified staff (salaried or volunteers) who run program activities on HIV/AIDS prevention						
	2.2.1 Salaried or volunteers have knowledge and skills on psychosocial support for orphans and people affected and infected by HIV/AIDS ተቀጣሪ ወይም በጎ ፈቃደኛ ሰራተኞች ለወለላጅ አልባ ህፃናት፤ በቫይረሱ ለተጎዱና ለተጠቁ የህብረተሰብ ክፍሎች የስነ ልቦና ድጋፍ ለመስጠት ሚያስችል እውቀት አላቸው						
	2.2.2						
	2.2.3 ተቀጣሪ ወይም በጎ ፈቃደኛ ሰራተኞች ኤት.አይ. ቪ/ኤድስ መከላከል ዙሪያ ለጎብረተሰቡ /ለአባላቶቹ ግንዛቤ ለመፍጠር ያላቸው እውቀትና እውቀታቸውን የማካፈል ክህሎት Salaried or volunteers have knowledge and skills how to provide awareness and promote HIV/AIDS prevention activities						
	2.2.4 ኤት አይ ቪ ኤድስን በመከላከል ዙሪያ የተገኙ በጎ ተማክሮቻች ትምህርቶች እና ክንውኖች ይመዘግባሉ፤ ለአጋር አካላት (አባላትና ለጋሾች) ይጋራሉ Lessons, best practices and accomplishments in program activities of HIV/AIDS prevention are documented and shared with key stakeholders.(members and donors)						
2.2	ግ.መ.ያ. ተቋም ያሉትን የበጎ ፈቃደኞች በዘላቂነት ለማሰራት የሚችል የማነቃቂያ ስርዓት ዓለው The CBO has volunteers motivating mechanisms that drive them to enhance their activities sustainably						
	ጠቅላላ ውጤት Total Grade						

Step .2 የማ.መ.ያ.ተቋሙ አቅም መለኪያ/ The Community Capacity Barometer (CCB)							
ተ.ቁ	የአቀም ፍተሻ አይነት	ውጤት				የውጤት ቁጥር	ማስታወሻ
		የለውም(0)	በከፊል	ጥሩ	በ.ጥ		
3.	የአባላት ተሳትፎ						
3.1	ተደራሽ ማህበረሰቡ በተቋሙ ዋና ዋና ውሳኔ ላይ ያሳትፋል The target groups participate fully in the activities and major decisions of the organization						
3.2	የህብረተሰቡ አባላት በከፍተኛ ደረጃ የሚታይ በፍላጎት ላይ ተመስርተው ተቋሙን በተለይ በኤች.አይ. ቪ/ኤድስ መከላከል ዙሪያ በጉልበት፣ በገንዘብና በቁሳቁስ የሚደግፉበት ስርዓት አለ The community members demonstrated high degree of interest to contribute labor, finance, and material resources to the implementation of HIV prevention activities						
	ጠቅላላ ውጤት Total Grade						
	አማካይ ውጤት Average						
<u>የአቅም ድጋፍ የሚያስፈልጋቸው</u>							

ተ.ቁ	የአቀም ፍተሻ አይነት	ውጤት				የውጤት ቁጥር	ማስታወሻ
		የለውም(0)	በከፊል	ጥሩ	በ.ጥ		
4.	እቅድ ማቀድ እና መተግበር						
4.1	<p>ማ.መ.ያ.ተቋም ዕቅዱ የማህበረሰቡ ፍላጎት መሰረት ያደረገ ነው፤ እቅዱንም በየወቅቱ ይገመግማል፤ ይፈትሻል</p> <p>The CBO does planning based on the need of the community and are reviewed regularly (evidence based)</p>						
4.2	<p>የተቋሙ ዝርዝር ትግብራ ዕቅዱን መሰረት ያደረጉ ናቸው</p> <p>Implementation of activities are done as planned</p>						
4.3	<p>ሁሉም ተደራሽ አባላት በእቅድ ዝግጅትና አተገባበር ላይ ይሳተፋሉ</p> <p>All members and target groups of the CBO participate in the planning and implementation of the activities</p>						
4.4	<p>ማ.መ.ያ. ተቋም የቁጥጥር ክትትልና ግምገማ ሂደት አለው ?</p> <p>Does the CBO have a monitoring and evaluation mechanism in place</p>						
4.5	<p>ማ.መ.ያ. ተቋሙ በቂ የሆነ የመረጃ አሰባሰብ፤ አደረጃጀትና ሪፖርት የማድረግ እውቀትና ክህሎት አለው</p> <p>The CBO has knowledge and skill on basics of data collection and reporting system</p> <ul style="list-style-type: none"> • ትክክለኛ መረጃ በወቅቱ ይሰበሰባል Accurate data is collected on time • በመረጃው መሰረት ሪፖርት በወቅቱ ይዘጋጃል Collected data is summarized and report is produced on time • ሪፖርት ለአባላት በወቅቱ ይቀርባል Report is shared to members on time 						
	ጠቅላላ ውጤት Total Grade						

ተ.ቁ	የአቋም ፍተሻ አይነት	ውጤት				የውጤት ቁጥር	ማስታወሻ
		የለውም (0)	በከፊል	ጥሩ	በ.ጥ		
5	ጥምረትና ከአጋር ድርጅት ጋር መተባበር						
5.1	<p>ማ.መ.ያ.ተቋም ከሌሎች ተመሳሳይ ስራ ከሚሰሩ ድርጅቶች ጋር ያላቸው የስራ ግንኙነት/ትብብር/ጥምረት ለምሳሌ ከአጋር ድርጅቶች፣ ትምህርት ቤቶች፣ የመንግሥት መ/ቤቶች፣ ሌሎችም ተመሳሳይ ስራ ከሚሰሩ ድርጅቶች ጋር</p> <p>The CBO associate with supportive networks or complementary partner organizations such as schools, government offices, CSOs, religious groups, and other like-minded groups, etc</p>						
5.2	<p>ማ.መ.ያ.ተቋም ከሌሎች ጥምረቶች ጋር በኤች.አይ. ቪ/ኤድስ መከላከል በተለይም ወላጅ አልባ ህፃናትን በመርዳትና በመንከባከብ ተግባራትን መሰረት በማድረግ ያላቸው የማሰተዋወቅ ስራ/ግንኙነት</p> <p>The CBO has active participation in HIV/AIDS prevention and orphan support activities to promote learning.</p>						
5.3	<p>ማ.መ.ያ.ተቋሙ ከጥምረቱ ጋር ያለው የሪፈራል ግንኙነት በተለይም ተደራሽ አባላትን ለማገዝ በሚደረጉ ስራዎች ላይ (የመረጃ፣ ልምድ ልውውጥና ሌሎችም)</p> <p>The CBO are aware and create service referral network for services given by the network to reduce overlap of service or target group & strengthening their activities (through information and skill and experience sharing)</p>						
ጠቅላላ ውጤት Total Grade							
አማካይ ውጤት Average							
ተ.ቁ	የአቋም ፍተሻ አይነት	ውጤት				የውጤት ቁጥር	ማስታወሻ
		የለውም(0)	በከፊል	ጥሩ	በ.ጥ		
6	የገንዘብ አያያዝና አጠቃቀም						
6.1	ማ.መ.ያ.ተቋም የገንዘብ ማስቀመጫ ሳጥንና ህጋዊ የሆነ የባንክ ደብተር አለው						

	The CBO has cash box and/ official bank account to hold its fund						
	ማ.መ.ያ. ተቋም የገንዘብ ማስቀመጫ ሳጥንና ህጋዊ የሆነ የባንክ ደብተር አለው The CBO has cash box and/ official bank account to hold its fund						
6.2	ማ.መ.ያ. ተቋም የፋይናንስ አካሄድ (የሂሳብ አያያዝ ሂደት፣ ካዝና፣ የወጪ መመዘገቢያ፣ የባንክ ተወካይ ፈራሚዎች The CBO has basic financial procedures (managing cash box/safe box, book keeping, income and expenditure registry book, signatories, etc)						
6.3	ማ.መ.ያ. ተቋም ተክክለኛ የሆነ የወጪ ማረጋገጫ ደረሰኞች ለሁሉም ወጪዎችና ገቢዎች The CBO maintain supporting receipts and invoices for every expenditure made from the grant and income						
6.4	ማ.መ.ያ. ተቋም ወቅታዊ የፋይናንስ ሪፖርቱን ለአባላቱና ለረጅሞቹ ድርጅቶች/ግለሰቦች እና ለአባላት ያቀርባል The CBO produces regular financial report to the members, the concerned donor or government organization						
6.5	ማ.መ.ያ. ተቋም ያለውን በጀት በወቅቱ ያዘጋጃል፤ ይቆጣጠራልና ይገመግማል The CBO prepares, monitor and review a budget						
6.6	ማ.መ.ያ. ተቋም የሪፖርትና የመረጃ አያያዝ The CBO documents all financial documents and reports						
	ጠቅላላ ውጤት Total Grade						

Focus Group Discussion Guide

This research focuses on assessing the Capacities of Iddirs to implement orphan support and HIV/AIDS prevention interventions. It is conducted as partial fulfillment of Masters in Social Work. It tries to assess the role of Iddirs in relation to HIV/prevention and orphan support and; what has been done by _____ Iddir towards this. The assessment enables discussants to look deeply into the Iddirs they represent and analyze and envision a much better stand and possible strategies towards the same. I would like to emphasize that there exist no good and right actions and answers and that talking is voluntary. I would like you to share me your honest feelings that you have noted in your experience. For careful data collection everything that you say here will be kept confidential, and your names and any other identifying, information will not be used in any report coming from this research.

Thank you for allowing me for this FGDs. Know that you have the right to ask anything you are not clear with and to stop the process at any time.

Yodith Yimenu

Indra Gandhi National Open University (IGNOU), School of Social Work

April, 2014

Date of FGD _____

Name of the moderator _____

Name of the supervisor _____

1. What was the objective of the Iddir during establishment and what objective changes have been made later?
2. Who are the targets of the Iddir's HIV/AIDS prevention intervention and how are they selected?
3. What are the services the Iddir is providing to the targets of HIV/AIDS prevention program/project
4. What more do you think your Iddir should do to provide a better community based orphan support and HIV prevention service?
5. Capacity for participatory resource mobilization for raising substantial amount of budget from domestic sources for future sustainability of the project and ensure smooth ownerships
6. Capacity of the Iddirs to create a working relationship with key stakeholders in the area including the media and the private sectors.
7. Level of participation of Iddir members and beneficiaries of the program in planning, implementation and monitoring of the activities of the HIV/AIDS prevention and orphan support program.

Annex 2

Information of Iddirs under Assessment

Annex 4					
	የዕድሩ ስም	ምዝገባ ቁጥር	ቀበሌ	የቤት ቁጥር	ፖስታ ሳ.ቁ
1	ታምሩ እድር	0389	-	--	-
2	መረዳጃ እድር	0592	13/14	13/14	-
3	ጃንሜዳ እድር	0018	12/13	423	-
4	ጉድሼፕርድ እድር	0539	17/03	556	162
5	ጸጋ የወንዶች እድር	0853	11/12	ቀበሌ/ጽ/ቤት	59943
6	ማኅበረ ፍቅር እድር	0993	01/02	ቀበሌ ጽ/ቤት	21506
7	ገነት አምባ እድር	0228	04	ግለሰብ መኖሪያ	70818
8	መድሀኒአለም እድር	0025	13/14	330	59611
9	መሀልግንፍሌ እድር	0133	07/17	1117	17026
10	ጎረቤታዎች እድር	0848	-	001	-
11	ፀጋ እድር	0917	07/08	ግለሰብ መኖሪያ	28383/1000
12	ምስራቅ ፀሀይ እድር	0818	07/08	ግለሰብ መኖሪያ	59532
13	በርቱ እድር	0257	15/16	102	55018
14	ጨረቃ እድር	0702	01/02		--
15	ሀብረት እድር	0724	04/06	--	11272
16	ወገንለወገን እድር	0646	01/02	053	24378/1000
17	ባሻህ ወልዴእድር	0791	05	1827	647/1033
18	ጥላ መረዳጃ እድር	0524	11/12	362	29851
19	ድንበሩ እድር	0189	19	141	11089
20	ሰላሴ አጥቢያ እድር	0415	01/02	ግለሰብ መኖሪያ	216101
21	ሰድስት ኪሎ 02 እድር	0477	02	033	1549/1000
22	03 ማርያም ሰፈር እድር	1624	03	--	1760/1000

23	አለኝታ እድር	0088	13/14	033	27320
24	ሰራተኛ ሰፈር እድር	0396	01/05	--	--
25	07 የወንዶች እድር	1435	07/08	051	--
26	አራዳ ሰፈር እድር	0717	13/14	461	31218
27	እቃቤት ሰፈር እድር	1434	04	--	1270ሰ1250
28	ቀበሌ ፻፶ እድር		14/15	120	--
29	ልዩነት እድር	1447	10/11	56/ለ	--
30	ፋንታነሽ እድር	098	10/11	--	--
31	ጸጋቸን እድር	1680	07	--	

Annex 3: PROFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR APPROVAL FROM ACADEMIC COUNSELOR AT STUDY CENTR

Enrollment No.:099125428

Date of Submission: 23rd April 2014

Name of Study Center: 8105

Name of Guide: Title of Project: Assessment of the Capacity of Community Based Organizations Engaged in HIV/AIDS Prevention Intervention with Particular Emphasis to Some Selected Iddirs in Arada Sub City, Addis Ababa, Ethiopia

Signature of Student:

Approved/Not approved

Signature:

Name and Address of Student:

Name and Address of Guide:

YODITH YIMENU YIRDAW.

Addisalem Adem.....

Date: ...23/April, 2014

Indira Gandhi National Open University

School of Social Work

A Research Proposal for Masters Degree in Social Work

Assessment of the Capacity of Community Based Organizations Engaged in

HIV/AIDS Prevention Intervention with Particular Emphasis to Some Selected Iddirs in

Arada Sub City, Addis Ababa, Ethiopia

Submitted to: St. Mary University College

Prepared by: Yodith Yimenu

April, 2014

I. Introduction

Community Based Organizations (CBOs) are grass root organizations generally formed by the local people and run by the members. In the User's Manual for Charities and Societies Low published by the task force for the Enabling Environment for Civil Society in Ethiopia, 2011, the Federal Government of Ethiopian identifies CBOs as a component of Civil Society Organizations (CSO). Amongst other types of civil society organizations, CBOs are the most influential organizations involved in social welfare activities in the Ethiopia.

Iddir is a traditional community-based insurance scheme in which members make regular contribution for the association. The money collected usually serves to provide financial support during death crisis (Anteneh, et-al009). It is mainly a burial association for performing funeral ceremonies, coordinating collective way of paying condolences, and also for providing financial, emotional and labor assistance for the families of the deceased.

The objective of community based orphan support and HIV prevention service is to improve the quality of life and survival of orphans and vulnerable children (OVCs) and HIV affected and infected families through the active involvement of the Iddir and wider community.

Studies showed that community Based Organizations should have the resources, capacities and skills to provide various social services for their members and the wider community. The available community resources should be mobilized in order to promote further development activities in communities. Community based organizations deliver services effectively when they possess various capacities (resources).

The purpose of the is study is to assess the capacity of Iddirs, that are engaged in HIV/AIDS prevention and orphan Support The study will help to identify capacity gaps and inform the

concerned parties such as policy makers and other stakeholders to build the capacity of community based organizations, namely 'Iddirs'.

II. Statement of the problem

Ethiopia is one of the poorest countries in Sub-Saharan Africa both in terms of per capita income and social development parameters (FDRE, 1998). According to official statistics, about 33 percent of the populations live below the poverty line of one dollar/day. In addition to poverty, Ethiopia has been facing various social problems, of which HIV/AIDS being one of the major treats. HIV/AIDS has been the greatest challenges to the Ethiopian population, and it remained among the major causes of deaths of adults over the past two decades. Currently, it is estimates that more than one million people live with HIV in Ethiopia of whom nearly 290,000 need Anti-Retroviral Therapy/Treatment (UNAIDS, 2008). This huge number and accompanied by Ethiopia's socio-economic status makes the problem of HIV/AIDS severe.

CBOs particularly Iddirs have the potential to play a crucial role in HIV/AIDS prevention and service delivery to orphans and people affected and infected by HIV/AIDS if equipped both with skill and capacity (human, technical and financial). Under-pinning this rationale, however, is the recognition that Iddirs though engaged in diverse community development activities; they are not systematic and fully equipped. The evaluation report of Comprehensive Community Based Care and Support Program that was undertaken by Merry Joy and ISAPSO among Iddirs in Arada Sub city mentioned coming across with a problem in the capacity building of CBOs. It identified that capacity building effort of CBOs is at its infancy stage with disorganized manner. The report in addition disclosed that there is a good start in giving training named "Development, Education, Leadership and Training for Action (DELTA) for Iddir members and due to this some Iddirs have

changed their bylaws to focus on development issue particularly in addressing the problem of HIV/AIDS. It also reported that the organization of Iddirs even at kebele level is disorganized and is at a level of its lowest stage, limited experience in identifying and using local resource mobilization and relatively weak governance wise. Hence they are disparate in terms of specific development concept, including on areas of resource mobilization, networking and partnership, planning, implementation, monitoring, and reporting. In order for them to play more effective role, significant investments shall be required to build their capacity.

Although there are some studies conducted focusing on the roles of Iddirs in HIV/AIDS prevention and provision of supports for those who are affected by the problem, no adequate study is found conducted to assess the overall capacity of Iddirs that help them to engage in community development in general and HIV/AIDS prevention and intervention programs in particular. Therefore, this study is found to be a steppingstone to assess the capacity of Iddirs by showing them their areas of strength and capacity gaps needing improvement.

III. Objectives

3.1 General Objective

The primary objective of this study is to assess the capacity of Community Based Organizations (CBOs) namely Iddirs which are engaged in social work activities specifically HIV/AIDS prevention and orphan support activities in some selected Iddirs in Arada Sub City of Addis Ababa City Administration.

3.2 Specific Objectives

- 1 To identify competencies, skills and financial capabilities of Iddirs to render various needs (health, psychosocial, referral e.t.c) of orphans and people affected and infected by HIV/AIDS,
- 2 To identify capacity and skills of Iddirs to plan, implement, monitor and report achievement of their engagement in HIV/AIDS prevention endeavor
- 3 To describe strategies and structures of Iddirs that guides the overall governance and their activities,
- 4 To analyze the capacity of Iddirs to establish and sustain linkages and partnerships with other development actors in order to engage in community development activities particularly on HIV/AIDS prevention,

Research Questions

To effectively analyze the main issues raised in the specific objectives of the study the following research questions are identified and dealt throughout the study:-

- *What technical competency, financial and human resources the management of the Iddirs possess in order to undertake HIV/AIDS prevention intervention that is undertaken by the CBOs to meaningfully address the needs of the community affected and infected by HIV/AIDS?*
- *What are the governance structures, systems and procedures for human resource management, financial management, and planning and implementation system the Iddirs have?*
- *What strategies do they have on resource mobilization, community mobilization, participation and involvement?*

- *What are the systems and strategies in place for the Iddirs for networking, communication and collaboration?*
- *What capacity building needs are priority needs for effective engagement of Iddirs in HIV/AIDS prevention intervention*

IV. Research Design

4.1 Universe of the Study

Arada sub-city occupies a total area of 9.54 square kilo meters with a total population of 297,942. Currently, the sub-city has a total of 10 Woredas. There are more than 2000 Iddirs legally registered by the Addis Ababa Municipality out of which more than 230 Iddirs reside in Arada Sub City (Municipality of Addis Ababa, 2002).

4.2 Sample size and sampling technique

Out of 230 Iddirs engaged in HIV prevention and orphan support work in Arada sub City, a sample size of about 30 Iddirs will be selected. Three types of sampling techniques (purposive, simple random and quota) will be used in this study. Arada is purposely selected, because HIV is rampant in the area. From the population of 10 Woreda in the Sub City, 3 qualifying Iddirs/Woreda will be selected using quota system. However in Woredas where there are less than 3 qualifying Iddirs, additional Iddir will be taken randomly from other Woredas with more population size so that the selected sample Iddirs can represent the Sub City and make conclusion and generalization possible. Iddir is considered a unit of analysis.

The following formula will be used to reach to the sample size.

Where:

n = the required sample size

p = the value of p is 0.5)

A = Depends on desired significance level (in this case 1.96). The value of A for a significance level of 5 and 1% is 1.96 and 2.58 respectively

d= Margin of error (here = 0.05).

4.3 Tools for Data Collection

In order to collect the required data for this research, a standard rating scale called Organizational Capacity Assessment (OCA) tool developed and used by Pact Ethiopia Office will be adapted and be used as Community Capacity Barometer (CCB) to measure organizational and technical capacity of local community structure like Community Based Organizations (CBOs) engaged in social work service delivery. Community Capacity Barometer is a participant-guided self-assessment tool that enables CBOs to appreciate their strengths, identify key gaps and challenges and strategic actions to address them and take ownership of capacity development activities.

Focused group discussion will also be employed with leaders of the Iddirs, Iddir members and influential community members to gather relevant data which might not be captured using the CCB.

4.4 Data Analysis

Once data is collected, it will be organized by transcribing, clearing, labeling and coding the information gathered followed by framework analysis. Then the data will be further analyzed using SPSS version 17.0, for computerized and accurate interpretation which will make sound conclusion and generalization possible. The qualitative data will be analyzed separately by grouping and examining the information that are relevant to the research question.

Chapter Plan

- Chapter One: In this chapter, an introduction to the subject including the overall framework of the study shall be discussed.
- Chapter Two: This chapter will deal with review of related literature.
- Chapter Three: Chapter three shall present design of the research including sample, tools and planned data analysis.
- Chapter Four: Data analysis and interpretation of qualitative and quantitative data shall be discussed under chapter four.
- Chapter Five: This chapter will discuss analysis of qualitative and quantitative data findings
- Chapter six: Conclusions and recommendations will be dealt under this chapter

References

Annexes

Reference

Anteneh Addis (2009), the role of traditional savings and credit institutions in Ethiopia, the case of women groups in Semain Shewa, Addis Ababa University, Addis Ababa

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DFID (2010): Technical Competency Evaluation Framework: Evaluation Department, Corinium Human Resource Management, London

Federal Democratic Republic of Ethiopia, Policy of HIV/AIDS of Federal Democratic Republic of Ethiopia, Addis Ababa, 1998

HAPCO (2007): Report on Multi-Sectoral HIV/AIDS Response. Addis Ababa, AIDS Resource Center

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Shiferaw Tesfaye (2002). "Civil society organizations in poverty alleviation, change and development: the role of iddirs in collaboration with government organizations: the cases

of Akaki, Nazareth and Kolfe area of Addis Ababa (1996-2002)". MA thesis in Social Anthropology, Addis Ababa University.

UNAIDS.(2007). *AIDS Epidemic Update*. Geneva: UNAIDS

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Woubalem Negash (2003). The role of indigenous voluntary associations in community based

HIV/AIDS intervention activities (the case of Iddirs in Addis Ababa), MA thesis in Social Anthropology, Addis Ababa University

Professional CV

1. PERSONAL INFORMATION

Full Name: Addisalem Adem Abdella

Nationality: Ethiopian

Date of Birth : 26/6/1986

Place of Birth: Shambu, East Wollege (Oromia)

Sex: F

Marital Status: Married

Address: Addis Ababa, Ethiopia

Cell Phone No. +251921405766

Email: addisalem24@gmail.com

2. EDUCATIONAL BACKGROUND

PhD student in Social Work and Social Development, Addis Ababa University, September, 2012
to present

Masters of Arts (MA) in Social Work, Addis Ababa University, July, 2010

Bachelor of Arts (BA) in Sociology, Gondar University, July, 2007.

High School: Nekemte Comprehensive High School, Nekemte, June, 2004

3. TEACHING ACTIVITIES

Lecturer at Madawalabu university in the Department of Sociology since September,2007 to present

Courses Taught: Introduction to Sociology, Anthropological Theories, Social Institutions I, Social Institutions II, Social Problems, Social Policy and Planning, Social Welfare and Rehabilitation Services and Introduction to Sociology for health science students at MaddaWalabu University and various private colleges such as Alkan College, Keamed, College Enat Medical College and Yardistic University College.

4. RESEARCH WORKS

- 1) Attitude of psychology students towards premarital sex in the case of Gondar University
- 2) Community assessment of Gorgora Community, Gondar, 2006
- 3) Factors Hindering Family Planning services in Gondar Town
- 4) Asset Basedcommunity Assessment of Afincho Ber Community, 2009, Addis Ababa University
- 5) Action Research Project on ‘AmbaAmist’ Community, Addis Ababa, Addis Ababa University, 2009.
- 6) Qualitative Study on access of reproductive health services to the youth of Lideta Subcity of AddisAbaba
- 7) Exploring the experience of sexually abused female street children in Addis Ababa: Challenges and coping mechanisms
- 8) Enhancing the participation of Sociology students in group discussion: Action Research, Madawalabu University, 2011
- 9) The Resilience in Children: A Literature Review, 2014.

5. SERVICES

- a) Coordinator of Gender Office at MadaWalabu University
- b) Chairperson of tutorial program for slow learner female students at the school of behavioral science, Madawalabu University
- c) Book Club member and Coordinator at Madawalabu University
- d) Volunteer counselor in the school of Behavioral Science of Madawalabu University

6. TEACHING MATERIALS

Addisalem, A. (2012). Social welfare and Rehabilitation services. MadaWalabu University, Department of Sociology

Addisalem, A. (2012). Social policy and planning .MaddaWalabu University, Department of Sociology

7. PRESENTATIONS

- 1) Addisalem Adem (2011). Sexual violence among female students (presented on training conducted for Madawalabu university female students)
- 2) Addisalem A. (2011). Stigma and Discrimination Associated with HIV/AIDS (presented on world AIDS Day Conference)
- 3) Addisalem A. (2010). Reproductive health services in Ethiopia: policies and access to RH services to the youth. Addis Ababa University (presented on Advocacy project conducted in Lideta Subcity)
- 4) Enhancing the participation of students in group discussion (Presented on seminar organized by Higher Diploma Program)

8. SEMINARS AND WORKSHOPS ATTENDED

- a) Training of trainers on Applying Social Work Skills to Psychosocial Needs of People Infected and Affected by HIV/AIDS in 2010.
- b) Higher Diploma Program 2007- 2008.
- c) Qualitative Data Collection conducted at Population Council, Ethiopia
- d) Qualitative methods, Addis Ababa University, 2013 (a seminar conducted by Professor David Moxley)

9. AWARDS

- a) Awarded a certificate for Best Action Research in Higher Diploma Program
- b) Received a certificate of award for excellent performance among female students of Faculty of social Science and Humanities at Gondar University

7. PROFESSIONAL INTERESTS

Research, teaching and Community Service in the area of sexual abuse, street children, resilience, community development, and capacity building

8. COMPUTER SKILLS

- a) Excellent user of Microsoft word, Microsoft Excel, Microsoft Power Point,
- b) Proficient in using SPSS

9. LANGUAGE SKILLS

Fluent in speaking, listening, reading and writing English, Amharic, and Afan Oromo

10. REFERENCES

1. Ato Tariku Desalegn(Head of Department of Sociology at Madawalabu Univeristy), Cell Phone: +251922761312, e-mail= bokkeemandiga@gmail.com
2. Dr. Ashenafi Hagos (Head of the School of Social work), Cell phone: +251911099888, e-mail= ashehagos@yahoo.com
3. Dr. Ketema Meskela (President of Madawalabu University), Cell Phone:+251910248725.
4. AtoAtota (Head of Higher Diploma Program), Cell Phone: +251913452905