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THE ROLE OF COMMUNITY CARE COALITION FOR CHILD PROTECTION IN JIGJIGA CITY

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Abstract

Child abuse and neglect is widely recognized as one of the world's most serious societal problems, particularly in Ethiopia. This report is based on a study that was conducted to assess the role of the community care coalition for child protection in Jigjiga City, with the following objectives: to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to assess the level of community awareness of child protection, to look into the key child protection services offered by the community care coalition to Jigjiga city administration's most vulnerable children. To investigate the tactics used by the Jigjiga city administration in delivering child protection services by the community care coalition. To highlight the obstacles that the Jigjiga City Administration had in providing child protection services to the community care coalition. To investigate the long-term viability of community care coalitions' programs.

Child neglect/abuse occurs when children are not cared for by their parents or the government; when the number of street children or neglected children rises, the generation's future is jeopardized; it is known to be the source of many socio-economic problems in the country, and it has negative consequences for both the poor and the environment. This is quite distressing, and it has been going on for a long time, which is why the researcher decided to do a study on the function of community coalitions in child protection in Jigjiga City. However, based on the study's findings. According to the study, there are a variety of child protection services that can cover neglect and abuse. Economic strengthening is our bureau's main progressive program that has resulted in changes in the lives of the families we serve, as well as one of the main areas of intervention where we receive donor interest because of its role in household and community empowerment.

This finding revealed that a lack of awareness was the primary barrier to kid participation success. This lack of awareness is linked to a high turnover of community care coalition chairmen, as well as financial and professional difficulties. The aforementioned obstacles have hampered service delivery not just for community care coalitions in the four kebeles of Jigjiga city administration, but also for human service organizations that work with community care coalitions and children.

Key Words: Community, Care, Child Protection, Coalition.

1. Introduction

In traditional societies, communities have their own ways of dealing with problems that affect its members. They have helped each other through times of poverty, accidents, chronic issues, sickness, and the death of members. Idir, Ekub, and Mahiber provide support in such situations (Mezegbu, 2007). The importance of community-based support systems, on the other hand, is frequently considered as informal and has received less attention in the research (Kassaw, 2006). Traditional support networks are not the same as community care coalitions (CCCs). Unlike typical support networks, CCCs take a system-based approach. Unlike traditional support networks that focus on members and their contributions, coalitions merged formal, informal, and local Civil Society Organizations (CSOs). When community-based child protection organizations are owned and led by the community, they are more likely to be sustainable (Save the Children, 2013).

Community care coalitions are groups of individuals and/or organizations at the local level who work together to expand and improve care for people living with HIV/AIDS (PLWHA) and the most vulnerable children in their communities. Community care groups (CCGs) are those that directly provide care; CCCs are those that primarily coordinate care. CCCs include mosque heads, volunteers, the government, businesses, NGOs, and CBOs that provide material and financial assistance on a local level (Caitlin, Medley, Michael, & Kevin, 2010).

As a result, child protection is a component of social protection that focuses on system-based solutions to problems that affect vulnerable children. As a result, vulnerable children and those in challenging situations are given extra care under the policy. Ethiopia currently has 4.6 million orphans, with a hundred thousand of them being street children (UNICEF, 2008). This demonstrates the country's widespread child vulnerability. CCCs have given major child protection services to vulnerable children, such as health, nutrition, and education, in order to support children and their families. Coalitions need leadership, management, coordination, and reporting abilities, as well as service delivery techniques, to provide services. The frequent turnover of council chairmen, limited awareness, and low initiative of members are all major issues that have hampered the coalition's ability to function (CCC implementation guideline 2010).

As stated in the guideline, services provided to vulnerable children in Ethiopia are formal for governmental and non-governmental organizations (NGO) and informal for local community members, and both operate independently. Since 2015, local endeavors to sustain child protection through CCCs supported by policy have been driven by joint activities of formal and informal support systems guided by an implementation manual. As a result, the primary goal of this research is to investigate the role of community care coalitions in child protection in the Jigjiga municipal administration.

Three primary data collection methods were used to generate the data. In-depth interviews, focus group discussions, observation, and secondary sources are examples of these. This research has yielded some results. The findings indicated that the identified service packages had made a difference in the lives of selected venerable children and families at three different levels: high, moderate, and low. CCCs' key strategies for guiding positive change have been identified as capacity building, resource mobilization, data collection, organizing, and documentation. The most pressing challenges that have hampered the functioning of CCCs are chairperson turnover, structural, financial, accreditation, and professional challenges. As key sustainability pillars, CCCs have focused on local resources, knowledge, institutions, integrating formal and informal actors, and implementing planned programs.

1.1 Statement of the Problem

The majority of research on community care coalitions has so far concentrated on community facilitation and mobilization for health services in a western environment. According to my knowledge, Binega has only completed one study, which examines the function of community care coalitions in providing psychosocial assistance to PLWHA in Ethiopia. Other programs and groups of persons serviced by the Ethiopian community care coalition have yet to be investigated. Even Binega (2014)'s study area in Mekele city was confined to only two coalitions out of twenty delivering various services. The lack could be attributable in part to the absence of a community care

coalition in Ethiopia's policy framework until after the ratification of a social protection policy in October 2015. As a result, contributing to the knowledge base of these literatures is crucial. As a result, the researcher school of social work at Jigjiga University has conducted research on the need for social work, which indicates that social work is critical in all aspects of society, with the primary goal of exploring the role of community care coalitions in child protection.

2. Literature Review

Today, the terms 'community work' and 'community development' are frequently used interchangeably in the language and work of community development. The term "community work" refers to activities carried out in communities that are focused on change and development (Pitchford & Henderson, 2008). Community development, on the other hand, refers to the process of change and development that occurs in communities and is not always carried out by workers (Henderson and Thomas, 2002).

Dloag (1985) stated in his research on community care rhetoric and action that community care action is much more than deinstitutionalization, which does not, in and of itself, abolish institutional type of practices and attitudes. Community care is the provision of services and supports that enable specific groups of people to live as independently as possible in their own homes or in homely settings in the community (Slater, 1994). Community care is the process of assisting people in organizing for community activity. Community workers should not be so elitist about community care, and social workers should not regard organizing volunteers for social service development as an easy task (Baldock, 1983)

Since the Barclay committee introduced the concept of community social work, there has been significant development and debate surrounding social work on community care. Barclay's analysis of the role and task of social work was based on the concept of community and informal careers, which would invariably involve female family members (Orme, 1998). A coalition for regional health care is defined as a group of individuals representing various organizations, factions, or constituencies within a community who agree to collaborate to achieve a common goal (Butterfoss and Kegler, 2002).

Others define a community coalition as a group that brings together members from various sectors of the community to address community needs and solve community problems (Wolf, 2000). Community care coalitions are groups of individuals and/or organizations at the local level who work together to expand and improve care for the most vulnerable children and people living with HIV/AIDS in their communities. Community care coalitions are made up of church leaders, volunteers, the government, businesses, non-governmental organizations (NGOs), and community-based organizations (CBOs) that provide material, financial, and physical assistance at the local level (Caitlin, et al 2010).

Fisher (1994) concluded from his research that services based on negotiation rather than assumption of partnership rather than assumption of professional dominance rather than assumption of gender and care need to be fundamentally reexamined. Case management introduced into a deprived service context is likely to achieve less than case management introduced as a key component in an already well-structured and resourced service (Huxley, 1993). Aside from forming community care coalitions in urban areas, the rural segment of the population requires community-based human service delivery, care, and support. According to Conklin (1980), formal social service agencies can identify rural community caregivers by their visibility in performing tasks related to the assistance of others in the community.

Political and economic realities, the type and level of resource possessed by organizations, community climate and previous experience with alliances, the silence and urgency of the social change goal, the timing of coalescence and actions, and the feasibility of winning are the major factors that influence coalition formation. Coalition formation, behavior, and outcome are influenced by factors such as money, authority, resource and power distribution, group origin, auspice, and tasks (Mizrahi & Rosenthal, 2001). This shows how different components in coalition formation react in a reciprocal way.

Commitment is frequently viewed as a part of the conflict between self-interest and altruism, or pragmatism and

ideology. The pragmatic basis of coalition building is commonly classified as a search for resources and power, whereas the ideological basis of coalition formation is a commitment to specific values. As a result, the general concept of public interest or the common good is affected (Rosenthal & Mizrahi, 1994).

2.1 Need of the Assessment

Abuse or neglect of children has a negative impact on the community's future and the country's social development. This is a highly prevalent and significant societal issue that has ramifications for many generations and social control. As a result, this research is critical in order to offer potential answers to this social problem. The project will have a significant impact since it will develop a new theory and raise awareness about child protection, as well as potential methods for preventing and reducing child neglect and abuse in early children.

i. General Objective

The general objective of this study is exploring the role of community care coalition for child protection.

ii. Specific Objectives

- To investigate major child protection services provided by community care coalition to vulnerable children in Jigjiga city administration.
- To explore the strategies employed by community care coalition in providing child protection service in Jigjiga city administration.
- To describe the challenges encountered by community care coalition in providing child protection service in Jigjiga city administration.
- To explore sustainability of community care coalitions programming in Jigjiga city administration.

3. Research Methodology

• Researcher's Perspective

The constructivist philosophical approach was used to conduct this study. Using the constructivist paradigm, diverse meanings, values, and definitions of participants were grasped in their individual set of conditions. The constructivist approach entails a systematic examination of socially relevant activities through direct comprehensive observations of individuals in natural settings in order to gain a better knowledge and interpretation of how people construct and sustain their social environment (Krueger and Newman, 2006). Inquirers use a constructivist philosophical position to make specific assumptions while choosing qualitative research. A paradigm, also known as a worldview, is a set of fundamental ideas that govern action and alternative knowledge assertions (Creswell, 2003). The constructivist knowledge claim backs up the core premise of social work, which states, "Go to the location where your problems are." (Hutchison, 1999.p.49).

The constructivist perspective has influenced this research project in a number of ways as a belief that governs this action. It influences how the researcher interprets the specific meaning that participants assign to their circumstances and subjectively connects this to what the researcher knows rather than depending on statistics representation.

4. Result and Discussion

4.1. Strengthening Child Participation

According to the data generated from personal interview with KI-2, child participation is the extent to which a child participates in any program relevant to a healthy development and to the best interest of a child as stated in alternative child care guideline. According to the key informant interview with KI-1, child participation is an integral component of child right convention by explaining child participation by saying despite establishing child right committees and child Parlama, child participation remained at its lowest level by stating: We have planned to

improve child participation in united nation children international emergency fund in the five years strategic plan of 2016-2020. We planned to improve our communication with main sectors with whom our organization is working in ensuring integrated child protection program because child participation is not found in the way we expect it to be. The different data sources stated that child participation as very low as opposed to the principle enshrined in child right convention. Children at school are invited only to participate in public rallies like African and International child day, child labour advocacy events and on rare conditions for training. The Bureaus of Women and Children Affairs have started establishing child clubs in all public and private schools as confirmed by the data from observation. Despite the variation in the number of child clubs, all schools have started it.

4.2 Low Awareness regarding Child Participation

Some of the justifications are related to low awareness of implementing coalition on the importance of child participation. This is clearly viewed on the interview data gained from community care coalition with IIP-4. The participant's justification for low participation was as follows. We have never thought in this kabele and community care coalition office that child participation is important, and we have overlooked their participation. Due to this reason, we did not participated children in any of the program except during the delivery of materials supports. This finding indicated that low awareness was the main factor hindering the success of child participation. This low awareness is related with turnover of community care coalition chairs persons, financial and professional challenges. The stated challenges have affected the success of service delivery not only for community care coalitions I the four Kebeles of jigjiga city administration but also in human service organizations working of community care coalition and child protection. The line of future intervention for community care coalitions have to focus on frequent advocacy and inclusive planning of all actors targeting the in identified challenges.

4.3 Prioritizing Child Participation

Some other community care coalition like community care coalition participants II-3 has different reason for the low level of child participation. IIP-3 has stated that low level of child participation in our kebele in the issue of priority, not low level of awareness. In our kebele priority is given by community care coalition to child educations, labour and nutrition. As coalition chair person I focus on how to link poor children with school by fulfilling their needs. But when their participation is assumed important, we participate them in training and child days and still I assume that child participation in important for the child skill development. The finding of the data indicated that multiple responsibility of community care coalitions in providing child protection service. This has led to patterning the services delivered which participants have called prioritizing. According to the community care coalition participant in 03 kebele resource constraint was the driving force for prioritizing service packages delivered to vulnerable children and their families. The data further indicated that the prioritization has lead child participation programs to be the lowest priority as the focus was on child education, health, nutrition and child exploitation and abuse. In this context children have low participation in incorporating their issues in to coalition programming.

4.4 Health Service Support

One of the many packages of services provided by community care coalition to vulnerable children and households is health service. According to the data gathered form in-depth interview participants IIP-1, health service refers to any form of service ranging from prevention of health problem, facilitating conditions for primary health care and covering health service fee for vulnerable children and their poor households. According to the data gained from community care coalitions, the major coordinator of the service, health service is the major area of intervention where children and their female households benefited a lot. According to them health service is divided is to three components. These are health problem prevention, issuing free service ID and financial support for child and household nutrition.

4.5 Educational Support

As one separate package of service which community care coalition provide, educational support is the leading service that was demanded by all children irrespective of their socioeconomic status and poverty level. According to the data gathered through personal interview with IIP-4, educational support is the most delivered community care coalition program package and still the most demanded program. This is due to the fact that the study targets even though poorest of the poor are children at the educational age between 12-18 years. The different components of educational support are three. These are educational material by coalitions, by civil society organizations and educational support through facilitation.

5. Conclusion

The purpose of this investigation is to look into the function of CCCs in child protection. As a result, four primary study topics were addressed for each of the four objectives, concentrating on significant child protection services packages supplied, major techniques used, pressing challenges encountered, and approaches to sustain service delivery by CCCs. In-depth interviews, focus groups, observation, and document examination are used to answer these research questions in the study. The main data analysis method used for coding, categorizing, and developing themes to match the research purpose was the thematic analysis approach.

The four major research questions are summarized in the following key conclusions. The findings of the large child protection services analysis revealed that the 10 service packages supplied by CCCs had improved the living conditions of vulnerable children and their families on three levels. The first group of findings identified programs with high success rates in terms of making a substantial difference in people's lives. Economic strengthening, health assistance, education support, capacity building, rehabilitation device distribution, and counseling are the six major service packages. The second and third groups are people who have partially and less successfully completed packages in the CCCs program, resulting in a medium level of improvement in their lives. Referral services, as well as preventing and responding to child labor, child involvement, and reunification and reintegration services, are among them.

5.1 Suggestions

1. Because most individuals do not comprehend the need of child safety, the government should establish awareness initiatives that will organize the community to provide good care for the children.
2. The government should enact laws against the neglect and abuse of children under the age of 18 in order to raise a good generation with a bright future.
3. The government should develop recreational activities for abused, neglected, and street children in order to provide care and other basic needs such as shelter, health, and education.
4. The government should provide free health consultation services to abused, neglected, and street children who have health issues.
5. The government and non-governmental organizations (NGOs) must provide community counseling services as well as help families care for their children.
6. The government and NGOs should come up with programs for the children that will teach them life skills and capacity building, which will help them to refrain from abuse and neglect.

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