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**DEPARTMENT OF GENDER AND DEVELOPMENT STUDIES**

***EFFECT OF COMMUNITY CARE COALITION ON WOMEN'S LIVES: THE  
CASE OF KILITE AWLAELO WOREDA***

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## APPROVALS

The undersigned certify that they have read and hereby recommend to the Institute of Gender Studies to accept the Thesis submitted by Tsidena Abadi, and entitled “*Effect of Community Care Coalition on Women’s Lives: The Case of Kilite Awlaelo Woreda*”, in partial fulfillment of the requirement for the award of a Master Degree in Gender and Development Studies.

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## **Abstract**

*This study examines the experiences and perceived impacts of Community Care Coalitions (CCC) on women in Kilite Awlaelo Woreda, Tigray Region. The research employs a mixed-methods approach, combining quantitative data from a survey of 500 female-headed households with qualitative insights from in-depth interviews and focus group discussions. The findings indicate that CCC provides a range of services, including economic support, educational assistance, health service facilitation, and capacity-building activities. A significant proportion of respondents reported improvements in access to basic needs such as food, education, and healthcare. However, the results also reveal that these improvements are not consistent across all participants, with many women still facing challenges related to income insufficiency and limited livelihood opportunities. Qualitative findings further highlight structural and operational challenges affecting CCC effectiveness, including limited financial resources, lack of institutional independence, weak targeting mechanisms, and resource mismanagement. These issues constrain the ability of CCC to fully respond to the diverse needs of women. The study concludes that while CCC plays an important role in supporting vulnerable women, its impact remains uneven. Strengthening institutional capacity, improving resource allocation, and enhancing participatory approaches are essential to maximize its effectiveness.*

**Keywords:** Gender, livelihood, Tigray, women empowerment, CCC

## **List of Acronyms**

BoLSA	Bureau of Labor and Social Affairs
CBO	Community Based Organizations
CCC	Community Care Coalition
FGD	Focus Group Discussion
MoLSA	Ministry of Labor and Social Affairs
MoFED	Ministry of Finance and Economic Development
NGOs	Non-Governmental Organizations
UNICEF	United Nations International Children Emergency Fund

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# CHAPTER ONE

## INTRODUCTION

### **1.1 Background of the Study**

Community-based care and support systems have increasingly gained global attention as effective approaches for addressing social vulnerability, gender inequality, and community welfare through local participation and collective action. Contemporary development paradigms emphasize community-driven interventions because local communities possess a better understanding of their own social realities, needs, and coping mechanisms than externally imposed programs. Community coalitions and grassroots support networks are therefore widely recognized for their contributions to social protection, women's empowerment, psychosocial support, and resilience building, particularly in vulnerable and conflict-affected settings (UN Women, 2021).

Studies conducted in sub-Saharan Africa demonstrate that community-based support structures enhance women's participation in social and economic activities, strengthen social cohesion, and improve access to community resources and services (Campbell & Cornish, 2022). Such interventions are especially important where state institutions have limited capacity to adequately respond to social and gender-related challenges.

In Ethiopia, indigenous community support systems such as Iddir, Equb, Debo, and Mahiber have long served as important mechanisms of mutual aid, social solidarity, and collective problem-solving. These traditional institutions provide economic assistance, emotional support, labor sharing, and crisis response for vulnerable community members. Scholars note that such indigenous structures continue to play critical roles in promoting social protection and resilience among Ethiopian communities (Pankhurst, 2021).

Building on these traditional experiences, the Community Care Coalition (CCC) approach emerged as a more organized and coordinated community support mechanism. The CCC model was initially introduced through collaboration between the Ethiopian government, UNICEF, and development partners to strengthen community-led care and support for orphans and vulnerable children (Abraham, 2011). CCCs are kebele-level committees composed of local administrators, women representatives, teachers, health extension workers, development agents, youth

representatives, and volunteers who collaboratively identify vulnerable individuals and mobilize community resources to support them.

Over time, the role of CCCs has expanded beyond child welfare to include broader community support services targeting women, elderly individuals, female-headed households, and other vulnerable groups. Recent studies indicate that community-based volunteer structures contribute positively to women's wellbeing by improving social support, access to information, community participation, and psychosocial resilience. Research in Ethiopia further shows that grassroots support systems can enhance women's coping capacities and improve livelihood opportunities through collective community engagement and local resource mobilization (Mulema et al., 2021).

However, despite growing recognition of community-based interventions, existing studies mainly focus on health extension programs, traditional associations, or child-focused welfare services. Limited scholarly attention has been given to understanding the actual experiences of women participating in Community Care Coalitions and the specific services provided to them.

Furthermore, there is inadequate empirical evidence regarding women's perceptions of the livelihood changes associated with CCC participation. While some studies acknowledge the general contribution of community support systems to social well-being, they rarely examine how women themselves perceive improvements in their economic conditions, social relationships, self-confidence, or community participation as a result of CCC interventions. Likewise, the implementation challenges affecting the effectiveness and sustainability of CCCs remain underexplored in the Ethiopian context. Issues such as limited resources, volunteer fatigue, weak institutional coordination, cultural barriers, and inadequate policy support are often mentioned superficially without detailed investigation, particularly from women's perspectives.

The need for such an investigation is even more important in the context of the Tigray Region, northern Ethiopia. Since the outbreak of armed conflict in 2020, women in Tigray have experienced severe socio-economic and psychological hardships, including displacement, loss of livelihoods, increased household burdens, and gender-based violence. Studies reveal that the conflict disproportionately affected women and weakened formal social support systems and public institutions (Fisseha et al., 2023; Yigzaw et al., 2023; Abreha et al., 2025). Consequently, community-based support mechanisms have become increasingly important for helping vulnerable

women cope with economic and social challenges. However, there remains limited research examining how community initiatives such as CCCs support women's recovery, livelihoods, and wellbeing in post-conflict Tigray.

Kilite Awlaelo Woreda is particularly relevant for this study because it is recognized as the first Woreda in the Tigray Region to implement the Community Care Coalition approach. The Woreda has developed practical experience in mobilizing community members and local institutions to provide support for vulnerable populations through collective action. Despite the long-standing implementation of CCCs in the area, there is little empirical evidence on the types of services provided to women, women's perceptions of livelihood changes resulting from CCC interventions, and the challenges affecting the coalition's implementation. Most previous studies (Molyneux & Thomson, 2021; Patel et al., 202; and Campbell & Cornish, 2022) have focused on general community development initiatives and humanitarian responses rather than specifically examining women's lived experiences within CCC programs.

Therefore, this study seeks to examine the experiences and impacts of Community Care Coalitions on women in Kilite Awlaelo Woreda. Specifically, the study aims to identify the major services provided by CCCs to women, explore women's perceptions of changes in their livelihoods, and examine the challenges affecting CCC implementation. By addressing these issues, the study contributes to the limited body of knowledge on community-based care systems and women's wellbeing in post-conflict settings. The findings are expected to provide valuable insights for policymakers, local governments, development organizations, and community actors working to strengthen gender-responsive community support systems in Ethiopia and similar contexts.

## **1.2 Statement of the Problem**

Women in Tigray Region, northern Ethiopia, continue to face multifaceted social, economic, and psychological challenges that have been exacerbated by prolonged conflict, poverty, gender inequality, and weak institutional support systems. The armed conflict that erupted in Tigray in 2020 disproportionately affected women through displacement, destruction of livelihoods, food insecurity, limited access to healthcare, and widespread gender-based violence.

Recent studies by Kassa et al. (2022) and Kelly et al. (2023) indicate that women and girls experienced severe forms of physical, sexual, and psychological violence during the conflict, while

many female-headed households lost their economic assets and social support networks. Further research by Gebremeskel et al. (2023) and Tadesse & Gebrehiwot (2024) shows that the conflict weakened formal social welfare institutions and disrupted community coping mechanisms, thereby increasing women's vulnerability to poverty, social exclusion, and emotional distress. In post-conflict contexts such as Tigray, community-based support initiatives are increasingly considered essential for restoring social cohesion, rebuilding livelihoods, and supporting vulnerable women.

Globally, community-based coalition care systems are recognized as effective approaches for addressing social vulnerabilities and empowering marginalized groups. Studies from sub-Saharan Africa demonstrate that community support networks contribute to women's empowerment by strengthening social capital, improving access to resources, enhancing participation in community affairs, and promoting psychosocial wellbeing (Campbell & Cornish, 2022; Patel et al., 2021). Similarly, evidence from community-driven development programs suggests that collective action and volunteer-based interventions can improve women's livelihood opportunities and resilience during periods of economic hardship and social crisis (Molyneux & Thomson, 2021). Theoretically, community participation approaches emphasize that sustainable development interventions become more effective when communities themselves actively identify social problems and participate in designing local solutions (Patel et al., 2021).

Existing studies indicate that community-based volunteer structures in Ethiopia positively contribute to improving social support systems, healthcare access, and psychosocial wellbeing among vulnerable groups (Assefa et al., 2021; Bekele & Worku, 2022). However, much of the available literature primarily focuses on health extension services, child protection programs, or general community development initiatives rather than specifically examining the impacts of Community Care Coalitions on women's lives.

Moreover, the studies mentioned above inadequately address women's lived experiences and perceptions regarding CCC interventions. Research conducted in Ethiopia on community participation often treats women merely as beneficiaries rather than as central actors whose experiences, voices, and livelihood changes require detailed investigation (Mekonnen & Tadesse, 2021). Although some scholars acknowledge that community support systems contribute to women's resilience and coping capacities, limited empirical evidence exists regarding the specific services women receive from CCCs and how these services affect their social and economic well-

being. Furthermore, these studies, like Tesfay et al. (2023), did not adequately examine the practical challenges affecting CCC implementation, including limited financial resources, weak institutional coordination, volunteer burnout, dependency on external support, and socio-cultural barriers affecting women's participation.

Another important limitation in the literature is the lack of context-specific studies in Tigray. Most previous Ethiopian studies on community support systems by Yitbarek & Alemu (2022) and Tesfay et al. (2023) do not adequately capture the realities of women living in fragile and conflict-affected communities. Given the severe humanitarian and socio-economic consequences of the conflict, understanding how community-based coalitions support women's recovery and resilience has become increasingly important. Nevertheless, there is very limited empirical evidence concerning the role of CCCs in improving women's livelihoods, strengthening social support systems, and addressing gender-specific challenges in the Tigray Region.

Kilite Awlaelo Woreda provides an important context for examining these issues because it is recognized as the first Woreda in Tigray to implement the Community Care Coalition approach. Despite the longstanding implementation of CCCs in the Woreda, no comprehensive study has specifically explored the experiences and impacts of the coalition on women's lives.

Therefore, this study seeks to fill this empirical and contextual gap by examining the major services provided by CCCs to women, exploring women's perceptions of livelihood changes, and identifying the challenges affecting CCC implementation in Kilite Awlaelo Woreda. The findings of the study are expected to contribute to the growing body of knowledge on community-based care systems and provide practical insights for policymakers, development organizations, and local stakeholders working to strengthen gender-responsive community support interventions in Ethiopia.

### **1.3 Objectives of the Study**

#### **1.3.1 General objective**

The general objective of the research is to examine the experiences and impacts of Community Care Coalitions on women in Kilite Awlaelo Woreda.

#### **1.3.2 Specific objectives**

The specific objectives of the study are:

- To identify the major services provided by CCC to women
- To explore women's perceptions of changes in their livelihoods
- To examine challenges affecting CCC implementation

#### **1.4 Research Questions**

CCCs address the vulnerable and disadvantaged groups and members of society through their interventions. The following are the major questions the study is set to answer in relation to CCC's contributions to the betterment of the women members' lives at individual or household levels and check the appropriateness of the intervention mechanisms.

- I. What services does CCC provide to women?
- II. How do women perceive changes in their lives after engaging with CCC?
- III. What are the challenges in the implementation of the community care coalition?

#### **1.5 Scope of the Study**

*Geographical Scope:* This study was geographically delimited to Kilitawlaelo Woreda.

*Conceptual Scope:* Although CCCs provide services to different members of society, this research will only focus on the effect the program has on women and, more specifically, female-headed households. It will focus on the services the CCC provides for the women, the effect it has brought on women's lives, the challenges and opportunities in implementing their programs, and provide practical suggestions for an effective CCC intervention in Kilitawlaelo Woreda.

#### **1.6 Significance of the Study**

The researcher hopes the outcome of the study will be an important input for the implementers and stakeholders of the CCC program by helping them understand the impact of the intervention and identifying the gaps in the system (if there are any) and consider the indications of the study in improving the program. The researcher also hopes this study will be helpful to other researchers who wish to conduct further investigation in similar topics.

#### **1.7 Limitation of the Study**

The study was limited to only 5 Tabias of one selected Woreda (administrative level) in Tigray Region. Although the study is limited both in sample size and area coverage, the results of the

study are expected to have a significant role in opening a room for a discussion on the intervention in the other Woredas and also to serve as a stepping stone for further studies.

A disclaimer that the data collection for this research took place in 2018, and due to the covid pandemic and war that took place in the following years, the results of this research may not be an accurate representation of the current status of the CCC in Kilite Awlaelo, but could be used as a reference document of the status of the intervention before the series of crisis that followed.

### **1.8 Organization of the Study**

This thesis has six chapters. The first chapter deals with introduction, statement of the problem, objective of the study and research questions. The second chapter discusses previous works on related literature that are relevant to the study. Chapter three explains the components of the research methods that were employed in the course of the study. Chapter four summarizes and presents the collected data and discusses the findings. The last chapter draws conclusions from the major findings and forwards recommendations from their implications.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Introduction**

This chapter presents a systematic review of literature related to the three core objectives of the study: the services provided by Community Care Coalitions (CCCs) to women, women's perceptions of changes in their livelihoods, and the challenges affecting CCC implementation. The review draws on peer-reviewed journal articles, policy documents, and empirical studies from sub-Saharan Africa and beyond to situate the Ethiopian and Tigrayan context within the broader global discourse on community-based social protection. Where relevant, findings from different contexts are compared and contrasted to illuminate convergences and divergences with the study's focus on Kilite Awlaelo Woreda.

#### **2.2 Conceptual Framework: Community Care Coalitions and Social Protection**

##### **2.2.1 Defining Community Care Coalitions**

A community coalition is broadly understood as an alliance of individuals and organizations that work collectively to address the needs and concerns of a particular community (Community Catalyst, 2003). In the context of social protection, Community Care Coalitions (CCCs) represent a model in which local actors, including faith-based organizations, volunteers, government agencies, NGOs, and community-based organizations (CBOs), combine their resources and mandates to create a support network for the most vulnerable (World Vision, 2016). Wolff (2001) provides one of the most cited conceptual frameworks for understanding CCCs, arguing that legitimate community coalitions must satisfy eight criteria: they must be community-composed, locally focused, asset-building, collaborative in problem-solving, multi-sectoral in membership, multi-issue in scope, citizen-influenced, and long-term in orientation. This multidimensional definition is significant because it highlights the participatory and sustained character that separates CCCs from short-term charitable interventions.

In the Ethiopian context, the Bureau of Labour and Social Affairs (BoLSA) defines CCCs in Tigray as “the coalition of individuals and associations created to support members of the community that are in need.” These structures operate as formal social protection initiative committees at the Kebele level, headed by the Kebele Manager and composed of teachers, Health Extension

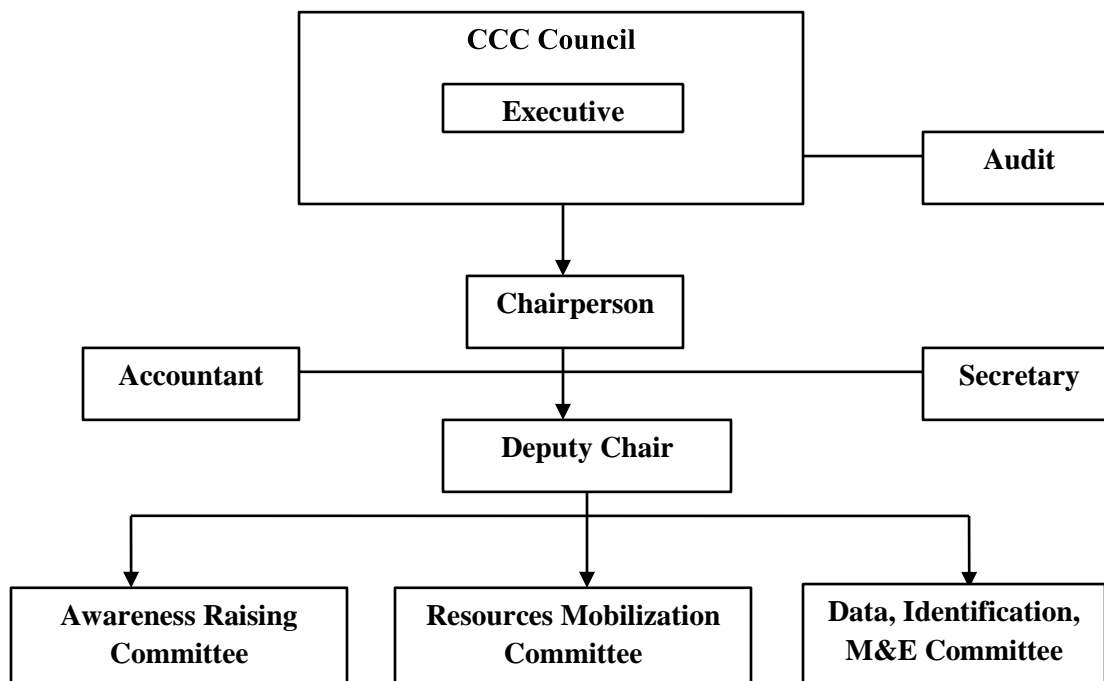
Workers, Development Agents, police officers, and representatives of women, children, and youth. Their mandate is to identify and support vulnerable groups, including people living with HIV/AIDS, child-headed and female-headed households, and elderly individuals without family support, through a combination of community-mobilized and public resources (BoLSA, modified CCC Working Manual). The formal, government-embedded structure of Ethiopian CCCs distinguishes them from more informal, purely volunteer-driven coalitions documented in other parts of sub-Saharan Africa, such as those described by Patel, Kaseke, and Midgley (2012) in Zimbabwe and South Africa, where coalitions tend to operate with considerably less state oversight.

### **2.2.2 Community-Based Social Protection and Gender**

Social protection study increasingly recognizes that poverty is not solely an economic phenomenon. Holmes and Jones (2010) argue compellingly that social risks, including gender inequality, power imbalances within households, and constrained citizenship, are at least as important as economic risks in perpetuating poverty, yet they have historically received far less policy attention. This insight is directly relevant to the study of CCCs and women, because it suggests that any community-level intervention that ignores the gendered dimensions of vulnerability is likely to be insufficient. The Ethiopian Social Protection Policy (MoLSA, 2014) acknowledges this concern by emphasizing the need for a 'sustainable social protection system' and calling for active community engagement. However, critics have noted that gender-transformative elements remain underdeveloped in the policy's implementation frameworks (Tirivayi, Knowles, and Davis, 2016).

At the constitutional level, Article 35(6) of the Federal Democratic Republic of Ethiopia (FDRE) Constitution affirms that women have the right to full consultation in the formulation of national development policies and in the design and execution of projects that affect their interests. This provision creates a normative obligation for CCCs to ensure that women are not merely passive recipients of services but active participants in coalition governance and decision-making. Whether and how this constitutional mandate is realized in practice in rural settings such as Kilite Awlaelo Woreda is one of the central empirical questions this study seeks to address.

Figure 1: Organizational Structure of CCC



(Source: BoLSA CCC manual)

## 2.3 Services Provided by Community Care Coalitions to Women

### 2.3.1 Economic Strengthening Services

Economic strengthening is consistently identified in the literature as a core service area of CCCs and similar community-based social protection mechanisms. Abebe (2016), in a study of CCC implementation in Assosa City, found that economic support services, including cash transfers, income-generating activity support, and asset provision, contributed meaningfully to changes in the livelihoods of vulnerable families. Similarly, the World Vision (2010) CCC Project Model lists access to social grants, vocational education, and economic strengthening as central pillars of the coalition's service portfolio.

Comparative evidence from East and Southern Africa reinforces the importance of economic services. A study by Devereux and Sabates-Wheeler (2004) on social protection in sub-Saharan Africa distinguishes between protective (preventing deprivation), preventive (averting risks), promotive (enhancing income), and transformative (addressing inequality) functions of social protection. CCCs, in theory, operate across all four levels, but empirical studies suggest that practice often concentrates on protective and preventive functions, with promotive and transformative dimensions less consistently achieved (Patel et al., 2012). For women, this gap is particularly consequential: without deliberate economic empowerment programming, women may receive material support while remaining economically dependent and structurally marginalized.

Molyneux (2007) raises a related concern in her review of conditional cash transfer programs in Latin America, noting that such programs frequently increase women's workload and responsibilities without increasing their decision-making power or economic autonomy. While CCCs are structurally different from conditional cash transfers, the underlying tension between instrumentalizing women as caregiving agents and genuinely empowering them as economic actors is relevant to the Ethiopian context.

### **2.3.2 Health and Psychosocial Support Services**

Health and psychosocial support represent another major service domain for CCCs. Binega (2014), in a study of CCC operations in Mekelle City, found that psychosocial support for HIV/AIDS-infected and affected individuals was identified by community members as an essential but insufficiently provided service. His findings suggest a gap between the aspirational service menu of CCCs and the actual capacity to deliver psychosocial interventions at scale. The World Vision (2010) model lists timed and targeted counseling, child health and nutrition monitoring, and protection from abuse as key services, indicating that the framework does explicitly include psychosocial dimensions.

Comparative literature from sub-Saharan Africa highlights the particular health burdens borne by women in coalition contexts. Campbell, Nair, Maimane, and Nicholson (2007), writing about HIV and AIDS community responses in South Africa, argue that community health interventions frequently rely on women's unpaid labor as caregivers while failing to address the structural determinants of women's own health vulnerability. A parallel dynamic may be observed in Ethiopian CCCs, where women volunteers and Health Extension Workers play a disproportionate

role in delivering health-related coalition services. Mutangadura (2004) similarly documents that in Zimbabwe, female-headed households tend to be the primary beneficiaries of community care programs but are simultaneously expected to contribute the most volunteer labor to them, creating a double burden.

### **2.3.3 Educational and Legal Support Services**

Educational support, including access to schooling for children in vulnerable households and, in some models, adult literacy and vocational training for women themselves, is frequently mentioned as a CCC service. Yeshehahareg (2015), examining CCC services for orphan and vulnerable children in Addis Ababa, found that educational support was among the services with the most consistent positive outcomes, though access was uneven across households. Her study underscores the importance of distinguishing between services targeted at children within female-headed households and services that directly address the capacities and rights of women themselves. The conflation of women's welfare with the welfare of children in their care is a recurring limitation in both program design and evaluation (Razavi, 2011).

Legal services, including support for inheritance rights, registration of vital statistics, and protection from gender-based violence, are listed in the World Vision (2010) model but are among the least documented in empirical literature on CCCs in Ethiopia. This gap is notable given the prevalence of land tenure insecurity among women in rural Tigray and the documented challenges women face in asserting their rights under Ethiopian family and land law (Holden and Tefera, 2008). Grant's (1996) study on community coalition building in the United States, while geographically distant from the Ethiopian context, identified legal advocacy and rights awareness as critical components of coalitions serving women, finding a direct relationship between sustained coalition effort and positive change in women's legal and social status.

## **2.4 Women's Perceptions of Changes in Their Livelihoods**

### **2.4.1 Livelihoods, Agency, and Capability**

The concept of livelihood, as articulated by the Sustainable Livelihoods Framework developed by Chambers and Conway (1992) and later operationalized by the UK Department for International Development (DFID, 1999), encompasses not only material assets but also human, social, and political capitals. For women in rural settings, livelihoods are shaped by complex intersections of household dynamics, community norms, market access, and institutional support. Evaluating the

impact of CCCs on women's livelihoods, therefore, requires attention to all five capital dimensions: financial, human, natural, physical, and social.

Sen's (1999) capabilities approach provides a complementary lens, emphasizing that development must be understood in terms of the freedoms and real opportunities available to people rather than income or resource levels alone. Applied to the study of CCCs, this framework invites analysis of whether coalition services have expanded women's practical capabilities, including the ability to make meaningful decisions about their own lives, to participate in public affairs, and to live free from violence and deprivation. Kabeer (1999) further operationalizes this by distinguishing among resources (the conditions of choice), agency (the process of choice), and achievements (the outcomes of choice), arguing that genuine empowerment requires transformation in all three dimensions. Studies that assess women's perceptions of CCC impacts therefore, need to probe beyond material outcomes to capture shifts in agency and social positioning.

#### **2.4.2 Evidence from Ethiopia and Sub-Saharan Africa**

Empirical evidence on women's perceptions of CCC impacts in Ethiopia is sparse. Abebe (2016) and Yeshewahareg (2015), whose studies are among the very few focused on Ethiopian CCCs, concentrate primarily on child welfare outcomes. Their findings do indicate positive livelihood changes for the households of CCC beneficiaries, but neither study systematically examines women's subjective perceptions of empowerment, dignity, or changed social status. This reflects a broader gap in the Ethiopian social protection literature that this study seeks to address.

Evidence from comparable community-based programs in sub-Saharan Africa provides a useful comparative reference. Adato and Bassett (2009), reviewing conditional social protection programs across southern and eastern Africa, found that women beneficiaries commonly reported improved food security, increased confidence, and enhanced social networks as outcomes of participation in community support programs. However, they also noted that women's increased economic contributions did not automatically translate into greater decision-making authority within households, consistent with the theoretical caution offered by Molyneux (2007). Patel and colleagues (2012) similarly found that women in community care programs in Zimbabwe reported improved access to resources but persistent challenges in changing patriarchal household and community norms that constrained their autonomy.

From a different geographic context, Uphoff and Wijayarathna (2000) examined community-based development in Sri Lanka and found that women's perceptions of livelihood change were strongly mediated by the degree to which they were genuinely included in coalition decision-making. Where women participated as leaders and not merely beneficiaries, their reported sense of agency and ownership over outcomes was substantially higher. This finding has direct relevance to the Ethiopian context, where the nominal inclusion of women's representatives in CCC governance structures does not guarantee substantive participation.

### **2.4.3 Social Capital and Community Belonging**

A dimension of livelihood changes frequently highlighted in women's accounts of community-based programs is the social dimension, specifically the generation of bonding and bridging social capital. Putnam (2000) distinguishes between bonding social capital (ties within similar groups) and bridging social capital (ties across different groups), both of which matter for women's wellbeing. CCCs, by design, bring together members of diverse community sectors, creating potential for the development of bridging social capital that might extend women's networks beyond their immediate households and neighborhoods. Narayan (1999) found in a multi-country study of the poor that social capital, particularly women's access to networks beyond the household, was a strong predictor of improved livelihood outcomes.

In the Ethiopian context, Wolff's (2001) argument that community coalitions build a sense of community by enhancing resident engagement in community life is significant. If CCCs in Kilite Awlaelo succeed in creating spaces where women can interact, share experiences, and collectively identify solutions to common problems, the social capital generated may itself be a meaningful livelihood outcome, even independent of material transfers. However, Lund and Srinivas (2000) caution that community-level social capital initiatives can also reinforce existing hierarchies if they are not designed with attention to power dynamics and social exclusion.

## **2.5 Challenges Affecting CCC Implementation**

### **2.5.1 Resource Mobilization and Sustainability**

Resource constraints are among the most consistently documented challenges facing community care coalitions globally. World Vision (2016) acknowledges that CCCs depend critically on the capacity of community members to mobilize resources from within the community and from external partners. In contexts of widespread poverty, however, the internal resource base is often

insufficient, and dependence on external funding creates sustainability vulnerabilities. Rafter (2009), examining community coalition sustainability in sub-Saharan Africa, found that coalitions that failed to develop diversified funding streams and internal resource mobilization strategies were far more likely to collapse following the withdrawal of a primary donor or partner organization.

In Ethiopia, BoLSA's CCC Working Manual (2019) explicitly recognizes the importance of resource mobilization as a distinct sub-committee function. However, studies by Abebe (2016) and Binega (2014) both note that resource shortfalls were among the primary operational challenges reported by CCC members. This challenge is compounded in rural Woredas like Kilite Awlaelo, where the formal economy is limited and community members' capacity for cash contributions is constrained by agro-pastoralist livelihoods that are themselves subject to climatic and market shocks.

### **2.5.2 Capacity, Training, and Volunteer Burnout**

The volunteer-based nature of CCC operations generates well-documented challenges around capacity, continuity, and burnout. Zakus and Lysack (1998), in an influential review of community participation in health and development programs, find that volunteer-dependent initiatives frequently struggle with high turnover, inadequate training, and the difficulty of sustaining motivation over time, particularly among women, who face competing demands from domestic responsibilities. Campbell et al. (2007) similarly document that female community health volunteers in South Africa experienced significant burnout and moral distress when they lacked institutional support, adequate training, and recognition.

In the Ethiopian CCC context, this challenge is acute because a significant proportion of CCC volunteers are women, including Health Extension Workers and women's group representatives. Without systematic capacity building and supportive supervision, these volunteers may lack the skills to provide the quality of psychosocial, legal, and economic services envisioned in the CCC model. Yeshewahareg (2015) identifies training quality and consistency as a critical gap in Addis Ababa CCCs, noting that many volunteers felt inadequately equipped to address the complex needs of the vulnerable households they served.

### **2.5.3 Gender-Specific Implementation Challenges**

Gender-specific challenges represent a distinct and underexamined dimension of CCC implementation difficulty. Razavi (2011), writing about gender and social policy in developing countries, argues that community-based programs frequently reproduce rather than challenge gender inequalities by assigning women disproportionate caregiving responsibilities within the coalition while excluding them from decision-making roles. The instrumentalization of women's social capital for program delivery, without corresponding investment in women's empowerment, is a structural implementation challenge that reflects broader power asymmetries.

In rural Ethiopian communities, social norms around women's mobility, voice, and authority can substantially constrain their participation in CCC activities. Holden and Tefera (2008) document that in Tigray, patriarchal land and household governance norms continue to limit women's practical ability to act on their formal legal rights, suggesting that even well-designed CCCs may face community resistance when they attempt to address gender inequality. Furthermore, gender-based violence, both within households and in community settings, can deter women from actively engaging in coalition activities or from disclosing their needs to CCC committees dominated by male or mixed-gender memberships.

### **2.5.4 Coordination, Governance, and Accountability**

Effective coordination among the multiple actors involved in CCC implementation is a recognized challenge in the literature. Community Catalyst (2003) emphasizes that inter-organizational collaboration, while a defining strength of the coalition model, also introduces governance complexity, coordination costs, and risks of role overlap or conflict. In the Ethiopian CCC model, the involvement of government line agencies, BoLSA, NGOs, faith-based organizations, and community volunteers creates a multi-stakeholder environment that requires clear accountability mechanisms.

Tirivayi et al. (2016), in their assessment of Ethiopia's social protection programs, note that implementation quality varies substantially across kebeles and Woredas, partly because of differences in local governance capacity and the degree to which local officials actively champion CCC objectives. Accountability to beneficiaries, particularly women beneficiaries whose voices may be muted within formal governance structures, is a dimension of CCC quality that deserves empirical scrutiny. Andrews, Pritchett, and Woolcock (2013) argue broadly that community

development programs in low-income countries frequently exhibit a gap between formal organizational structures, which may appear appropriately designed on paper, and actual organizational capability, which is often far more limited. Ethiopian CCCs are not immune to this dynamic.

## **2.6 Research Gap and Contribution of the Present Study**

The foregoing review demonstrates that while there is a substantial body of literature on community-based social protection and community coalitions internationally, research specifically focused on the experiences of women within Ethiopian CCCs remains extremely limited. The studies most directly relevant to the Ethiopian context, namely Binega (2014), Yeshewahareg (2015), and Abebe (2016), focus primarily on orphan and vulnerable children and on HIV/AIDS-affected populations, with women's experiences treated as secondary or derivative. Grant's (1996) study, the only work identified that directly addresses the relationship between community coalitions and women's livelihood outcomes, is situated in the United States, limiting its direct applicability to the Ethiopian rural context.

Furthermore, comparative literature from sub-Saharan Africa, while valuable, reveals consistent limitations in how women's perceptions and subjective experiences are captured in evaluation frameworks. Most studies rely on quantitative outcome measures, such as household income levels or school enrollment rates, rather than exploring women's own accounts of how coalition participation has or has not changed their sense of agency, social belonging, and capability. The present study seeks to fill this gap by placing women's lived experiences and perceptions at the center of the inquiry, drawing on qualitative methods that are suited to capturing the nuances of subjective change.

The study's focus on Kilite Awlaelo Woreda is also geographically significant. Rural Tigray presents a distinctive combination of formal CCC governance structures, strong cultural norms around gender roles, and a historical context marked by conflict, displacement, and reconstruction. Understanding how CCCs function in this specific setting contributes empirical specificity to a literature that has often relied on urban or peri-urban case studies. The three specific objectives, identifying CCC services for women, exploring women's livelihood perceptions, and examining implementation challenges, together address the full range of issues identified in the literature as

requiring further investigation, and their integration in a single study provides a more holistic picture than any prior Ethiopian CCC research has offered.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Description of the Study Area**

Tigray is one of the nine regional states and city administrations of Ethiopia and based on the 2007 national census, has a total population of 4,316,988, of whom 2,126,465 are males and 2,190,523 females. It is administratively divided into 7 Zones with one special Zone, Mekelle, 46 Woredas (12 urban and 34 rural), and 817 Tabias.

The study was conducted in five selected *Tabias*(districts) of *Kilte-awulaelo Woreda* namely *Negash, Genfel, Abraha WeAtsbaha,, Agulae and May Weyni*. The *Woreda* consists of a midland plateau ranging in elevation from 1900 meters above sea level to 2200 meters above sea level, with mountainous terrain as high as 2500 meters at the peaks. The *Woreda* has three agro-climatic zones locally known as *Degua* (16%), *Hawsi-Degua* (81%), and *Kolla* (3%) which means highland, middle highland and lowland respectively. The average rainfall varies from 300 – 550 mm. The main rainy months mainly range from June to August. More than 80 percent of the population living in the *Woreda* is engaged in subsistence farming with some animal husbandry.

The study area, *Kilte-awulaelo Woreda*, was purposefully selected for this study as it was one of the pioneers in initiating the CCC intervention in Tigray. It is also home to *Tabias* such as *Abraha WeAtsbaha* which are internationally recognized for their community development practices.

#### **3.2 Research Design**

The study was conducted using mixed descriptive cross-sectional research design. This design was selected as it will allow the researcher to look at numerous variables at once and based on the nature of the study and its objectives. This study adopts mixed research design to address the specific objectives in this research. Mixed methods research is an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks. (Creswell, 2014).

The quantitative component focused on describing patterns and trends using survey data, while the qualitative component provided deeper insights into participants' insights and lived experiences with CCC.

A descriptive cross-sectional design was used for the quantitative part of the study, as it allows the researcher to examine conditions at a single point in time. The qualitative component complemented this by capturing detailed perspectives from participants and key informants.

As this study aims to investigate the CCC program and its effect on women's lives, the researcher chose this method with the belief that qualitative or quantitative research method types will not be able to give a complete understanding of the research problem if employed separately. This research sought to determine if the independent Variables (Educational, Health, psychosocial, and economic strengthening supports given by CCC) have had an effect on the lives of women beneficiaries of CCC.

### **3.3 Data Type and Source of Data**

Both primary and secondary data were used. The primary data were collected from female headed households of five Tabias of the Woreda; the Tabia chairman, the Tabia manager, concerned officials at the Woreda and regional levels. The secondary data were collected from the Tabia administration and the program related institutions.

### **3.4 Methods of Data Collection**

The primary data was collected using surveys, in-depth interviews, and focus group discussions with a group of CCC members. To supplement the primary data, secondary sources were used. Documents and reports from governmental and non-governmental institutions relevant to this study were also utilized.

#### **Survey**

The structured questionnaire for the survey was developed by the researcher after a thorough review of literature and a pilot study. It was pre-tested, and suitable modifications were made to revise ambiguous and complex statements. It collected information on demographic characteristics, livelihood conditions, access to services, and impact of CCC support.

It was prepared in English and later translated to Tigrigna in order to make it easy for the enumerators. Ten enumerators who were given basic training by the researcher on how to approach, communicate and collect the data from the respondents were recruited to collect the

primary data from the 500 household respondents. The researcher was coordinating and supervising the enumerators throughout the data collection period.

### **In-depth Interview**

The in-depth interviews were conducted using semi-structured questionnaires with key informants from CCC leaders, CCC Woreda administrator and other key informants. Issues like recruitment, services the CCC provide, any challenges and problems they face in implementations and recommendations they may forward were mainly discussed.

### **Focus Group Discussion**

The FGD was conducted with 8 members of CCC to capture their understanding of the program, the services they get, what challenges and problems they see in the intervention and to get any recommendations they may forward to improve the program.

## **3.5 Sample and Sampling Technique**

### **Sample Size**

The MoFED (2016) report states the number of CCC members in Tigray is 942,856 with female and male members holding 471,425 and 471,426 of the shares respectively.

To meet the main objective of this research, that is to assess the effect of CCC on the lives of women, the target of analysis for the survey and focus group discussion were women only. Therefore, the respondents were women members and non-members of CCC, in order to make a comparison.

According to the Woreda administrator of Kilite Awlaelo, there are 1489 female headed households in the Woreda. The sample size for the survey was determined using Yamane's (1967) formula:

$$n = \frac{N}{1 + N(e)^2}$$

**Where: n**- The sample size

**N** - Target population size

**e** - Level of precision. A 5% level of precision will be used.

$$n = \frac{N}{1 + N(e)^2} = \frac{1489}{1 + (0.05)^2} = 315.3$$

$$1+N(e)^2 \quad 1+1489 (0.05)^2$$

The sample size is therefore equal to 315 but was increased to 500 for accuracy of outcomes.

### **Sampling Techniques**

Systematic sampling technique was used to select the respondents in the survey to make sure the sample size was proportionally shared among the selected Tabias. As the Woreda administrator indicated that 100% of the female headed households were a part of the CCC, the researcher decided to randomly select 500 respondents, out of which, in the initial part of the survey, 100 were found to be CCC members and 400 were non-members. According to Abbay and Rutten (2015), giving a larger quota to the latter group enables the households in the first group to get one or more matching households from the second group. Therefore, we decided to go along with it to see the difference between the member and non-members.

In order to select the participants of the interviews and Focus Group Discussion, a non-probability, purposive sampling technique, was used. 8 female household heads which are members of CCC were selected to participate in the FGD.

### **Methods of Data Analysis**

The collected data were analyzed using different qualitative and quantitative methods of analysis. The quantitative data were analyzed using STATA version 12 as a tool. The data collected in this research was analyzed using descriptive statistics. To this end, simple ratios, tables, charts, graphs and figures were used. Qualitative data from interviews and FGD were analyzed using thematic analysis, where responses were organized into key themes and used to interpret and explain quantitative findings.

### **3.6 Ethical Considerations**

Participants were informed about the purpose of the study and their participation was voluntary. Confidentiality and anonymity were ensured, and data were used solely for academic purposes.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSION**

#### **4.1 Findings of the Study**

This chapter presents, analyses, and discusses the findings of the study based on data collected through a structured survey questionnaire, focus group discussions (FGDs), and in-depth interviews conducted in Kilite Awlaelo Woreda. Findings are interpreted in light of relevant empirical and theoretical literature to establish their broader significance.

#### **4.2 Socio-Demographic and Economic Characteristics of Respondents**

Understanding the socio-demographic profile of respondents is essential for contextualizing the study's findings. The characteristics reviewed below, including membership status, age, marital status, family size, education, housing, source of income, and income sufficiency, provide the structural backdrop against which CCC services are delivered and experienced by women in Kilite Awlaelo Woreda.

##### **4.2.1 Membership and Beneficiary Status**

Survey results reveal that 20% of respondents identified themselves as CCC members, while 80% did not. Simultaneously, 43.9% reported being CCC beneficiaries, and 56.1% were not beneficiaries. These figures indicate a notable divergence between formal membership and benefit reception, suggesting that eligibility for CCC services is not strictly conditioned on formal enrolment. This finding is consistent with the CCC model's community-wide mandate, which, as articulated by Wolff (2001), is designed to address community-declared needs broadly rather than restricting support to registered members alone.

However, this pattern also raises questions about governance and targeting precision. When a majority of benefit recipients are not formal members, it may reflect either deliberate outreach to non-members or a structural ambiguity in the coalition's membership and beneficiary identification processes. Yeshehahareg (2015) observed a similar pattern in Addis Ababa, where beneficiary selection was sometimes influenced by proximity to CCC administrators rather than by systematic vulnerability criteria. This underscores the importance of transparent beneficiary identification protocols, a concern also raised in the implementation challenges section in Section 4.4.

#### 4.2.2 Age Distribution

As presented in Table 4.1, the ages of respondents ranged from 20 to 84 years, with a mean age of 39.30 years (SD = 11.39). This distribution reflects a working-age adult population with a substantial proportion potentially bearing dual responsibilities as caregivers and economic contributors within their households.

**Table 4.1: Age Distribution of Respondents**

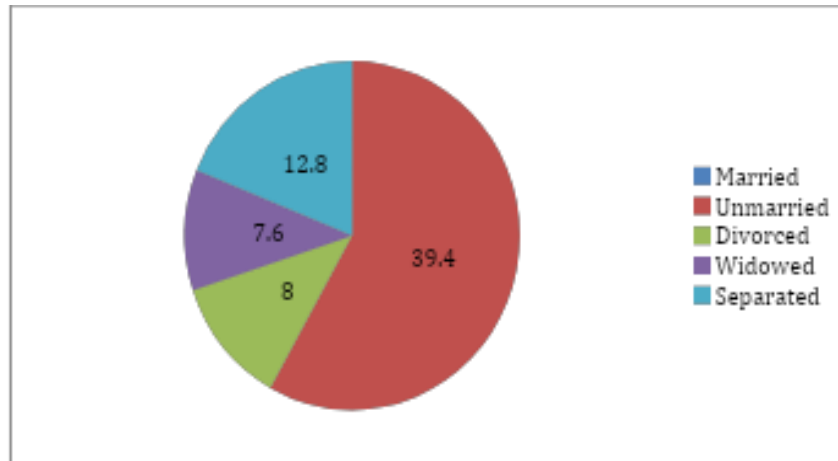
Variable	Obs.	Mean	Std. Dev.	Min	Max
Age	500	39.30	11.39	20	84

The mean age of 39.30 years is contextually significant. Women in this age cohort in rural Tigray typically occupy multiple social roles simultaneously, including spouse, mother, agricultural laborer, and household manager. The presence of respondents aged up to 84 years indicates that elderly women are also represented among the CCC's constituency, a population subgroup that is particularly vulnerable to poverty and social isolation (Abebe, 2016). The wide age range also implies heterogeneity in the types of needs and services relevant to respondents, ranging from economic empowerment for younger women to basic subsistence support for elderly women.

#### 4.2.3 Marital Status

Figure 4.2 indicates that 32.2% of respondents were married, 39.4% were unmarried, 8% were divorced, 7.6% were widowed, and 12.8% were separated. The combined proportion of divorced, widowed, and separated women amounts to 28.4%, representing over one in four respondents who are heading their households without a male partner. This is a particularly relevant finding given the study's focus on women's vulnerability and the CCC's mandate to support female-headed households.

Figure 4.1: Marital status of respondents



The high proportion of female-headed households among respondents aligns with patterns documented across Tigray, where conflict, male labor migration, and HIV/AIDS-related mortality have contributed to elevated rates of female household headship (Holden and Tefera, 2008). Female-headed households are consistently identified in the Ethiopian social protection literature as among the most economically vulnerable household types, facing greater challenges in land access, labor availability, and credit access (MoLSA, 2014). The CCC's attention to this group is therefore both appropriate and necessary; however, the diversity in marital status among respondents also suggests that CCC services must be responsive to a range of household configurations rather than applying a uniform intervention model.

#### 4.2.4 Family Size

Table 4.2 shows that family sizes ranged from 1 to 12 members, with a mean of 4.27 members (SD = 1.88). This average is consistent with national household size estimates for rural Ethiopia, which the Ethiopian Demographic and Health Survey (CSA and ICF, 2016) places at approximately 4.6 persons per household in rural areas.

Table 4.2: Family Size of Respondents

Variable	Obs.	Mean	Std. Dev.	Min	Max
Family size	497	4.27	1.88	1	12

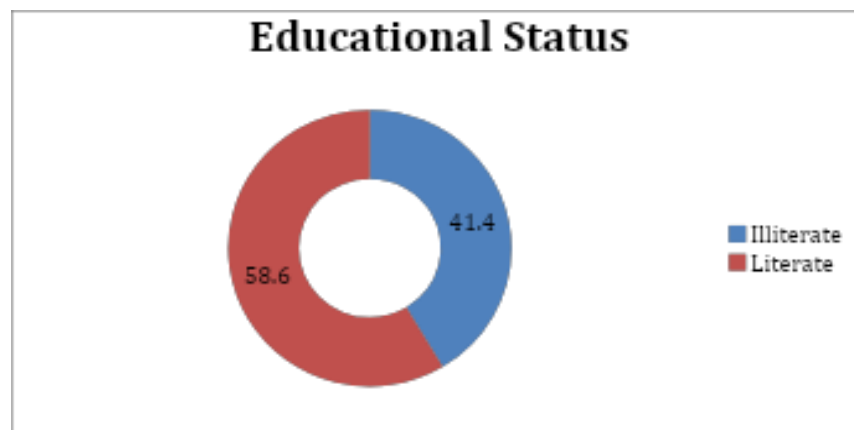
Larger family sizes tend to amplify financial pressure, particularly in low-income rural households where per capita income is already constrained. The maximum household size of 12 members represents an extreme case of resource strain that conventional transfer amounts are unlikely to

fully address. Devereux and Sabates-Wheeler (2004) argue that social protection programs that fail to account for household size in their benefit calculations risk systematically under-serving the most vulnerable, a principle that CCC administrators in Kilite Awlaelo should consider when calibrating transfer levels and revolving loan amounts.

#### 4.2.5 Educational Status

Figure 4.3 shows that 41.4% of respondents were illiterate, while 58.6% were literate. Although the majority are literate, the illiteracy rate is substantially higher than the national average for female literacy in Ethiopia, which stood at approximately 35% in 2016 (UNESCO, 2017), suggesting that the CCC's constituency in Kilite Awlaelo includes a disproportionately educationally marginalized population.

Figure 4.2: Educational Status of respondents

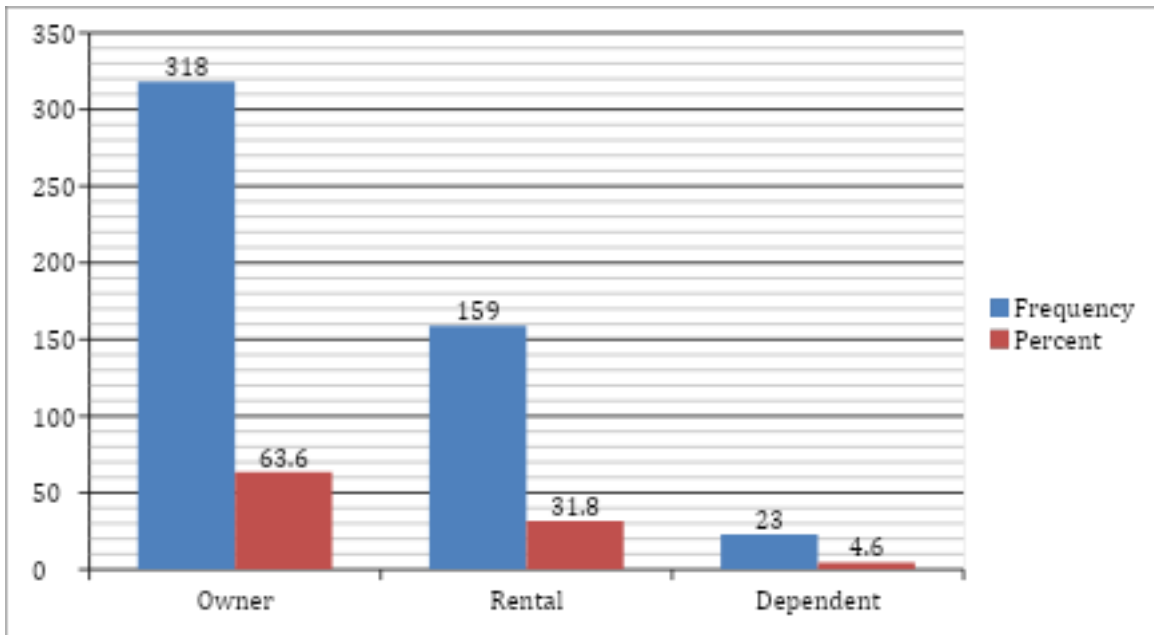


Educational attainment has well-established associations with economic productivity, health-seeking behavior, and the capacity to engage with formal institutional processes (Sen, 1999). For illiterate women in the study population, access to information about CCC services, eligibility criteria, and rights may be substantially constrained. Capacity building interventions delivered through written communication materials or requiring literacy for meaningful participation risk systematically excluding this subgroup. Consistent with Kabeer's (1999) framework, genuine empowerment requires that resources and information be accessible in forms that all women can meaningfully engage with, regardless of literacy level.

#### 4.2.6 Housing situation

Figure 4.3 compares the total number of beneficiaries and the number of women beneficiaries across three categories of Community Care Center (CCC) services in Tigray. according to the figure, the highest reach was with 318 total beneficiaries, out of which only 63.6 were women (20%). The second category served 159 beneficiaries, including 31.8 women (20%), while the third category had the lowest coverage with only 23 total beneficiaries and 4.6 women (20%).

Figure 4.4: The number of respondents living/ residential status.

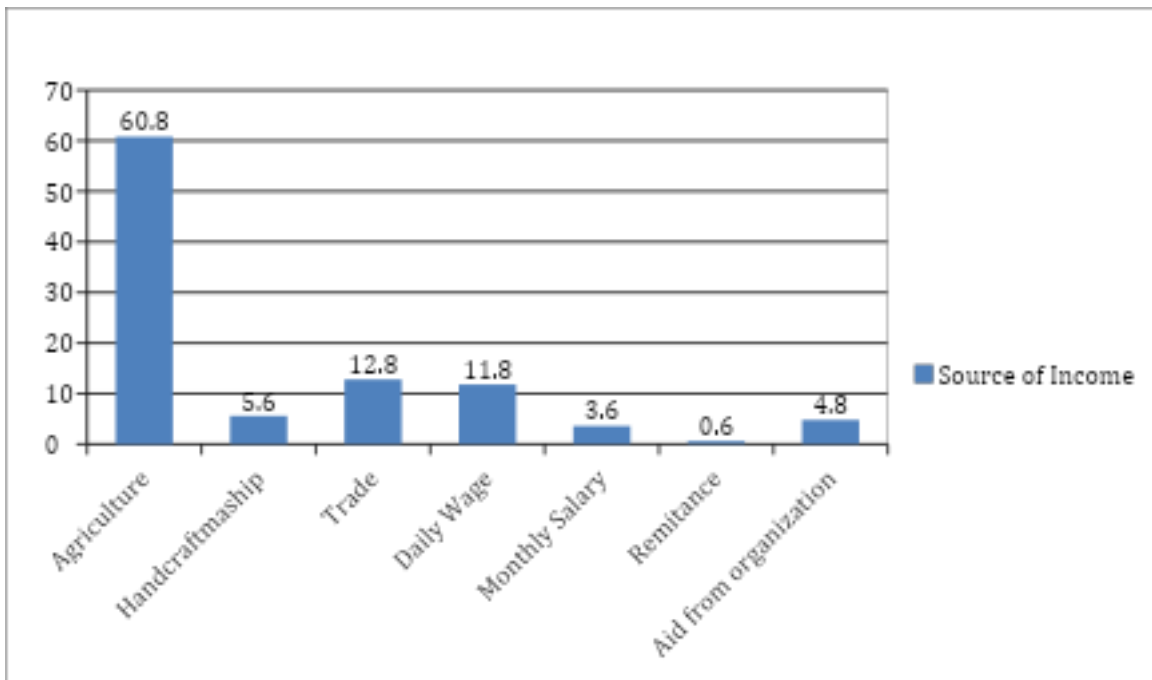


One can understand that a consistently low participation of women, who represent only one-fifth of total beneficiaries, despite being the primary target group, and a sharp decline in service coverage from the first to the third category. These patterns indicate significant weaknesses in gender-sensitive targeting and uneven program implementation across different areas or service types.

#### 4.2.6 Source of Income

As illustrated in Figure 4.5, agriculture was the dominant source of income for 60.8% of respondents, followed by daily wage labor (12.8%), trade (11.8%), handcraftsmanship (5.6%), aid from organizations (4.8%), monthly salary (3.6%), and remittances (0.6%). The predominance of agricultural livelihoods reflects the rural character of Kilite Awlalo Woreda and is consistent with the wider agro-pastoralist economic base of rural Tigray.

Figure 4.5: Source of income



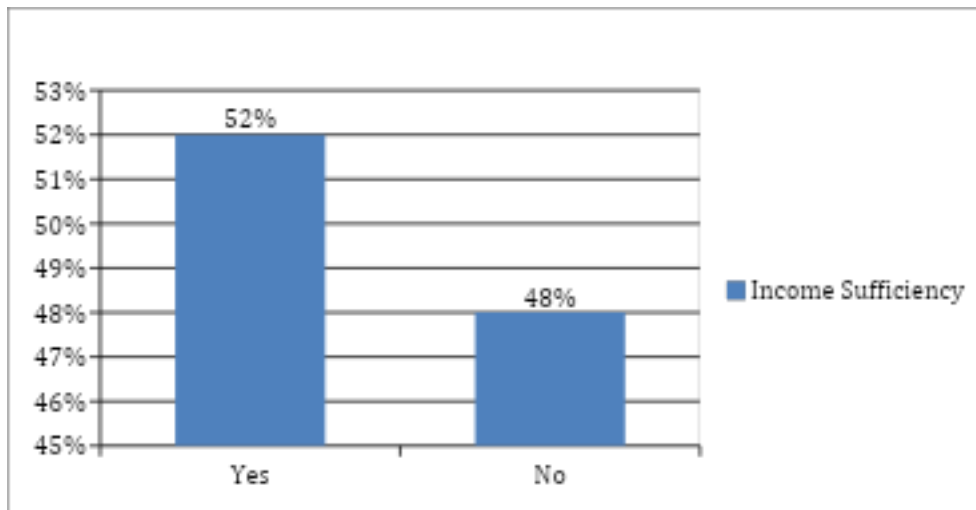
This income structure has important implications for livelihood vulnerability. Agricultural livelihoods in Tigray are highly exposed to climatic variability, soil degradation, and price fluctuations, making households dependent on them susceptible to seasonal income insecurity and transient poverty (Berhane, Hoddinott, Kumar, and Taffesse, 2011). The relatively small proportions of women engaged in trade, wage labor, and salaried employment suggest limited economic diversification, a pattern that the CCC's economic strengthening services, particularly revolving loans and vocational training, have the potential to address. Holmes and Jones (2010) argue that social protection programs in agricultural economies must incorporate livelihood diversification support if they are to reduce vulnerability rather than simply manage it.

#### 4.2.7 Income Sufficiency

Figure 4.6 indicates that 52% of respondents reported their income as sufficient for household needs, while 48% reported insufficiency. While the slim majority reporting sufficiency may appear encouraging, the near-even split suggests that a very large share of women in the Woreda remain in a condition of structural income inadequacy. The 48% reporting insufficiency represents a

substantial segment of the population for whom CCC economic support services are likely to be critical.

Figure 4.6: Respondents' response to income sufficiency



#### 4.2.8 Reasons for Income Insufficiency

Table 4.3 presents the reasons cited by respondents for household income insufficiency. Lack of employment opportunities (28.8%), inflation (28.6%), and large family size (23.2%) were the three most frequently cited reasons, followed by declining agricultural productivity (17.2%) and health problems (11.8%).

Table 4.3: Reasons for Income Insufficiency

No.	Reasons for Income Insufficiency	Freq. (Yes)	Freq. (No)	% Yes	% No
1	Large family size	116	384	23.2	76.8
2	Declining productivity	86	414	17.2	82.8
3	Lack of employment opportunities	144	356	28.8	71.2
4	Health problems	59	441	11.8	88.2
5	Inflation	143	357	28.6	71.4

These findings reveal a multi-causal pattern of poverty that cannot be adequately addressed through single-modality interventions. The prominence of structural factors, specifically limited employment and inflation, alongside household-level factors such as family size and declining productivity, reflects what Devereux and Sabates-Wheeler (2004) describe as the intersection of

structural and idiosyncratic poverty drivers. The CCC's current portfolio of direct cash support and revolving loans addresses the idiosyncratic dimension by providing immediate financial relief, but the structural causes of poverty require complementary interventions, including local economic development, agricultural extension, and labor market linkages, which may lie beyond the CCC's current operational scope.

The 11.8% citing health problems as a driver of income insufficiency is also notable. Health-related income shocks, whereby medical costs or illness-induced work incapacity deplete household resources, are a well-documented pathway into chronic poverty in low-income settings (Krishna, 2010). The CCC's provision of free health care identification cards and petty cash for medical services is therefore directly responsive to a documented need, though the depth of health-related financial protection it provides may need to be evaluated against the actual costs borne by households.

### **4.3 Major Services Provided by CCC to Women Members**

This section presents and discusses the major services that the CCC provides to its women members, as reported by beneficiaries during the survey and FGDs and by CCC service providers during in-depth interviews. Services are analyzed in terms of their design rationale, observed impacts, and alignment with the literature on community-based social protection.

#### **4.3.1 Economic Strengthening**

Economic strengthening emerged as the most central and impactful service category reported by respondents. It was delivered through two primary modalities: direct cash support and revolving interest-free loans. These represent, respectively, the protective and promotive dimensions of social protection as conceptualized by Devereux and Sabates-Wheeler (2004).

##### ***4.3.1.1 Direct Cash Support***

According to the information received during the in-depth interview with key informants that work at the Woreda level of the CCC interventions, direct cash support was provided primarily to elderly women and those with very limited income-generating capacity. In the fiscal year 2016/2017, the Woreda CCC disbursed a total of 33,628 Ethiopian Birr in direct cash transfers. This form of support is consistent with the CCC's mandate to protect the most marginalized members of the community from destitution.

Cash transfer programs for vulnerable women have been well-evidenced in the sub-Saharan African context. Adato and Bassett (2009) found that unconditional cash transfers to female-headed households in eastern and southern Africa resulted in improved food security, increased expenditure on children's health and education, and enhanced household decision-making by women. In the Ethiopian context, the Productive Safety Net Programme (PSNP) has similarly demonstrated positive effects on food security and asset accumulation among beneficiary households (Berhane et al., 2011). The CCC's direct cash component, while operating at a smaller scale than national programs, performs an analogous protective function for women who are too vulnerable to participate in labor-based or loan-based interventions.

However, the total disbursement of 33,628 Birr across the entire Woreda in a fiscal year raises questions about coverage and adequacy. Distributed across even a fraction of the Woreda's vulnerable female-headed households, this amount may be insufficient to bridge food and livelihood deficits, particularly in the context of the inflationary pressures documented by 28.6% of respondents as a driver of income insufficiency. This concern aligns with Tirivayi, Knowles, and Davis's (2016) observation that the adequacy of transfer amounts in Ethiopian social protection programs frequently falls short of actual household need, limiting their transformative impact.

#### ***4.3.1.2 Revolving Loan***

The revolving loan scheme was identified by both CCC administrators and beneficiaries as a particularly significant economic empowerment mechanism. Under this arrangement, 60% of annual membership fees collected is disbursed as interest-free loans, circulating among members to enable income-generating activities. The interest-free nature of the loans was specifically highlighted by FGD participants as a meaningful advantage over commercial microcredit options, which impose interest burdens that can deepen debt for low-income borrowers.

This finding resonates with a substantial body of literature on community-based savings and credit programs in sub-Saharan Africa. Mutangadura (2004) documented that community-managed revolving funds in Zimbabwe enabled women to engage in small trade and agricultural activities that increased household income without the debt trap risk associated with commercial lending. Similarly, Kabeer (1999) argues that access to interest-free credit is not merely an economic resource but also a demonstration of institutional trust and social inclusion, enhancing women's sense of agency and belonging. The revolving loan model employed by Kilite Awlaelo CCCs

therefore operates simultaneously on the economic and social capital dimensions of women's empowerment.

That said, the sustainability of revolving loan schemes is contingent on high repayment rates and adequate capitalization. In contexts where livelihoods are seasonally variable, repayment can be disrupted by agricultural shocks or health emergencies, jeopardizing the fund's ability to serve subsequent members. Rafter (2009) cautions that community-managed credit schemes in low-income African settings often face lifecycle crises when default rates rise without adequate reserves or external re-capitalization. Building default management mechanisms into the CCC's loan governance framework is therefore a prudent institutional consideration.

#### **4.3.2 Educational Support**

Educational support was provided in the form of school supplementary materials, including books, exercise books, and writing instruments, directed at the children of women household heads. This service reduces out-of-pocket educational expenditures for female-headed households, relieving a source of financial pressure that can force trade-offs between children's schooling and other basic needs.

Survey results indicate that 56.2% of respondents reported improvements in their capacity to afford educational expenses since CCC involvement, compared to 19.6% reporting no change and 24.2% reporting a decline. These figures suggest a net positive effect on educational affordability, though the substantial minority reporting a decline (24.2%) indicates that the service does not fully insulate all households against education-related financial stress.

The importance of educational support for female-headed households is well-documented. Yeshewahareg (2015) found that educational support was among the CCC services with the most consistent positive livelihood outcomes in Addis Ababa, contributing to children's school retention and reducing the risk of child labor. Razavi (2011) notes, however, that educational support targeted at children within female-headed households must be distinguished from services that directly build the capacities and opportunities of the women themselves. The CCC's current educational service model focuses on children rather than on women's own educational or skills development, a gap that may limit long-term empowerment outcomes for adult female beneficiaries.

### **4.3.3 Health Service Support**

Health service support consisted of the issuance of free health care identification cards to CCC members and the provision of small cash amounts to cover medical service costs. FGD participants reported that this service had tangibly improved their health-seeking behavior, enabling them to access medical care when ill without the deterrent of financial cost.

Survey data showed that 60.6% of respondents reported improvements in their capacity to afford healthcare since CCC involvement, the highest proportion of any expense category measured. This finding suggests that health-related financial barriers are particularly responsive to the type of targeted support the CCC provides.

The link between financial protection for health and broader livelihood outcomes is well-established. Krishna (2010), analyzing poverty dynamics in rural India and Africa, found that health-related expenditure shocks are among the most common triggers of downward mobility into chronic poverty, particularly for households lacking social insurance. The CCC's health support service functions as a rudimentary form of community health insurance, buffering women against catastrophic health costs. This is consistent with the protective function of social protection as defined by Devereux and Sabates-Wheeler (2004). However, Binega (2014) found in Mekelle that the depth of psychosocial and health support provided by CCCs frequently fell short of meeting the complex mental health and chronic illness needs of beneficiaries, suggesting that expanding the scope and resourcing of health support remains an area for program development.

### **4.3.4 Capacity Building**

Capacity building services included trainings, awareness creation events, and group meetings organized by CCC administrators and partner organizations. Topics covered a range of areas, including saving behavior, income generation strategies, harmful traditional practice (HTP) elimination, and child education. One FGD participant reported a significant behavioral change: before CCC involvement, she had not been sending her children to school, but CCC-organized awareness sessions persuaded her of the value of education, resulting in changed behavior.

This narrative illustrates the transformative potential of capacity building beyond its informational function. Sen (1999) argues that development requires expanding the real freedoms available to

people, which includes not only material resources but also the capabilities to make informed choices. Capacity building that succeeds in shifting women's perceptions about education, health practices, and economic rights extends the CCC's impact from the protective to the transformative dimension of social protection (Devereux and Sabates-Wheeler, 2004). Campbell et al. (2007) similarly found that community-based awareness programs in South Africa produced durable shifts in health behavior and social norms, particularly when delivered consistently over time and embedded in trusted community structures.

The reliance on partner organizations for some training delivery is notable. While partnerships can bring specialized expertise, they can also create dependency on external schedules and priorities that may not always align with community needs. Zakus and Lysack (1998) caution that community programs whose capacity building activities are driven primarily by external partners risk developing institutional fragility once those partnerships end. Building internal CCC capacity to facilitate trainings independently is therefore an important sustainability consideration.

#### **4.3.5 Referral Linkage**

Referral linkage services position the CCC as a connector between beneficiaries and external resources, including governmental programs, NGOs, and private sector actors. This brokerage function enables the CCC to extend its effective service reach beyond what its own resources would permit.

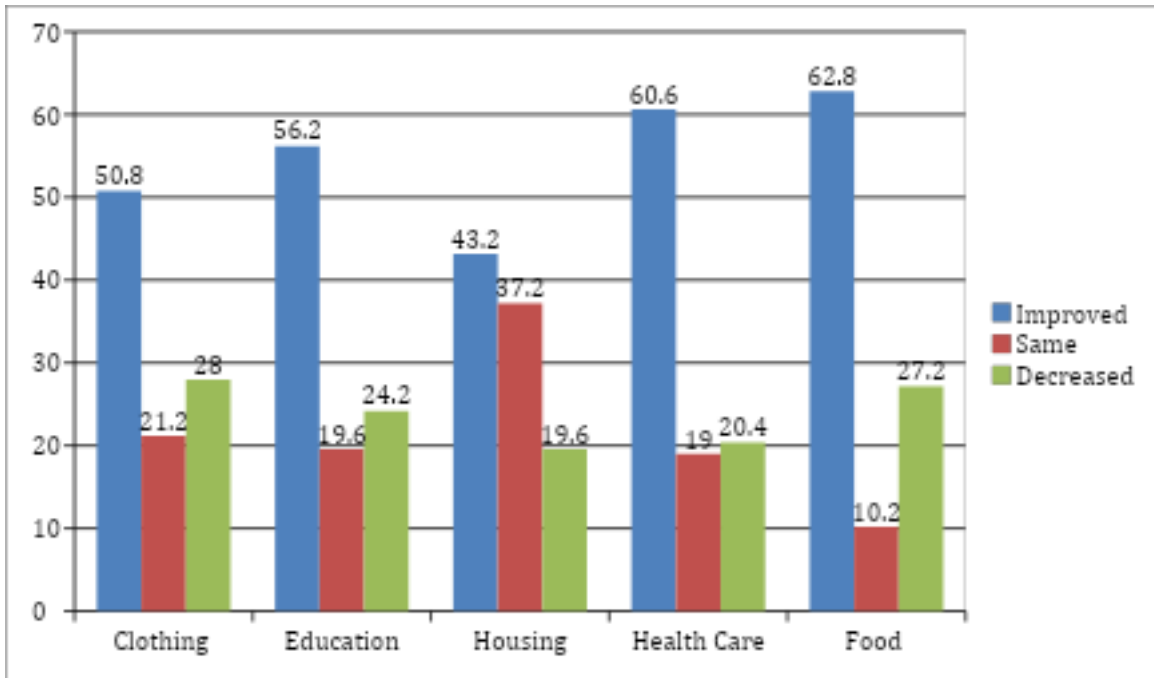
The significance of referral services as a social protection tool is recognized in the CCC literature. World Vision (2016) identifies referral and linkage as a key function of the community care model, enabling multi-sectoral coordination for complex cases. Narayan (1999) similarly finds that bridging social capital, the capacity to connect individuals with institutions and networks beyond their immediate community, is a strong predictor of improved livelihood outcomes for the poor. The CCC's referral function builds this bridging capital for women who might otherwise lack the connections and information needed to access external support.

However, the effectiveness of referral services depends on the availability and responsiveness of the institutions to which beneficiaries are referred. In contexts where public health, education, and social services are under-resourced, referrals may not produce the intended outcomes. Monitoring the uptake and outcomes of referrals is therefore an important quality assurance function for CCC administrators.

#### 4.3.6 Summary of Changes in Affordability Over Time

Figure 4.7 synthesizes survey data on changes in respondents' ability to afford key expense categories since CCC involvement. Across all four categories measured, the largest proportion of respondents reported improvement.

Figure 4.7: Changes in Respondents' Affordability of Key Expense Categories (%)

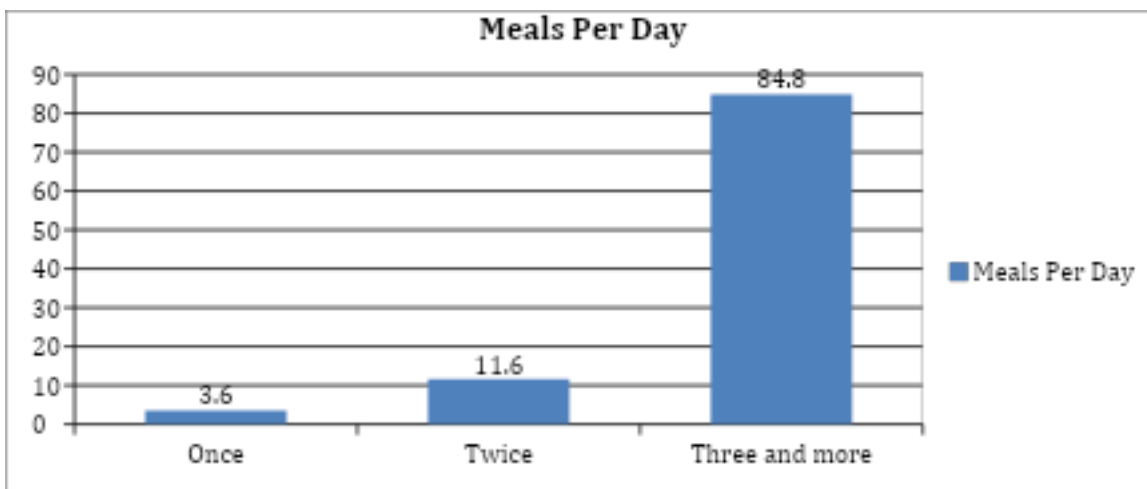


The pattern of improvement is consistent across all categories measured, with food access (62.8%) and healthcare (60.6%) showing the highest proportions of reported improvement, followed by education (56.2%) and clothing (50.8%). This gradient suggests that the CCC's interventions are most effective in addressing acute subsistence needs (food and health) and somewhat less effective in addressing non-subsistence but important needs (education and clothing). Adato and Bassett (2009) observed a similar prioritization hierarchy among beneficiaries of community-based social protection programs in sub-Saharan Africa, where improvements in food security and health access were consistently reported before improvements in secondary expenditure categories.

Importantly, a minority of respondents reported decreased affordability across all categories: 28% for clothing, 24.2% for education. This decline group warrants analytical attention. Several explanations are plausible: some members may have experienced idiosyncratic shocks such as

illness or household dissolution that outpaced any CCC support; others may reflect the limits of the CCC's coverage in a context of widespread structural poverty. Qualitative data from FGDs did not reveal systematic explanations for this subgroup, pointing to the need for further disaggregated analysis in future research.

Figure 4.8: Respondents' response to how many times they eat in a day

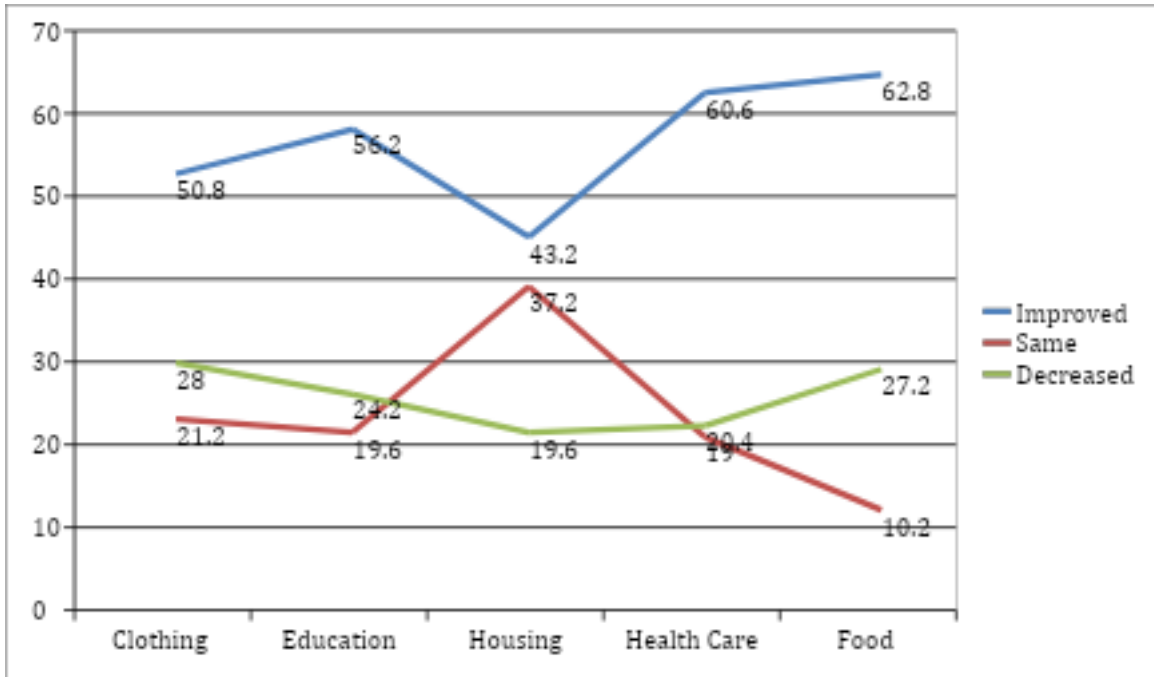


In Figure 4.7 above, a key performance indicator across three categories of Community Care Centers (CCC) beneficiary services in the study area is distributed. According to the figure, only 3.6 percent of the respondents eat once a day, followed by a modest increase to 11.6 in the second category. However, 84.8 percent of the respondents responded that they were eating three times or more a day, which is more than seven times higher than the first category and over seven times the second. This highlights the effectiveness of the CCC implementation or service coverage, and suggests the need for more equitable program management across different areas or service components.

Figure 4.8 below compares the perceived effectiveness of Community Care Centers across three different dimensions or categories of problems over five periods or locations. The blue line, representing the highest-rated dimension, started at 50.8, fluctuated with a dip to 43.2, and showed an overall upward trend, ending at 62.8. The green line remained relatively stable, fluctuating mildly between 19.6 and 28.0, closing at 27.2. In contrast, the red line exhibited the most volatility, rising sharply to a peak of 37.2 before declining steeply to 10.2 at the end. Overall, the graph indicates moderate and improving effectiveness in one area (blue), relatively low but stable performance in another (green), and inconsistent results with a worrying recent decline in the third

area (red). This suggests that while CCCs have achieved reasonable success in addressing certain member problems, their effectiveness remains uneven and generally limited across different problem categories.

Figure 4.8: Effectiveness of CCC in addressing members problems



#### 4.4 Challenges Affecting CCC Implementation

This section discusses the structural, human resource, financial, and governance challenges that constrain the effectiveness of CCC implementation in Kilite Awlaelo Woreda. Findings are drawn primarily from in-depth interviews with Tabia administrators and FGDs with CCC members, supplemented by direct field observations. Each challenge is interpreted in relation to the relevant literature.

##### 4.4.1 Structural Embeddedness and Lack of Institutional Autonomy

All Tabia administrators interviewed identified the lack of an independent organizational structure as a fundamental operational challenge. CCC activities are currently embedded within existing governmental administrative units, with the Woreda Head of Labour and Social Affairs serving as the Woreda-level focal person and Tabia administrators overseeing CCC activities at the kebele level. These officials manage CCC responsibilities voluntarily alongside their primary civil service duties, meaning that CCC matters are frequently deprioritized and that program delivery is

channeled through pre-existing organizational mechanisms, such as development army structures and farmers' associations, that were not designed for this purpose.

Field observation confirmed a significant practical consequence of this arrangement: when farmers' association workers collected CCC membership fees, women members became confused about the institutional identity of the fee and feared that non-payment might jeopardize their access to farmers' association benefits. This confusion undermines the CCC's ability to establish a clear programmatic identity and to build beneficiary trust and engagement. This has also led to most of the respondents to not have a clarity on whether or not they are members of the CCC and towards which program their financial contribution goes to.

This challenge is consistent with Andrews, Pritchett, and Woolcock's (2013) concept of 'isomorphic mimicry,' whereby development programs adopt the organizational forms of well-functioning institutions without developing the underlying capabilities needed to make those forms effective. The CCC's formal governance structure, as prescribed by BoLSA's working manual, projects an image of organized community coordination, but without dedicated staff, independent offices, and clear accountability lines, its practical functionality is severely curtailed. Wolff (2001) similarly emphasizes that genuine community coalitions require sustained institutional investment; structural parasitism on existing bureaucracies undermines the long-term development of coalition identity and capacity.

#### **4.4.2 Volunteer Turnover and Continuity Deficits**

Closely related to structural challenges is the problem of high turnover among CCC chairpersons and committee members. Because these positions are unpaid and are carried out in addition to other occupational responsibilities, incumbents frequently experience burnout and eventually exit the role, leaving programmatic gaps that persist until replacements are identified and oriented.

This pattern is well-documented in the community health and development literature. Zakus and Lysack (1998) find that volunteer-dependent programs in low-income countries consistently struggle with turnover, particularly when volunteers lack recognition, financial incentives, and organizational support. Campbell et al. (2007) similarly document that female community volunteers in South African health programs experienced high rates of burnout and moral distress when confronted with overwhelming community need in the absence of adequate institutional backing. In the CCC context, turnover has a compounding effect: each new occupant must rebuild

familiarity with the program, beneficiary relationships, and local resource networks, reducing the institutional memory and relational capital that effective community-level social protection requires.

The literature suggests several evidence-based responses to volunteer attrition in community programs, including introducing modest stipends or non-cash recognition, establishing structured mentorship between outgoing and incoming chairpersons, and simplifying administrative processes to reduce the workload burden. These options should be explored by BoLSA and CCC implementing partners in Tigray as part of a broader human resource strategy for the program.

#### **4.4.3 Financial Resource Constraints**

Inadequacy of financial resources was cited unanimously by Tabia administrators as a persistent operational challenge. While CCCs receive contributions from governmental agencies, NGOs, private sector actors, and individual donors in addition to annual membership fees, the aggregate resource envelope is insufficient to address the scale of community vulnerability identified through the needs assessment process.

The financial constraint is a universal challenge in community-based social protection. Rafter (2009) identifies funding insufficiency as the single most cited operational challenge across community coalition programs in sub-Saharan Africa, noting that dependence on membership fee revenues creates a structural paradox: the communities with the greatest need are also those least able to contribute membership fees, creating a regressive funding dynamic. Devereux and Sabates-Wheeler (2004) argue that community-level social protection initiatives must be embedded within, and supported by, broader state social protection frameworks to achieve sustainability; a purely community-funded model is unlikely to generate the resources needed to address structural poverty.

In the Ethiopian context, Tirivayi et al. (2016) note that community-level programs frequently receive inadequate budgetary allocations from regional and federal governments despite their complementary role in the national social protection architecture. The CCC's financial challenge in Kilite Awlaelo Woreda may therefore reflect not only local resource limitations but also a systemic under-investment in community-level social protection institutions at higher levels of government.

#### **4.4.4 Mismanagement of Resources and Accountability Failures**

FGD participants reported instances of resource mismanagement and corruption within the CCC, manifested in the diversion of cash and material resources to the family members and allies of program administrators rather than to legitimately identified vulnerable households. This represents a serious breach of the CCC's core accountability mandate and directly undermines the program's poverty-targeting effectiveness.

Corruption and elite capture in community-targeted programs are well-documented phenomena in the development literature. Platteau (2004) identifies 'elite capture,' whereby local administrators redirect program resources to socially connected individuals rather than the intended beneficiaries, as a pervasive challenge in community-driven development programs in Africa. In the CCC context, the risk of elite capture is heightened by the limited presence of independent monitoring mechanisms, the opacity of beneficiary selection processes, and the social embeddedness of administrators within the communities they serve, which can make impartial decision-making structurally difficult.

The consequences of such mismanagement extend beyond the material harm to excluded beneficiaries. When women observe that resources are being diverted, it erodes their trust in the institution, reduces their willingness to contribute membership fees, and diminishes the social cohesion that the CCC aims to build. Narayan (1999) emphasizes that institutional trust is a foundational component of social capital; its erosion can be difficult to reverse. Strengthening the CCC's accountability systems, including independent beneficiary verification, participatory monitoring involving community members, and clear grievance redress mechanisms, is therefore essential both for program integrity and for sustaining community confidence.

#### **4.5 Discussion: Integrating Findings Across Themes**

Considered together, the findings of this study present a picture of a community-based social protection institution that is making a measurable positive contribution to the lives of vulnerable women in Kilite Awlalo Woreda, while simultaneously operating under conditions that significantly constrain its potential impact.

The CCC's service portfolio, encompassing economic strengthening, educational support, health protection, capacity building, and referral linkage, addresses multiple dimensions of vulnerability simultaneously. This multi-modality approach reflects the theoretical insight offered by the

Sustainable Livelihoods Framework (Chambers and Conway, 1992; DFID, 1999) that poverty is a multidimensional phenomenon requiring interventions that work across financial, human, social, and institutional capital simultaneously. The positive livelihood changes reported by majorities of respondents across food, health, education, and clothing affordability dimensions suggest that, within its operational constraints, the CCC is generating real improvements in women's material wellbeing.

However, the study also reveals significant gaps between the CCC's mandate and its operational reality. Structural embeddedness without institutional autonomy, chronic resource insufficiency, high volunteer turnover, and accountability failures each independently constrain program quality and reach; in combination, they represent a systemic implementation gap. This pattern is consistent with Andrews et al.'s (2013) observation that community development programs in low-income countries frequently exhibit strong organizational form but weak organizational capability, a gap that cannot be closed by design improvements alone but requires sustained investment in human and financial resources.

From a gender perspective, the findings reveal both achievements and limitations. The CCC's targeting of female-headed households and its provision of economic and social services to women represent meaningful institutional recognition of women's vulnerability and rights. Yet the data also suggest that women's participation in CCC governance remains limited, that capacity building does not yet systematically address women's own skills and economic autonomy (as distinct from their children's welfare), and that gender-specific barriers such as social norms constraining women's mobility and voice are not yet systematically addressed in program design. Kabeer (1999) and Razavi (2011) both argue that genuinely empowering social protection programs must invest in women's agency, not only in their access to resources; the CCC's evolution toward a more explicitly gender-transformative model represents an important avenue for program development.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Conclusions

This study presents a picture of a community-based social protection institution that is making a measurable positive contribution to the lives of vulnerable women in Kilite Awlaelo Woreda. Community Care Coalitions are grounded in principles of community participation, multi-sectoral collaboration, and long-term commitment to vulnerable populations. In the Ethiopian context, they are embedded within formal governmental structures, creating both legitimacy and accountability, while also inheriting the constraints of public sector capacity.

Economic strengthening, health, psychosocial support, education, and legal assistance are the principal service domains, though delivery and quality are uneven. Women's livelihood perceptions are shaped by material, social, and agency-related dimensions that require qualitative inquiry to fully capture. Implementation challenges, including resource constraints, volunteer capacity, gender norms, and governance gaps, are consistently documented across African contexts and are likely to be present in Kilite Awlaelo Woreda as well. The following chapters present the study's methodology and findings against this theoretical and empirical backdrop.

This study examined the experiences and impacts of Community Care Coalitions on women in Kilite Awlaelo Woreda. The findings show that CCC provides important services, including economic support, educational assistance, and health-related services. These interventions have contributed to improvements in some aspects of women's livelihoods, particularly in access to basic services such as food, education, and healthcare.

The positive livelihood changes reported by majorities of respondents across food, health, education, and clothing affordability dimensions suggest that, within its operational constraints, the CCC is generating real improvements in women's material wellbeing. However, the study also reveals significant gaps between the CCC's mandate and its operational reality. Structural embeddedness without institutional autonomy, chronic resource insufficiency, high volunteer turnover, and accountability failures each independently constrain program quality and reach; in combination, they represent a systemic implementation gap.

In addition, the impact of CCC is not uniform, and many women continue to face significant challenges, including income insufficiency and limited economic opportunities. The study also identified key structural and operational challenges, including a lack of funding, limited institutional capacity, and weak coordination mechanisms. These challenges affect the overall effectiveness of CCC in addressing community needs. To tackle these challenges and improve the community benefits from CCC, the Regional Government of Tigray should lead policy and resource mobilization, while Woreda administrations should drive day-to-day implementation and coordination.

## **5.2 Recommendations**

As one of the specific objectives of this research is to provide practical recommendations for improving the Community Care Centers (CCC), the following actionable recommendations are proposed based on the key findings and conclusions of the study. Each recommendation specifies the responsible actors and practical implementation steps.

**1. Strengthen Institutional Structure:** The CCC currently suffers from weak institutional anchoring, leading to coordination gaps and limited autonomy. The Regional Government of Tigray, in collaboration with the Bureau of Women, Children and Social Affairs, should establish a clearer and more independent institutional framework for CCCs. This includes:

- Developing and endorsing a formal CCC operational guideline that clearly defines roles, reporting lines, and decision-making authority.
- Assigning dedicated full-time staff (at least one coordinator and one administrative assistant per center) recruited through Woreda administrations.
- Formalizing the legal status of CCCs as semi-autonomous entities under Woreda oversight with direct technical support from the Regional Bureau.

**2. Increase and Diversify Funding:** Limited and irregular funding remains a major constraint to sustainable service delivery. The Regional Government of Tigray should prioritize CCC funding in its annual budget planning, while Woreda administrations should actively mobilize additional resources. Specifically:

- Allocate a dedicated annual budget line for CCCs in the regional and Woreda budgets (minimum 15–20% increase from current levels in the first year).
- Establish a CCC Sustainability Fund through multi-year agreements with development partners (UN Women, UNICEF, NGOs and private businesses) and diaspora contributions.

- Introduce income-generating activities (e.g., small-scale gardening, handicraft production, or service fees for non-vulnerable users) managed directly by CCC committees under Woreda supervision.
- Woreda administrations should conduct quarterly financial reviews to ensure transparency and efficient utilization.

**3. Improve Targeting and Needs Assessment:** Current targeting mechanisms are weak, resulting in inclusion and exclusion errors, particularly in addressing women’s specific needs. Woreda administrations and CCC committees should adopt systematic, participatory targeting tools.

Practical actions include:

- Conducting annual community-based needs assessments using participatory methods (focus group discussions and household surveys) with strong involvement of women beneficiaries.
- Developing and applying a clear vulnerability scoring criteria (e.g., based on household size, disability, loss of breadwinner, etc.) co-created with women’s groups.
- Establishing Women’s Advisory Committees within each CCC to ensure women actively participate in beneficiary selection and priority-setting.
- The Regional Bureau should provide standardized assessment templates and train Woreda staff on their application.

**4. Enhance Capacity Building:** Limited skills among CCC members and local administrators undermine service quality and implementation effectiveness. The Regional Government of Tigray, through its relevant bureaus (Women, Children and Social Affairs; Finance; and Capacity Building), should design and roll out a comprehensive capacity-building program:

- Organize mandatory training for all CCC members and Woreda focal persons on project management, gender-sensitive service delivery, financial management, and psychosocial support (at least two trainings per year).
- Partner with local universities or experienced NGOs to deliver certified training modules and refresher courses.
- Establish a mentorship system whereby well-performing CCCs coach newly established or underperforming ones.
- Woreda administrations should be responsible for monitoring attendance and post-training application of skills.

**5. Strengthen Monitoring, Evaluation, and Accountability:** Absence of robust monitoring systems limits learning, accountability, and evidence-based adjustments. The Regional Government of Tigray should institutionalize a functional Monitoring and Evaluation (M&E) system for all CCCs:

- Develop and implement a simple digital or paper-based M&E framework with key performance indicators (KPIs) on service coverage, beneficiary satisfaction, and impact.
- Require Woreda administrations to conduct monthly supervision visits and quarterly performance reviews with CCC committees.
- Introduce community scorecards and beneficiary feedback mechanisms, ensuring women's voices are systematically captured.
- Commission an independent mid-term evaluation (after two years) involving regional and external experts.

### **Recommendation for future researchers**

As the Community Care Coalition (CCC) has demonstrated a meaningful positive impact on the lives of vulnerable women, greater institutional attention and sustained capacity-strengthening efforts should be directed toward the program. In addition, further research is recommended to assess its long-term effectiveness, scalability, and potential integration into broader post-war recovery initiatives in Tigray. Given the extensive rehabilitation and reconstruction required in the aftermath of the conflict, incorporating programs such as CCC into recovery frameworks could play a significant role in addressing the socio-economic and psychosocial needs of vulnerable women, while also contributing to the wider recovery and resilience of war-affected communities.

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## Appendix



### MEKELLE UNIVERSITY

#### INSTITUTE OF ENVIRONMENT, GENDER AND DEVELOPMENT STUDIES

#### DEPARTMENT OF GENDER AND DEVELOPMENT STUDIES

My name is **Tsidena Abadi**. I am an MA student at Mekelle University, Department of Gender And Development Studies. I am setting up a survey to learn about the **Effects of Community Care Coalition (CCC) on Women's Lives in Kilite Awlalo Woreda**. The survey is confidential and your name will not be disclosed anywhere. Any information you provide will be used only for academic purposes. Please answer these questions freely and frankly as they will help in understanding the importance of CCC's services for Women. The information you provide is hoped to be utilized as an input in improving the CCC policy but will not specifically affect the CCC activities in your area. Please try to answer all questions. Participation is absolutely voluntary and you can stop at any time if you do not feel comfortable. Thank you for your cooperation.

- ✓ Identification Number (Code) \_\_\_\_\_
- ✓ Tabia \_\_\_\_\_
- ✓ Kushet \_\_\_\_\_
- ✓ Name of enumerator \_\_\_\_\_
- ✓ Date of interview \_\_\_\_\_



8. Is the house adequate for the whole family?

1. Yes

2. No

9. What is source of livelihood for this Household?

No	Source of income	Mark
1	Agriculture	
2	Monthly salary	
3	Trade	
4	Handcraftsmanship	
5	Remittance	
6	Daily wage	
7	Assistance from the CCC and other aid organizations	

If other, please specify \_\_\_\_\_

10. What is the monthly expenditure of the family? \_\_\_\_\_ Birr.

11. Is your monthly income enough for the household's expenditure?

1. Yes

2. No

12. If the answer to Q11 is 'No,' what are the reasons for its insufficiency?-

No	Reasons	Yes	No
1.	Large family size		
2.	Declining productivity		
3.	Lack of employment opportunities		
4.	Health problems		
5.	Inflation		

If you have other reasons please specify \_\_\_\_\_



2	No	
3	To limited capacity	

17. Do/ does the children/child have sufficient school materials like stationeries, uniforms, supplementary. Books?

Yes

No

18. If answer to Q17 is yes, who fulfills those needs?

No	School material provider	Mark
1.	The household	
2.	Relatives/neighbors	
3.	The CCC	

If other please specify \_\_\_\_\_

19. If answer to Q17 is no, why?

No	Reason	Mark
1.	Household cannot afford	
2.	The CCC do not provide regularly	
3.		

If other please specify \_\_\_\_\_

20. Do you think you can continue fulfilling educational materials adequately?

No	Capacity to fulfill educational materials	Mark
1.	Yes	
2.	No	
3.	Not sure	

21. Most often, how many times do the family eat every day?

No	Meals per day	Mark
1	1	
2	2	
3	3 and more	

22. How does this household get food?

No	Source of food	Mark
1	By buying	
2	By producing	
3	Support from relatives and neighbours	
4	Aid from other agencies	
5	Aid from CCC and aid organizations	

If other please specify \_\_\_\_\_

23. How is your health status?

No	Health status	Mark
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1	Very good	
2	Good	
3	Fair	
4	Bad	
5	Very bad	

24. How is the health status of your child/children?

No	Health status	Mark
1	Very Good	
2	Good	
3	Fair	
4	Bad	
5	Very bad	

25. Do you go to health facility whenever you or your child/ children get sick?

No	Seek medical help whenever sick	Mark
1	Always	
2	Sometimes	
3	Never	

26. Based on your answer to Q25, what does your decision to seek treatment depend on?

No	Reason	Mark
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1	Severity of illness	
2	Financial ability	
3	Time availability	

If other please specify \_\_\_\_\_

27. Do you have any affiliation in the following social organizations, If yes which one?

No	Social Organizations	Mark
1.	Iqqub, Idder	
2.	Cooperatives	
3.	Farmers Association	
4.	Development Army	
5.	Community Care Coalitions	
6.	None	

If other please specify \_\_\_\_\_

28. If your answer to Q27 is yes, what services do you get from the organization/s you selected?

\_\_\_\_\_

\_\_\_\_\_

**Part III: Assessing the services of CCC**

29. For how long have you been receiving service from the CCC?

No	Years of membership	Mark
1	Less than one year	
2	One year	

3	Two years	
4	Three years	
5	More than three years	

30. What are the main activities of your coalition?

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31. What services/support do you get from the CCC?

No	Services	Mark
1.	Economic strengthening service ( revolving funds, cash transfer)	
2.	Educational support	
3.	Health service support	
4.	Capacity building service	
5.	Referral linkage	
6.	None	

If other please specify \_\_\_\_\_

32. Did the CCC activities carried out so far bring about a significant improvement in your livelihood?

No	Rating	Mark
1.	Yes	

2.	Fairly	
3.	No	
4.	Rather worsened	

33. What changes would you say happened in your life after CCC's intervention?

No	Changes	Improved	Same	N/A
1.	Nutrition			
2.	Housing			
3.	Education			
4.	Clothing			
5.	Saving			
6.	Social cooperation			

If other, please specify \_\_\_\_\_

34. How accountable do you think the CCC program is?

No	Rating	Mark
1.	Extremely Accountable	
2.	Moderately Accountable	
3.	Somewhat Accountable	
4.	Slightly un Accountable	
5.	Completely un Accountable	

35. How transparent do you think the CCC program is?

<b>No</b>	<b>Rating</b>	<b>Mark</b>
1.	Extremely Transparent	
2.	Moderately Transparent	
3.	Somewhat Transparent	
4.	Slightly un Transparent	
5.	Not Transparent at all	

36. Do you think the CCC volunteers are qualified?

<b>No</b>	<b>Rating</b>	<b>Mark</b>
1.	Very qualified	
2.	Qualified	
3.	OK	
4.	Unqualified	
5.	Very unqualified	

37. How satisfied are you with the activities of your CCC?

<b>No</b>	<b>Rating</b>	<b>Mark</b>
1.	Very satisfied	
2.	Satisfied	
3.	OK	
4.	Dissatisfied	
5.	Very dissatisfied	

38. Do you think the CCCs are effective in identifying the community's needs and problems?

<b>No</b>	<b>Rating</b>	<b>Mark</b>
1.	Very effective	
2.	Effective	
3.	OK	
4.	Ineffective	
5.	Very ineffective	

39. Do you think the CCCs are effective on solving issues faced by the community?

<b>No</b>	<b>Rating</b>	<b>Mark</b>
1.	Very effective	
2.	Effective	
3.	OK	
4.	Ineffective	
5.	Very ineffective	

40. What problems would you say there are in the CCC?

<b>No</b>	<b>Problems</b>	<b>Mark</b>
1.	Lack of proper assessments	
2.	Lack of qualified personnel	
3.	Lack of responsibility	
4.	Lack of committed leadership	

5.	Uniform treatment of different groups with different problems	
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If other please specify \_\_\_\_\_

41. If your answer to Q40 is no, what do you think the problem is?

No	Problem	Mark
1.	Lack of funds	
2.	Lack of committed leadership	
3.	Failure to use mobilized resources efficiently	
4.	Having limited and uniform solutions to different problems	

If other please specify \_\_\_\_\_

**Thank You!!!**

## **FGD Guideline for Female Headed Households**

1. Explain to me basic services you or your family received from community care coalitions?
2. Do you believe the CCC has a customized way of assessing and addressing women's needs?
3. What do you think are the main opportunities for the CCC?
4. What do you think are the main challenges for the CCC?
5. What solutions do you suggest in order to solve the challenges?

## **Interview Guidelines for Sectors Representatives**

1. What are the main services provided by the CCC to women?
2. Do you believe the CCC has a customized way of assessing and addressing women's needs?
3. What do you think are the main opportunities for the CCC?
4. What do you think are the main challenges for the CCC?
5. What solutions do you suggest in order to solve the challenges?