



Mid-term review report of “Reintegration of street children and community-based child protection in SNNPR, Ethiopia”

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Implemented by Retrak Ethiopia
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Abbreviations

- BoWCYA : Bureau of Women, Children and Youth Affairs
- CDW: Community Development Worker
- CLA: Cluster Level Association
- CSI: Child Status Index
- CWC: Child Wellbeing Club
- DHS: Demographic and Health Survey
- FGD: Focus Group Discussion
- FGM: Female Genital Mutilation
- HH: Household
- HR: Human Resources
- IGA: Income Generating Activity
- KHC: Kale Heywet Church
- KI: Key Informant
- KII: Key Informant Interview
- M&E: Monitoring and Evaluation
- MSC: Most Significant Change
- NGO: Non-Governmental Organisation
- SHG: Self Help Group
- SMT: Senior Management Team
- SNNPR: Southern Nations, Nationalities, and Peoples' Region
- SWOT: Strengths, Weaknesses, Opportunities and Threats

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We thank all the beneficiaries and stakeholders who have participated in the review. Their insights have been invaluable and inspiring.

The monitoring tools and mid-term review process have been developed and overseen by Tewodros Shibru (M&E Manager, Retrak Ethiopia), who has also worked tirelessly to collate and analyse the data. Guidance and additional analysis was provided by Joanna Wakia (Monitoring and Research Advisor, Retrak). Valuable input on the review goals and in reviewing the draft report came from Lynn Kay (Country Director, Retrak Ethiopia), Victoria Goring (Head of International Partnerships, Retrak) and Priyanka Zacharias (International Partnerships and Grants Officer, Retrak).

This report was written by Tewodros Shibru and Joanna Wakia, October 2014. © Retrak, 2014

1. Executive Summary

Retrak has 20 years experience of working with street children in Africa and seven years operational history in Ethiopia. Retrak Ethiopia works with full-time street children to give them a real alternative to life on the street. Retrak's records showed that a significant proportion of children met in Addis Ababa came from Ethiopia's southern region particularly from the town of Hossana and the surrounding area. As a result, a plan was developed to address some of the push factors that were leading many children to come to the city.

With support from Cordaid, a pilot 3-year community project was planned in the area (October 2012-September 2015), as well as support for reintegrating children into the area from Addis Ababa. Adjustments to the project were subsequently made to include a greater emphasis on education at the Addis Ababa drop-in centre and to start a new drop-in centre in Hossana town to catch children before they reach the capital. The long term project objective is to improve the wellbeing, support and protection of 2,964 vulnerable children and increase the knowledge, abilities and wellbeing of 1,013 household caregivers and community members. In doing this the project will change attitudes and behaviours, reduce stigma, and respond to and prevent further abuse and exploitation of children in target communities.

The project comprises six objectives:

1. Outreach and service provision to street children living unsupported on the streets in Addis Ababa and Hossana;
2. Participation of street children in education and life skills at drop-in centres in Addis Ababa and Hossana;
3. Reintegration of street children with their families in SNNPR, and support to caregivers;
4. Establishment of child-led Child Welfare Clubs (CWCs) with a focus on child protection issues;
5. Participation of vulnerable women in Self Help Groups (SHGs) leading to greater economic security and participation in family and community decision making; and
6. Community education to promote child protection.

This mid-term review gathered information from ongoing monitoring and dedicated activities involving beneficiaries and staff, in order to assess progress to date and generate learning for taking the project forward and for informing similar projects in other locations.

Results

In light of the output and outcome results, it can be deemed that the project has been successfully implemented in the first two years. 471 children have been contacted on the streets, 447 have received services at drop-in centres in Addis Ababa and Hossana (newly established in May 2014), including education and life skills, and 160 have been reintegrated with their families in SNNPR. As a result, the wellbeing of children has improved dramatically, with an almost complete elimination of risk. Children's wellbeing when they are placed back in to the care of their family also improves overall.

A new community project has been established in Duna, Gibe and Soro Woredas, where 355 women have joined 18 SHGs, over 2,000 children have participated in activities led by 11 CWCs and over 500 community members have received education through 17 workshops. Awareness raising activities focused on child trafficking, and specifically targeting bus station workers and police, has led to over 90 children being rescued.

Wellbeing assessments of SHG members and their children in the community revealed they are at risk in several areas, however improvements have been achieved especially in the area of skills and work for caregivers and in parental care for children. This links to the emphasis in the SHGs on savings and loans and on education around parenting skills and child protection. Through the SHGs, savings have reached an average of 230birr (\$12) per household and nearly all members have plans to increase their income. Stories from these women revealed that there has been an impact on parenting skills, empowerment and overcoming discrimination or lack of self-worth. The women are more aware of the risks children face on the streets or through child labour and there is an increased desire to get their children home. The women show great determination to succeed and avoid past mistakes once a new option is open to them.

Improvement in savings, loans and work is important since economic activity is limited in the area. Whilst the SHG households have a cash income of around 530birr (\$27) per month on average, this mainly comes from the sale of goods. Agricultural land and livestock ownership is below the national average, and child work and labour is common with 92% of 12-14 years involved in household work, and nearly 10% undertaking paid work outside the household.

Child protection issues have also been addressed through the CWCs which have used peer-to-peer activities to raise awareness of issues including: street life, child trafficking, education and work. Anecdotal evidence, which needs to be explored further, suggests this is improving children's attendance at school and reducing drop outs.

The community see child labour as one of the top child protection risks in the community, along with physical abuse and FGM. Other sources of harm for children in these communities are parental lack of awareness of healthy parenting, child abuses, and child protection and parents' death or divorce. Girls are seen to be more abused than boys, with some unique sources of harm for girls including early marriage and Female Genital Mutilation (FGM). These child protection issues are addressed either through the traditional or the government structure. Although the traditional structures maybe preferred initially, the punishments imposed are perceived to be lenient. The decisions made by the government structure can be more satisfactory, but the process takes a long time to conclude. Not all child protection incidents are reported because of lack of awareness on child protection issues and on the available structures through which they can be addressed. Some of these issues will be further addressed in year 3 of the project with a goal to build capacity to aid implementation of child protection policies.

Review of SHGs and CWCs

The review of the SHGs by an independent assessor, project team and beneficiaries revealed that the approach is well adopted and accepted in these communities, leading to changes in women's lives and those of their children as already mentioned. The project has successfully adapted and followed the Tearfund/KHC model, with only a few areas not being implemented so far. The SHGs therefore do still need close follow-up to improve on certain skills such as rotational leadership, documenting bylaws and other business skills. The SHGs are now in a position to establish the next stage of the SHG approach, with the establishment of Cluster Level Associations (CLAs). Due to the local situation, this will be pursued despite the fact that the number of SHG in each Woreda is less than the ideal number.

The review of the CWCs with children, school staff and project team revealed that this approach has been harder to progress. Working through mentors in schools is difficult, especially when there is an expectation of per diems for activities to be completed. Frequent meetings must be pursued and alternative means of motivating mentors could be sought. The CWCs work is also being complemented by football clubs set up with out-of-school children. This is an additional activity, but it has provided a useful opportunity for the

project staff to engage children beyond the schools hosting the CWCs and include them in receiving the same child wellbeing messages.

Most significant story

A story gathered as part of this review tells of the experience of one of the SHG members. She is mother to 9, her husband has no job and she supports the family by selling 'injira' (local food). Through the SHG she has been able to save and take a loan to improve her business. She has also learnt new parenting skills through the group.

"I raised my children far from what has been taught to me here since the first day of our lesson. I used to punish my children by hitting them hard, accuse them for all mistakes, curse and insult them unceasingly, chase them with an axe, tied them using rope and hit them, used my teeth to bite them. But I never thought this could harm them or that I could be wrong in the eye of the law."

One day her 14 year old daughter made a mistake and was so afraid of the punishment she left home and was too afraid to return. Through the SHG meeting her mother realised: "my children are not the one who made the mistake. It is me who made the mistake. Had it been I continued with this way, all my children could have left home and gone to the street." She then left the meeting and invited her daughter to come home.

There has been an improvement in the way she is treating her children, and they are becoming less aggressive and happier. Her daughter testifies to this change: "My mother has changed a lot. She still gets annoyed but she becomes calm quicker. She has stopped her former way of hitting us all. I have also decided to continue my education next year. My mother has become kind to me."

Recommendations for this project

The following recommendations to strengthen the project, with a particular focus on the new community-based activities, are put forward for consideration by the Retrak Ethiopia, in consultation with Cordaid.

- Continuing to hold discussions around parenting skills, child protection and child development, since these are clearly impacting the wellbeing of children.
- Reinforcing with the SHGs the importance of written bylaws for each group and the need to follow rules consistently so that members do not fall into absenteeism.
- Working with the SHGs and CDWs to improve the practice of rotational leadership, thus allowing as many women as a possible the opportunity to build up their leadership skills.
- Setting clear milestones to help each cluster of 6 SHGs to establish and run a CLA in each Woreda. This should include a phase out of CDWs direct involvement with the SHGs, as the CLAs should provide this support.
- Continuing to support SHGs to think about individual and group income generating activities, as well as encouraging them to look for opportunities for community social change projects, especially as the CLAs develop.
- Considering if there is a way to boost the internal capital of the SHGs so that they are able to provide larger loans with longer repayment periods.
- Seeking ways to strengthen the work of the CWCs through continued regular meetings with mentors to help review and plan activities. Whilst it is not appropriate to offer per diems, it might be possible to find a suitable thank you gift to reward and acknowledge the work they are doing.
- Continuing to work with out-of-school children through football clubs and ensure these activities are adequately monitored.

- Continuing to provide community education activities with the aim of enabling implementation of child protection policies. This should continue to include a focus on trafficking and the work in this area needs to be specifically monitored. In addition, since FGM is considered a top child protection issues the project should consider if this issue can be addressed now or in the future, perhaps in collaboration with others who are specialists in this area.
- Beginning to plan for phase out of this project to ensure sustainability of the SHGs and any other activities.

In addition, in the area of M&E, consideration should be given to adding new indicators for additional activities of trafficking awareness raising and football clubs; ensuring community education sessions are well documented; tracking trafficking prevention and school drop outs; new ways to track outcomes with CWCs and football clubs; adjusting the economic survey; and providing repeat and more in-depth training for staff.

In the area of HR, consideration should be given to reviewing the current remuneration of CDWs in light of experience and recruiting support staff, possibly from within the community as this has proven strategic in building good relationships and tackling dependency; providing further training to staff; recruiting an M&E Officer; and reviewing staff induction and supervision, and the link between the Addis Ababa management and the Hossana-based staff.

Recommendations for future projects

The success of the project lends itself to replication and scale up, within Ethiopia and beyond. Consideration should be given to:

- Options for replicating the project in the 2 remaining Woredas in Hadyia zone and in Wolyita, another area from where many street children are coming.
- The culture of dependency in any future locations, building on lessons learnt about how to deal with this.
- The workload on CDWs and the balance of different activities, which may vary with the particular needs of the location.
- The need for a vehicle to ease transport around the project area.
- Establishing clear M&E procedures, so that staff members are trained in these during their induction, and they can run from day 1 and be used to collect baseline information.

2. Introduction

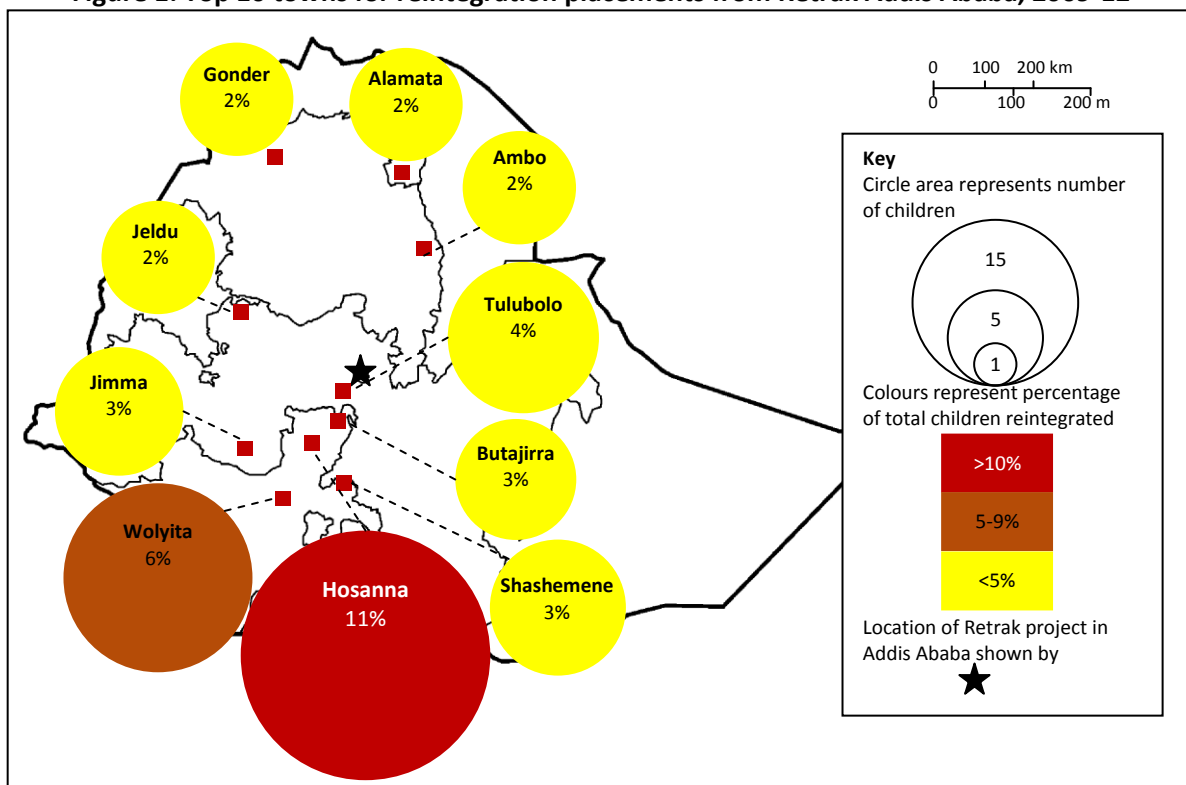
2.1. Retrak Ethiopia

Retrak has 20 years experience of working with street children in Africa and seven years operational history in Ethiopia. Retrak Ethiopia works with full-time street children to give them a real alternative to life on the street. Retrak's primary goal is to enable street children to return to life in a caring and stable family environment, either with their own family, a foster family or by living independently in the community. Street visits, food, sporting activities and medical care are core components of our outreach programme; social workers then work with each child on a case by case basis to understand their needs and provide them with the social, educational and income generation tools they require to overcome the past, reintegrate into society and family life, and to embrace the future. In 2013 Retrak worked with over 18,000 beneficiaries and Retrak Ethiopia worked with 1,603 street children and 2,615 total vulnerable children. We enabled 149 children to return to their families (125 in 2012) and 32 to become independent (26 in 2012). 614 caregivers received parenting and income generating training to help build the capacity of families to care for their children when they return home (375 in 2012).

2.2. Hossana Community Project

Evidence from Retrak's reintegration records showed that a significant proportion of children met in Addis Ababa were being reintegrated into the area around the town of Hossana in SNNPR (see figure 1). As a result, Retrak developed a plan to address some of the push factors that were leading many children to come to the city.

Figure 1: Top 10 towns for reintegration placements from Retrak Addis Ababa, 2009-12



In 2012 Retrak reached an agreement with Cordaid to undertake a pilot community project in the area, as well as to support the reintegration of children into the area from Addis Ababa. This project began in October 2012. Adjustments to the project were subsequently made to include a greater emphasis on education at the Addis Ababa drop-in centre and to start a new drop-in centre in Hossana town to catch

children before they reach the capital. The agreed objectives after these adjustments, for the three year project (October 2012-September 2015) are as follows:

Long Term Objective: The long term project objective is to improve the wellbeing, support and protection of 2,964 vulnerable children and increase the knowledge, abilities and wellbeing of 1,013 household caregivers and community members. In doing this the project will change attitudes and behaviours, reduce stigma, and respond to and prevent further abuse and exploitation of children in target communities.

Short Term Objectives:

1. Over a three year period, 395 street children living unsupported on the streets realise their rights to services (health care, education/skills training, psycho-social support), access protection and have become happier and more confident in their social interaction whilst at Retrak, opening up future opportunities.
2. Over a three year period, 656 street children participate in education and life skills at our drop-in centres in Addis Ababa and Hossana to ensure that they can easily reintegrate back into the formal education system once reintegrated home.
3. Over a three year period, 126 street children reintegrate with their families in SNNPR, and 234 caregivers gain knowledge and skills, so that the families are healthy, safe, emotionally well and independent
4. Over a three year period, 1,650 children participate in child-led Child Welfare Clubs (CWCs),¹ gain knowledge around child protection resulting in a 20% increase in the number of children reporting child protection issues.
5. Over a three year period, 225 women participate in Self Help Groups (SHGs) and gain increased knowledge and confidence leading to greater economic security and participation in family and community decision making.
6. Over a three year period 450 community members gain knowledge in child protection resulting in the implementation of community child protection strategies and the increased participation and protection of children within the community.

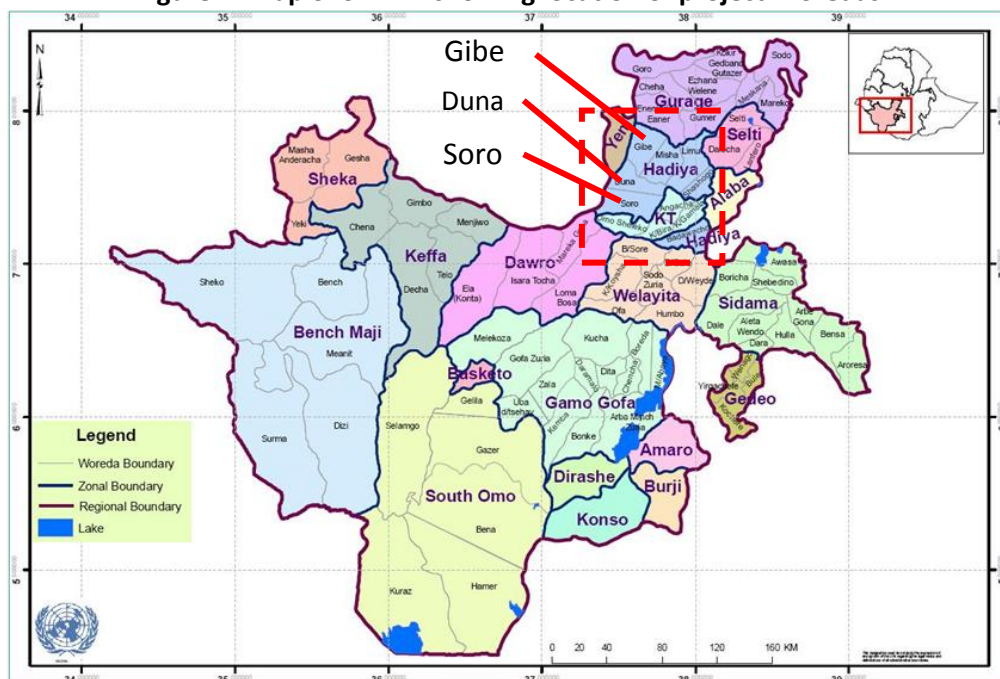
Based on recommendations from the local authorities, the project targeted three Woredas: Duna, Gibe and Soro, within Hadiya zone, as show in figure 2.

A Child Vulnerability Survey undertaken at the beginning of the project highlighted needs in terms of food, shelter and potable water, as well as limited economic options, with trafficking being a key concern. It was recommended that the project needed to focus on helping households to develop diverse income generating activities, especially through women, so that the children's wellbeing is more likely to be impacted. It was acknowledged that whilst schools are present they could be made more child-friendly, with additional training for teachers. Other issues could be addressed further through community education to change some societal norms which can harm children and push them to the streets.

The drop-in centre and reintegration work in Addis Ababa has been running since the beginning of the project in October 2012. After obtaining the necessary permissions from authorities at a national and regional level, the community work in the 3 Woredas began in June 2013. The first Self Help Groups (SHGs) were registered in July 2013 and the first Child Wellbeing Clubs (CWCs) started in October 2013 (once the school year had started). Additional permissions had to be obtained for the Hossana drop-in centre, which opened its doors to children in May 2014.

¹ These groups were originally called Child Protection Clubs, but then name was altered to bring it in line with practice in Ethiopia.

Figure 2: Map of SNNPR showing location of project Woredas



The work in the three Woredas is managed by a Project Manager, and each Woreda has a Community Development Worker (CDW) who resides in the area and oversees all the SHGs, CWCs and community education activities. The Project Manager is part of Retrak Ethiopia’s Senior Management Team (SMT) and reports directly to the Country Director. The Hossana drop-in centre is managed by a Centre Manager, and has a team of one social worker, two outreach workers/teachers, a cook, purchasing officer and 6 guards. The Centre Manager reports to the Addis Ababa Centre Manager who is a member of the SMT. There is in addition a Finance Officer based in the Hossana office.

2.3. Mid-term review goal and key questions

The goal of the mid-term review is to assess progress to date and generate learning for taking the project forward and for informing similar projects in other locations.

The key questions to guide the review are:

1. **Activities and Outputs:** What activities and outputs have we achieved? What is the progress against targets? What are the reasons for any under/over achievement? Did we do all the planned activities? If not, why not? Did we do activities that weren’t planned for initially? Why? What are the strengths, weaknesses, opportunities and threats in implementation so far?
2. **Outcomes:** What was the baseline status for each outcome? What progress have we made against the project outcomes? What progress have we made against other expected outcomes? Do these need to be included more specifically in our reporting in future? Do we have evidence of any unintended outcomes?
3. **Special focus on SHGs:** How is the implementation of the SHGs proceeding against the Tearfund SHG model and manual? Is the model performing as it should be at this point in the project? If yes, what are the lessons learnt? If no, why not and what steps need to be taken to improve? How are the activities and results of the Retrak SHGs complementing or detracting from the work of other SHGs in the area? What opportunities are there for collaboration with Tearfund in the future? (e.g. as above in the development of Cluster Level Associations) In what way are the SHGs empowering the women involved to become advocates of social change within their communities? How can this

be strengthened further? In what way are the SHGs impacting on child protection within the households? How can this be strengthened further?

4. **Special focus on CWCs:** What have we learnt about CWCs? To what extent are they functioning as we expected or not?
5. **M&E:** Is there a clear monitoring system? Is it being followed? Are the current output and outcome indicators sufficient to provide the necessary information for decision-making and learning?
6. **HR:** Was the staffing level appropriate? Were the salaries sufficient to attract quality staff? What changes should we make to induction and training to ensure quality performance?

The aim is to be able to make recommendations concerning:

- Adjustments to project design and implementation, HR and M&E
- Key lessons learnt to aid development of similar projects in other locations

It was also intended to help us plan for the final evaluation and the next steps in developing this kind of work in Ethiopia and other Retrak locations.

3. Methodology

This mid-term reviews draws on ongoing monitoring data tracking progress of activities, as well as some specific tools designed to track changes in the lives of the beneficiaries. Retrak always seeks to ensure participation of beneficiaries in the evaluation exercises, so opportunities were created to hear directly from the project beneficiaries, both children and adults.

3.1. Wellbeing assessments

Wellbeing assessments were undertaken with children at the drop-in centres and as they move through the reintegration process, as well as with all the SHG members and with one child in their care. The wellbeing assessments are based on the Child Status Index (CSI), developed by MeasureEvaluation.²

Retrak has adapted this tool for use with street children to track changes in their wellbeing from the streets, through transitional care and into family and community reintegration. This has become a standard part of Retrak's case management and monitoring toolkit,³ and has generated a lot of interest as there are few methods available to show the success of reintegration in terms of wellbeing.

In addition, wellbeing assessments were done with the SHG members and one of their children. For children, this followed the same format, and more closely follows the original purpose for the CSI. The caregiver wellbeing assessments are another adaptation of the CSI, this time making it specific to caregivers.

The children's wellbeing assessments look at 12 domains of wellbeing with the following goals:

- 1A. Food Security: Child has sufficient food to eat at all times of the year.
- 1B. Nutrition and Growth: Child is growing well compared to others of his/her age in the community.
- 2A. Shelter: Child has stable shelter that is adequate, dry, and safe.
- 2B. Care: Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.
- 3A. Abuse and Exploitation: Child is safe from any abuse, neglect, or exploitation.
- 3B. Legal Protection: Child has access to legal protection services as needed.
- 4A. Wellness: Child is physically healthy.
- 4B. Health Care: Child can access health care services, including medical treatment when ill and preventive care.
- 5A. Emotional Health: Child is happy and content with a generally positive mood and hopeful outlook.
- 5B. Social Behaviour: Child is cooperative and enjoys participating in activities with adults and other children.
- 6A. Education Performance: Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.
- 6B. Education access: Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.

² O'Donnell, K et al (2009) *Child Status Index: a tool for assessment the well-being of orphans and vulnerable children – manual*, Chapel Hill, NC, MEASURE Evaluation

³ Corcoran, S & J Wakia (2013) *Evaluating Outcomes: Retrak's use of the Child Status Index to measure wellbeing of street-connected children*, Manchester, Retrak

The caregiver's wellbeing assessments look at 6 domains, in similar areas, with the following goals:

- 1. Food: Caregiver has sufficient food to eat at all times of the year.
- 2. Shelter: Caregiver has stable shelter that is adequate, dry, and safe.
- 3. Protection: Caregiver is safe from any abuse, neglect, or exploitation and has access to legal protection services as needed.
- 4. Health: Caregiver is physically healthy and can access health care services.
- 5. Emotional and social wellbeing: Caregiver is happy and content with a generally positive mood and hopeful outlook; s/he enjoys participating in activities with other people.
- 6. Skills and work: Caregiver is engaged in appropriate, safe and productive job (employed, self-employed or farming).

In both cases, definitions are given for each domain on a scale from 1 to 4, where 1 is very bad and 4 is good. A child or caregiver scoring 1 or 2 (very bad or bad) is considered to be at risk, and immediate action should be taken.

Assessments with street children are taken as they join the centre but are retrospective, reflecting their life on the streets. Further assessments are done as part of Child Care Reviews whilst they are in the centre, and at placement and during follow-ups as part of the reintegration process. This means that changes in wellbeing can be shown across the journey.

With the SHG members, assessments have been done at two points during the project, in February 2014 and July 2014. This corresponds with roughly 6 months and 1 year after the opening of the first SHGs, however this varies as some SHGs started later on. Data was assessed based on the length of the member's participation in the SHG, with point 1 being 6.5-8.5 months after registration with a SHG, and point 2 being 11-13 months after registration with a SHG.

For all wellbeing data gathered, analysis was undertaken in 3 ways:

- Through the use of spider diagrams which show the domains of wellbeing on individual axes, with each axis charting the cumulative proportion of beneficiaries who score 1 (very bad) to 4 (good). The scores are colour coded red=very bad (1), orange=bad (2), yellow=fair (3) and green=good (4). A child scoring 1 or 2 (red or orange) is considered at risk. Comparison of spider diagrams at different assessment points reveals changes in wellbeing.
- Through calculating the percentage of beneficiaries who have shown improvements in wellbeing over all and for each domain. This considers not only improvements in at risk scores (1 or 2 to 2 or 3), but also improvements from fair to good (3 to 4).
- Through looking at numbers of domains scored as at risk (1 or 2) at different assessment points. The cumulative percentage of beneficiaries scoring numbers of domains at risk is shown on a line graph, from 12 or 6 on the left, to zero on the right. A variance in the line on the graph to the right shows a decrease in the number of domains at risk. This analysis can also be done using other variables, in this case by Woreda (for caregiver and children) and by gender and age (for children only).

3.2. New outcome tools

To supplement the wellbeing assessments several new tools were piloted also to provide some specific information on income and children's education and work in the SHG families, to look at community Child Protection views and mechanisms, and to document the intangible changes to beneficiaries through storytelling.

Economic Survey

The purpose of undertaking an economic survey is to bring out information related to increased income as a result of SHG involvement, and the impact this has on children's education and work, which are known to be key push factors to the streets. Household questionnaires have been used in other projects which are specifically looking at outcomes for children from economic interventions in DR Congo and Uganda.⁴

Based on examples from other projects a pilot tool was developed to gather information linked to:

- Assets and possessions
- Income, savings, debt, loans, support, future plans
- Expenditure
- Children's work and education.

Following training that was delivered in April 8-10, 2014, the Community Development Workers (CDWs) undertook the survey in the months of May and June 2014. The three CDWs completed the survey together each visiting the other Woreda in turn. The CDWs used the SHGs' weekly meeting and house to house visits to complete the survey. The survey was done on 95% of the SHG members (i.e. 325 surveyed out of the 341 members). Later the paper work was sent from the fields to Addis Ababa office for quality checking and computerisation. Rigorous analysis was later done by the Monitoring and Research Advisor.

Child Protection Mapping

The aim of this community mapping is to understand about Child Protection risks, prevention and responses in the locations where we work, and to see if our project influences prevention and responses during the project period. We are especially interested in an increase in appropriate reporting of Child Protection issues (outcome 5).

Previous work provides some good guidance, in particular a project by The Columbia Group for Children in Adversity "An Ethnographic Study of Community-Based Child Protection Mechanisms and their linkage with the National Child Protection System of Sierra Leone" and a project of Child Protection in Crisis called "Mapping Community-based Child Protection Mechanisms – Uganda"⁵. Both these projects explored community perceptions and experiences of child protection in small communities. The project established the most common Child Protection risks in these communities, as well as how the communities currently prevent and respond to these risks, and how this might be improved. It also explored linkages to formal Child Protection systems. These projects undertook a mixture of community observation, focus group discussions (FGDs) and Key Informant Interviews (KIIs)

As part of this project we have adapted this methodology. To do this we conducted two consultative workshops in April and July 2014. In the first workshop, besides internalizing the methodology, the project staff identified stakeholders for key informants interviews and participants for FGDs. Since this methodology is time consuming, the project team cancelled some of the optional steps. There were ten key informants' interviews. These key informants were representatives of nine major government stakeholders and one association that are concerned with child protection issues. These government offices include the Woreda Justice Office, Police Office and Women and Children's Affairs office from Duna Woreda, Justice

⁴ Draft of tool, received from author, used in Katz, B, J Chaffin, I Alon & A Ager (2012) *Livelihoods, Economic Strengthening, Child Protection and Well-Being in Western Uganda: Final Report, June 2012*, Mailman School of Public Health, Women's Refugee Commission, Western Uganda Bantwana Program

⁵ The Columbia Group for Children in Adversity (2011) *An Ethnographic Study of Community-Based Child Protection Mechanisms and their linkage with the National Child Protection System of Sierra Leone*; CPC (2012) *Mapping Community-based Child Protection Mechanisms – Uganda*

Office, Women & Children Affairs Office and Police Office from Gibe Woreda, Justice Office, Labour and Social Affairs Office and Police from Soro Woreda. A representative of one association of Bus Station Conductors was involved as key informants.

There were also two FGDs in each Woreda, total of six FGDs in all communities. All of the Woredas had one FGD with SHG members. The six SHGs in each Woreda sent their representatives to form one FGD in each town. In addition to the FGD with SHG representatives, Duna CDW held a FGD with Child Wellbeing Club (CWC) members. While the Gibe CDW held a FGD with religious leaders and the Soro CDW held a FGD with community elders.

The CDWs completed the mapping activity and later send their report to Addis Ababa office in August 2014. The reports from these Woredas were compiled and analysed to highlight child protection issues, child protection risks and child protection mechanisms in these communities.

Most Significant Change stories

‘...where we can tell no story, we have no knowledge.’⁶

The Most Significant Change (MSC) technique is a well documented tool for recording and analysing the change that results from an intervention. The aim of using the MSC technique in this project is to learn about changes in caregivers’ knowledge and skills as a result of their involvement in SHGs and community education, in particular we are interested in hearing about the impact of changes in knowledge and skills in parenting, child development and child protection.

As described in the MSC guide, there are 10 steps to undertake the full implementation of MSC technique. The key steps (4, 5, 6) are:

- Step 4: Collecting stories of significant change with beneficiaries
- Step 5: Selecting the most significant of the stories
- Step 6: Feeding back the results of the selection process

At the heart of the process are two questions:

- ‘Looking back over the last month, what do you think was the most significant change in [particular domain of change]?’
- ‘From among all these significant changes, what do you think was the most significant change of all?’

After collecting stories, in answer to question 1 above, the next step is to select stories that are seen to be most significant. This is done through several levels of a hierarchy, by reading all the collected stories, discussing them as a group and deciding as a group which is the most significant and feeding this up to the next level until one most significant story is decided upon. Feedback should then be provided to explain which story was selected and why. This helps future story collection, can expand or challenge participants’ views on what is significant, and shows that others have read and engaged with the experiences of beneficiaries.

Towards this end, CDWs were introduced to MSC methodology in April 2014. They were also trained in story writing skills in July 2014. As part of this project it was decided that stories would be gathered in each

⁶ Richard Mitchell (1979) as quoted by Michael Patton (2002), *Qualitative Research and Evaluation Methods*, 3rd ed, Thousand Oaks, CA, Sage, p196

Woreda and that the project staff in Hossana would act as the first level of selection and the senior management team (SMT) in Addis Ababa would be the second level. Some stories have already been circulating among SHG members and Retrak staff. However, formal collection of stories began in July 2014. Initially CDWs collected a number of stories of change in different domains of the programme as told by beneficiaries (or story tellers). Then the project team which comprises all CDWs and the Project Manager filtered eight stories and sent them to the SMT in Addis Ababa. Six of these stories relate to SHGs (economic empowerment, healthy parenting skill and social change/empowerment). The other two stories are concerned with CWCs and community education. These eight stories were edited and translated to English (some of them were written in Amharic). As the second level of selection of stories, the SMT assigned three people to make a thorough review of the stories and select one story as the most significant one on behalf of the SMT. These assigned SMT members were the Drop-in Centre Manager, M&E Manager and the Community Project Manager. Later these eight stories were used for thematic coding and analysis to show changes in caregivers' and children's knowledge and skills as a result of their involvement in SHGs, CWCs and community education.

3.3. Participatory reviews

It was important to hear from the beneficiaries themselves, as well as other key stakeholders, during this mid-term review. Some of the new tools already described provide a way to hear from beneficiaries through story-telling and community mapping. To add to this several forums were arranged to promote discussions amongst the beneficiaries and staff, as well as to hear from an expert in SHGs from the Kale Heywet Church (partner with Tearfund).

SHG review with beneficiaries

One SHG among the 18 in the three communities was selected for review of project performances with beneficiaries. The selection criteria was only convenience (i.e. proximity to Hossana town and the SHG meeting day and time happened to match the reviewers' arrival in that community). Based on these criteria Soro Woreda and its El-shaddi SHG were selected. The reviewers were M&E Manager, Project Manager and the CDW.

This review was done on 14 August 2014. The SHG was established in July 2013. During the time of review this SHG had 18 members. Number of members in attendance for this meeting was 14. Among the 14 women present, 9 of them responded to the various questions by the reviewers. The discussion with these women concerned their view on the benefit and strength of their SHG, the main threats and weaknesses, and the support they needed to make their SHG stronger. Reviewers used note taking and voice recorder as the way of recoding the discussion with these beneficiaries. The findings were documented in a report.

SHG review by KHC

Since Retrak adapted the Tearfund/Kale Heywet Church (KHC) model and manual for its implementation of SHG approach, it was considered a valuable experience to employ an expert from KHC in the area of SHG so that we could have an independent expert's opinion on our implementation so far. Accordingly, Retrak contacted Hossana area KHC and the Church assigned Mr Amanuel Ashebo, Hossana Area SHGs Coordinator. Mr Ashebo has experience of facilitating 99 SHGs in Hossana area. This expert travelled to the Soro Woreda with Retrak reviewer team. The selection of the SHG for this independent review was also based on convenience (as explained above). The expert first followed up the SHG members' discussion with Retrak reviewer team. Whenever, necessary, he raised important questions to help him in his review. Later, he reviewed important documentations of the SHG and had a separate discussion with the women on issues that were not addressed by Retrak reviewers. At the end of his visit Mr Ashebo wrote Retrak a separate report on his assessment.

CWC review

There are 11 CWCs in the three communities. However, the community selected to review CWC based on convenience (since SHG review was also done in the Woreda in the same day). Unlike the SHG review in the same Woreda, the review with CWC was not as successful and it was difficult to draw valuable information from the discussion with the students. This was due to the fact that the time of review was during school vacation and it was difficult to get children to the FGD. However, there were many children who came to the meeting through information passed through word of mouth from children to children in every village. There were 25 children who came for the meeting, not an ideal number for FGD. In addition these children were from different schools and different CWCs. The group was not homogenous. Many of them came with different expectations. As a result the FGD did not go well and it was difficult to extract valuable information.

Staff review

Having reviewed one SHG and one CWC, the next step was to review the overall project implementation. Towards this end, there was a one day workshop on 15 August 2014 in the presence of all CDWs and the project manager. Workshop facilitator was M&E Manager. In this workshop, the staff and M&E Manger reviewed the reasons for under/over achievements against project plan compared with year-to-date result (to July 2014). Staff also made a SWOT analysis of the project implementation and gave feedback on possible project implementation amendments. They identified unintended outcomes achieved during this project period. The workshop also assessed M&E and HR related issues and made recommendations. The proceeding of these workshops was later compiled as input for the mid-term review.

3.4. Limitations

This mid-term review is using several new tools which have not been used by Retrak before. This led to several limitations. The economic survey was not piloted, although it was adjusted by the staff on the ground, this led to confusion in relation to some questions and answers. The Most Significant Change technique was also used for the first time, it has generated some great results, but the process of gathering the stories could be improved by making it more participatory and ensuring that the stories relate to individuals and are narrated from their point of view. Improvement in both areas would require further training.

The use of child wellbeing assessments built on considerable experience of using the tool with street children. The analysis of results revealed some differences in one Woreda which may be to do with implementation. Subjectiveness amongst assessors and the need to contextualise means that achieving inter-rater reliability is a challenge. This can be addressed through further training and reflection with the staff.⁷

When planning future FGDs, especially with children, it is important to consider the timing so that results are not biased because of poor or unexpected turn out. FGDs with children must be held in school time.

The review done with the SHG was based on convenience sampling due to time and budget constraints. This selected SHG is one of the 18 SHG and may not be representative of all groups. The same sampling technique was also applied for CWC.

The CDWs collected most of the data for this review. Although they have limited experience of such tasks the training and support offered by the Retrak Ethiopia M&E Manager has ensured a high level of success.

⁷ More information on the subjective nature of the wellbeing tools and how this can be managed can be found in: Corcoran, S & J Wakia (2013), op cit

It would help in future to have an M&E Officer in Hossana who can monitor implementation of monitoring tools more closely and trouble shoot issues as they arise.

Planning for future reviews must consider the time taken for travel (between communities and between Hossana and Addis Ababa) as well as any need for translation of results. Adequate time and resources should be allocated for data entry as this was rushed for some data sets and the quality of data suffered.

4. Findings

4.1. Outputs⁸

Output indicators	Y1-3 Target	Y1 Actual (Oct12-Sep13)	Y2 Actual (Oct13-Sep14)	Y1-2 Actual (Oct12-Sep14)
Objective 1: Addis Ababa and Hossana drop-in centres and Objective 2: Education and life skills				
Number of Street children reached through street visits	395	166	305	471
Number of Street children stayed overnight at shelter	288	117	120	237
Number of Street children participated in education & life skills	656	117	330	447
Number of Street children counselled at drop-in centre	308	105	114	219
Number of Street children received medical care at drop-in centre clinic	308	117	90	207
Objective 2: Reintegration from Addis Ababa and Hossana				
Number of Street children reintegrated to SNNPR	126	58	102	160
Number of Street children followed up & supported in family reintegration	212	39	85	124
Number of caregivers of street children received counselling, guidance, parenting training or economic support	244	84	155	239
Number of siblings benefitting from Retrak support to families	308	123	248	371
Objective 3: Child Wellbeing Clubs (CWCs)				
Number of new schools engaged in child led child wellbeing programme	15	0	11	11
Number of teachers recruited as mentors for vulnerable children	30	4	22	22
Number of child led CWCs established in schools	15	2	11	11
Number of children participating in child led CWCs	150	47	202	202
Number of pupils received peer education through CWCs	1500	0	2082	2082
Objective 4: Self Help Groups (SHGs)				
Number of new SHGs established	15	12	6	18
Number of vulnerable women participating in SHGs	225	232	123	355
Children benefitting from Retrak support through mother's SHGs	675	1119	438	1557

⁸ For year 2 this table only shows new beneficiaries benefitting so that it's possible to add Y1 and Y2 together. A breakdown of drop-in centre results between Addis Ababa and Hossana is available in annex 2

Output indicators	Y1-3 Target	Y1 Actual (Oct12-Sep13)	Y2 Actual (Oct13-Sep14)	Y1-2 Actual (Oct12-Sep14)
Objective 5: Community education				
Number of community workshops on healthy parenting and child protection	15	8	9	17
Number of community members who received child protection and healthy parenting training	450	189	347	536
Number of communities who agreed and documented a community child protection policy ⁹	5	0	0	0

4.2. Outcomes

Project indicators and results

Nine outcome indicators were set at the beginning of the project period. The results so far, after 2 years of the 3 year project are shown below.

Outcome indicators		Outcome results after 2 years (Oct12-Sep14)
1	Over a three year period, 395 street children living unsupported on the streets realise their rights to services (health care, education/skills training, psycho-social support)	447 children from SNNPR previously living on the streets have received services, leading to 100% of children showing improvement in wellbeing
2	Over a three year period, 126 street children are reintegrated into a family context in SNNPR where they are happy to remain, contribute to family wellbeing and receive holistic care and support.	160 street children have been reintegrated into a family context in SNNPR
3	Over a three year period, 656 street children will receive catch-up education classes and life skills in line with national education curriculum and progress by one or more grades.	447 street children have received catch-up education and life skills, leading to 85% of children improve in access to education and 65% improve in social behaviour (more direct data on this indicator is yet to be compiled)
4	Over a three year period, 80% of children have improved wellbeing whilst in their family and/or community	81% of reintegrated children show an improvement in wellbeing 67% of children in the community show an improvement in wellbeing
5	Over a three year period, 20% increase in the number of children reporting child protection issues following CWC guidance	n/a (this indicator will be looked at when Child Protection mapping is repeated at end of project period)
6	Over a three year period, 20% increase in children completing at least one year of formal education or training	17% of children in the community and 33% of reintegrated children show an improvement in access to education Returning to education is mentioned in nearly every most significant change story (more direct data will be available when Economic Survey is repeated)

⁹ This output has recently been amended, the reasons for this are discussed further in the findings section.

Outcome indicators		Outcome results after 2 years (Oct12-Sep14)
7	Over a three year period, 308 caregivers gain knowledge and skills in parenting, child development and child protection	355 SHG members have participated in sessions leading to: <ul style="list-style-type: none"> • 46% of children in community show an improvement in parental care wellbeing • A greater understanding of children’s needs and improvement in parenting skills, as mentioned in many most significant change stories
8	Over a three year period, 225 women and their families (675 children) have an increased income	Of the 355 women participating in SHGs, 97% are saving money and 94% have plans to increase their income. To date a total of 205,249birr has been saved across the SHGs, and 155,811birr has been issued in loans. (more direct data will be available when Economic Survey is repeated)
9	Over a three year period, 308 caregivers and their families have improved wellbeing	43% caregivers show an improvement in wellbeing
10	Over a five year period 450 community members gain knowledge and skills in parenting, child development and child protection.	536 community members have participated in workshops, this has led to: <ul style="list-style-type: none"> • A greater understanding of children’s needs and improvement in parenting skills, as mentioned in many most significant change stories. • A reduction in child trafficking, this has been an unplanned impact of the project.

Unintended outcomes

The project has also documented some unintended outcomes. These are:

- Anecdotal evidence suggests that the CWCs have contributed to reduced school dropout rates. A meeting¹⁰ to review CWC attended by school principals, mentors, Woreda Education Bureau Head, Bureau of Women, Children and Youth Affairs (BoWCYA) Head and Retrak staff, heard how the CWCs have contributed to reduction in dropouts, facilitated good teaching environment, and mobilised fundraising for needy students. One principal said: ‘It is simple, flexible and practical approach of saving our children from danger of street life.’ The Education and BoWCYA heads thanked Retrak for this grass roots prevention programme and The Ministry of Education presented Retrak with a certificate of appreciation.
- The prevention of 96 children (to-date) from being trafficked mainly to Addis Ababa. This happened due to the awareness creation effort done for major stakeholders such as bus station workers, public transport officers, police and traffic police. This data is collected from Soro (60 Children) and Duna (36 children) Woredas Transport and Communication office. After the awareness creation training, these bus station conductors started to monitor any suspicious activity of child trafficking. They started to ask the details of children or adult with children passengers for the details of their travel. If they found the information to be suspicious, they handed over children (or adults with them) to the police. Mostly police called the caregivers of children travelling alone and returned them back home. Two traffickers in Duna were detained at the spot.

¹⁰ Meeting held on 27th June and reported by the Project Manager

- The establishment and running of football clubs with out-of-school children. 155 children were involved in 9 clubs in all the three Woredas. 45 children in Duna in 2 clubs; 30 children in Gibe in 2 clubs and 80 children in Soro in 5 clubs. Beside the football activity which engages children and helps them avoid gambling areas, this activity had the following activities and outcomes:
 - Awareness creation events on child trafficking
 - Children campaigned against child trafficking in their community
 - Children report their awareness creation activity when they meet the next day for the club
- Networking with local churches for the provision of children’s Bibles and provision of training to local church leaders by CDWs. 18 Sunday School teachers, Evangelists and Elders were involved in this training.

4.3. Self Help Group review

Across the 18 SHGs established to date, with a membership of 355 women, the review with SHG members and the external reviewer from Kale Heywet Church (KHC) demonstrated how the members have come to understand and own the approach during this project period. No SHGs have dissolved or failed during this project period. Only 10 women dropped out from their SHGs. Rather, there is a high demand for establishing more SHGs in other communities. All SHGs have implemented the majority of the Tearfund/KHC model with minor variations. The project implementation in general and the SHG approach in particular has been contextualised to the local context and the prevailing need on the ground, since this is a new experience for both Retrak and its staff. There is good motivation to save, to take loans and to reimburse loans among SHGs. Although still seeking close follow up from CDWs, some SHGs have shown signs of being empowered by taking some decisions in leading their SHGs future (see story 4 in annex 1).



Saving money at a SHG

The SHGs have also demonstrated a strong social cohesion among women. The two major informal socio-economic traditions/institutions of Ethiopians (i.e. Iqub and Idir¹¹) have also made their way into these groups as social dynamics that further strengthen SHGs. It was found that fostering strong and good relationships between CDWs and SHGs determine the success of SHGs. SHGs are in a position to establish cluster level associations in each Woreda with the appropriate support.

As might be expected, these SHGs still display many gaps in skills such as book keeping, documentation and leading SHGs in rotation. The SHGs should be trained in the area of leadership and conflict resolution skills, Basic Business Skill, Business Development Strategies, Entrepreneurship and CLA. The CDWs still need refresher training and experience sharing opportunities with other SHGs to better equip them. Although all

¹¹ Iqub and Idir are socio-economic informal institutions Ethiopians have created. Iqub is an association established by a small group of people in order to provide substantial rotating funding for members in order to improve their lives and living conditions, while Idir is an association established among neighbours or workers to raise funds that will be used during emergencies, such as death within these groups and their families. Iqub and Idir can be characterized as traditional financial associations. While Idir is a long-term association, Iqub can be temporary or permanent, depending on the needs of the members. (http://www.tadias.com/v1n6/OP_2_2003-1.html). These words are also spelled as Equb or Edir in some literatures. Also see: Bezabih Emana; Cooperatives: a path to economic and social empowerment in Ethiopia: Coop AFRICA: Working Paper No. 92009

SHGs have developed their own internal bylaws, there is a difference among the groups in the consistency of executing the rules and regulations.

Expectation of hand-outs from NGOs in these communities was the greatest challenge during the start-up phase of the project and it still is a big threat. However, this is decreasing with time as the women understand the approach of the SHGs and begin to see the success. Another challenge for SHGs is the internal capital constraint. SHG's internal capital determines the amount of the loan the group lends to its members and the time period for reimbursement of the loan. Since the SHGs take a long time to build up their capital, this limits them to lending their members only double the amount of the individual members' saving and the loan to be returned in only a few (max 3) months. This short period of repayment can be a burden. The members would like to take larger loans with longer repayment periods.

According to external reviewer from KHC using their Integrated Urban Development Department Manual, the SHG under review has demonstrated the required level of understanding on the concept of SHG and has formed a strong social relationship. The SHG has a low level of absenteeism. The SHG is almost homogeneous in their economic status, except one women. Homogeneity is very crucial in SHG establishment and sustenance, because it helps to create a free atmosphere among members to discuss all their affairs, problems, and avoids dominance. The number of members is ideal which is between 15-20 members. According to this review and his experience with many SHGs, he found the saving status in the SHG to be more than he expected for a SHG of only a year old. Good internal lending and repayment of loan in this group is in practice, with the exception of one women who left the area. Bookkeeping and documentation are in good condition. No difference has been observed between the collected amount and bank slip. However, there is a shortage of book writers and lack of training to cope with the problem. Rotational Leadership¹² is not practiced in this SHG. Members are only practicing rotational leadership in terms of visiting the bank in rotation.

Although it is possible to establish CLA after six months of commencement of SHG, there are two few SHGs in these communities to establish a CLA, according to the manual. However, the project staff workshop which reviewed SHGs in the presence of KHC reviewer came to a consensus on the possibility of establishing one CLA with 6 SHGs in each Woreda, if it is not possible to establish more SHGs. The group agreed that SHGs are in a position to form CLAs in each Woreda since there is experience that some CLAs have been established with between 5 and 10 SHGs although the manual favours the minimum of 8 SHGs for CLA establishment.

A key element of the SHG model is creating forums to deliver messages to beneficiaries in a safe environment. Since the purpose of this project is to improve the wellbeing of children and prevent them being pushed into street life, the topics discussed within the SHGs have included:

- Child trafficking
- Parenting skills
- Child protection
- Child abuse
- Street life

¹²One of the features of the SHG model is group leadership on a rotational basis. It is an area of social skill development for SHG members in leading their group. This is done by selecting and assigning moderators for the weekly SHG meetings in rotation. Each member is encouraged to moderate the weekly meeting in turn. This can be indicated by number of members who chaired the meeting and went to the bank.

4.4. Child Wellbeing Club review

The staff review of the Child Wellbeing Clubs (CWCs) revealed that although more than enough CWCs are established during this project period, the project staff did not give enough attention to this programme as they were overloaded with various tasks (particularly of SHGs) and therefore an approach was taken to work through volunteer mentors. CWCs mentors are teachers from within the school who volunteer to lead the CWCs. The mentors were recruited by school principals.



CWC members

The success of the CWCs depended on the dedication of the volunteer mentors, since the CDWs do not have direct contact with the children but rather they work through mentors. Some mentors, however, were not as dedicated as they should be. This is partly because the project could not meet mentors' and CWC members' expectation of per diem. The dependency syndrome seen in the SHGs and in the community is more prevalent in volunteer teachers and CWC member students. Although all the planned activities are completed, due to the above mentioned reasons some of the planned activities were not done to the level of expectation of CDWs. Expectations of hand-outs are severe among CWC members and mentors.

4.5. Children and caregiver wellbeing

Child wellbeing of street children

Child wellbeing assessments of children met by Retrak Ethiopia on the streets reveal the changes in these children's lives as they participate in the drop-in centre and return home. The spider diagrams (figure 3a&b) show the domains of wellbeing on individual axes, with each axis charting the cumulative proportion of children who score 1 (very bad) to 4 (good). The scores are colour coded red=very bad (1), orange=bad (2), yellow=fair (3) and green=good (4). A child scoring 1 or 2 (red or orange) is considered deprived or at risk.

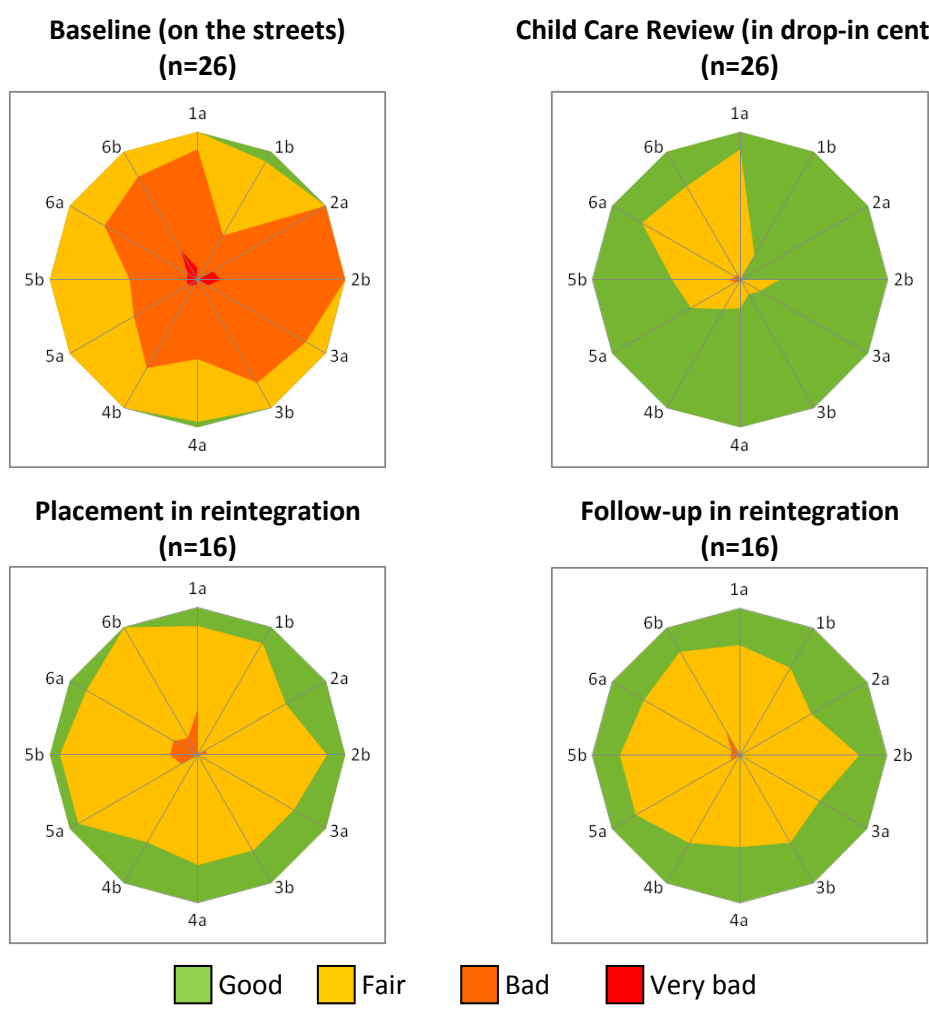
Comparison of wellbeing on the streets and whilst at the drop-in centre shows an almost complete elimination of risk (score 1 or 2, red or orange), but with some issues around education (6a&b), psychosocial (5a&b) and food (1a) persisting.

When looking at children's wellbeing when they are placed back in to the care of their family and comparing it to wellbeing at follow-up there is again an improvement overall, with many more children scoring 4 (green=good).

It can also be noted that there is a lowering of wellbeing between the centre and home. This is to be expected since Retrak Ethiopia intentionally provides a high quality of care from trained staff, and is required by law to meet certain standards. In families this cannot be guaranteed but improvements are made over time with support.

Figure 3a: Street Children’s wellbeing spider diagrams

Domains: 1a Food Security, 1b Nutrition and Growth, 2a Shelter, 2b Care, 3a Abuse and Exploitation, 3b Legal Protection, 4a Wellness, 4b Health Care, 5a Emotional Health, 5b Social Behaviour, 6a Education performance, 6b Education access



A slightly different way of looking at this data is to track improvements in wellbeing, this considers not only improvements in at risk scores (1 or 2 to 2 or 3), but also improvements from fair to good (3 to 4). This shows that 100% of children improve in their wellbeing when they join the drop-in centre (table 1), although fewer children improve in education (6a&b) and psychosocial (5a&b) wellbeing. At reintegration 81% of children improve in wellbeing between placement and follow-up, however the domain of improvement varies between children.

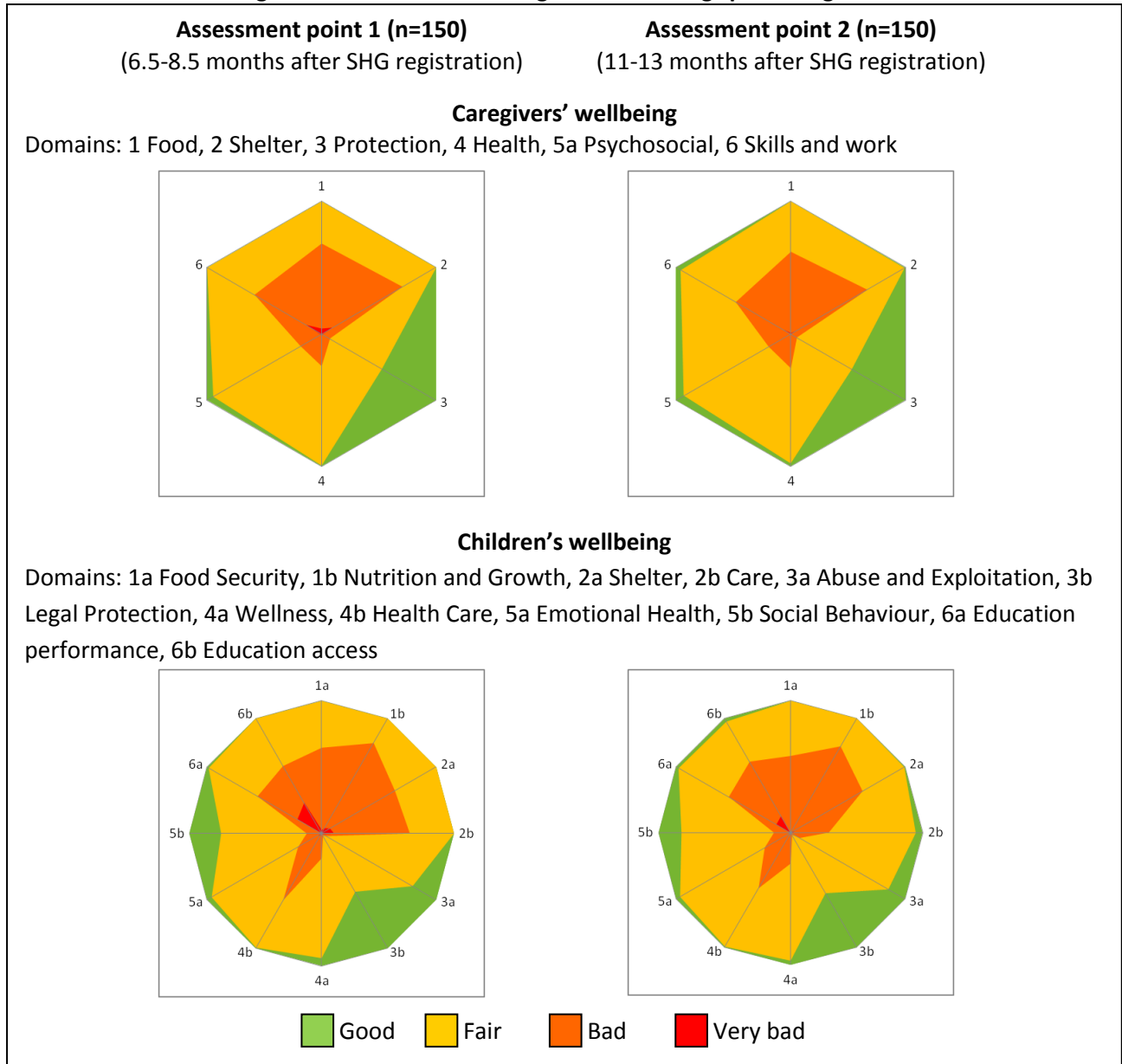
Table 1: Percentage of children improving in wellbeing

	Any domain	1A. Food	1B. Nutrition	2A. Shelter	2B. Care	3A. Abuse	3B. Legal	4A. Wellness	4B. Health Care	5A. Emotional	5B. Social	6A. Ed perform	6B. Ed access
Children at drop-in centre	100%	88%	81%	100%	100%	100%	100%	85%	92%	73%	65%	77%	85%
Children in reintegration	81%	44%	19%	25%	13%	19%	19%	25%	25%	25%	31%	31%	33%

Child and caregiver wellbeing of SHG members

Comparison of wellbeing of the caregiver enrolled in a SHG and one of their children from point one (6.5-8.5 months after registration into SHG) and point two (11-13 months after registration) are shown on the following spider diagrams (figure 4). As above, each diagram shows the cumulative proportion of caregivers/children who score 1 (very bad) to 4 (good) in each domains (in this case there are 6 domains for caregivers and 12 for children). Each axis charts the). For both children and caregivers, an individual scoring 1 or 2 (red or orange) is considered deprived or at risk.

Figure 4: Children’s and caregivers’ wellbeing spider diagrams



These wellbeing assessments reveal that very few caregivers or children have good wellbeing (score 4, green), and that over 50% are at risk (score 1 or 2, red or orange) in several domains. At assessment point 1 over 50% of caregivers are at risk in the areas of food (1), shelter (2) and skills and work (6); and over 50% of children are at risk in the areas of food security (1a), nutrition and growth (1b), shelter (2a), care (2b), health care (4b), education performance (6a), education access (6b). At assessment point 1 the highest area of risk for children is education, with over 21% scoring 1 (very bad) for education access and 27% scoring 1 for education performance.

Comparing the assessments for point 1 and point 2, there has been some change during the 6 months period. Most noticeable is the reduction in high risk shown by score 1 (red) for both caregivers and children. For caregivers this level of risk has almost completely disappeared across all domains (0-7%), for children it has reduced for education from around 20% to below 15%, and is below 5% in all other domains. Whilst the level of risk (score 1 or 2) has decreased for all domains for caregivers and children, the most dramatic change is for caregivers in the area of skills and work (6) with a reduction from 59% to 48%, and for children in the area of care (2b) from 67% to 29%.

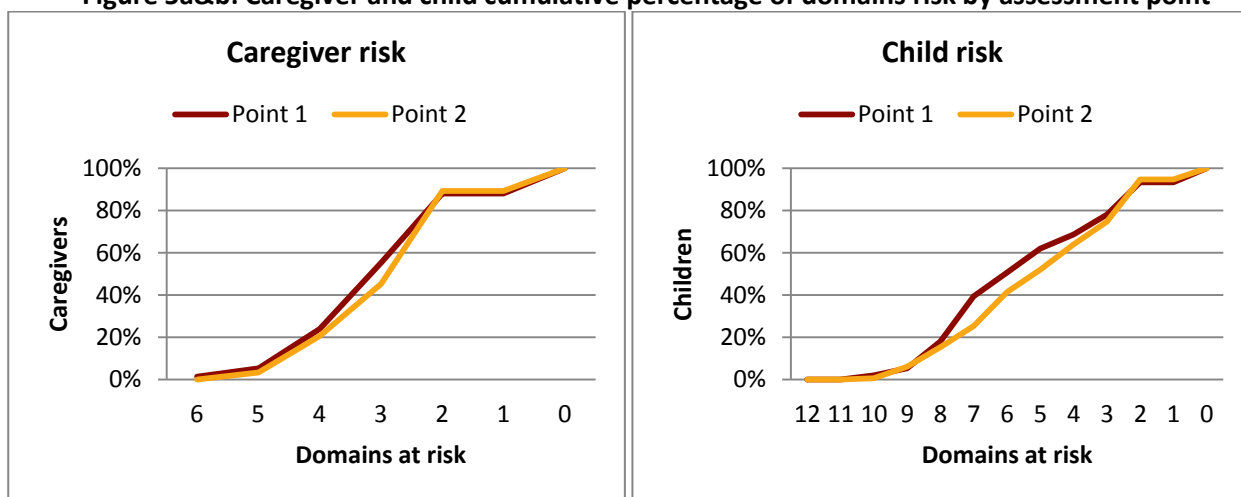
When tracking improvements in wellbeing (improvements in any scores, not just at risk scores), the data reveals the same pattern: that the highest improvement is in the area skills and work (6) for caregivers and in care (2b) for children (see table 2).

Table 2: Percentage of children or caregivers improving in wellbeing

	Any domain	1. Food		2. Shelter		3. Protection		4. Health		5. Psycho-social		6. Skills and Work	
Caregivers	43%	13%		9%		3%		7%		9%		25%	
	Any domain	1A. Food	1B. Nutrition	2A. Shelter	2B. Care	3A. Abuse	3B. Legal	4A. Wellness	4B. Health Care	5A. Emotional	5B. Social	6A. Ed perform	6B. Ed access
Children	67%	13%	9%	7%	46%	3%	3%	1%	11%	5%	2%	15%	17%

The reduction in risk can also be seen when comparing the number of areas of risks at assessment point 1 and 2 shows a slight overall improvement for both caregivers and children (movement of the line on the graph to the right shows a decrease in the number of domains at risk) (figures 5a&b).

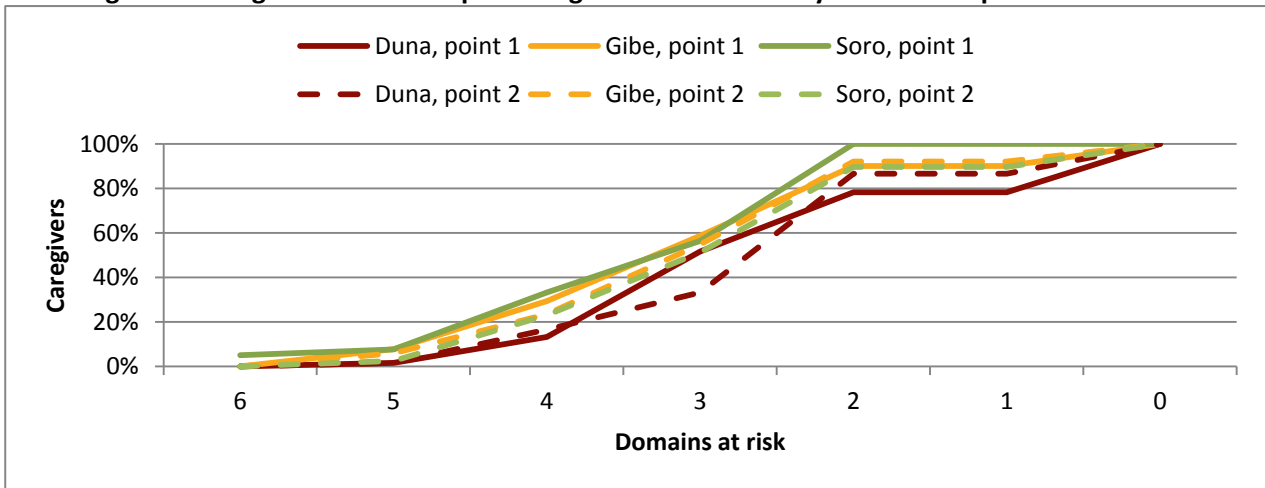
Figure 5a&b: Caregiver and child cumulative percentage of domains risk by assessment point



A further breakdown of this level of risk by Woreda reveals only a small difference for both caregivers and children (figure 6 & 7). It should be noted that comparison between locations should be done cautiously as the wellbeing indexes are intended to be interpreted into the local context. In addition in this study each Woreda's assessments were undertaken by the different CDWs responsible for the area. It is possible, despite measures to reduce this, that bias exists and each CDWs' interpretation of the wellbeing scale varied.

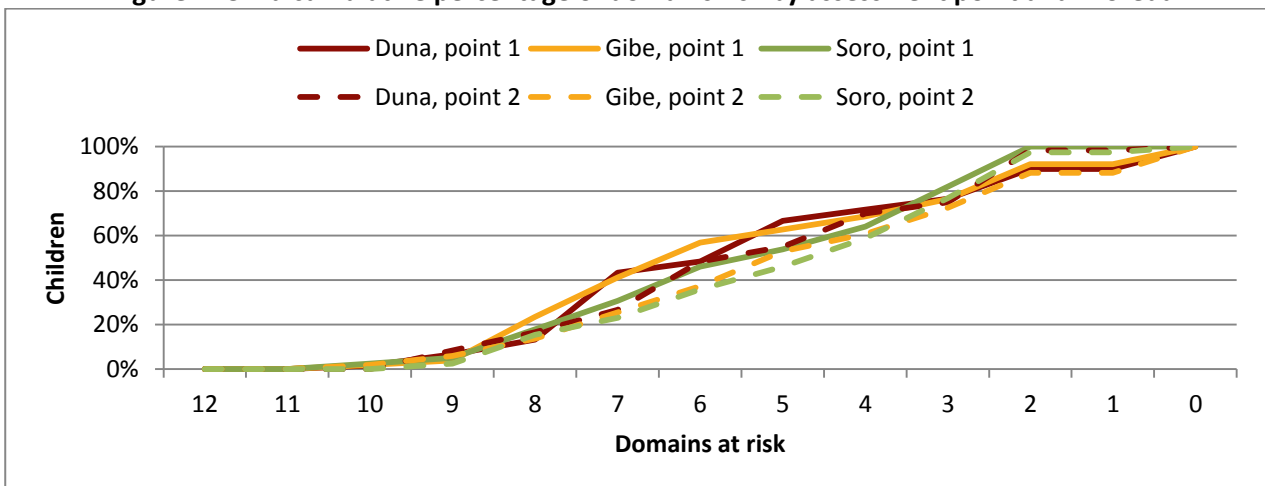
Nonetheless it is interesting to note that for caregivers Duna appears to have the lowest levels of risk at assessment point 1 and 2, whilst Soro shows the most marked reduction in risk (figure 6).

Figure 6: Caregiver cumulative percentage of domains risk by assessment point and Woreda



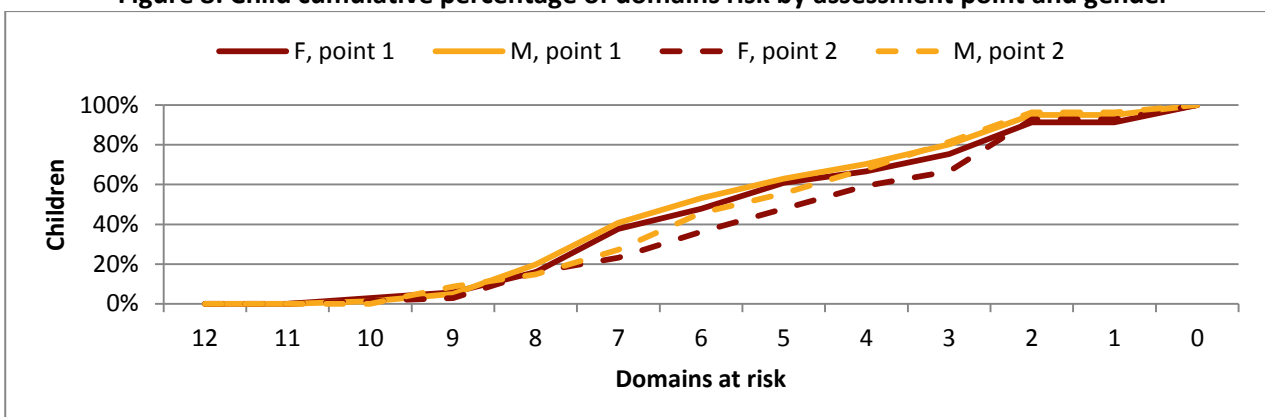
For children, Soro and Gibe show clearer reduction in risk (figure 7). The pattern for Duna is less marked. When looking at the changes at domain level, the most noticeable difference between the Woredas is a large reduction in risk in the area of health care (4a) and education performance (6a) in Gibe. In all three Woredas the biggest reduction in risk is in the area of care (2b).

Figure 7: Child cumulative percentage of domains risk by assessment point and Woreda



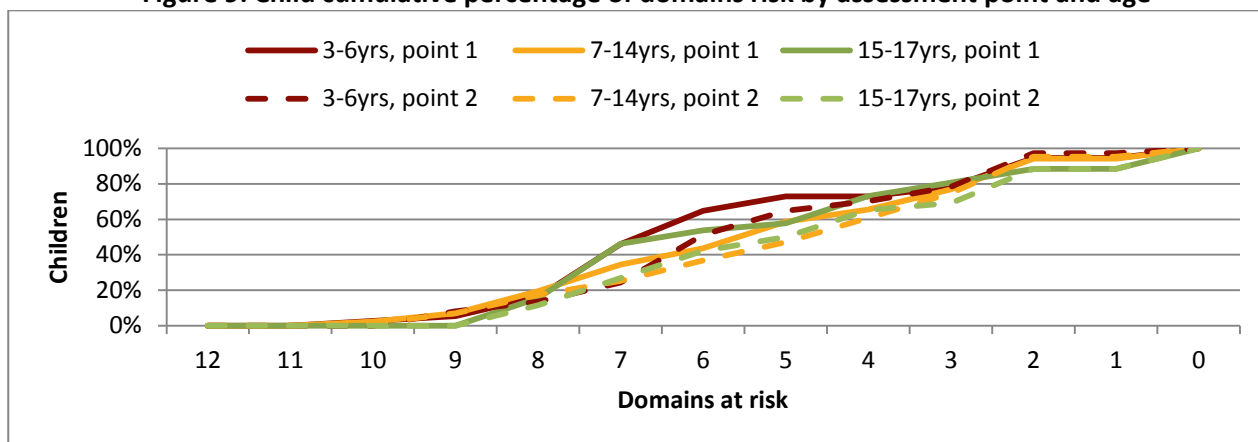
A breakdown of the number of areas of risk for children by other characteristics reveals some interesting patterns. Female children experience a greater reduction in risk than males, even though the number of domains at risk was similar at assessment point 1 (figure 8). This greater reduction in risk is in across all the domains, but slightly higher in the areas of food (1a) and emotional health (5a).

Figure 8: Child cumulative percentage of domains risk by assessment point and gender



A breakdown by age reveals highest risk amongst children aged 3-7 (figure 9). However all age groups see a reduction in risk between the assessment points. A look at the different domains shows that children aged 3-7 are more highly at risk in the areas of education performance and access (6a & b) and health care (4b).

Figure 9: Child cumulative percentage of domains risk by assessment point and age



4.6. Economic status

Household and agricultural assets

The economic survey provides some useful information about the situation of the households participating in SHGs in the project area. A look at household assets (table 3) shows that the beneficiary households are below the national average in terms of possessions and agricultural assets, however the quality of structure of the home is above average in Gibe and Soro. The other noticeable variation between the Woredas is a higher ownership of agricultural assets in Duna and Gibe, especially of livestock in Duna.

The majority of agricultural land is used for crop cultivation with 85% of those households who own land using land for crops (table 4). On average the SHGs households own 0.75 ha. Only 5% own land for livestock, this is mirrored in the fact that livestock ownership is quite limited (table 5). Where households own livestock it is usually limited to 1 or 2 animals. Livestock ownership in Soro is more limited compared to Gibe and Duna, especially in regard to cattle, the livestock with the greatest value. However there is higher ownership of goats in Soro.

Table 3: Household assets

Household assets	All	Duna	Gibe	Soro	National ¹³
	Yes	Yes	Yes	Yes	Yes
Structure					
Iron sheet roof	70%	68%	67%	76%	n/a
Cement floors	6%	2%	7%	9%	4.3%
Possessions					
Electric bulb	83%	82%	78%	89%	
Bicycle	1%	1%	2%	1%	2.3%
Two-battery radio	15%	16%	14%	17%	40.5%
Mobile phone	21%	17%	21%	27%	24.7%
Agricultural assets					
Land	53%	58%	59%	41%	73.1%
Livestock	57%	73%	56%	40%	76.1%

¹³ Central Statistical Agency and ICF International (2012) *Ethiopia Demographic and Health Survey 2011*, Addis Ababa and Calverton, Maryland, Central Statistical Agency and ICF International,

Table 4: Land ownership

Land	All		Duna		Gibe		Soro	
	Yes	Av. Size (Hec)	Yes	Av. Size (Hec)	Yes	Av. Size (Hec)	Yes	Av. Size (Hec)
Crop	85%	0.76	74%	0.87	93%	0.75	90%	0.64
Livestock	5%	0.63	2%	0.50	13%	0.65	0%	n/a
Other	18%	0.36	26%	0.03	15%	1.13	10%	0.02

Table 5: Livestock ownership

Livestock	All			Duna			Gibe			Soro		
	Yes	Av. quantity	Av. Value per HH (Birr)	Yes	Av. quantity	Av. Value per HH (Birr)	Yes	Av. quantity	Av. Value per HH (Birr)	Yes	Av. quantity	Av. Value per HH (Birr)
Cattle	59%	1.55	3,702.87	67%	1.66	3,709.36	60%	1.59	4170.59	41%	1.13	2687.50
Chicken	39%	3.52	180.13	43%	3.21	174.71	46%	4.19	198.46	23%	2.78	147.67
Goats	19%	1.76	1,011.47	20%	1.88	1,205.63	7%	1.25	662.50	36%	1.79	889.29
Sheep	14%	2.38	1,001.25	19%	2.53	928.67	5%	2.67	1233.33	15%	1.83	1066.67
Donkey	9%	1.06	1,443.75	11%	1.11	1,333.33	12%	1.00	1585.71	0%	n/a	n/a
Pigs	2%	1.00	1,533.33	1%	1.00	600.00	0%	n/a	n/a	5%	1.00	2000.00
Horse	2%	1.00	1,525.00	4%	1.00	1,500.00	0%	n/a	n/a	3%	1.00	1600.00

Table 6: Household income

Household income	All		Duna		Gibe		Soro	
	Yes	Av. income per month (Birr)	Yes	Av. income per month (Birr)	Yes	Av. income per month (Birr)	Yes	Av. income per month (Birr)
Cash income	93%		93%		93%		92%	
Source of income:								
Self employment/sale of goods	87%	312.63	83%	346.55	86%	266.59	94%	324.22
Manual labour	15%	217.21	17%	272.22	13%	176.92	14%	178.33
Savings	97%	234.21	94%	208.96	98%	211.44	95%	286.09
Debt	38%	169.96	44%	173.52	31%	145.17	39%	191.48

Household income and support

The majority of SHG households have a cash income of around 530birr (\$27)¹⁴ per month on average (table 6). There is only a slight variation between the Woredas: Duna 618birr (\$31), Gibe 444birr (\$22), Soro 503birr (\$25). For most households this income comes from the sale of goods (87%), with some also receiving income from manual labour (15%). Nearly all households are saving money (97%), as part of the SHGs, at an average of 230birr (\$12) per household at the point the survey was done. 38% of households also have a debt of 170birr on average (\$9).

In addition to this income, 11% of SHG households have received some support from other organisations (table 7). The level of support is highest in Gibe (14%) and Soro (17%), with very few households in Duna receiving support (4%). This support comes from churches, government and NGOs mostly in the form of food gifts.

Nearly all the SHG households have plans to increase their income (94%), mostly through a new or change in business (table 8).

Table 7: Household support

Household support	All	Duna	Gibe	Soro
	Yes	Yes	Yes	Yes
Support from an organisation	11%	4%	14%	17%
Source of support				
Church	46%	50%	60%	33%
Government	33%	0%	30%	42%
NGO	21%	50%	10%	25%
Type of support				
Housing	6%	100%	0%	0%
Food	67%	0%	78%	63%
Cash	28%	0%	22%	38%

Table 8: Plans to increase income

Plans to increase income	All	Duna	Gibe	Soro
	Yes	Yes	Yes	Yes
Plan to increase income	94%	93%	94%	94%
Type of plan:				
New or change of business	82%	74%	78%	94%
Increase or diversify current business	20%	30%	24%	5%

Household expenditure

SHG household expenditure is concentrated on food, basic household items and shelter (28%, 23% and 21% respectively), with further expense on school fees or materials (16%) and medicines or health care (10%) (table 9). This is fairly consistent across the Woredas.

¹⁴ Dollar conversion at \$1:19.8birr (based on oanda.com 20 October 2014)

Table 9: Expenditure of cash income

Expenditure of cash income	All	Duna	Gibe	Soro
	Yes	Yes	Yes	Yes
Food	28%	27%	27%	29%
Basic household items	23%	25%	23%	19%
Shelter	21%	21%	24%	17%
School fees/material	16%	15%	18%	17%
Medicine/Health	10%	11%	7%	12%
Other	2%	1%	1%	6%

Education

Most children of SHG members are enrolled in school (table 10). 85% of children aged 7-14yrs (official primary school age) are in school, but only 80% are enrolled in primary school. This compares with a 64.5% national average.¹⁵ In addition, 79% of children aged 15-18yrs (official secondary school age) are in school, but only 35% are enrolled in secondary school. This compares with a 13.7% national average.¹⁶ Although this appears that the beneficiary households are above the national average this may be more to do with differences in the way the questions were asked and the results calculated.

In terms of gender differences amongst children in SHG households, Duna has a higher enrolment rate for males at both primary and secondary school. Enrolment for males is only higher in Gibe at secondary level. Whilst in Soro enrolment at secondary is higher for females.

Child labour¹⁷

Child labour has different definitions based on age, thus this data is considered in the categories 5-11yrs and 12-14yrs. Amongst the younger age category, 52% of children in beneficiary households do no household work, this is almost the same for both genders (table 11). This proportion greatly varies amongst the Woredas from 32% in Soro, to 55% in Duna and 66% in Gibe. Very few children in this age group work at home for long hours, only 5% work for more than 4 hours per week. The vast majority of this age group, 91%, do no paid work outside the household, this is fairly consistent across the genders and Woredas.

For the older age group, involvement in some household work is the norm at 92%, with 26% working for than 4 hours per week. This again varies across the Woredas, with only 7% working for more than 4 hours per week in Gibe, rising to 15% in Duna and up to 51% in Soro. However, paid work outside the household is still unusual with 91% doing no paid work, this is lowest in Gibe at 85%. The gender difference is small, although boys in Gibe appear to do more paid work than girls (8:11 F:M). In Soro more boys are involved in longer hours of household work (45:58 F:M working more than 4 hrs).

¹⁵ Central Statistical Agency and ICF International (2012), op cit

¹⁶ ibid

¹⁷ DHS definition of child labour:

a) children age 5-11 who in the seven days preceding the survey worked for someone who was not a member of the household, with or without pay, or engaged in any other family work or did household chores for 28 hours or more
b) children age 12-14 who in the seven days preceding the survey worked for someone who is not a member of the household, with or without pay, or engaged in any ther family work for 14 hours or more or did household chores for 28 hours or more (Central Statistical Agency and ICF International (2012), op cit, pp31-32)

Table 10: Children's education status

Education	All			Duna			Gibe			Soro		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
Primary												
Total aged 7-14yrs	562	289	272	210	104	105	174	84	90	178	101	77
Enrolled	85%	83%	88%	89%	84%	95%	82%	82%	82%	84%	83%	86%
Enrolled in grades 1-8	80%	79%	82%	85%	79%	92%	77%	80%	74%	78%	78%	78%
Secondary												
Total aged 15-18yrs	182	98	83	37	25	11	62	34	28	83	39	44
Enrolled	79%	79%	78%	89%	88%	91%	73%	68%	79%	78%	82%	75%
Enrolled in grades 9-12	35%	36%	35%	32%	32%	36%	19%	21%	18%	48%	51%	45%

Table 11: Child work

Work	All			Duna			Gibe			Soro		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
5-11yrs: Household work												
None	52%	49%	54%	55%	52%	59%	66%	65%	66%	32%	34%	31%
0-2hrs	31%	35%	27%	36%	39%	33%	20%	23%	17%	36%	39%	32%
2-4hrs	11%	12%	11%	6%	7%	5%	11%	10%	12%	19%	18%	19%
>4hrs	5%	4%	7%	2%	2%	2%	3%	1%	5%	13%	9%	19%
5-11yrs: Paid work outside household												
No	91%	92%	89%	94%	94%	94%	90%	92%	88%	87%	90%	83%
Yes	9%	8%	11%	6%	6%	6%	10%	8%	12%	13%	10%	17%
12-14yrs: Household work												
None	8%	5%	11%	5%	3%	7%	16%	12%	21%	3%	0%	6%
0-2hrs	29%	27%	32%	46%	41%	51%	30%	32%	27%	13%	12%	14%
2-4hrs	37%	43%	32%	34%	41%	27%	46%	44%	48%	33%	43%	22%
>4hrs	26%	26%	25%	15%	16%	15%	7%	12%	3%	51%	45%	58%
12-14yrs: Paid work outside household												
No	91%	91%	90%	96%	94%	98%	85%	88%	82%	91%	92%	89%
Yes	9%	9%	10%	4%	6%	2%	15%	12%	18%	9%	8%	11%

4.7. Child Protection mapping

Child Protection Issues from Key Informants

According to the ten key informants (KIs) from the three Woredas, the most cited sources of harm for children in these communities are:

- a. Lack of awareness on healthy parenting, child abuses, child protection. This issue is most cited by all key informants
- b. Children's labour as source of income for caregivers which leads children to migrate in search of income
- c. Death of parents and divorce

Only a few KIs cited factors such as harmful traditional practice, gambling, peer pressure and addicted parents as the source of harm.

All KIs also confirmed that the source of harm for girls and boys is different. Most KIs said the girls are more abused than boys. Unique sources of harm for girls include sexual abuse, early marriage and Female Genital Mutilation (FGM).

In these communities the sources of harm is different for different age groups. However, the age range and the type of abuse is not uniform in all communities. For instances, most girls aged 12 years and above are harmed through sexual exploitation as they are enticed by being offered items by adults. While children 13 years and above are harmed due to their effort to search for job/income. On the other hand, many children below 10 years are severely affected by neglect, death of parents and poor parenting skills. While labour exploitation is the source of harm for those children above 10 years (no information on gender was given for these last points. Further information on child labour is given in the economic survey findings above).

Child Protection issues from the community

Community participants in the six FGDs listed and ranked the child protection risks differently. Taking the three top ranked child protection risks and assigning different weight to them depending on the rank, the following are the top ranked child protection risks across the communities:

1. Child labour
2. Physical abuse
3. FGM
4. Death of parents
5. Rape
6. Neglect
7. Child trafficking
8. Lack of parenting skills

The steps to be taken to address these child protection issues involve either the traditional or the government child protection mechanisms in all of the cases. In most cases, the preferred primary methods of addressing this issue start by presenting the case to a traditional structure. This might include Church (religious) leaders, community elders (representatives) or Idir leaders who exercise traditional child protection mechanism. When a child protection issue arises, the child reports the case to his/her parents. The parents apply to either of these leaders. After they analysed the case, the leaders try to negotiate the case with the abuser and make peace or they punish the perpetrator as they deemed fit. However, when the kind of abuse is sensitive or complex, the traditional leaders refer the case to the government

structures or the child /caregivers directly go the government. Government institutions include the police, public prosecutor, court, social affairs office and women and children affairs office. In some instances, the government refers some cases to traditional structures. Sometimes, the government has a lengthy procedure, bringing frustration for the plaintiffs, even when they are satisfied with the outcome of the procedure. In all of the cases, however, the abused child and the community members are not satisfied with the decision of the traditional mechanism since it is always lenient and does not educate potential perpetrators. However, not all child protection risks are reported because of lack of awareness on child protection issues and the availability of government mechanisms to the communities. One special child protection issue that is unique in the way it is addressed is FGM. This practice has become prevalent in these communities very recently. Since it involves the voluntary participation of the child, caregiver or community itself, there is always unwillingness to expose this abuse. However, the Woreda's health offices are involved in tackling this issue.

To improve support for children exposed to these top ranked child protection issues the FGD participants suggested increasing the awareness of community representatives so they can take strong measures against child abuse or encourage community members to use the government mechanisms. They also suggested giving community education concerning child abuses and healthy parenting in these communities. Particularly important is creating awareness about FGM for community representatives and all concerned bodies in order to take strong measures in this kind of child abuse. These communities also need to be encouraged to bring child traffickers to justice.

Child Protection Mechanisms

There is a traditional child protection mechanism in place in these communities which is enacted by community representatives such as:

- a. Elders of the local community
- b. Church/Religious leaders
- c. Cultural leaders
- d. Idir leaders

There is access to governmental child protection mechanism in all of these communities. In most of the cases members of these communities use the governmental child protection mechanisms whenever the cases are very sensitive (like rape and FGM) and too difficult to be handled by the traditional mechanism. In some instances the government mechanisms refer issues to the traditional leaders when officers deemed that they can be handled by traditional child protection mechanisms. The procedure in applying to the governmental mechanism is initiated by reporting to the police. The police analyse the case and charge the offender in court. Then the court gives a decision and punishes the abuser. In all of the cases in these communities, the abused plaintiff is usually more satisfied with the decision of the government child protection mechanism compared with the traditional one. This is because the level of punishment acts as a deterrent for other potential offenders. The abused plaintiff is often not satisfied with the decision made through the traditional child protection mechanism because the decisions in most cases are lenient. Rather it is the perpetrators who are usually happy with the decision.

Most key informants in the two Woredas of Duna and Gibe were not aware of the operation of NGOs or other externally facilitated Child Protection mechanisms. Only two respondents (KIs) who are working directly with these NGOs were aware of the existence of other NGOs in their community working in child protection issues. Other respondents who do not work directly with NGOs (police and Bus Station conductors) were not aware of the operation of these NGOs on these issues.

Strengths and weaknesses of community based mechanisms

Respondents mostly acclaimed the government child protection mechanism for its ability to impose a balanced and fair punishment on perpetrators thereby minimizing potential abusers since it is based on prescribed law. However the weakness of this mechanism is that it does not provide any moral and material compensation for abused children. The system is reactive to the incident and there is no proactive way of prohibiting the problem such as community education and awareness creation. The referral system back to the traditional child protection mechanism is considered weak by respondents. The government child protection mechanism has also capacity constraints (such as human resource and office materials).

The weakness of the work of NGOs is that they are few in number in these communities and non-existent in some communities. In addition, they only concentrate in a certain community while the government mechanism reaches every Woreda and Kebele.

4.8. Most Significant Change Stories

The story chosen by the staff team as being the most significant is given below.

This is a story of a woman called XXX. XXX has seven daughters and two sons. Except the two girl who are 15 and 14 the rest of the children are very young. Her husband has no job and he is old. She takes care of her household by selling 'injira' (local food). XXX is a member of a Self Help Group which has 20 members, and is one of the six groups found in Soro Woreda. Since XXX became a member of this SHG, within a few months she was able to save Birr 345 and was able to take loan from her group. She then successfully returned the loan with the interest on time. Currently she is waiting to get her group's approval for the second round loan. She is economically empowered to request as much as 700 Birr to scale up her petty trade.

In the SHG meeting women also receive trainings on parenting skills among others. This is believed to give them the skills in how to raise their children in safe and caring environment free from abuse. They also learn about type of abuse that affects children and learn better ways of handling misbehaviour through behavioural management lessons. This is a story as told by XXX on how the parenting education brought a significant change in her life.

After successive education on parenting skills by Retrak community worker, one day XXX got up in one meeting to witness about her experience as follows:

"I raised my children far from what has been taught to me here since the first day of our lesson". She continued saying "I used to punish my child by hit them hard, accuse them for all mistakes, curse and insult them unceasingly, chase them with an axe, tied them using rope and hit them, use my teeth to bite them, and mostly without mercy I hit them hard. But I never thought this could harm them or that I could be wrong in the eye of the law. Despite what I tried however this way of handling my children never worked for me. It rather made them very angry and worse. They even fight with me and with each other. My children usually are known for their disturbance by our neighbours, [they] never cares for me and they just create mess in the house."

She also told her group members how this behaviour affected her 14 year old daughter. One day her 14 year old daughter made mistake. She was so afraid of the punishment and the curse that would come from her mother. As a result she left home and went to the neighbour's home and decided to spend the night there. Although she thought of going home the next day, nevertheless, having spent a night out of her home coupled with her previous mistake made her to anticipate an even more severe punishment. Thus she decided to stay one more day. Days passed this way and she tried to assess whether her mother has

forgiven her but she heard that her mother has become angrier than ever. XXX was looking for her child everywhere to punish her. After a while and sadly, XXX's daughter became pregnant at the age of 14. Her mother heard the news and whenever they see each other in the neighbourhood she used to chase her with axe to hit her.

While XXX was attending one of healthy parenting education in SHG meeting, she came to understand that hitting a child with any sort of material is a physical abuse and she could be accountable in the eyes of law. She also confessed that she has contributed to the problem her children are displaying as follows "my children are not the one who made the mistake. It is me who made the mistake. Had it been I continued with this way, all my children could have left home and gone to the street." She then left the meeting deciding to call her pregnant daughter to come back home. She then invited her daughter to come and live with her. Currently XXX is taking care of her daughter and trying to create a safe environment. There is an improvement in the way she is treating misbehaviour and her children are becoming less aggressive and happier.

Her children are currently learning with a good spirit. She is also giving her children better care. Her daughter also testify this change:

"My mother has changed a lot. I never thought of staying away from her, no matter what she may do to me, she is still my mother and I always prefer to stay with her than facing other people. My mother has changed a lot. She still gets annoyed but she become calm quicker. She has stopped her former way of hitting us all. I have also decided to continue my education next year. My mother has become kind to me."

Parents are inherently good to their children. However, due to lack of education and information they could also become potential push factor in terms of exposing children to unsafe environment. This would make children feel abandoned and come to the street. This story is one of its kind that demonstrate how Retrak SHG is helping very poor women to be empowered financially, socially and behaviourally to become better parents.

This story mirrors in many ways all the stories recorded from the community (see annex 1). The top 8 stories selected to be considered as the most significant have several themes in common, these include:

- The impact of education given to caregivers through SHGs and CWCs about their parenting skills and the needs of their children;
- The lack of knowledge amongst caregivers about the risks their children face when working on the streets or in other people's homes;
- The desire of families to get their children home;
- A feeling amongst parents that they cannot control or effectively discipline their children;
- The impact of working together as a SHG, and how this can empower women and enable them to seek the help and support they need, even overcoming discrimination or lack of self worth;
- A sense of pride when their children are able to return to school;
- A lack of choices because of poverty and disempowerment; and
- A determination to succeed and avoid past mistakes, now they have another option.

4.9. HR and M&E review

During the review with staff they were asked to consider the areas of HR and M&E and highlight any areas of concern. The following issues were raised:

M&E

- Economic Survey needs to be updated for the future since CDWs have observed some gaps in the data collection format

HR

- Whenever CDW travel from the project (Woreda) site, there is no one to follow up and assist them
- CDWs have no office in the Woreda sites and they have to use their home as office which is demotivating them
- The frequency (fortnightly) of meeting at Hossana project office should be more frequent
- Due to the amount of work, the CDWs need assistants to smoothly facilitate the work particularly when they had to leave the site for various reasons
- Lack of standardized per diem pay for community and other meetings
- The salary level for CDWs is not attractive nor sufficient compared with their work load or to other similar NGO projects (examples were provided)

5. Discussion

5.1. Activities and Outputs

Objective 1: Addis Ababa and Hossana drop-in centres and Objective 2: Education and life skills

During years 1 and 2 of the project, Retrak Ethiopia has worked with 447 children from SNNPR at the Addis Ababa and Hossana drop-in centres (against a three-year target of 656 children). Retrak Ethiopia's drop-in centres work with children from all over Ethiopia, but this project was specifically targeting children from SNNPR. Funded by this project, all these children

from SNNPR have received catch-up education.¹⁸ The project has also covered the costs of additional services for most of these children, these are shelter (237 children), counselling (219 children), and medical care (207 children). The children come to the drop-in centre after being contacted by street outreach workers who visit the streets in the evenings and build relationships in order to understand the child's situation and invite those for whom it is appropriate to the drop-in centre. This project has funded street outreach to 471 children. All of these results are on track to meet the 3-year targets or have already exceeded them (see figure 20). Retrak Ethiopia's outreach team has observed an increase in the children migrating to the streets of Addis Ababa from the SNNPR, especially from Wolayita Zone. These children are often found around the grand bus station area called 'Autobus Tera', which is a key focus area for Retrak Ethiopia's outreach work, since children can be met soon after they arrive in the city. As a result there has been a greater percentage of children from SNNPR joining Retrak Ethiopia's drop-in centre in recent years (see figure 21), leading to higher than expected results for this objective.



New drop-in centre in Hossana

Figure 10: Drop-in centre progress v targets

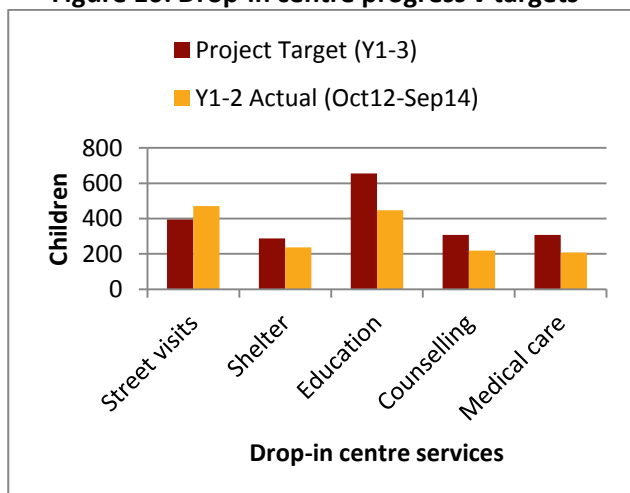
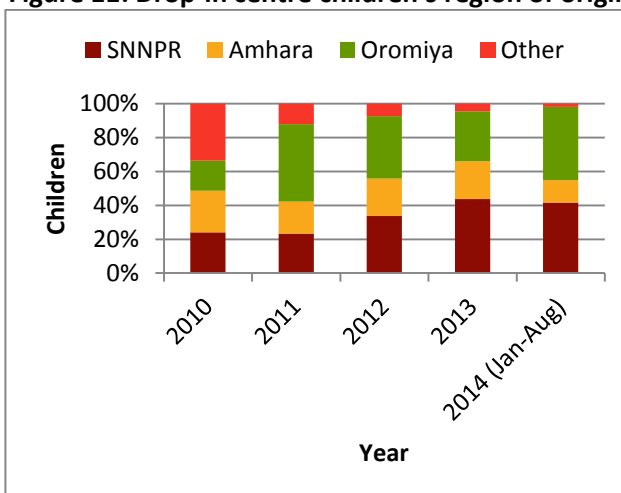


Figure 11: Drop-in centre children's region of origin



All the activities planned for in this objective have been undertaken, and no additional activities were added, beyond those agreed through amendments with Cordaid (education and Hossana drop-in centre) which are reflected in the targets.

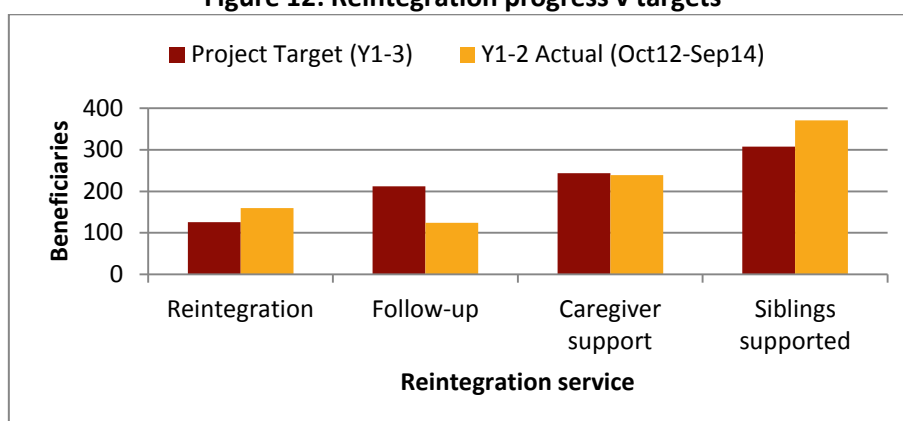
¹⁸ The education component of this project was funded by Cordaid 30% in Year 1 and 100% starting from Year2 while the other components (outreach, shelter, counselling and medical care) remained at 30%.

Objective 2: Reintegration

In the first two years of this project 160 children have been reintegrated from Addis Ababa or Hossana to their families in SNNPR and 124 children have been followed up in their families. As part of this reintegration process Retrak Ethiopia has offered support to 239 caregivers to enable them to care appropriately for their children, which has in turn benefited 371 siblings of reintegrated children. All of these results, except follow-up, are close to meeting or have already exceeded the set targets (see figure 22); this is as a result of a greater number of children entering the drop-in centre from SNNPR than anticipated.

Follow-up support to families has lagged behind the target. It was initially anticipated the children reintegrated into SNNPR could be followed up by the project CDWs. However, because many of the children were reintegrated into locations far from the project communities, and because of the heavy workload in the CDWs, this was not possible. Therefore the children and families have been followed up by staff from the Addis Ababa project, and more recently by Hossana drop-in centre staff. This has limited the number of children who could be served. Retrak has experienced similar difficulties in transferring the follow-up duties to local community project staff in other countries. The very local focus and targeted nature of community work and the disbursed nature and unpredictable location of reintegrated children's homes, means there is often little overlap between community project sites and reintegrated children's homes. Community projects often rely on volunteers or local staff who are not able and do not have the time to travel extensive distances to do follow-up visits. They may also not be adequately trained in how to support isolated families as opposed to groups of families, which is often the nature of community work.

Figure 12: Reintegration progress v targets



All the activities planned for in this objectives have been undertaken, and no additional activities were added.

Objective 3: Child Wellbeing Clubs

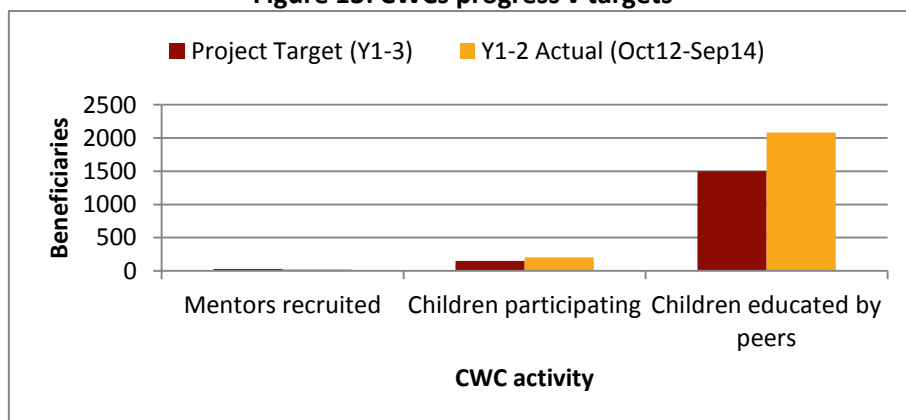
Child Wellbeing Clubs (CWCs) have been set up in 11 schools after two years of the project, slightly under the target of 15 schools for the 3 year period but on track at this point in the project period. Each school has one club, with 2 mentors each, a total of 22 mentors (against a target of 30). There are 202 children participating the CWCs, roughly 18 per club (against a target of 150, or 10 per club), and these children have provided peer education to a further 2082 children in their schools (target of 1500).

The CWCs have been very popular with the children in the school, therefore average club membership is higher than anticipated. Similarly the peer education has been very popular with children being attracted by the peer education approach which has included mini-media, dramas and other artistic activities:

- Dangers of street life through discussions, dramas, mini-media and poems,

- Child trafficking issues through dramas and football matches,
- Education vs working through peer debates,
- Child migration through small group discussions.

Figure 13: CWCs progress v targets



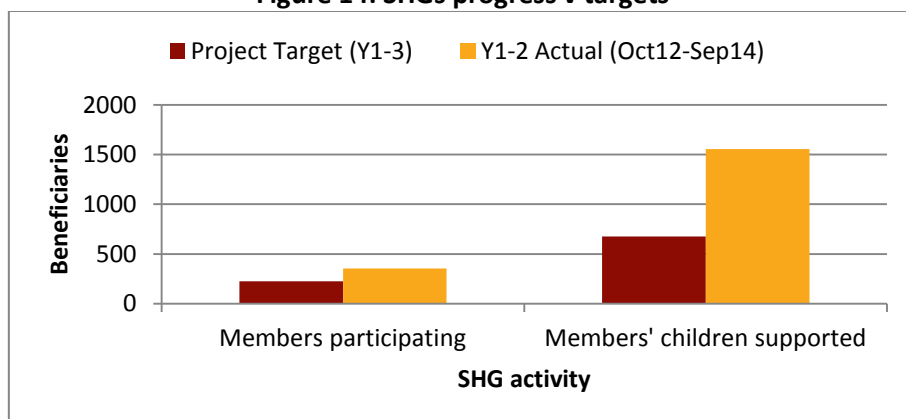
The events have ranged in size from 15 to 600 children, depending on the nature of the activity. The frequency of activities in each CWC has varied depending on how proactive the mentors have been in facilitating these activities. Some CWCs hold activities several times each term, others may only hold one event in the whole school year. The CDWs have felt that the CWCs were not their main focus, since the SHGs have taken a lot of their time, and so they have not dedicated as much time to them as they could. There has also been some issues around members expecting per diems for their participation.

In addition to the peer events held in school some additional large events were held during the school holidays which reached out to children and adults together. These were held on the topic of “No child forced to drop out of school”, child migration, child abuse and child trafficking, as well as to celebrate the Day of the African Child. In total these events have reached out to over 3000 children and 140 adults.

Objective 4: Self Help Groups

After 2 years of the project, 18 Self Help Groups (SHGs) have been established (target 15 over 3 years) with a total membership of 355 women (target 225 over 3 years). These women are supporting a total of 1,557 children in their families (target 675 over 3 years). All of these results have greatly exceeded the targets for the 3 years of the project.

Figure 14: SHGs progress v targets



Since more SHGs have been established than originally planned, this has proportionally increased the number of women who are members and the number of children in their families. In addition, the original plan was to have 15 women per SHG, with an assumption that there would be 3 children per household.

However, currently there are 19 women on average in each SHG, and they have an average of 3.7 children.¹⁹ Additional SHGs were established early on in the project period based on advice from Tearfund/Kale Heywet Church that it was easier to manage and more effective to have a cluster of SHGs developing at the same time.

Through the SHGs the CDWs have been able to provide education on the way to manage SHG activities, as well as providing education on child wellbeing topics such as: child trafficking, parenting skills, child protection and child abuse.

Objective 5: Community education

The community education activities in years 1 and 2 have already well exceeded the targets for the 3 year project. To date at least 536 community members²⁰ have participated in 17 different events, with an average attendance of 60 people per event. These events have looked at topics such as preventing trafficking of children, parenting skills and child behaviour management and preventing children leaving homes.

There was initially a plan to agree and document community child protection plans, however this has not been done. There are two major reasons that have hindered the implementation of this activity. The first is that the project did not have a clear strategy on how this activity was going to be implemented, for instance, it did not have a clear target group within these communities. The second and major reason was the legal status of Retrak Ethiopia which prohibits it from engaging in activities that are concerned with advocacy or anything that implies child advocacy, as this activity does. Retrak Ethiopia's registration status with the Charities and Societies Agency of Ethiopia would not allow it to perform this task. However, with a clear implementation strategy, this task could be modified and then implemented in collaboration with the concerned government offices in these communities. Following discussion with Cordaid in relation to the project's Year 3 workplan, this activity has been amended to: Number of Woreda (community) committees that will receive capacity building around child protection and implement a child protection policy.

Additionally, there has been some unplanned community education specific to trafficking of children. Community members working at the bus station and local police were made aware of the problem of trafficking. In addition football clubs in each of the Woredas have also provided opportunities for education, as have training to local church leaders.

5.2. Outcomes

Objective 1: Addis Ababa and Hossana drop-in centres and Objective 2: Education and life skills

The project has already exceeded its target outcome of 395 street children realizing their rights to services, by providing services to 447 street children. The same children have received education and life skills against a target of 656, it is expected that the target will still be met in year 3. 100% of children show an improvement in their wellbeing when they move from the streets into the care of the drop-in centre. Of whom, 85% of children improve in access to education and 65% improve in social behaviour in the centres, compared to on the streets.

¹⁹ This is according to the results of the economic survey, the total recorded in our monitoring suggests an average of 4.3. This might be due to counting of children who are older than 18yrs or because some women initially wanted to inflate the number of children in the hope of gaining extra support.

²⁰ Since individual records are not kept of those who participated in these large events this total is a conservative estimate of the total, based on the largest event in each Woreda, to try and avoid double counting.

Objective 3: Reintegration

160 street children have already been reintegrated with their families, of these children 81% have improved in their wellbeing whilst at home. There has been improvement in all areas of wellbeing, but especially in food, social behaviour and education access and performance.

Objective 4: Child Wellbeing Clubs

The aim of the CWCs, along with the community education, was to improve the reporting of child protection issues. The Child Protection mapping has highlighted current practices in this area and a repeat mapping exercise towards the end of the project period will show any changes.

There is anecdotal evidence of a reduction in school dropout rates, this needs to be explored further.

Objective 5: Self Help Groups

The impact of the SHGs on child wellbeing, including education, has been clearly demonstrated. 67% of children in SHG families have shown an improvement in their wellbeing, this is especially in the area of parental care, 46%, which links with the parenting skills and child protection training which has been given. 17% of children have shown an improvement in education access. Furthermore children returning to education is mentioned in nearly every Most Significant Change story and a greater understanding of children's needs and good parenting skills are frequently mentioned.

Further data on education outcomes will be available once the economic survey has been repeated. From the first survey we know that currently 80% of primary aged children are enrolled in primary school and 35% of secondary school aged children are enrolled in secondary school.

The first round of the economic survey has revealed a cash income of around 530birr (\$27) per month on average, any change in this will be revealed once the survey is repeated. However, we do know that 97% of SHG members are saving money and 94% have plans to increase their income.

Assessments of caregivers wellbeing have shown that 43% of SHG members have improved in their wellbeing. Caregiver wellbeing and family income is expected to rise as the impact of the SHGs through loans and business management develops.

Objective 6: Community Education

The impact of the community education is already evident in the Most Significant Change stories which highlight how attitudes towards child protection and parenting are shifting. Furthermore the impact on child trafficking is very significant. 96 children have been rescued from child trafficking, as recorded by the Woreda Transport and Communication offices. It is possible that the total is higher. By educating key community stakeholders about the problem of trafficking and dangers of street life, the project has prompted the community to plan a strategy to address the problems, usually through reporting any suspicious behaviour to the police, contacting Retrak Ethiopia and stopping the children and traffickers. As a result children are rescued from trafficking, counselled by Retrak Ethiopia's CDWs and returned to their families who also receive a warning letter from the police about the illegality of trafficking. The families then sign an agreement to keep their children. Furthermore several of the traffickers have been jailed. This work has been recognised by the Ministry of Education who presented Retrak Ethiopia with a certificate for these efforts in preventing child trafficking.

5.3. Special focus on SHGs

This project has set up 18 SHGs, 6 in each Woreda, with a current membership of 355 women. The original plan was to establish only 3 SHGs in Year 1. However, the staff noted that the training and the

recommendation they received from KHC/Tearfund at the commencement of the project implementation, suggested the establishment of 10 to 20 SHGs at one time in order to be more efficient and effective. In addition, when the project staff started working with the local community and local government, there was unexpectedly large demand to establish as many SHGs as possible. The Hadiya Zone Administration is still requesting Retrak Ethiopia to open more SHGs in another two Woredas. The project staff also noted that opening only one SHG per CDW in Year 1 would not be the best use of their time. Therefore, the preferred method of implementation was to establish as many SHGs as CDWs are able to handle and then provide continuous support throughout the project period. Thus, six SHGs per CDW were established. Due to this change in the project implementation, other results, such as the number of women in SHGs and their children benefiting, have increased compared with the project plan.

Implementation of the SHGs accessed against the Tearfund SHG model and manual

According to the review made by an independent and external assessor, Mr Amanuel Ashebo, from Tearfund/Kale Heywet Church using their manual, the reviewer found that in most of the principles the SHG under review is following the manual and model. Based on the report of this reviewer, SHGs are homogeneous in their socio-economic makeup, and within the ideal range of members i.e. 15-20 members. The members are consistently saving on a weekly basis. The reviewer found the level of saving more than he expected. Members are also taking out loans with good repayment trends. According to the SHG attendance and based on the reviewer assessment report, the SHG under review has low absenteeism rate. However, the reviewer recommended that the SHG strictly follows the rules and regulations in a consistent manner so that members do not fall to the habit of absenteeism.

Another important issue in the manual/model is the endorsement and application of bylaws. The reviewer could not see the written bylaw during his assessment but members confirmed the presence of a written bylaw. The review noted there should be written by-laws among SHGs that deal with loans and repayment, disciplinary measures to be taken when rules and regulations in the bylaw are violated by members, tardiness and absenteeism, and other issues which will help SHGs to be stronger.

One thing that was not functioning according to the manual is the rotational leadership. Rotational leadership is vital for women to exercise leadership out of their own home in a group setting. There is, however, a tendency by SHG members to leave the responsibility to one or two women who are better educated than most. However, this is dangerous to the health and sustainability of the SHGs. Women must be encouraged and should be invited to lead in rotation. This is an important feature of SHG approach and a way of sharing responsibility among all members. However, members have a recommendable practice of going to the bank for deposit or withdrawal in rotation.

Bookkeeping and documentation are also in good condition. For instance, according to the reviewer, there is no discrepancy between the collected amount and bank slips. However, the reviewer noted that care should be taken in accuracy and neatness when writing in passbooks.

The external review suggested that SHG members should be encouraged to run income generating activities (IGAs) individually as well as in group. Continuous and consistent training should be provided for members so that, they can run their own business which will bring change in their lives.

Status of CLA formation and Opportunities for Collaboration

An important step in the development of SHGs is the transition to cluster level associations (CLAs). According to Tearfund manual, it is possible to establish CLAs after six months of commencement of SHGs, with a minimum of 8 SHGs. However, during this project period, no CLA has been formed. This is because the SHGs are found in three different geographically distant communities (Woredas). Each Woreda has

only 6 SHGs. Besides this, there are no SHGs that follow the Tearfund (KHC) model apart from those run by this project. The KHC Integrated Urban Development Department does not have any SHGs in the rural part of Hadiya Zone where Retrak is operating. They only have 99 SHGs in Hossana town. However, when KHC opens SHGs in these Woredas in the future, it would open the door for collaboration in the formation of CLA. Another opportunity for collaboration is at the Federation level once CLAs are established in these Woredas. For the time being, the technical support Retrak is getting from KHC (like the independent review we got from Hossana KHC SHG coordinator) would be one area of collaboration to foster.

These factors have made it difficult to form CLA with other similar SHGs. Although other SHGs are being supported by other organizations the approach these organizations follow is different and it would be difficult to make them compatible. Therefore, there are two options related with the establishment of CLAs. One measure is to establish two more SHGs in each Woreda. The other option is establishing the CLA with only six SHGs in each Woreda.

However, the staff workshop underlined that the first option of opening more SHGs could damage the existing work. The project staff believe that they are now operating at the optimal number of SHGs. Adding more SHG, taking all the other factors as they are, would compromise the quality of our service. CDWs commented that these SHGs require close follow up by CDWs. However, to go beyond this number will compromise the quality of service CDWs are providing. Another reason is almost all villages (Kebeles) in these three Woreda towns have SHGs (thus, Kebeles are saturated). Since the women in these communities share similar activities in the same timeframe, the suitable time slots for SHG meetings are already occupied. To increase more SHGs within this same community will overlap the SHGs meeting time. This will hinder CDWs to provide support for the existing SHGs.

The staff workshop thus preferred the second option i.e. establishing the CLA with 6 SHGs. Although the KHC/Tearfund manual minimum is 8, the KHC's SHG coordinator in Hossana (and an independent review to Retrak's SHG) explained to project staff that there are experiences where CLA established between 5 to 8 SHGs when there is no other option.

Empowerment of women through SHGs

Women in these SHGs have shown the signs of empowerment. According to the staff workshop, there is a strong social cohesion in each group. Women who are faced with some social, health or other problem are supported by other member women. Some SHGs have even incorporated this culture in to their bylaw. Some of the MSC stories also bring out this desire to work together and offer common support.

In some instances, this social capital is stronger than that the economic benefit they plan to get from the SHG. The two major informal socio-economic traditions/institutions of Ethiopians (i.e. Iqub and Idir) are also forming in the SHGs making these women more empowered. Beside these, some SHG provide financial and spiritual support to women who are ill. These other social and economic activities are managed and supported by a special fund and contribution.

The women are also just starting to advocate for social changes in their communities. One of the MSC stories highlighted the beginning of the process, with the women seeking assistance together from their local authorities. This could be further strengthened by encouraging SHGs to involve in such community activity as cleaning campaign.

Impact on child wellbeing through SHGs

The MSC stories clearly highlight the changes in women's attitudes to their children and their parenting skills are a result of the SHGs. The women have shared how they have been motivated to make a change to

their parenting style or the living arrangements of their children, with several children being brought back from situations of child labour on the streets or with other family members. This improvement in care for children is also demonstrated through the wellbeing assessments. Furthermore, there is a clear sense of pride when children are able to return to their education. Although the level of school enrolment seems quite high in the three Woredas (80% of primary school aged children in primary school), when the economic survey is repeated it will be possible to see if this attendance is regular enough to lead to children progressing in school and graduating to the next grade and avoiding dropping out. The survey will also be able to highlight any changes in child labour.

5.4. Special focus on CWCs

Although the CDWs are happy with the output they were able to achieve, they are concerned about the approach they are using to implement this activity. During this project implementation period, CDWs are working through mentors to address CWC issues. Although the expected outputs have been achieved some mentors were not as dedicated as they expected. This is partly because the project could not meet mentors' and CWC members' expectations of per diem. Additionally, sometimes it is difficult to verify the mentors' reports. The other limitation with this approach is the CDWs do not have direct access and contact with the children as they work through mentors. CDWs think there needs to be a change in our approach in working with children. For instance, they feel that working with children outside of school, through the football clubs, has had better results. Combining both approaches could be more effective. It would also help if CDWs meet with mentors more frequently for discussion and performance review. This however is not possible within their current workload and would require other supporting staff (e.g. assistants to CDWs) to share their workload.

5.5. M&E

The Addis Ababa drop-in centre and reintegration work follows Retrak's Family Reintegration SOPs which includes a toolkit of case management and M&E tools. Retrak is currently developing an online database version of this toolkit to facilitate easier tracking of activities. Monthly reports on output results are produced along with quarterly sets of data on children's wellbeing. The output results are presented monthly to senior management to inform their planning, and are used on an annual basis as part of the country operational plans. Results are also fed up to the Executive Team and Board, and are supplemented by quarterly progress reports explaining over and under achievement against targets. Due to limitations in M&E staff capacity with Retrak Ethiopia and the head office the analysis of this wellbeing data has been limited.

All of the output results for the community work are also documented in monthly reports and progress reports, to be used by senior management and Executive Team and Board in their decision-making.

The monitoring of the CWCs has been limited to recording the details of participants and the activities they have undertaken. The Child Protection mapping used as part of this review has been quite a large undertaking and may not be sufficient to track the outcomes of the CWCs. It might be possible to use the Most Significant Change stories with these groups in future and to ask the schools for official data on school dropout rates.

The SHGs activities are well documented following a system developed by KHC. This information is collated monthly to show participation in groups, along with savings and loans totals per group. The child and caregiver wellbeing assessments are providing useful insights into the outcomes of the SHGs, along with the Most Significant Change stories. These stories must however focus on individuals in future, and if possible be narrated directly by the beneficiaries themselves. Further training may be needed on this

approach. The economic survey needs some adjusting before it is used again. The data gathered and entered was not entirely accurate and some of the questions may need to be adjusted for use in this context. The CDWs should be involved in revising this tool.

The community education work is the hardest to track accurately because of the large size of activities and the fluid participation. It is difficult to be precise with the numbers of participants and to track double counting. A best guess approach is being used, which uses lower estimates. Tracking change from these activities is also hard for the same reasons. However it is clear from the trafficking that there is a change happening. Qualitative information gathered from community leaders will be the best way to track change at a community level.

It is essential that the trafficking education work is more closely monitored, both in terms of activities and the impact of these activities.

Whilst the current output and outcome indicators appear to be sufficient to provide the necessary information for decision-making and learning it is important to amend the indicators to include the unintended outcomes noted in this review and to ensure that the economic survey delivers useful results on economic strengthening such as increases in income and assets.

5.6. HR

The findings from the staff workshop show that there is some concern about the amount of work the CDWs are undertaking and the level of their remuneration. The staff team has been able to successfully implement a new project, with zero staff turn over to date. Although they began with limited experience they are now skilled and would be eligible for higher paid positions with other organisations. Given the concerns raised and the evidence presented on salaries from other organisations a review is needed to inform future planning.

Several training needs have been identified during this review, these include:

- Further training on SHG procedures such as: the SHG concept, credit and saving, facilitation skills, CLA concept, Basic Business Skill, Business Developing Strategy and Entrepreneurship
- Further training on some monitoring tools, including CSI, economic survey, Most Significant Change story, Child Protection mapping

Now that the various project procedures have been established the induction of new staff will be easier. Efforts should be made to document the procedures to aid future induction.

In addition, whilst M&E activities have been handled between the Project Manager and M&E Manager so far, there is a need as the project continues to grow to get additional help with this work. Recruitment for this position is already planned for year 3

The Project Manager, who is a member of Retrak Ethiopia's Senior Management Team (SMT), has undertaken visits to Addis Ababa and there have been monthly visits of a member of SMT to Hossana. However, this was not initially planned and budgeted, but has proven essential for adequate oversight, decision-making and team building. More could be done in this area to encourage interaction and learning.

6. Conclusion

In light of the output and outcome results, it can be deemed that the project has been successfully implemented in the first two years. Findings of this mid-term review demonstrate that within two years of the three-year project, all the activities have been implemented, with some adjustments, except one under objective 5 (communities who agreed and documented a community child protection policy) which has already been amended so that it can be implemented in Year 3. Many of the targets for output indicators have already been met, and the rest are in track to be achieved in Year 3.

Care, education and reintegration of street children (Objectives 1, 2, 3)

In the first two years of this project 471 children have been reach out to on the streets, 447 have received services at drop-in centres in Addis Ababa and Hossana (newly established in May 2014), including education and life skills, and 160 have been reintegrated with their families in SNNPR. As a result, the wellbeing of children on the street compared with during their stay at the drop-in centre improves dramatically, with an almost complete elimination of risk in most areas of wellbeing measured. Nevertheless, some issues around education, psychosocial wellbeing and food are persisting. When looking at children's wellbeing when they are placed back in to the care of their family and comparing it to wellbeing at follow-up there is again an overall improvement.

Community-based Child Wellbeing Clubs, Self Help Groups and education (Objectives 4, 5, 6)

Over the first two years, this project has established a new community project in the Woredas of Duna, Gibe and Soro, which were identified as highly vulnerable communities in an area from where many children are turning to the streets. 355 women have joined 18 SHGs, over 2,000 children have participated in activities led by 11 CWCs and over 500 community members have received education through 17 workshops. Through additional activities, the problem of child trafficking has also been successfully addressed. Awareness raising activities, specifically targeting the bus station workers as well as police, promoted a community response which has led to over 90 children being rescued.

Wellbeing assessments of SHG members and their children in the community revealed that very few caregivers or children have good wellbeing and that over 50% are at risk in several domains. Some improvements in wellbeing have been shown during the project period, with the highest improvement in the area of skills and work for caregivers and in care for children. A further breakdown of this level of risk by Woreda reveals only a small difference for both caregivers and children. This improvement in wellbeing links to the emphasis in the SHGs on savings and loans and on education around parenting skills and child protection. Nearly all households (97%) are saving money, as part of the SHGs, at an average of 230birr (\$12) per household at the point the survey was done. Nearly all the households also have plans to increase their income, mostly through a new or change in business. Stories from these women revealed that there has been an impact on parenting skills, empowerment and overcoming discrimination or lack of self-worth. The women are more aware of the risks children face on the streets or through child labour and there is an increased desire to get their children home. The women show great determination to succeed and avoid past mistakes once a new option is open to them.

This improvement in savings, loans and work is important since economic activity is limited in the area. Whilst the SHG households have a cash income of around 530birr (\$27) per month on average, this mainly comes from the sale of goods. Agricultural land and livestock ownership is below the national average, and most land is used for crop cultivation. As a result child work and labour is common. Amongst children in the SHG households aged 12-14 years 92% are involved in household work, with 26% working for than 4 hours per week. This varies across the Woredas, with only 7% working for more than 4 hours per week in Gibe,

rising to 15% in Duna and up to 51% in Soro. However, paid work outside the household is still unusual with 91% doing no paid work. The community see child labour as one of the top child protection risks in the community. Further clarity on this issue is needed.

Child protection issues have also been addressed through the CWCs which have used peer-to-peer activities to raise awareness of issues including: street life, child trafficking, education and work. Anecdotal evidence, which needs to be explored further, suggests this is improving children's attendance at school and reducing drop outs.

The three top ranked child protection risks across the communities are child labour, physical abuse and FGM. Other sources of harm for children in these communities are parental lack of awareness of healthy parenting, child abuses, and child protection and parents death or divorce. Girls are seen to be more abused than boys, with some unique sources of harm for girls including early marriage and FGM. These child protection issues are addressed either through the traditional or the government structure. In most cases, the traditional structure is initially preferred, but the abused child and family are often not satisfied with the decision since the punishment imposed is lenient. There is usually more satisfaction with the decisions made by the government structure, but they can take a long time to conclude. Not all child protection incidents are reported because of lack of awareness on child protection issues and on the availability of government mechanisms to the communities. Some of these issues will be further addressed in year 3 of the project with a goal to build capacity to aid implementation of child protection policies.

The review of the SHGs by an independent assessor, project team and beneficiaries revealed that the approach is well adopted and accepted in these communities, leading to changes in women's lives and those of their children as already mentioned. The project has successfully adapted and followed the Tearfund/KHC model, with only a few areas not being implemented so far. The SHGs therefore do still need close follow-up to improve on certain skills such as rotational leadership, documenting bylaws and other business skills. The SHGs are now in a position to establish the next stage of the SHG approach: the establishment of Cluster Level Associations (CLAs). Due to the local situation, this will be pursued despite the fact that the number of SHG in each Woreda is less than the ideal number.

The review of the CWCs with children, school staff and project team revealed that this approach has been harder to progress. Working through mentors in schools is difficult, especially when there is an expectation of per diems for activities to be completed. Frequent meetings must be pursued and alternative means of motivating mentors could be sought. The CWCs work is also being complemented by football clubs set up with out-of-school children. This is an additional activity, but it has provided a useful opportunity for the project staff to engage children beyond the schools hosting the CWCs and include them in receiving the same child wellbeing messages.

7. Recommendations

7.1. Recommendations for this project

The following recommendations are put forward for consideration by the Retrak Ethiopia Senior Management Team, in consultation with Cordaid, to strengthen the project in the remaining time period. Most of the following recommendations for implementation are linked to the community work, especially the SHGs and CWCs, since these were new activities for Retrak Ethiopia and formed the main focus of this review.

Project design and implementation

Overall the project is proving successful in both activity implementation and the resulting changes in the lives of beneficiaries. Moving forward it is important to build on this by:

- Continuing to hold discussions around parenting skills, child protection and child development, since these are clearly impacting the wellbeing of children.
- Reinforcing with the SHGs the importance of written bylaws for each group and the need to follow rules consistently so that members do not fall into absenteeism.
- Working with the SHGs and CDWs to improve the practice of rotational leadership, thus allowing as many women as possible the opportunity to build up their leadership skills.
- Setting clear milestones to help each cluster of 6 SHGs to establish and run a CLA in each Woreda. This should include a phase out of CDWs direct involvement with the SHGs, as the CLAs should provide this support.
- Continuing to support SHGs to think about individual and group income generating activities, as well as encouraging them to look for opportunities for community social change projects, especially as the CLAs develop.
- Considering if there is a way to boost the internal capital of the SHGs so that they are able to provide larger loans with longer repayment periods.
- Seeking ways to strengthen the work of the CWCs through continued regular meetings with mentors to help review and plan activities. Whilst it is not appropriate to offer per diems, it might be possible to find a suitable thank you gift to reward and acknowledge the work they are doing.
- Continuing to work with out-of-school children through football clubs and ensure these activities are adequately monitored.
- Continuing to provide community education activities with the aim of enabling implementation of child protection policies. This should continue to include a focus on trafficking and the work in this area needs to be specifically monitored. In addition, since FGM is considered a top child protection issues the project should consider if this issue can be addressed now or in the future, perhaps in collaboration with others who are specialists in this area.
- Beginning to plan for phase out of this project to ensure sustainability of the SHGs and any other activity.

M&E

The monitoring of this project has involved several new techniques, many of which are proving successful. With some new developments and based on the learning in this review, the M&E of the project could be improved by:

- Adding new indicators to track activities around trafficking and football clubs
- Ensuring other activities around community education are well documented, such as the talks with religious leaders

- Tracking the outcomes in the areas of trafficking and school drop outs. New outcome statements should be created, with associated tools which may be able to pull on the records from police and schools. In addition key stakeholders should be included in the MSC technique.
- Exploring ways to track outcomes with CWCs and football clubs, this could be with the MSC technique.
- Adjusting the economic survey based on feedback from staff, including seeking clarity on types of child labour and education attendance and progression.
- Repeat and more in-depth training for staff in some of the new tools, especially MSC techniques which could be used more widely but needs to be more participatory, and following necessary adjustments to the economic survey.

HR

The project progress to date has provided useful information on the human resources needed to carry out this kind of community work. In particular consideration should be given to:

- Reviewing the current remuneration of CDWs who have invaluable experience of the project approach and Retrak Ethiopia's values.
- Considering if it is possible to recruit some support staff, these could even be women from within the existing SHGs.
- Recruiting any new staff from within the communities, this has proven strategic, in terms of building good relationships and tackling dependency, and should continue to be followed.
- Providing further training to staff in SHG approach and M&E tools.
- Recruiting an M&E Officer, as is already planned in year 3.
- Reviewing staff induction and supervision, and the link between the Addis Ababa management and the Hossana-based staff. This wasn't closely examined in this review but is an area which needs strengthening.

7.2. Recommendations for future projects

As well as informing the remaining implementation of this project, this review also sought to document recommendations for future projects in other locations. The success of the project lends itself to replication and scale up, within Ethiopia and beyond. Consideration should be given to:

- Options for replicating the project in the 2 remaining Woredas in Hadyia zone and in Wolyita, another area from where many street children are coming. This could be in collaboration with other NGOs already working in the area.
- The culture of dependency in any future locations. This was strong in the current location and a lot has been learnt about how to deal with this. The strategy of locating the CDWs in the local Woredas was not the original plan but has been critical. Recruiting from the local community is also a good strategy.
- The workload on CDWs and the balance of different activities, such as SHGs, CWCs, community education, this may vary depending of the particular needs of the location.
- The need for a vehicle to ease transport around the project area.
- Establishing clear M&E procedures, so that staff members are trained in these during their induction and they can run from day 1 and be used to collect baseline information.

8. Annexes

8.1. Annex 1: MSC stories

Story 1: From a ruthless punisher to a caring mother

This is a story of a woman called XXX. XXX has seven daughters and two sons. Except the two girls who are 15 and 14 the rest of the children are very young. Her husband has no job and he is old. She takes care of her household by selling 'injira' (local food). XXX is a member of a Self Help Group which has 20 members, and is one of the six groups found in Soro Woreda. Since XXX became a member of this SHG, within a few months she was able to save Birr 345 and was able to take loan from her group. She then successfully returned the loan with the interest on time. Currently she is waiting to get her group's approval for the second round loan. She is economically empowered to request as much as 700 Birr to scale up her petty trade.

In the SHG meeting women also receive trainings on parenting skills among others. This is believed to give them the skills in how to raise their children in safe and caring environment free from abuse. They also learn about type of abuse that affects children and learn better ways of handling misbehaviour through behavioural management lessons. This is a story as told by XXX on how the parenting education brought a significant change in her life.

After successive education on parenting skills by Retrak community worker, one day XXX got up in one meeting to witness about her experience as follows:

"I raised my children far from what has been taught to me here since the first day of our lesson". She continued saying "I used to punish my child by hit them hard, accuse them for all mistakes, curse and insult them unceasingly, chase them with an axe, tied them using rope and hit them, use my teeth to bite them, and mostly without mercy I hit them hard. But I never thought this could harm them or that I could be wrong in the eye of the law. Despite what I tried however this way of handling my children never worked for me. It rather made them very angry and worse. They even fight with me and with each other. My children usually are known for their disturbance by our neighbours, [they] never cares for me and they just create mess in the house."

She also told her group members how this behaviour affected her 14 year old daughter. One day her 14 year old daughter made mistake. She was so afraid of the punishment and the curse that would come from her mother. As a result she left home and went to the neighbour's home and decided to spend the night there. Although she thought of going home the next day, nevertheless, having spent a night out of her home coupled with her previous mistake made her to anticipate an even more severe punishment. Thus she decided to stay one more day. Days passed this way and she tried to assess whether her mother has forgiven her but she heard that her mother has become angrier than ever. XXX was looking for her child everywhere to punish her. After a while and sadly, XXX's daughter became pregnant at the age of 14. Her mother heard the news and whenever they see each other in the neighbourhood she used to chase her with axe to hit her.

While XXX was attending one of healthy parenting education in SHG meeting, she came to understand that hitting a child with any sort of material is a physical abuse and she could be accountable in the eyes of law. She also confessed that she has contributed to the problem her children are displaying as follows "my children are not the one who made the mistake. It is me who made the mistake. Had it been I continued with this way, all my children could have left home and gone to the street." She then left the meeting deciding to call her pregnant daughter to come back home. She then invited her daughter to come and live

with her. Currently XXX is taking care of her daughter and trying to create a safe environment. There is an improvement in the way she is treating misbehaviour and her children are becoming less aggressive and happier.

Her children are currently learning with a good spirit. She is also giving her children better care. Her daughter also testify this change:

“My mother has changed a lot. I never thought of staying away from her, no matter what she may do to me, she is still my mother and I always prefer to stay with her than facing other people. My mother has changed a lot. She still gets annoyed but she become calm quicker. She has stopped her former way of hitting us all. I have also decided to continue my education next year. My mother has become kind to me.”

Parents are inherently good to their children. However, due to lack of education and information they could also become potential push factor in terms of exposing children to unsafe environment. This would make children feel abandoned and come to the street. This story is one of its kind that demonstrate how Retrak SHG is helping very poor women to be empowered financially, socially and behaviourally to become better parents.

Story 2: Retrak’s Self Help Group helping poor women

This is a story of XXX who has seven family members that she supports. She mainly involves in petty trade in bare road line in small town. Previously if she faced challenges she had no saving or had no one to turn to. Her only option was a money lender who lends with exorbitant interest rate. The group members mainly express this loan as “Yechenk Woled” to mean extremely worrisome loan. In one SHG meeting XXX shared her painful experience.

“On one occasion my first born got very sick, we visited the local health centre twice but end up with no solution. At last the local clinic referred my boy to hospital for further medication. I had to go to many friends and relatives to borrow money for my son’s medication but it was not easy. Finally, I went to a money lender and gave my only cow as collateral and took 2,000birr. After two months I hardly managed to pay the loan and had to pay 3,200birr by selling our family cow. Following this after a year I heard that Retrak has launched the SHG approach in my town. I was the first women to register. I was serious and used to attend all the concept sharing meetings. Then I decided to actively start weekly saving. After certain period, I saved 200birr and was able to borrow 400birr from the group and started some petty trade in my small town. From this borrowed money I was able to earn 800birr gross profit after four months. I paid my loan with 4% interest and finished my loan. The interest I paid is insignificant compared to the money lenders’ unreasonably high interest rate. After a while I was able to save 3,200birr. Consequently, I took for the second time 6,400birr loan. This happened since there was no other person who wanted to take loan when I requested the second time. I am working and paying this as well and left with only one month loan to pay. I am so thankful to Retrak’s community worker who is teaching us every week and encouraging us.”

XXX starts each day with hope. On a good day she earns a net profit of 100 to 150birr. When business is low, her profit sometimes goes down to 50 to 75birr. Even in such days she is more efficient and work without worry since the interest of the SHG is reasonable (which is 4% per month) and payable compared with the money lenders. She is happy to refund comfortably the group loan. As she expressed it “after all am helping and capacitating my own group”. Her success is in no small part due to her own tireless hard work, but she also attributes it to the care and advice she receives from community workers.

XXX is currently helping her six children to continue their school. Her dream for her children is to become educated and live a healthy life. She hopes that one day she will have a big, permanent supermarket in one of the busy roads of her small town.

Story 3: Result of Healthy Parenting Education in Community Prevention Programme

Healthy parenting education is given for SHG and community members. This is the story of the result of healthy parenting education in one of the SHG. It is a story of a mother called XXX and her son YYY.

XXX is active member in her SHG. She attends all the group meetings and put her weekly savings consistently in the group. Before her husband divorced her she used to live happily with him raising her son. After her husband divorced her and left home she had to take the burden of being a mother and a bread winner for her son and herself. She tried to work as a housemaid, as a cook, washing clothes for people and collecting wood to sell but despite this the money was not enough to feed her child. She had such a poor living condition.

Looking at the situation someone she knows suggested she could let her 11 year old son go with him to his family in the countryside and work for him so that he can send him to school. He promised that he will make sure his needs are met and that he would send him to school. At last XXX was persuaded to send her child to get hired and get access to education due to pressure of living cost. Little did she know that it was a false promise.

After a while she happened to hear about the SHG group and she became one of the fortunate women who is willing to be part of the SHG. While taking part in different meetings she had the chance to learn about healthy parenting, child exploitation and neglect. This is her first experience to hear about such issues.

One day at the end of one SHG meeting she decided to bring her child back home. She said “at the end of each lesson that Retrak’s Community Worker was teaching it made me to realize and understand how I abandoned my son in uncertain situation. I started to visualize how he is living so as a result I decided to bring my son and care for him by myself”.

She immediately went the next morning. She had to travel to a far rural village to the family she gave her son. She greeted the family and it was clear that they were not happy with her surprise visit. She asked to see her son but he was not at home. While waiting for his arrival she asked to see his exercise books from school. They were tongue tied and could not give her any. It was clear to her that he was not being sent to school. When the child arrived home to her surprise he has lost weight tremendously, and she found out that he has lost appetite since he stays the whole day keeping cattle.

When she told the people that she is planning to take her son back they tried to intimidate her saying that they will sue her. She went outside to look for help and had a chance to talk to neighbours in the village. The villagers told her that they were sad to see how the child is neglected. They helped her to talk to police and assisted her as witnesses and finally she was able to take her son back. She finally came back to SHG and told her story to the rest of the members.

Currently, YYY is 12 year old and is enrolled in school and got promoted to grade two. Other mothers in the group followed in XXX’s footsteps and have decided to bring their children back home to give them safety and care.

Story 4: A Remedy within

The two SHGs in Gimbichi were formed in 2013. Since the formation, with weekly minimum saving of 5 birr (0.2 \$) one group's capital is 7800 birr (410\$) and the other's is 7506 birr (395\$). Some members save up to 30 birr (1.5\$) depending on their income per week. There is remarkable consistency in the group saving.

Members of these SHG live in a village where there are lots of women who are widows and migrants. The community is very poor, many live under Kebele houses that are unfit for human dwelling. The locations are messy and are less comfortable or of a lower quality to live in. Most people are uneducated and frequently fight and argue a lot with each other. As a result children are prone to modelling antisocial behaviour. As to their financial status most women in the village sell local drinks and engage in petty trade. Due to the level of poverty in the past this village was under so many development initiatives where these people have developed dependency on aid.

However since the commencement of the SHG effort these very poor women have worked together to bring change. They are negotiating with their local government officials as to how to get renovation for houses that are falling down. They also put requisition so that toilet could be built for them in their community. Currently they are waiting to hear positive response from the government. They were also able to organize a burial association for themselves in order to support each other during funeral times by saving a certain amount every month. This is believed to be used if there is any one encounter emergency or sickness. They have also worked together to handling their children's dropout of school and lack of scholastic material. They discussed that since new year comes with holiday expenses that they have to put aside money to cover school expenses and minimize school dropout of children due to lack of money. They decided to save per week any amount they can get. They were able to save 2994 birr (157\$) in one SHG and 3200 (168\$) in another, in addition to the SHG weekly contribution mentioned above. With this money they were able to send 13 children who were at home without school and 30 children went to school with full scholastic material.

Today these women feel proud and could not be happier with the amount of money they were able to save and use. They are able to understand that change can come from themselves without being dependent. Retrak's training and project has brought lots of change on their life. They would have end up in deep poverty but currently they are happy to see how they support each other. They are smiling and speaking with pride about the change coming within themselves without depending on handouts. They know that poverty is not going to be tackled today but they have hope that life will not be the same if they persist on this effort and have commitment. They are happy that they no more beg around and they are working and productive.

Story 5: Breaking Ethnic Discrimination Barrier through SHG in the Community

This is a story of one women who benefited from the SHG programme. A SHG in Homicho town consists of 15 members out of which seven come from the ethnic group called Fuga. This ethnic group has for so long been treated by other ethnic groups in the southern region as minority. People from this ethnic group get excluded by the society so as not to take part in any form of social events. Other ethnic groups do not drink coffee with them or go to their home to visit. They also think they have less right to speak in public. Moreover fear of discrimination from other ethnic groups means others do not marry a person who is from Fuga ethnic group. Such discrimination came since this ethnic group led their life predominantly through pottery, and metal work. They were also involved in local goods preparation that requires hard work and labour. In this region farming and petty trade is a well-respected type of work and Fuga's are not involved in it. However if a person in the community who is from Fuga starts to be involved in petty trade due to

discrimination no one buys from them and they end up losing their benefit as a result they do not usually start such trade. And eventually they happen to think low and have a very low self-esteem.

Aware of this issue the topic was a high priority during SHG weekly meetings so that people could talk openly about this type of discrimination. Due to the lesson given to SHG members, they were able to understand that discriminating against people based on ethnic difference was not right. They were able to understand that poverty does not choose background. Unless they fight poverty together it could get difficult to tackle individually. There were consecutive meetings where the group discussed about discrimination which later led them to have coffee together and care for each other. Thus such lessons is benefiting people from Fuga ethnic group who are able to join the group and is getting the benefits of SHG.

Members of SHG who are from Fuga ethnic groups have said “a day has come for us to be recognized and taken as part of the community thanks to Retrak’s SHG effort. We could have been lost in our community and miss such a golden chance that enable us to lead better in life”.

Story 6: “Let’s save those walking to death”: preventing children coming to the street with school clubs

Through the Child Wellbeing Clubs, parents are targeted as an important part of bringing a positive impact in the lives of their children. The clubs use different school events, parent meeting days, and special occasion in the school to raise awareness of parents about street life and its negative influence on children. They mainly use drama using equipment provided by Retrak to create the actual experience of street life through their action. They also read poems to audience about child trafficking and the side effects of street life.

There were seven family members in Gibe Woreda who made a decisive decision after taking part in such event. Following the above type of event these families decided to bring back their seven children who went to Addis Ababa to work on the street. These children were pushed by their own parents to go to Addis Ababa to earn and bring money to their parents. Since their parents had their contacts it was not difficult to trace the children. Their parents told their children to come and visit them for holiday and used the chance to advise them to stay and they were successful. For these parents what they heard from their children how they were suffering was a confirmation of the message they heard from school club members. Their children expressed that they were starved, the difficulty of getting work, had to sleep in small room with many other people, were exposed to disease and how they felt lonely and helpless.

Currently the children are enrolled in the school and learning. The effort has helped children and their parents to prevent children from coming to street life leaving home and getting pressured by peer influence.

Story 7: The effect of Community Education in Rescuing Children from Street

This is a story of a woman called XXX and her son who got the benefit from the community education initiative. XXX lives in Duna Woreda and is a SHG member. YYY is the adopted son of XXX. He is 15 years old and a grade 8 student. One day YYY asked XXX to go to Addis Ababa with his friends by dropping out from school. When she heard this she was sad and she understood that her son was under peer pressure. She tried to convince him to stay and continue his education, however her effort end up in vain. She said “since he was not my natural born child it was hard for me to convince him and felt I might pressure him”.

After YYY left XXX happened to become part of the SHG. On weekly meeting session the community educator teach members on child related issues. One day she heard the lesson about the side effect of street life and what actually happens to children once they are on the street. She was terrified to hear that they may not access their basic needs and could potentially face different type of child abuse. XXX was

really shocked to hear about this and decided to ring YYY to come back. She also understood in no way he could have access to continue his education and that he will end up illiterate.

She immediately communicated with him and told him to come back. She promised that he will be treated as one of her children and that she will provide him his needs as best as she can. Following such offer YYY returned back home and reunited with his family. She said “When YYY came home I felt sad to see his torn out clothes, he looks thinner than ever and his face has changed to black due to the wind and sun exposure. When he saw us his eyes were full of tears”.

After a while he told his stepmother the street experience with eyes full of tears as follows.

“I went to Addis Ababa with my friends hoping to get money by engaging in shoe shining. I had hope to bring back money however things are far from what we fantasizes. My dream of having good life and work opportunity to full fill my clothes need and helping you could not come true. I felt hunger a number of times, it felt very cold to sleep in the cold, and no one cares if you get sick or anything happens to you.”

YYY stayed on the street for about 4 months under unbearable circumstance. When he first met the community educator he shared his street life as follows

“ It would have been better had it been I stayed with my adopted mother, street life is difficult, at home I had access to my basic need, children in Addis while I see them going with their school uniform and bags I envied them. I felt embarrassed to come home since I refused my step mother when she told me to stay. When I heard from my mother I was happy immediately and was willing to come back home. ”

Now he is assisting his family by different activities and currently he is ready to start his school.

Story 8: A woman who search out for hand-out end up to be economically independent through SHG

XXX lives in Duna Woreda. She raises 9 children by working as a daily labourer. One day she heard about the SHGs and came with a mind set up to get financial aid. Once she arrived what she heard was far from her expectation. It was not a hand-out service but a service that can help her to be independent through letting her to be part of SHG. She understood from community worker’s teaching that saving a small amount of money in collaboration with others can bring lasting change in tackling poverty. She further understood that each SHG member has an obligation to come to their respective weekly meetings in order to save and take lessons. The amount of loan member’s can ask for depends on their savings. In addition they are also expected to bring letter that explains what they are intending to do with the money they take as loan. Once they start working as per their agreement they pay their debt to their group.

After attending for about three weeks she decided to be part of the SHG. XXX has continued to attend the group meeting seriously and started saving every week. She eventually increased her saving and managed to save 250birr and asked the SHG for loan. Based on the regulation of the group she was able to take 500birr as a loan from the group’s saving. She stopped her daily labourer work and started petty trade. She started getting better income since she started this petty trade.

Within two months of her start of petty trade, she additionally has started taking butter and cheese to Hossana town to sell. She has now gradually started to fulfil her own and her children’s needs. Besides this and due to the parenting education she got, she has started treating her children with care and love. Currently she has changed her dependency attitude and she has become productive. She is even now supporting her husband to continue his education. She is now able to provide her children a meal twice a day unlike before. XXX is now in a better position economically and is able to buy school material and send her children to school.

8.2. Annex 2: Breakdown of outputs between Addis Ababa and Hossana drop-in centres

Output indicators ²¹	Project Target (Y1-3)	Y1 Actual (Oct12-Sep13)	Y2 Actual (Oct13-Sep14)		Y1-2 Actual (Oct12-Sep14)
			Addis	Hossana	
Objective 1: Addis Ababa and Hossana drop-in centres and Objective 2: Education and life skills		Addis only	Addis	Hossana	Both centres
Number of Street children reached through street visits	395	166	173	132	471
Number of Street children stay overnight at shelter	288	117	77	43	237
Number of Street children participate in education & life skills	656	117	287	43	447
Number of Street children counselled at drop-in centre	308	105	71	43	219
Number of Street children receive medical care at drop-in centre clinic	308	117	70	20	207
Objective 2: Reintegration from Addis Ababa and Hossana					
Number of Street children reintegrated to SNNPR	126	58	79	23	160
Number of Street children followed up & supported in family reintegration	212	39	71	14	124
Number of caregivers of street children received counselling, guidance, parenting training or economic support	244	84	111	44	239
Number of siblings benefitting from Retrak support to families	308	123	159	89	371

²¹ For year 2 this table only shows new beneficiaries benefitting so that it's possible to add Y1 and Y2 together. A breakdown of drop-in centre results between Addis Ababa and Hossana is available in annex 2