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## **CATHOLIC RELIEF SERVICES**

*Survey of Title II General Relief and Other Child Feeding Programs  
in Ethiopia and Kenya*

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## Executive Summary

According to Brian Atwood, USAID has recently been accused of being an international welfare program. Welfare implies chronic dependence on external assistance. The most disadvantaged members of society (physically, economically handicapped or discriminated against) would seem to be likely candidates for chronic dependence. Still, while the CRS General Relief (GR) and Other Child Feeding (OCF) programs surveyed in Ethiopia and Kenya *do* serve the poorest of the poor, these 'general welfare' beneficiaries do not necessarily remain chronically dependent. On the contrary, the institutions we visited seek to improve their beneficiaries' potential for *viability* and consequently limit their dependence.

CRS implementing partners (homes, clinics, schools and distribution centers) combine Title II resources with interventions *in addition to food* to give beneficiaries the opportunity to overcome their reliance on welfare assistance by *decreasing their vulnerability and increasing their viability*. Taken together, CRS' GR and OCF programs provide beneficiaries (orphans, disabled, aged, sick, and students) with a mix of nutrition, shelter, education and other interventions to help them escape the need for welfare. The success of these efforts varies, of course, due both to the diversity of institutions, and level of beneficiaries' reliance and potential for self-sufficiency.

In general, while Title II is a pivotal resource for the GR and OCF institutions surveyed (most relying on Title II for 1/3 to 1/2 of their beneficiaries' food needs), 29 of the 30 institutions we visited *supplemented* the ration of grain-CSB or lentils-oil with *other food* to provide nutritional balance. This balance is particularly important as many of the beneficiaries -- over 11,000 -- are children<sup>1</sup>. Title II also appears to be a crucial input insofar as its impact often exceeds basic nutritional transfer. Depending on the type of institution and the capacity of the beneficiaries to overcome their vulnerabilities (e.g. disability), Title II can play a central role in enabling beneficiaries to move beyond the need for GR and OCF assistance.

In Ethiopia and Kenya's GR and OCF programs, Title II performs three tasks

\* Dry ration distribution as a **direct nutritional transfer** to the poor, which helps their food security. Yet for most, the effects of solely providing food are temporary, as the original condition has remained unchanged -- for some food aid is palliative,

\* Wet feeding in an institutional setting as a direct nutritional transfer which, coupled with the institution's *primary institutional goal* (e.g. education, rehabilitation, medical attention) or *secondary enabling factor* (e.g. sponsored higher education, credit) *changes the underlying vulnerability* of the beneficiaries. Food aid is a **facilitative force** for the provision of other services. This may improve

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<sup>1</sup> 10,500 in Ethiopia under an OCF program and between 720 and several thousand in Kenya, depending on programming definitions

individual longer-term food security through decreasing their dependence on international philanthropy

\* Title II as a resource for the institutions as a developmental input both as a **leveraging force** for the institution (providing the base from which centers raise other funds or resources) and as an **income transfer**, or a way to free-up other resources. This is likely to improve the *institutions'* food security, improving prospects for procurement or garnering of other resources which may improve their sustainability

Both institutions and their beneficiaries benefit from an effective long-term commitment by CRS which seems to enable at least some beneficiaries to sustainably improve their food and livelihood security to the point of 'graduating' from food aid. There are preliminary indications that some institutions have developed resources and networks which more consistently serve their expanding needs (and those of their beneficiaries) than others. Most institutions could benefit from strengthening their ability to become less reliant on Title II (e.g. more reliant on other sources of mutual-aid, philanthropy, and government)

In gauging the institutional sustainability of the centers visited, we identified generally those categories of resources that the institutions must maintain to effectively pursue their missions consistently over time. By characterizing these resources in terms of self-help, mutual aid, philanthropy and government (*levels of provision*), we saw evidence of the nexus between the GR/OCF institutional sustainability and broader civil society. Moreover, we observed that almost all of the institutions rely on a wide variety of benefactors (both local and international philanthropy), some limited government support, family contributions, and considerable amount of self-help to sustain their organizations and their beneficiaries over time.

GR/OCF institutions fill the void left by other "providers" in civil society, and they act as an essential philanthropic safety net for many of the most vulnerable segments of Ethiopian and Kenyan society. In this context, Title II food is a critical resource for GR/OCF institutions and the beneficiaries they serve, enabling them to remain operational while indigenous levels of provision improve and expand. Ultimately, with a stronger civil society, deliberate GR/OCF institutional development efforts will likely lead to GR/OCF institutions 'graduating' from reliance on Title II.

Some of the most vulnerable Title-II recipients, however, are unlikely to ever emerge from their disability. These include many cared for by the Missionaries of Charity (MOC), such as HIV + infants and adults, the severely mentally and physically disabled, the aged and dying.<sup>2</sup> For these beneficiaries, chosen as the

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<sup>2</sup> While the MOC programs are not included in this survey, a few of the GR institutions visited do serve similarly chronic beneficiaries

neediest, the food aid remains literally a welfare input, feeding them as they are unable to do so themselves. While they are generally unable to become self-sufficient, this does not mean that to the degree possible, they do not try to help take care of themselves, help run the institution (e.g. help serve food, guard the gates), or help other even less advantaged beneficiaries (a semi-lame girl pushing a crippled girl in her wheelchair). Nonetheless, as they are likely to remain unable to care for themselves or procure food sufficient in quality and quantity to satisfy the requirements of a healthy life, they are the most food insecure. While the institutions will have continual need for assistance, we believe support for them needs to remain constant due to the extreme vulnerability of the beneficiaries chosen, and by the quality of services provided by the institutions.

Nonetheless, both the CRS country programs and their institutional counterparts and implementing partners have areas for improvement. Further assessments need to be made about

- \* how to bolster the *institutions'* effectiveness and sustainability in serving these neediest populations in these two countries,
- \* how to improve the assistance to support the *beneficiaries'* long-term food and livelihood security (e.g. providing them with skills and/or resources to self-generate food and/or income with which to purchase it),
- \* how to create beneficiary impact-assessments, to track the amount to which the graduation (as well as the resulting self-reliance or re-dependency) can be traced to Title II through the intervening institution

Finally, our survey has led us to propose reclassifying many of the 'general welfare' institutions into another category which better reflects helping *beneficiaries move through chronic situations*, making them increasingly self-reliant and free from international relief.

# I. INTRODUCTION & BACKGROUND

## Reasons for Survey

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The idea for a General Relief/Other Child Feeding Survey benefited generally from two catalysts. First, the increasing recognition within CRS and USAID that 'regular' programs incorporate new development and food security standards to demonstrate their impact on beneficiaries' lives, and second, the likelihood of diminishing Title II resources.

In its second year, the Institutional Support Grant's agenda to improve CRS Title II programming included assessing the strength of various CRS/Title II program types. In developing this agenda it became clear that General Relief (GR) and Other Child Feeding (OCF) programs, though long a part of CRS Title II programs, have rarely undergone broad-based assessment. Traditionally, GR institutions have been seen to serve the most vulnerable populations -- a mission corresponding directly to CRS' overarching goal -- yet recently questions of their effectiveness in targeting the most food insecure have been raised. And while OCF targeting has generally been more defined, the need to reassess the impact of Title II remains. Moreover, since the traditional view of general welfare assistance has been one of charity for charity's sake, little emphasis was placed on tracking either the aid's impact or the sustainability of GR/OCF counterparts.

Thus, in light of CRS' extensive experience with general welfare organizations, the Support Grant Team, in consultation with CRS country programs and the CRS Technical Group, concluded that CRS' GR/OCF programs may have developed a broader community-level impact. But to consider this, it was necessary to systematically look into the process by which GR/OCF institutions select and serve beneficiaries, and how well they are doing so over time.

## Survey Goals and Objectives

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The goal of the survey was to document the level to which CRS' General Relief and Other Child Feeding counterpart institutions target and sustainably provide food security for the most food insecure populations in Ethiopia and Kenya. To meet this goal, six objectives were adapted from the Scope of Work, and were grouped in terms of effectiveness in targeting/delivery, and in institutional sustainability in the context of civil society.

### **Effectiveness (*Targeting/Delivery*)**

- 1 Identify the GR and OCF institutions' stated and actual beneficiary selection criteria

- 2 Identify the alternative means by which the beneficiaries acquire food (And, to the extent possible, gather information on the number of individuals meeting the institutions' criteria, but who are not currently receiving these institutions' assistance )
- 3 Identify the goods and services the institutions provide to the beneficiaries in addition to the food which CRS supplies
- 4 Determine whether institutions have stated or actual strategies for graduating individuals to other means of maintaining food security

### **Institutional Sustainability**

- 5 Approximate the percentage of resources which the institutions raise (including Title II), and determine whether institutions have stated or actual strategies for maintaining or increasing these resources
- 6 Estimate the institutions' relative reliance on self-help, mutual aid, philanthropy and government to gauge institutions' function in broader civil society and determine whether they play an advocacy role, or contribute to community development

### **Definitions Effectiveness and sustainability**

For the purposes of this assessment, 'effectiveness' is defined as the efficient targeting of beneficiaries, and the provision of food and services to them which enable them to be food secure (and in some cases livelihood secure) We have also assessed institutions to some degree on their level of effectively serving their beneficiaries through assuring the continued provision of resources (food, other resources, skills, funding, etc)

'Sustainability' involves the institution's ability to sustain the beneficiaries' sources of food in terms of resources diversification (e g several sources, nutritionally balanced food mix) Sustainability is defined as not only the economic sustainability of the institution itself, but also the "organizational, ecological and cultural sustainability of all projects" (Africa 1994 SPP) But sustainability also involves the institution's ability to pursue its primary institutional goal (e g education, medical assistance, rehabilitation, etc) over time This requires diversification of its resources and reliance on other *levels of provision* along the civil society spectrum

### **Report Structure**

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This report is organized in the following manner We begin by introducing the East African regional context in which the survey took place We then move on to the two main sections of the report, the first being the description of country programs (Ethiopia and Kenya), prefaced by background information for each country and followed by selected case studies of institutions visited The next section is the

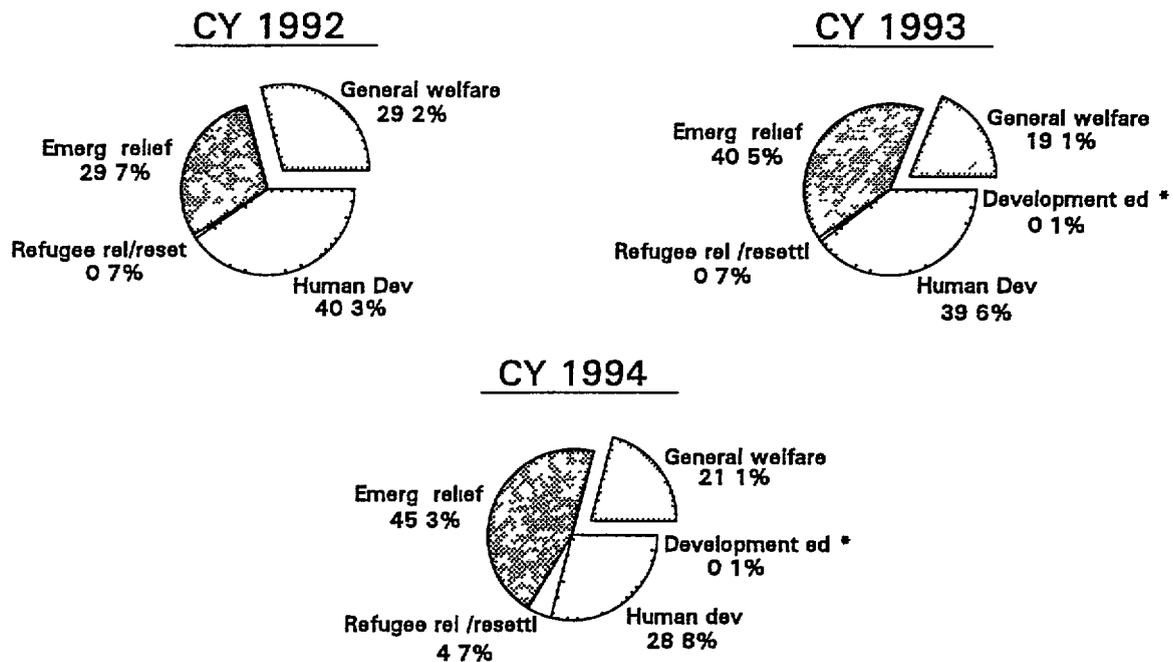
survey analysis, focusing on the templates developed during our work, on lessons learned regarding redefining 'welfare' programs, and *ranking* institutions on the basis of their effectiveness/ sustainability in securing food security, livelihood security as well as participating in civil society. The report concludes with recommendations for CRS as an agency, and for the country programs themselves.

## 'Welfare' Programs and Food Aid

In terms of Title II, General Welfare (GR + OCF + MOC) has fallen from 29.2% in 1992 to 21.1% in 1994 as total CRS program expenses

Graphic 1

### CRS Program Expenses 1992 - 1994 by Program Type



SOURCE '93 & '94 CRS Annual Reports  
\* '93 & '94 only

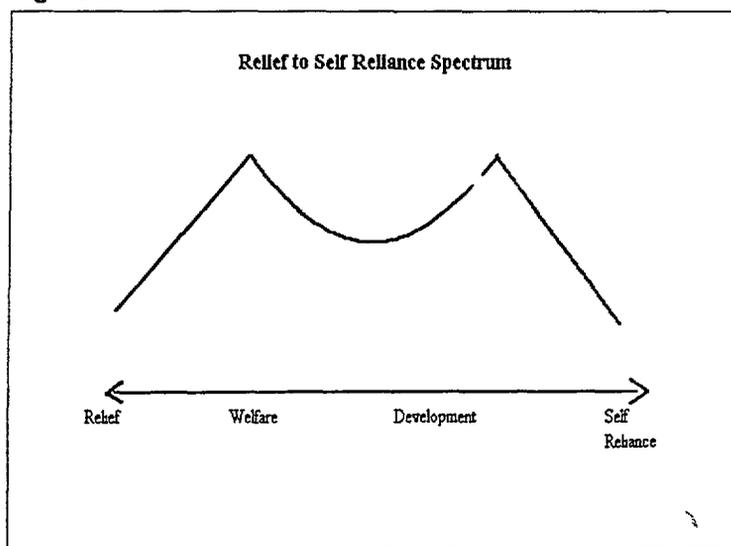
The goal of Catholic Relief Services' (CRS) welfare assistance (otherwise called General Relief (GR)) in Ethiopia and Kenya is to "improve the food security of the ill, disabled, elderly and destitute by providing food for humanitarian assistance to targeted institutions serving the most needy" (Ethiopian MYOP 1994-96). The goal of CRS' Other Child Feeding (OCF) assistance is to "support the efforts of humanitarian institutions in providing food, shelter and vocational education for the long-term betterment of non-privileged children" (MYOP 1995). While in this report

we will argue that defining some or even many of these beneficiaries as chronically-dependent 'welfare' populations needs to be changed, the beneficiaries whom we visited met these criteria of being vulnerable and in need of humanitarian assistance *for at least some period of time*

As we will explain in some detail throughout the report, CRS/Ethiopia and CRS/Kenya define their GR and OCF programs somewhat differently. In both cases, their categories cover, generally, who the beneficiaries are (e.g., children), their 'targeting-condition' (e.g., disabled, malnourished), and who serves them (e.g., institution, food distribution center)<sup>3</sup>. It is important to highlight that the most significant logistical distinction between Ethiopia and Kenya (and to some extent even within Kenya itself) is the duration of the GR/OCF allocations. In Ethiopia, all CRS GR/OCF programs receive annual Title II allotments, whereas in Kenya, most GR/OCF programs have been receiving occasional one- to three-month allocations. This inconsistency in the duration of the CRS/Title II allocation has led to a number of significant qualitative differences in terms of both the effectiveness and sustainability of the different country programs.

While some of these original targeting-conditions can be addressed by CRS counterpart institutions through the provision of Title II, medical attention, or education, these 'welfare' beneficiaries need broader developmental inputs to change their most common constraint, poverty. We will argue that 'welfare' programs such as the ones we visited clearly fit along the *relief to self-reliance* spectrum (Figure 1). Welfare programs that act as bridges for individuals to move from heavy reliance on food aid to increasing reliance on developmental inputs (e.g., being physically able to participate in such projects) and eventually to self-reliance are clearly on the spectrum.

Figure 1

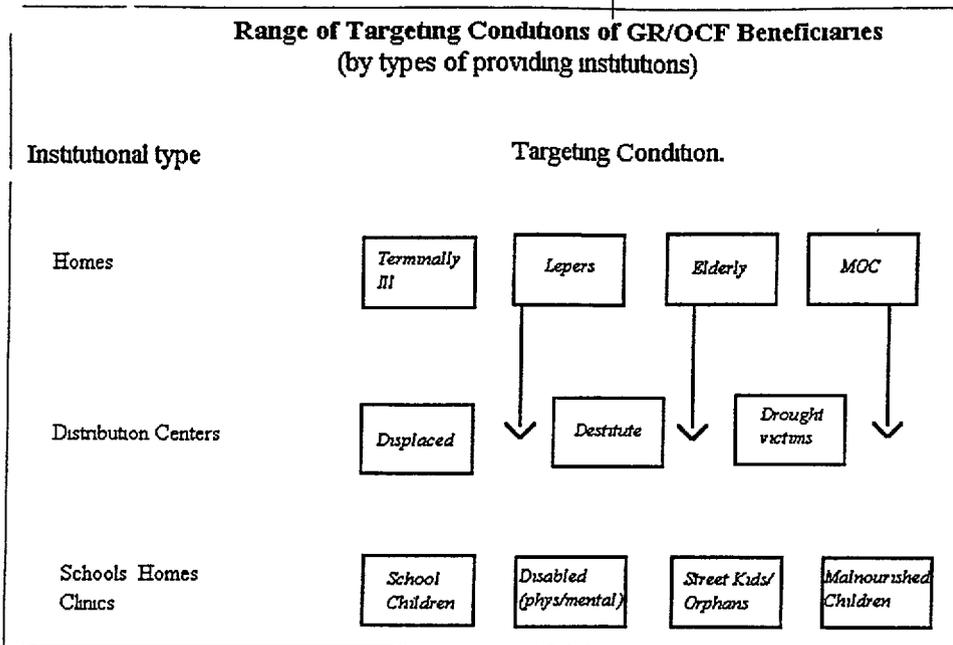


Through schools, homes, clinics and feeding distribution centers (some at clinic, others in orphanages, missions or old age homes), CRS 'Welfare' programs target the following array of beneficiaries (see Figure 2)

This figure is organized to reflect decreasingly chronic need, with the beneficiaries least likely to 'graduate' on the top row and those most likely to graduate on the

<sup>3</sup> GR/OCF programs are distinguished from other Title II programs. Also note, categories do not reflect new directions or changes proposed by the CRS country programs in 1996 DPPs

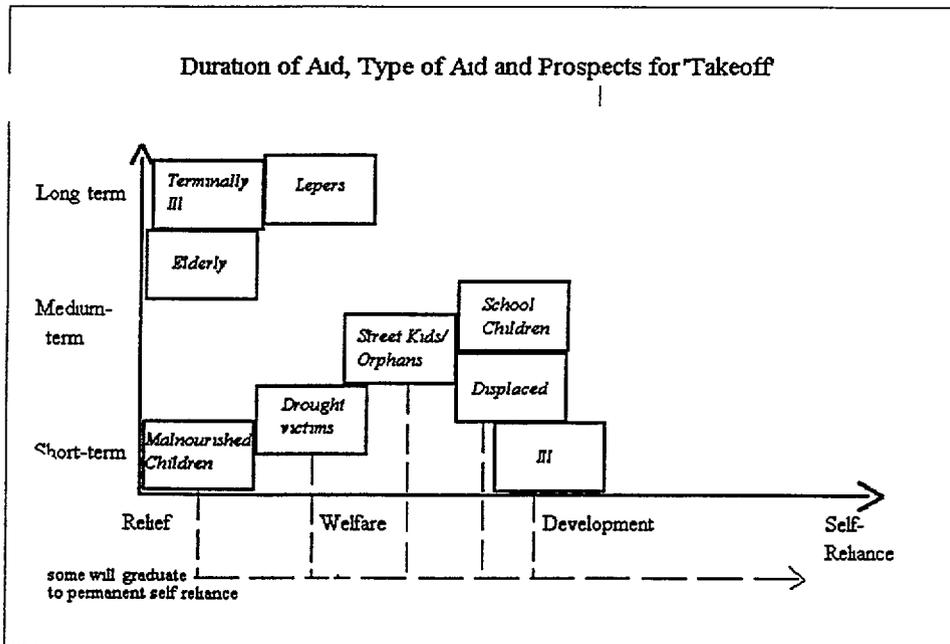
Figure 2



bottom (The arrows indicate that some of the lepers, elderly and MOC recipients are mobile and are able to come to the distribution centers themselves )

Throughout this document, we will show that there can be substantial differences in *capacity for self-reliance* within the universe of GR/OCF beneficiaries. Different types of beneficiaries rely on Title II (and other assistance provided by CRS-counterpart institutions) for varying lengths of time

Figure 3



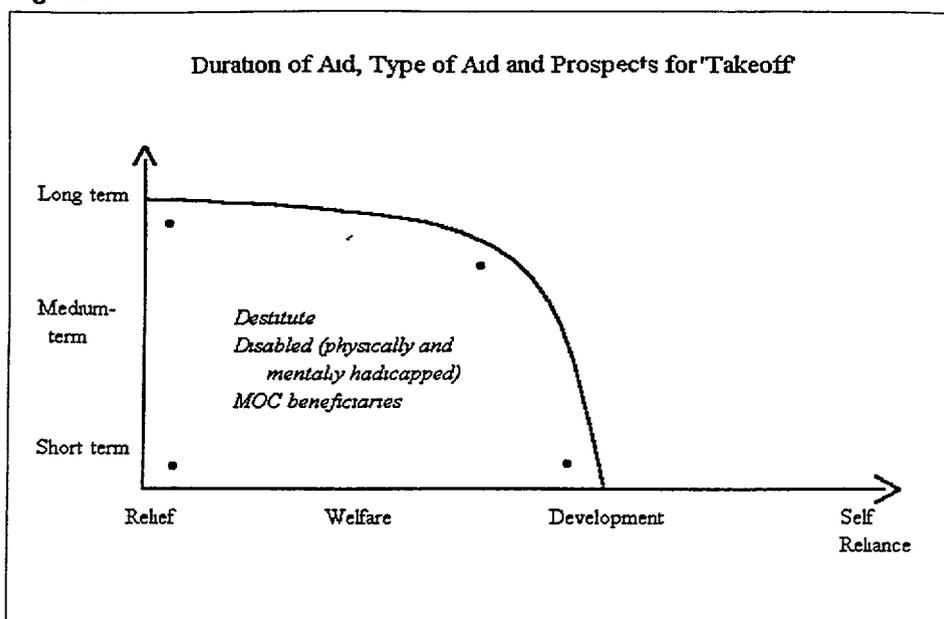
In Figure 3, we suggest that for example, while the elderly will rely on long-term assistance given their unlikely 'graduation' from GR institutions, malnourished children are likely, with an adequate nutritional intervention, to become independent from Title II relatively quickly. Given effective interventions, we suggest that drought victims, street

children/orphans, school children, the displaced and the ill will graduate from Title II in the short-to-medium term. For some of these, merely the food provision for weeks or months will be enough to free them from reliance on aid. Others will need additional interventions to change their original targeting-condition, such as surgery, education, loans, etc

But not all beneficiaries are easily located at an intersection of time and relief-- self-reliance. As we see in Figure 4, destitute, disabled and MOC beneficiaries could

be found anywhere under the arc (at the dots indicated, for instance) Some disabled, for example needed a simple intervention such as leg braces in order to walk away from the institution and reliance on Title II Others remain permanently disabled, their condition being so severe as to require permanent institutionalization and assistance

Figure 4



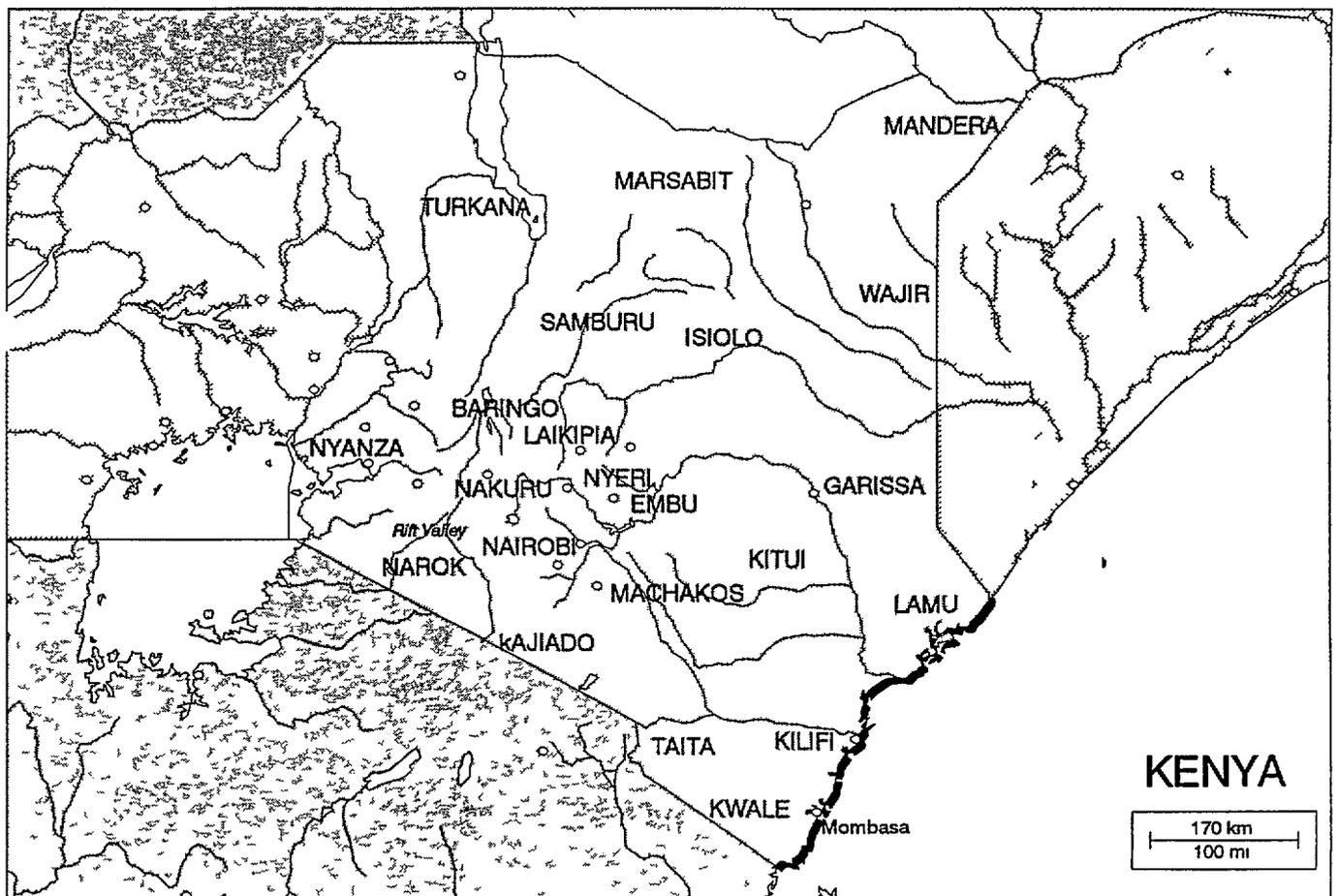
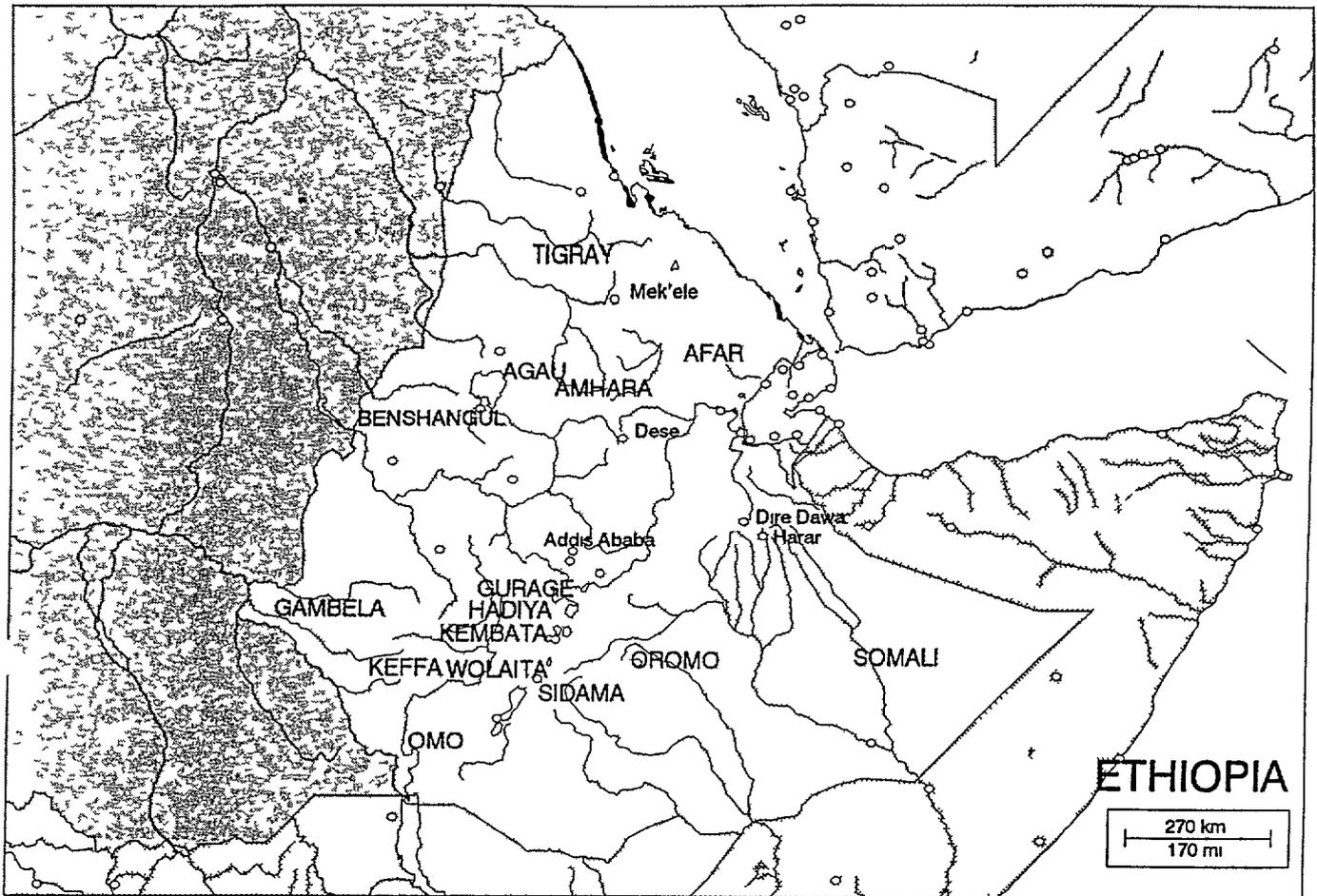
The majority of the institutions surveyed accurately targeted the poor, effectively delivered food and other resources/ services to them which enabled most beneficiaries to not only increase their food security but also their livelihood security

Before we turn to the remainder of the analysis which involves food security, the prospects for livelihood security and program links in terms of civil society, further context on food security norms and influences in East Africa may be helpful

## Regional Context

Seasonality both plays and does not play a role in the GR/OCF programs surveyed insofar as these populations are also dependent upon local food (grown or bought by the beneficiaries, grown within the institutions, bought by them or donated to them), seasonality is important. Ethiopia, for instance, relies on two rain seasons - short rains between February and April and main rains from June to September - and shortfalls may affect food security throughout the rest of the year. While the short rains, for example, provide 5% of national food production, differences across the country can be striking, the central and northern highlands receive between 20 and 30% of their total annual rainfall from the short rains, the east and southern lowlands of the country rely on these rains for nearly half of the annual rainfall (Webb et al 1992)

In Kenya, March to May rains determine the success of the main maize harvest which accounts for nearly 40% of Kenyans' caloric intake (Kennedy 1991). Given that maize is gathered over a five month time period across differing agro-ecological areas of the country, food crisis is unlikely to appear all at once throughout Kenya



Yet the highest levels of insecurity appear in the 2-3 months before the start of the rains and 1-2 months into the March to May rains when caloric needs of those working in fields increase yet food is least available (Ibid) Such seasonal variation may account for CRS/KY's fluctuating food allocations

Nonetheless, in the project areas we visited, there appears to be little seasonal impact on need, except for Ethiopia's arid, pastoral eastern Harar/ Dire Dawa area where people seemed to have recently been suffering from consistent rainfall shortfalls. However, in both countries, especially in Kenya, we saw evidence of the decline of pastoralism as a livelihood system. In the areas we visited there seemed to be ample evidence of chronic pastoral food insecurity (Nyeri and Laikipia Districts) and some seasonally transitory agricultural food insecurity (Makueni and Kitui Districts). Also, both among the Maasai of Kenya's Nyeri/ Laikipia regions and the Turkana of the Machakos/ Kitui regions, 'average' herd sizes seem to have shrunk to between five and 10 goats per family, which is far below the size needed to sustain a family of six as its only source of income. Some Maasai have resorted to collectively shepherding several families' goat herds together, which, while not uncommon in the past, has taken away both control and work from the men of each family.

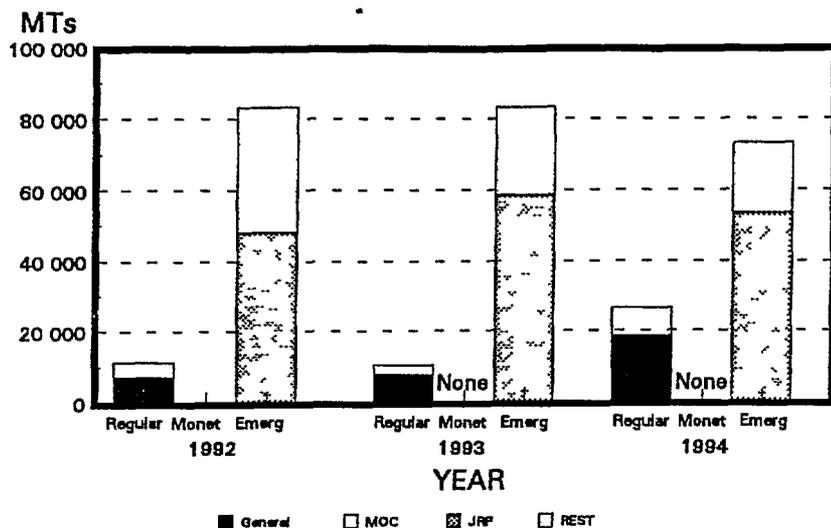
While all but one of the GR/OCF institutions depend on local food to supplement their beneficiary feeding, for the portion of food which they receive from abroad (CRS Title II, WFP etc) they are independent from local seasonal downturns. Thus the portion of food assistance (1/3 to 1/2) which the institutions receive from Title II can be seen as a buffer, ensuring that even in years of extreme shortfalls, they will be able to feed at least some portion of their beneficiaries at least some percentage of their nutritional need.

It is important to note that our visit during the start of this year's quite good rainy season may not have been the most representative time to assess seasonally-affected food security, due to the greenness throughout much of both countries, our assessment may well be biased in favor of food *security*. In most of Ethiopia and in several areas of Kenya which we visited, the rains this year were said to be above the ten-year average. But even in a 'good year' such as in Ethiopia in the latter half of 1994, with harvests appearing to be approaching the 1992/93 record of 7.5 million tons, "long-term problems of agricultural stagnation and the structural gap [between availability and needs] have not gone away. Even the most optimistic forecast of the 1994/5 *meher* and 1995 *belg* harvests implies a 1995 import requirement of nearly 3/4 of a million tons" (FEWS Ethiopia 1994: 1). Nonetheless, the types of programs to which CRS' Title II aid is being channeled is changing as well for both Ethiopia and Kenya.

Assuming seasonal conditions do not drastically change, indications from Ethiopia are that emergency aid is likely to decrease as the RRC focuses on more development-oriented assistance (e.g. FFW/CFW) than free food distributions which appear to have created dependency in some areas of southern and eastern Ethiopia.

Graphic 2

### Title II Tonnages by Year and Type Ethiopia



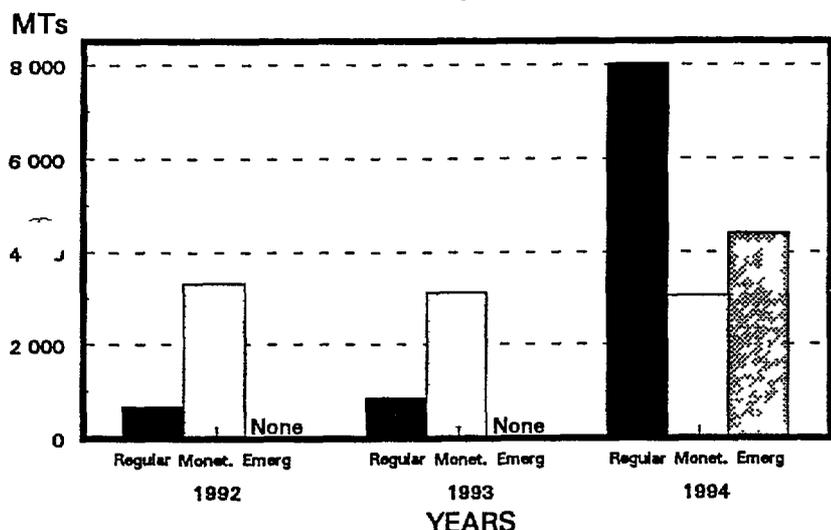
SOURCE: CRS AER 1995

in particular. Note that regular food aid doubled between 1992 and 1994 (Graphic 2). The RRC's role in national targeting has increased. Since 1994 it required NGOs to clear projects through them in order to decrease beneficiary dependency and to increase national oversight of project-placements and aid amounts per region.<sup>4</sup> CRS' effective targeting fits into decreasing dependency.

In Kenya the changes in programming between 1992 and 1994 are clear, total CRS Title II tripled between 1993 and 1994 due to widespread drought and civil unrest. 'Regular' food aid alone jumped from 1,000 mt to over 8,000 mt.

Graphic 3

### Title II Tonnages by Year and Type Kenya



SOURCE: CRS AER 1995

#### Calorie consumption/ration guidelines

While our survey included macro food aid issues, it concentrated on local, institution-level assistance. For this, a brief discussion of rations and caloric value is in order. While nutritional needs vary between urban and rural areas of both countries, as well as between genders and ages, there are some guidelines set by the FAO and WFP which influence food security measurements [given that the definition for food security is the provision of adequate food to live a healthy and active life].

<sup>4</sup> Some coordination of project placement is also done through the Joint Relief Partners (JRP), yet much of this coordination appears to be limited to religious-affiliated NGOs managing emergency assistance.

Urban programs differ from rural in that the needs and the self-reliance capability of potential beneficiaries can differ markedly from people living in rural areas. Urban food poverty differs in that people are more reliant on purchased food, with staple grains, oils, meat and sugar being 10-20% more expensive in urban areas and pulses, potatoes and milk being 50-70% more expensive (World Bank 1991: 52). Capital cities are also likely to be magnets for the food-insecure or those who are victims of ethnic clashes<sup>5</sup>. This affects CRS counterpart centers because virtually all of them are to some degree reliant on purchased or self-grown foods to supplement CRS's grains-pulses-oil.

The FAO estimates that current average food production in Ethiopia is on the order of 1,200 to 1,300 kilocalories (kcal) per day from grain, other foods produced such as vegetables, fruit, livestock contributing another 400 kcal/day (World Bank 1993). Even during the good year of 1989/90, IFPRI surveys there have found that the poorest income groups were eating less than 1,600 kcal/day (Webb, von Braun and Yohannes 1992). This 1,600 is nearly 30% below the recommended 2,100-2,300 kcal/day recommended by WFP and other agencies for 'average' productive adults. *CRS's Title II food supplement is, on average, equal to 1,650 kcal/day for Ethiopia's GR, 990 kcal/day for the Ethiopia's OCF.*

In Kenya, in 1987/88 the FAO estimated that local production could supply 1,801 kcal/day (World Bank 1991). While this is 200 kcal more than available in Ethiopia, it is still only 130 kcal above the FAO 'critical limit' of 1,669 kcal/day. *CRS's GR food aid provides 980 kcal/day for Kenyan beneficiaries.* We would argue that as one of the conditions of receiving assistance was severe poverty, the GR/OCF beneficiaries we visited were all below this average limit before receiving the Title II. Further, while the Title II allocation is exceedingly valuable, it is important to note that it still only provides a *supplemental* ration which, with the exception of Ethiopia's GR allocation, is far below the FAO's 'critical limit'.

We argue that nearly all of the GR/OCF beneficiaries are not having their basic food needs met, even to be able to predict secure access to available food in the immediate-term without Title II. There are many causes for such vulnerability, some of which appear to be increasing. The Ethiopians and Kenyans we visited are vulnerable due to drought, flood, birth defects and political changes which have fueled both civil unrest and lost jobs (e.g. dismissal of soldiers). While some of these causes can be seen as transitory, the most widespread challenge facing these populations is simply grinding poverty. Few of the recipients of the Title II food are likely to even reach the 1992 (average) GNP per capita of their countrymen, which is \$110 in Ethiopia and \$310 in Kenya (UNICEF 1995: 66). UNICEF estimates that

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<sup>5</sup> To contextualize urban prices, in Ethiopia, women working at Gemini Trust's (linseed and sesame) income-generation project make an average of 4.30 birr/day (equivalent to \$ 72), which may be the family's only income if the husband is a casual laborer. This would roughly translate to around 1,000 birr/year of \$170, well above the average of \$110. A medium loaf of bread costs around 2 birr, one *injera* around 75 birr, and a kilogram of meat around 14 birr.

Ethiopians, on average, consume only 73% of their daily caloric need (the lowest in Africa) while Kenyans still only consume 89% of their needs (Ibid) Another complicating factor for general welfare-related food security and economic growth is the increase of AIDS in both countries According to the 1995 DPP, AIDS appears to have orphaned at least 150,000 Kenyan children, some of whom are HIV + themselves The Missionaries of Charity in both countries have provided a haven for such children, and in some cases, their dying parents The effects of such chronically needy beneficiaries, as well as the growing number of street children and internally-displaced populations due to civil unrest will challenge 'welfare' programs in years to come

## II. COUNTRY STUDY: ETHIOPIA

### Civil Society Context

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Although it appears that Ethiopia has no democratic traditions *per se*, and that the Mengistu regime had undermined many of the bases necessary for democratic civil society, the country has a significant philanthropic sector made up of organizations that address the suffering of the socially and economically disadvantaged, as well as those facing man-made or natural disasters. The role of these institutions is increasingly more pivotal as the new government policies focus more on macro economic issues and political stability rather than on the poorest of the poor.

The sector as a whole consists primarily of organizations that foster philanthropic initiatives and encourage Ethiopians to help improve the welfare of those less fortunate. The recent political climate has seen the emergence of organizations that advocate for the rights and welfare of the poor and marginalized, and even to some extent seek to influence public policy.

It is the philanthropic thread that we focus on in our GR/OCF survey. In order to assess the role of philanthropy, and the role of Title II provided by philanthropic sources in particular, we first turn to the country summary which includes an overview of Ethiopia (and then Kenya) as a country, then as a country program, and then to specific case-study illustrations of institutions we visited.

### Economic/Food Security Background

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Ethiopia's population is estimated at between 52 and 55 million (World Bank 1993, FEWS 1994). Nearly 7 million live in urban areas, half of whom are desperately poor, living below the poverty line (World Bank 1993).<sup>6</sup> A 1992 IFPRI study supports food security initiatives in particular among the urban poor (Webb, von Braun and Yohannes). Rural poverty has been even more difficult to estimate, but according to a recent study, 50% of all Ethiopians are chronically poor which means between 25 and 35 million people.

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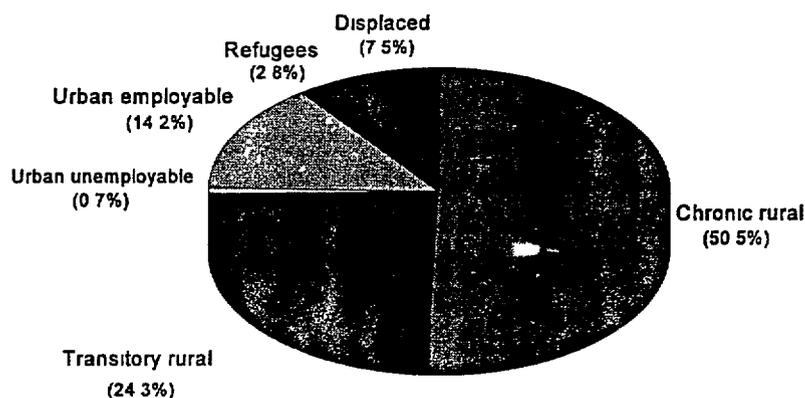
<sup>6</sup> In mid-1992, the urban poverty line was estimated at 244 birr/month for a family of five. At a five birr exchange rate this was equal to \$48. This would enable a family to buy "enough food to provide an average of 2,100 calories per day per person, rent, transport, soap, but not much else" (World Bank 1993: iv).

## Targeting

Given the extent of the poverty outlined above, targeting is both easy and difficult to do. The World Bank (1993) has categorized the following groups as *chronically* food insecure: *rural resource-poor, rural resettlers, urban poor and urban unemployable*. The following are *transitorily* food insecure: *rural pastoralists in drought-prone areas, rural populations affected by the civil war (e.g. displaced, returnees, ex-soldiers), rural refugees and urban-dwellers vulnerable to policy reforms*. A Debebe/ Maxwell study (1994) concurs - 75% of all food insecure live in rural areas, a quarter of whom are periodically poor (transitory rural), while the remainder are permanently poor. Urban food insecure account for between 15% and 25%, depending on whether refugees and displaced have come to cities.

Graphic 4

### Food Insecurity in Ethiopia 1992 by category



Source: Debebe and Maxwell 1992 (in IDS Bulletin #4 1994)

Given nearly 3% population growth rates and GDP growth rates of between 5 and 6%, this situation of extensive, even chronic poverty is unlikely to dramatically improve in the immediate-term. Surveys indicate that as many as 7 to 10% of *children under five* are moderately to severely wasted (<80% weight-for-height) and another 40 to 60% are below both 80% weight-for-height and height-for-age standards (World Bank 1993).

Virtually all of the above categories of vulnerable have been targeted within the CRS programs we visited, yet we would add that many of the GR/OCF beneficiaries carry an added burden -- that of their disability (otherwise called their *targeting-condition*, e.g. physical handicap, parentless, ill, aged, etc).

## Title II Food Aid

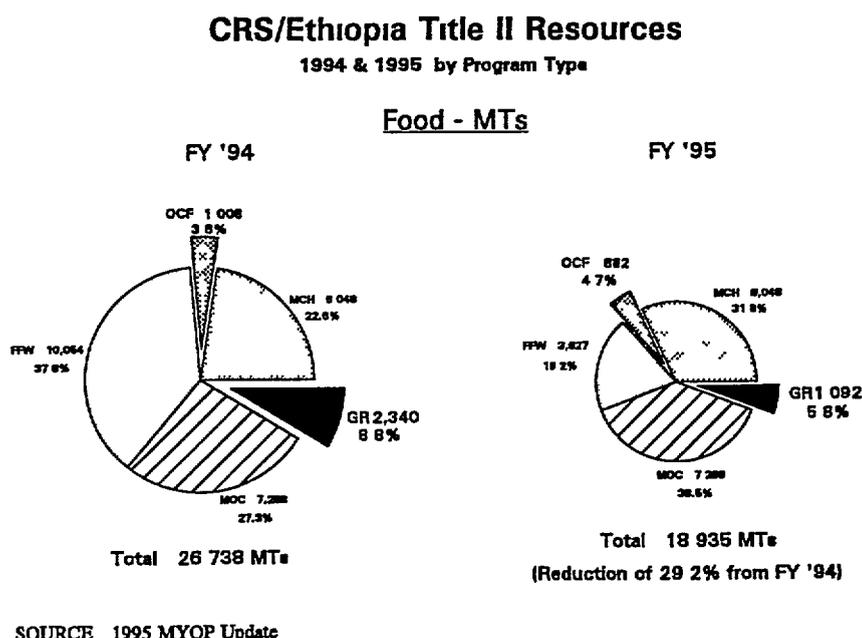
Food aid has been called upon to fill the gap between production and consumption for those vulnerable to food insecurity. According to WFP, the US government was Ethiopia's largest food donor in 1994. Solely in terms of Title II, the US gave Ethiopia nearly twice the food aid (439,000 mt) than all the remaining eight donors combined (EEC 246,000, WFP 63,000 ) (WFP 1995) <sup>7</sup> It is also estimated that from 1984 to 1991 the US government provided nearly a billion dollars of aid as humanitarian assistance (USAID Congressional Presentation, FY 1996)

In spite of WFP/FAO efforts, standard rations vary. RRC recommendations were for 15 kg of cereals and 600 gr of oil per capita/ month (about 1,700 kcal/day), but their ability to deliver aid in 1988 was limited to 180 kg total, which was "in itself insufficient to sustain a family of six for more than 60 days" (Webb, von Braun and Yohannes 1992: 106). Thus other foreign assistance fills the gap.

## CRS/ET -- Scope of Programs

Title II plays a large part in the country program. It provides roughly 45% of all program resources for five programs: Maternal Child Health (MCH), Other Child Feeding (OCF), Food for Work (FFW), Cash for Work (CFW), and Welfare/Missionaries of Charity (MOC).

Graphic 5



<sup>7</sup> Part of the WFP allocation is multilateral US aid

It is particularly important to note that between 1994 and 1995, overall Title II-sourced programs have shrunk by nearly 30%, with GR + OCF slightly decreasing, from 12.6% of the total to 10.5% (apparently due to reallocation of shrinking resources rather than program reprioritization)

### **Program overlap**

While CRS appears to be focusing efforts in four regions (Oromia, Addis, Southern, Dire Dawa), there has been little if any purposive cross-programming of the GR/OCF, MCH, FFW/CFW, MOC (not to mention emergency or non-food) projects. Unlike in Kenya, there appears to be little systematic incorporation of beneficiary families into several programs in order to systematically buttress their food and livelihood security.<sup>8</sup> According to the FY 1995 planned regular food break-down by region, Oromia is to receive 5,707 mt (equal to 30% of the total), Addis 3,275 (17% of total), Southern 2,710 mt (14% of total), Dire Dawa 2,454 (13% of total). These four areas of concentration account for 74% of total regular food aid programmed.

However, according to CRS/Ethiopia's new Strategic Program Plan, the overarching program goal in the future will be household food security. Therefore, CRS/ET will focus on integrating all program activities toward achieving this goal. This should help CRS/ET, then, to cross-program their resources better.

## **General Relief and Other Child Feeding**

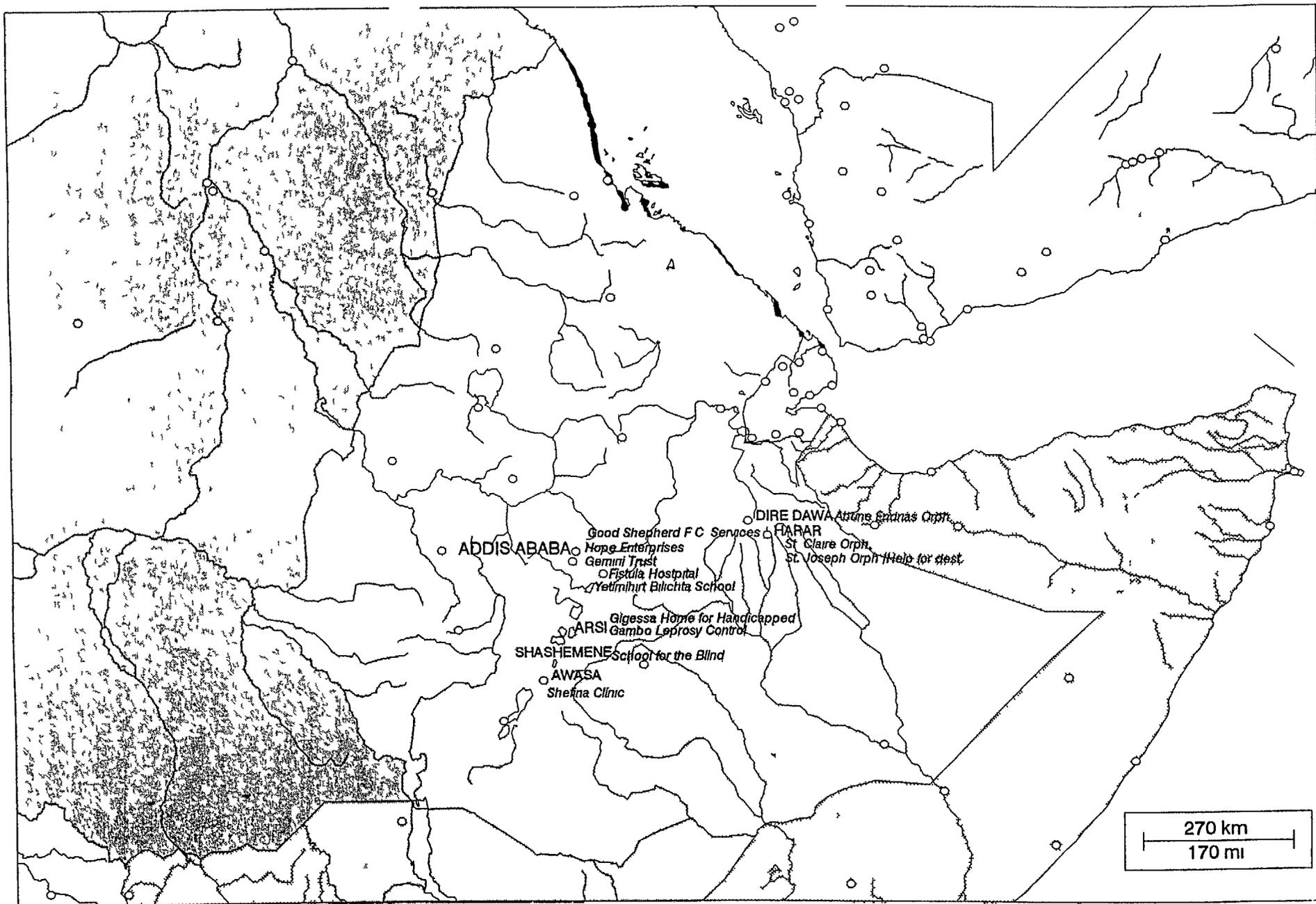
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### **Present scope**

In Ethiopia, the General Relief program served urban and rural poor who are disabled, elderly, lepers, and/or other destitute individuals. It is separate from its Missionaries of Charity programs. Through its Other Child Feeding program, CRS/Ethiopia contributes to the efforts of "humanitarian institutions" that provide food, shelter and vocational instruction for the "long-term betterment of non-privileged children" (MYOP 1994-96, 17). The OCF program serves children who are physically and mentally disabled, ill, orphaned or from chronically poor families.

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<sup>8</sup> In Machakos District Kenya, by plan or chance, we found mothers whose infants benefitted from the MCH programs were also members of women's work groups which warranted inclusion on FFW teams. While such a dual provision of services may not be palatable to some in the development field, food security and livelihood research makes a strong case for more varied and comprehensive assistance to the poorest, akin to a jump-start mechanism for viability in the face of many competing pressures on scarce assets (Frankenberger 1995, and Adams, Cekan and Sauerborn forthcoming).



**CRS/ETHIOPIA**

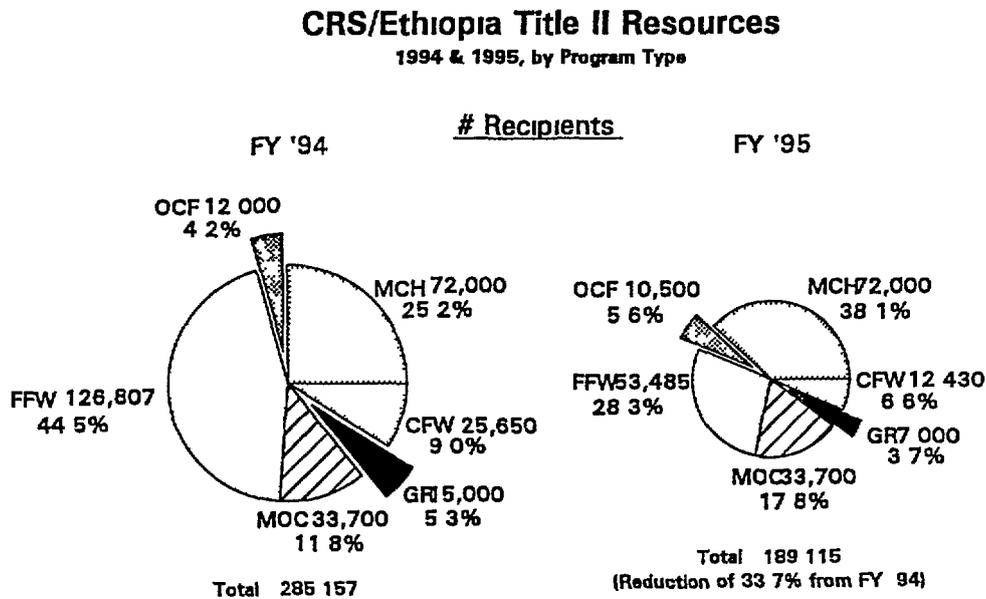
*Location of GR/OCF  
Centers Surveyed*

16

## Program Management

Most institutions in these programs have been assisted since 1984, and it appears that the GR/OCF programs were first drastically cut only in 1993. Given that Ethiopia has weeded-out 1,500 beneficiaries from the OCF program due to a comprehensive OCF assessment by CRS/Ethiopia staff in 1992, we feel quite confident that the GR/OCF institutions which remain do not overstate their beneficiaries (or do so far less severely), as was the case with seven which were cut.

Graphic 6



SOURCE: 1995 MYOP Update

The CRS/ET assessment led to the creation of a list of institutional selection criteria which, while it focuses on the administration and delivery of the aid, is quite comprehensive. The institution must provide proper storage for food supplies, a system for accountability, monthly reports of stocks received/distributed and numbers of people fed. The institution must also target the poorest, be responsible for the commodities/guarantee distribution without discrimination, and permit site visits.

In 1994, Ethiopia's 'Other' Welfare program, General Relief, served 15,000 beneficiaries. Administratively, while the entire Welfare program also encompasses the Missionaries of Charity (MOC), the MOC is particularly targeted at the urban poor and chronically disabled, destitute, ill and is outside of the scope of this

assessment<sup>9</sup> While the GR program served 15,000 in 1994, the targeting and delivery abilities of its 25 constituent institutions was reassessed (see Graphic 7), in 1995 the program was streamlined to focus on 20 institutions serving the neediest 7,000 beneficiaries through 1,092 mt of food While rations are available for this number of beneficiaries, the GR/ OCF program head, Mr Wondimu Mariam is in the process of assessing what beneficiaries warrant receiving the 2,400 rations yet to be allocated for 1995 It is not a question of need but of assessing institutions' accurate targeting and delivery In terms of GR, 4,600 beneficiaries were being assisted as of April 1995, with 90% of the total program being split between Oromia region with 2,400 beneficiaries (53%) and Addis with 1,700 beneficiaries (37%) Today, the largest number of OCF beneficiaries that any one organization supports is 2,000<sup>10</sup>

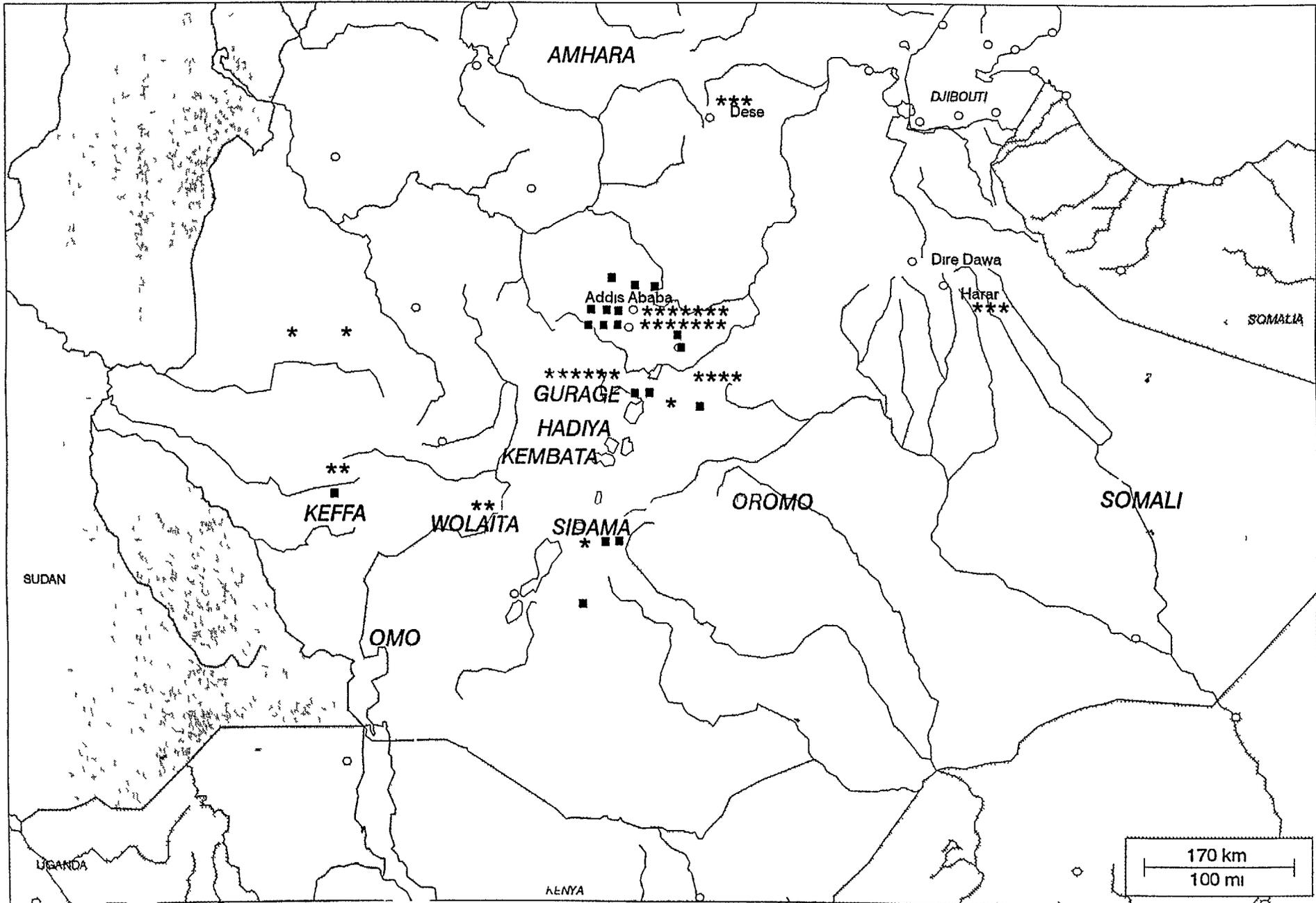
[For clarity and consistency for the remainder of this document, what CRS/Ethiopia calls their 'Welfare' program, CRS/Kenya calls their 'General Relief' program General Relief provides a "supplementary food ration to socially disadvantaged, through institutions caring for the disabled, aged, orphans, the sick" (Kenya Title II Operational Plan, FY 1995) As we are assessing both Relief and Other Child Feeding programs under the heading of a *Welfare Survey*, henceforth Ethiopia's assistance to such adults will be *termed* as Kenya - General Relief (GR) ]

The Ethiopian OCF program was reassessed in 1993, confirming that the program served orphans, lepers, aged, handicapped, and the poor, but with limited impact Institutions were found to not always sufficiently target the distributions properly, giving it out to the community at large (MYOP 1994-96 2) Given the large numbers of needy children (orphans as a result of drought and civil war, or being abandoned after unwanted pregnancies or disabilities), CRS/ET decided to limit the OCF program to needy children, shifting the feeding of the remainder of the needy to the Welfare program, providing food, shelter and education to underprivileged children through 39 institutions In 1994, the OCF program served 12,000 needy children by providing supplementary food through institutions This number was further decreased to 10,500 children in 1995 after further assessment of participating institutions In 1995, the OCF program cares for 9,456 beneficiaries by providing 882 mt to three main regions -- Oromia, Southern and Addis making up 90% of the beneficiaries aided and Addis alone accounting for over half (56% of the beneficiaries)

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<sup>9</sup> Ethiopia has nine MOC centers in Tigray, Oromia, Somali, Gambella regions and in Addis Abeba itself In 1994, the MOC served 33,700 beneficiaries, 3/4 of the total of 48,700 for GR, OCF, MOC combined

<sup>10</sup> Gemini Trust provides excellent services by targeting twins/triplets and their mothers through social worker home visits, *kebele* (local administrative council) recommendations, and then providing them with nutritional and medical access and advice, as well as some income-generation opportunities The founder was so acclaimed for this program that she was hired by USAID/Ethiopia



## Delivery

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The 1993 Ethiopian OCF ration was found to be "a very small fraction of the food needs of the participating institutions" and was increased from 4 to 7 kg/month "in order to better meet the needs of the children served at participating institutions and therefore achieve more program impact" (MYOP 1994-1996 12) This consisted of 4 kg of wheat, 2 kg of CSB and 1 kg of oil, meant to provide approximately 40% of the caloric intake and micronutrient needs of the children (Ibid) The Ethiopian GR monthly ration is almost double this, at 13 kg/person (10 kg of wheat, 2 kg CSB and 1 kg of oil) (MYOP 1994-96 16) This was set in consultation with five welfare agencies and the MOC (see discussion of kcal/ration in the regional context section above)

## Survey Assessment Choices

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In Ethiopia, the choice of regions visited was a joint effort between Wondimu Mariam (CRS/ET) and the Survey Team. The objectives were to retain the mix between GR and OCF, between urban and rural and to visit at least one food insecure region with GR/OCF-linked institutions. While the program head Wondimu Mariam chose the institutions in Addis Abeba and in the southern Shashemene area, we decided to add the Harar region to the schedule, because of accessibility by airplane, our tight scheduling and because of known regional food insecurity -- "due to a widespread cessation of useful rains in mid-September in some areas of North Wello and Oromya as well as in East Hararghe there would still appear to be cause for immediate concern" (FAO December 1994) <sup>11</sup>

we visited six of the 39 OCF programs and seven of the 25 GR programs. The fact that we relied on CRS/Ethiopia to choose which programs to survey (rather than visiting according to random sampling) may have skewed our visits and impressions toward the 'best' centers. Yet we also saw both very effective and sustainable and quite ineffective and unsustainable programs. For instance, Yetimihirt Bilicha School, one of the least "sustainable" programs in terms of the narrowness of its donor base, was chosen by the program head as was one of the best (Good Shepherd Family Care). We describe these programs in the case study section which follows.

After Shashemene, we flew to Hararghe Province where we visited projects in Dire Dawa and Harar. The Hararghe region can be characterized as agro-pastoral and people seem to rely on a mix of the two production systems to diversify their risk. It is largely an Oromo area, with many households owning small flocks of sheep, goats as well as some cattle. Many farmers of the area rely on *chat* as a cash crop.

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<sup>11</sup> See this publication for regional food insecurity assessments

(as do some in the Shashemene area), which has in recent years proved to be more lucrative than growing other grains *Chat* was originally grown to make up for fluctuations in cereal crop yields and sales but, as its leaves are mild stimulants, they are not only consumed locally for their appetite-cutting qualities, but are also a large export to Somalia <sup>12</sup>

In Ethiopia we visited 12 centers and noted their beneficiaries' targeting-condition and the breadth of aid which these CRS implementing partners provided

Centers visited in Ethiopia Targeting-condition and Assistance Type  
(Effective targeting and breadth of assistance)

Institution	Targeting Cond	Aid
<b>Schools</b>		
Yetemihirt Bilichta School	children, poverty	food
<b>Homes</b>		
Hope Enterprises	orphans	food, shelter, training
School for the Blind	blindness, poverty	food, shelter, education, training
Jigessa Home for the Handicapped	disability, poverty	food, shelter, rehabilitation
Abune Endrias Orphanage	orphans	food, shelter
St Claire's Orphanage	orphans	food, shelter, education, some training
St Joseph's Orphanage and School	orphans	food, shelter, education
<i>St Joseph's Destitute</i> (same org as orphanage/school)	<i>poverty, elderly</i>	<i>food</i>
<b>Clinics</b>		
Fistula Hospital and Clinic	illness, poverty	food, shelter, treatment, some training
<i>Shefina Clinic</i>	<i>illness</i>	<i>food, treatment</i>
<i>Gambo Leprosy Control Clinic</i>	<i>leprosy, poverty, children</i>	<i>food, treatment</i>
Gemini Trust	malnourished twins/triplets and their mothers	food, medical, treatment, some training
<b>Other</b> (multiple services)		
Good Shepherd Family Care Services	children of the poorest slum inhabitants	food, extensive training and credit, some treatment

(Note *Italicized centers are solely distribution points*)

In the next section we describe seven surveyed institutions in terms of their ability to target beneficiaries, their history and *primary institutional goal* (their main

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<sup>12</sup> While according to an IFPRI study households in Sidamo Province during a famine year noted *chat* as the fourth most common item consumed, most households would still purchase grains over *chat* (Webb, von Braun, Yohannes 1992)

intervention aimed at changing the targeting-condition/ vulnerability of the beneficiaries who receive Title II), the resources they have to meet these goals, the *secondary enabling factor* (the additional resources they channel to selected beneficiaries aimed at further increasing their viability) and, recommendations. The following case studies illustrate the best and worst case scenarios of GR/OCF programs.

## Ethiopia Case Studies

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### Level I<sup>13</sup>

#### **St Joseph's Orphanage and Home for the Destitute—**

Harar Ethiopia, met Maltese Sister in charge on 12 April 1995

#### *Targeting-condition overview*

An aged Maltese Sister and her two younger Sisters run this orphanage, school and distribution center for the destitute. Out of a total of 800 students at the school, there are 105 boarders (55 boys and 50 girls), most of whom are orphans, 30 of whom are destitute children being taught at the school. All the boarders but none of the other 800 days students are fed through an OCF allocation. All the boarders are selected on the basis of poverty, but as we found elsewhere with orphanages, some have other relatives with whom they stay during holidays. St Joseph's uses networks between local and international philanthropy as an effective referral and targeting system. Some of the children are recommended to St Joseph's by a Save the Children SOS Village down the road in Harar. The Sisters also distribute GR dry rations to poor families every two weeks under a 'St Joseph's Home for the Destitute' Title II allocation.

#### *History and Primary Intervention*

This Orphanage has received CRS assistance since 1986 and the Sister in charge has been here for 30 years. The GR allocation for dry ration distributions began in 1994 when 50 families were served. Due to the disturbances in the country, this number has been doubled because as the Sister said, "they come to us crying, dying of hunger. We also visit them. Many refugees are coming to us, asking for food." The Sisters use the bulger wheat, CSB and oil for cooking for the orphanage and distribute some oil to 100 of the poorest families for whom this is a scarce and costly commodity.

#### *Resources -- Financial and Technical*

The Sister estimates that the CRS food is between 1/3 and 1/2 of the total food needs of the children. Each month the Sister buys six 'quintals' of 'teff' (grain) for

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<sup>13</sup> 'Levels' refer to a ranking which we explain in the survey analysis (Section IV), and are based on the institutions' effectiveness and sustainability in terms of food and livelihood security, as well as institutional sustainability and beneficiary graduation. Reference is made to these case studies again in that section.

the children and for the 13 staff who teach or work at the orphanage and school. The Sister also buys bread, onions, beri-beri, some pasta, onions, other vegetables, and occasionally some meat for a balanced diet. As with many of the Centers, self-reliance is usually an important source rounding out the overall food budget. The Orphanage has a large garden in the back which provides them with most of the vegetables they need, but the Sisters pay two local men as gardeners. St Joseph's School is on a fee-basis, but we were unable to ascertain how much each paying student was charged or how many of the nearly 700 non-orphans were paying the full fee. There also appear to be another 100 children of the 700 non-orphans who are boarders, of whom 70 pay an average of 100 birr/month (\$17).

We have seen many examples of Centers making the most of their philanthropic sources. Here, as in many of the centers, the containers are sold to the beneficiaries for anywhere from one to two birr (\$ 25 to 50) and the money is used by the institution. The beneficiaries use the containers for uses as diverse as water cans, shopping bags, roofing and bedding. While they consistently rely on international philanthropy in the form of religious donations from its Maltese superiors, St Joseph's has received and continues to receive help from CRDA. This umbrella organization just paid 9,500 birr (\$1,600) for an electric water pump, as the Sister's handpump broke and the well was too deep. It also used to give food, blankets, soap and plates (some of which she used to distribute to the poor at Christmas), but no longer. This is due in part to the import tax recently imposed by the new government which effectively bars used-clothing and other charitable in-kind imports (even medicines). Here, government action has considerably undermined important sources of international philanthropy. Still, international organizations continue to help (or have helped) St Joseph's, more often now in terms of cash -- these INGOs include Childhood Vatican, and Needy Children (an American NGO which donated money for the poorest children, the Sister bought 700 pairs of shoes [unlikely as that may sound]).

#### *Secondary enabling factor*

Again, self-reliance is the important element. The head Sister tries to find some family (mutual aid), regardless how distant, with whom to place orphans after the age of 15. On a case-by-case basis, this Sister also takes care of some of the orphan's financial costs once they leave St Joseph's. For instance, she has helped four siblings, all orphans, to rent and set up a home for them (she pays 90 birr = \$15), and has employed two of them for one year as a driver and a typist for the School. She is also paying for mechanics training for the boy (acting as driver) as he will become the younger children's main breadwinner. She uses her nurse's training when needed as well. While such efforts are laudatory, it is unsystematic and all of the financial resources come out of her household (religious) salary.

#### *Conclusions*

This orphanage has some problems keeping rations consistent, they used a three month ration in half that time. The distribution to the destitute was also being increasingly done on the basis of fear. That is to say, the Sister felt overwhelmed

by the number of insistent and demanding poor who crowded her gates, it appears that she felt intimidated to give away food to as many as appeared, ignoring ration quantities and the 100 beneficiary allotment

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## Level II

### **Abune Endrias Orphanage**

Dire Dawa Ethiopia, met Sister in charge on 11 April 1995

#### *Targeting-condition overview*

While about 130 children are allotted Title II as boarders as orphans (65 aged 0-5, 37 aged 5 and above), the Sister in charge said that 167 beneficiaries get fed, another 37 or so have some relatives but are too destitute, the Sister 'knows them' and these children are said to have been referred to the orphanage for free education by the Ministry of Education. This type of government-philanthropy collaboration is rare, however, the local government system, the Kebele, is widely used by the philanthropic sector as a means of targeting and referral. All children receive three meals a day, and the 37 who do not board also receive a small dry ration to take home (25 kg grain/month and one liter of oil per family)

#### History and Primary Intervention

This institution has received CRS food aid since 1982. The Sister in charge has been there for 30 years. Abune Endrias is located next to the Catholic Secretariat. The children boarding are given shelter, food and free education up to the 8th grade. The Orphanage has, over the last three years in particular, also distributed dry rations to between 30 and 60 destitute women. These women are destitute and displaced from the famine areas of Assab and Wello, having lost husbands in the war. It is not only unclear whether they are the mothers of the 37 non-orphaned children who receive education, but it is also unclear whether they solely come to the Orphanage for dry rations or whether the Sisters house them as well.

#### *Resources -- Financial and Technical*

CRS is the only NGO from whom the Orphanage receives help. In the past, used to get some help such as clothes or food from Save the Children and from CRDA, but in recent years their donations have stopped. Their budget is provided through the Bishop (who relies on CRS, CARITAS, and local philanthropy of the Christian community), with which they buy 'teff', sorghum, vegetables and occasional meat for the children. While the Sisters educate both girls and boys, the girls are able to board at the school for longer. Remembering that in both Ethiopia and Kenya we found that age does not necessarily correlate with school grade, many children begin school later than age six, are forced to stop their schooling for some time due to family constraints, etc., some even boarding while attending a nearby secondary school. The Sisters are only able to keep boy boarders until the age of 14. After that age, the boys 'are sent home' [a perplexing term if they are orphans] and return here for their schooling and feeding. While some of the graduates appear to

have attained quite high posts as government officials in Addis Abeba, the Sisters have not approached them for assistance. Most graduates, however, have remained in the Dire Dawa region and many are poor.

*Secondary enabling factor*

The Sisters sometimes pay the secondary school fees of particularly bright students. Yet this remains the minority of graduating children. The Sister in charge cited the lack of vocational training as a large problem, particularly for boys. At Abune Endrias, they do not have the resources (staff, financial) to teach children any other skills other than one Sister who is able to sew.

*Conclusions*

As with St. Joseph's Orphanage and the Kibagare Good News Center (Kenya), the Sister in charge has problems allocating proper ration amounts. As with the other two centers, this Sister is quite aged and unwilling to turn away those in need. Also, not only do ration amounts but dry ration distribution beneficiaries appear to vary greatly throughout the year. This Sister says that based on need, the three month ration lasts one to two months. This was particularly true in 1993 when drought-stricken rural people flocked into Dire Dawa. Due to the 37 dry children being fed and being sent small dry rations home, the Sister said she has to decrease the amount of food available to the orphans in order to stretch the supply.

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**Gambo Leprosy Control Clinic** (other services,  
Arsi Ethiopia, met Capucin Fathers and Sisters on 8 April 1995)

*Targeting-condition overview*

Gambo Leprosy Control Clinic feeds 261 children (155 between 0 and 5 years and 106 over five years) and about 50 patients in the leprosy ward. Most of the children are offspring of lepers living around the clinic, and may or may not manifest symptoms of leprosy themselves.

*History and Primary Intervention*

Started as a clinic in the 1920s, Gambo has expanded to encompass two villages of lepers on either side of the clinic (around 50 families each), a nursery school, and an outpatient clinic for non-lepers, particularly focusing on antenatal care and malnourished children. Only one of the two leprosy villages is officially acknowledged -- one formed in a narrow strip of land between the mission and the adjacent forestry department site.

*Resources -- Financial and Technical*

There are five doctors on staff who see 2,000 outpatients, between 200 and 300 TB patients and around 150 patients admitted to the hospital for longer stays. Due to governmental restrictions on imports, they no longer can accept free medical supply donations from Italy as the tariffs are prohibitively high. Thus they are changing their appeal to their religious sponsors into requests for funding in order to

purchase medicines in Ethiopia instead. The clinic has a 47 hectare farm (equivalent to 117 acres) which provides the bulk of its food resources beyond the CRS allocation. Perhaps because lepers are a severely ostracized group in general, the institution has developed significant capacity for self-reliance. Sadly, in 1994 beyond providing foodstuffs for the clinic and mission, the local sale of the 60 mt of wheat and teff produced was not sufficient to cover the costs of the tractor spare parts and other costs associated with this farm. Thus, for the last two years that the father has been stationed at Gambo, the farm has been running a deficit.

Financially, Gambo relies on a 42,000 birr (\$7,000) operating subsidy for the hospital ward. They also receive a subsidy from the government through workers being paid by the Ministry of Health and being seconded to the Clinic. The rest of the monies come from private donations from their religious orders in Italy. They use their own funds to purchase not only medicines and pay overhead costs but to purchase salt, sugar and other foodstuffs unavailable from CRS or its own farm. The food is given as both dry rations and wet rations to the recipients, with the Sisters bringing the food to the homes of the sickest lepers themselves. The farm supports some of the cost of employing 150 workers, most of whom are lepers.

#### *Secondary enabling factor*

In addition to the array of services available through the mission, e.g. nursery school yet on a fee-per-student basis, the fathers also provide some of the lepers with paid work opportunities as guards or gardeners on the farm. There is also a 'Women's Promotion Center' at the mission, through which the Sisters teach sewing, knitting and other classes. Finally, the simple presence of lepers on the clinic grounds is likely to decrease the level of fear of contagion on the part of the people living in the area and using the clinic for their routine medical needs.

#### *Conclusions*

Find funding for a grain mill to be operated by the lepers as an income source for both the clinic and the individual lepers affiliated with it-- it was suggested by a collection of leaders of both villages as potentially their most viable income-generation source. They have identified a German source for the mill in Addis Abeba. The mill would also require some land, but the Father in charge believes that as soon as a source for the mill is assured, the government (through its Forestry department) would cede land to this cooperative venture. The priest believes that not only is the grain mill a viable economic option, that there is need for it in the surrounding rural community, and that it would provide the beneficiaries with a steady source of income.

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#### **Fistula Hospital**

Addis Abeba Ethiopia, met Dr. Steven Arrowsmith on 5 April 1995

#### *Targeting-condition overview*

Fistula Hospital serves 200 women disabled by the gynecological condition of

"fistula", often a complication of untreated, obstructed labor, the problem manifests as a hole in the uterus, rectum, bladder as a result of the labor which often results in the death of the baby. There are strong indications that the problem is a result of female circumcision (clitoridectomies), it is estimated that 92% of women are circumcised in Ethiopia.

#### *History and Primary Intervention*

The hospital was founded in 1975 by a husband and wife medical team, the Hamlins, and it is one of two in all of Africa treating this problem<sup>14</sup>. Their patients come to this hospital from all over Ethiopia. Some patients have arrived from as far away as Sudan and Somalia. Often traveling several days, the vast majority have been divorced and have become outcasts as a result of their inability to give (problem-free) birth. The Center routinely keeps track of past patients and has found that after one or more operations which corrects the condition, many of the women have returned to and have been fully accepted by their families and have gone on to deliver normal babies. The corrective operation has a 90% surgical success rate if treated early. Fistula also provides disease prevention through teaching these patients how to decrease malnutrition among their children (present and future).

#### *Resources - Financial and Technical*

Fistula Hospitals does around 1,000 operations per year and provides its patients with free care from an annual budget of 170,000 birr (just under \$30,000), most of which comes from private philanthropy. Patient care consists of surgery, medicines, and a three week hospital stay. Presently there are two doctors on staff, one of whom is the British founder, and the other is an American surgeon (funded by the Christian missionaries, the Society of International Missions (SIM)). There are also three nurses and two administrators on the payroll while two Ethiopian gynecologists are seconded to the hospital by Ethiopia's Ministry of Health. Philanthropy of the Center often translates into increased self-reliance for the institution, for the rest of the clinical staff, 21 women, are former patients who did not or could not return home and instead care for the patients as nurses aides, cleaners, cooks.

The Center relies significantly on international philanthropy. CRS Title II food provides 100% of donated food, the Center purchases the remainder of food fed to patients (e.g. other ingredients for 'injera', vegetables, fruit, milk). The NGO CONCERN has donated 1,000 blankets, CRDA and LWR have donated used clothing, WVRD has donated money, and the hospital has received donations from Swedish Save the Children as well as from private groups in England and Holland created as direct supporters of the hospital. In some cases when the patient needs to wait for surgery until a bed becomes available, Fistula Hospital gives those waiting a few birr to find lodging nearby and feeds them one meal. This is because the vast majority of their patients have been abandoned by their families and are destitute by the time they reach Addis.

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<sup>14</sup> The other fistula hospital in Africa is located in Nigeria.

*Secondary enabling factor*

Hospital volunteers such as the wife (also a medical doctor) of Dr Arrowsmith have begun giving literacy training and knitting lessons to illiterate rehabilitating patients who are interested

*Conclusions*

The scope of impact and the need for the services of Fistula is great Since Fistula already takes down patient information and is able to find former patients for follow-up, long-term patient impact tracking assessments may be possible Further, as most are destitute and some are receiving literacy training, some of these patients appear to be candidates for credit schemes

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Level III

**Gemini Trust**—[see Appendix D]

Addis Abeba Ethiopia, met Director on 10 April 1995

*Conclusions*

This Center provides exemplary services to children, some of whom are under 60% weight-for-height when they arrive with their mothers Providing Title II means not only giving a direct nutritional transfer but given the nutritional training, economic self-empowerment (via income generation opportunities and reciprocal assistance), and collective fundraising (e g 'ekub', informal savings clubs among the women) Gemini has effectively balanced its reliance on international philanthropy with its own self reliance

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**Hope Enterprises**- [see Appendix E]

Addis Abeba Ethiopia, met Asst Director on 5 April 1995

*Conclusions*

Hope is an excellent center insofar as comprehensiveness and the provision of secondary enabling factors to all of their orphans They provide shelter, schooling, jobs-training and income-generation activities as well as 'bridge-loans' to orphans after they leave Hope and strive to establish themselves independently in Addis The difficulty is that Hope appears to be 'phasing out' of orphans as beneficiaries and moving into street children as beneficiaries, especially no longer accepting boarders in the compound and becoming day-school/training center for beneficiaries They appear to be a well-funded organization, particularly from foreign donors (e g Swedish friends)

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**School for the Blind (Shashemene)**

Shashemene Ethiopia, met Sister in charge on 7 April 1995

### *Targeting-condition overview*

This is a School for the Blind, CRS Title II food provides for up to 150 children boarders at the primary school, 122 children aged five and above are presently at the School. The Head Sister and her nursing staff make 'injera' and porridge from the food aid. According to the nurse on staff, up to three-quarters of these children could have kept their sight as their blindness is a result of measles, bad hygiene (untreated boils becoming infected from flies) and malnutrition (many children come from famine areas). Some of the children are brought to the school by relatives, some are recommended from Mission Stations, and some are picked up as beggars.

### *History and Primary Intervention*

The center is one of only seven or eight in Ethiopia and has been supported by CRS since 1986. Its goal is "to settle graduates for life", making them independent and self-sufficient. They provide full care for their boarders, from food, shelter and clothing to education, medicine and even loans in some cases. The highlight is training children Braille on special typewriters. The constraint is that while this teaches all of the children to read and write in Braille, such materials for the Blind are not only difficult to get, even the typewriters are costly (and with the new import tariffs on donations, prohibitively expensive). Ninety percent of the blind have at least some relatives to whom they return during holidays (the Sister is unable to take in more than 10% of the children who are orphans) but as they arrive at the school from all over Ethiopia, visitors are rare. As almost all of the children come from afar.

The School has its own large and well-maintained vegetable garden (with which their blind children help) but also must purchase food, e.g. meat, vegetables, teff, using some of their financial donations to provide a balanced diet. While they receive no private donations from the local community, the land on which the school stands was donated by the government, the buildings were constructed with the help of Misereor. The government, via the RRC, will take care of any eye operations needed by the children.

### *Secondary enabling factor*

The Sister has helped many children once they have left the school. Secondary school costs 1,000 birr per year and she is supporting several of the seventy five ex-residents who have been able to continue with school. The School pays the school fees while the families are responsible for paying for their accommodations and other costs. The Sister, who is Indian, draws on her own funding sources to support these children as well as six others in vocational training centers and two of the ten others who have been accepted at University.

The Sister supports such students based on family financial need and their available resources. Not only does the School send blindness prevention teams out to five stations around a radius of 25 km (in cooperation with a Ministry health officer), it is also part of a pan-Ethiopian National Association for the Blind, and is thus linked with a broader system of advocacy. The national association sponsors workshops

for planning for the rehabilitation of the blind and focuses on school programming and job skills training, and public awareness

*Conclusions*

This Center is clearly very well run, there is a need for its services, the Sister has tried to diversify not only the donor base but also the support given to the children once they have left the school and its specialized nurturing environment

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**Good Shepherd Family Services-** [see Appendix C]-  
Addis Abeba Ethiopia, met Mr Mulegata on 14 April 1995

*Conclusions*

This Center is extraordinary insofar as the breadth of self-resourcing, the extent of services provided to the 300 participating families (children and their mothers, mainly), and the scope of donor support, both domestically and internationally. While we feel the institution Good Shepherd is near 'graduation' from food aid insofar as these particular 300 women and children are concerned, this does not mean to say that the thousands of others living in the same slum, Korean Village, deserve to potentially be bereft of the services if they are endangered by a cutting off of Title II

### III. COUNTRY STUDY: KENYA

#### Civil Society Context

Kenya has a large philanthropic sector, focusing for the most part on development activities at the grassroots level. As the effects of structural adjustment policies and political and ethnic tensions control the Kenyan government's attention, the mix of local and international philanthropy continues to provide for the growing numbers of impoverished and disenfranchised, making the local philanthropic sector critical to Kenya's efforts to democratize as well as its ability to respond to food and disaster assistance needs.

#### Economic and Food Security Background

Kenya, a country of between 26 and 28 million people, of which 80% rely on agriculture for their livelihood<sup>15</sup>. Kenyan agriculture accounts for 28% of the country's GDP and in 1994 was able to meet a large percentage (85.7%) of its food requirements. Except for occasional seasonally-associated food insecurity (such as the 1993-4 drought which left Kenya 1.4m metric tons deficit (OP 1994:5)), those more often prone to food insecurity are the landless, pastoralists and the urban poor (DPP 1995:2).

The World Bank has estimated that more than 20% of rural households, more than 3 million people, do not have enough income to afford a minimally-adequate diet to meet their nutritional needs (World Bank 1991). In the same study, the Bank also estimated that while the average rural family spent a relatively low 40% of net income on food, food consumption was around 64% of total consumption, half of which had to be purchased (1991:46). 'Average' families are able to produce 1800 kcal which is far below the goal of the Kenyan government- a per capital target of 2,557 kcal (Ibid). Moreover, indications are that domestic production is falling<sup>16</sup>. Given estimates that feeding an average family would, in 1982 cost Ksh 3,167/year (at \$1 = Ksh 24), around 30% of Kenya's rural population (or 3 million people in 1990) could not afford to feed themselves (World Bank 1991, 49).

According to WFP (September 1994), "traditionally, Kenya has been viewed as a food surplus country subject to periodic food shortages due to drought. However [there is] evidence of a structural food deficit" (8). Given WFP's role in food

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<sup>15</sup> The World Bank (1991) estimates that the Kenyan population has doubled in ten years, from 16.1 million in 1979 to over 24 million in 1990.

<sup>16</sup> Calories contributed by food aid have risen from 4% in 1975/77 to 11% in 1991 (World Bank 1991).

security monitoring, it is important to note that the areas in which it intervened in 1994 overlap with districts regions visited for this survey including Laikipia and Kitui, Machakos, and Makueni (WFP 1995) As GR assists institutions in some of these worst-hit regions, at least some of the programs can be inferred to have helped the least food secure, particularly in Nairobi where the need of around two million living in slums appears vast

Seasonality affects producers mainly through the presence or absence of rainfall The 1993-4 drought is thought to have affected 700,000 people, particularly in the Eastern, Northeastern and Rift Valley areas (FAO-WFP Assessment Special Alert #239 1993) Maize production, which supplies Kenyans with around 40% of both total calories and protein is subject to considerable fluctuations, being particularly sensitive to erratic rainfall The 1994 drought led to an increase of Title II food aid requested for 1995 under the FFW and GR categories and even this figure is likely to need as increase given the dried out cornfields we saw throughout the Central, Nyanza and northern Machakos Districts in April In addition to difficulties imposed by seasonality, an estimated 250,000 have been forced from their homes due to politically-induced ethnic clashes (DPP 1995 2)

Food insecurity appears to be regional The Western part of the country appears to be most food insecure, with Nyanza and Western Provinces containing about 60% of those living in food poverty Half of the stunted children are in seven Districts Kilifi, Kisii, Kakamega, Machakos, South Nyanza, Nakuru, and Siaya with the largest numbers were in Nyanza where 1 5 children under five died It is notable that one third of childhood deaths in Kenya have undernutrition as a contributing factor (World Bank 1991)

## Food Aid

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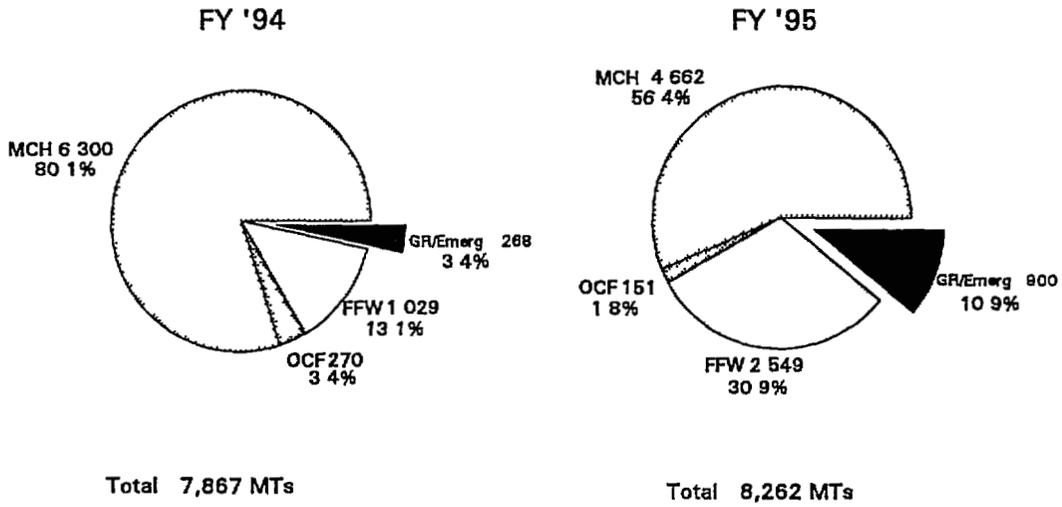
As we see in Graphic 8, while MCH took the lion's share of Title II in both FY 1994 and 1995, due to the deteriorating ecological and political situation, GR/Emergency more than tripled in 1995 to 10 9% of all food aid (900 mt)

Nationally, oversight regarding food interventions, famine early warning and even development project placement appears weaker than in Ethiopia While Kenya's Office of the President is said to channel the largest amount of food aid (the three largest sources of food relief being the Food Relief Department of the Office of the President, the MCH program administered by CRS, and activities of WFP, according to the World Bank, 1991), it proved impossible to get an overview of NGOs' locations throughout Kenya from government ministries contacted While this may or may not be an indicator of the level of informed decision-makers present in the government, anecdotal evidence suggests that the RRC in Ethiopia plays a greater role in food relief programming than its Kenyan counterpart

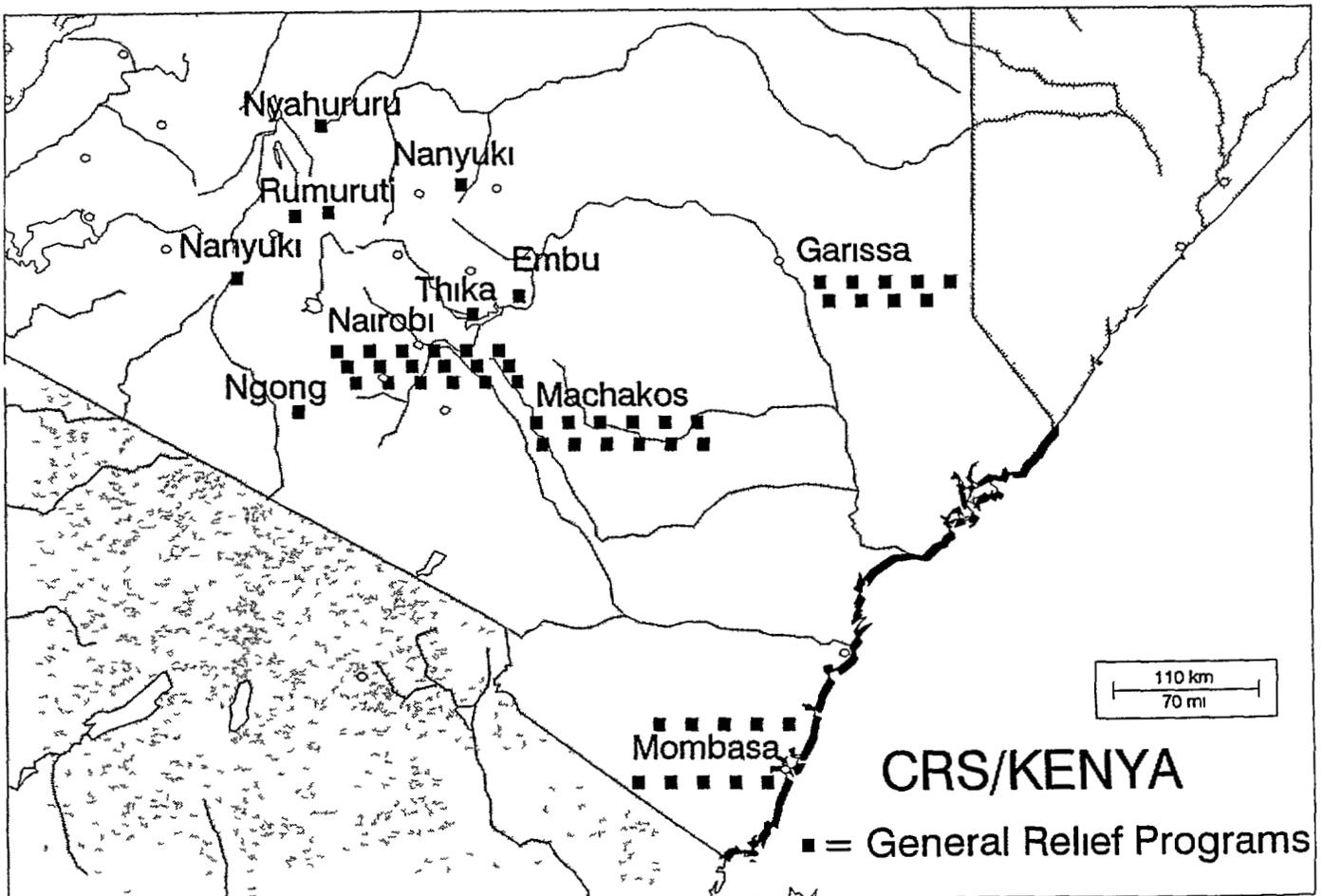
### CRS/Kenya Title II Resources

1994 & 1995 by Program Type

#### Food - MTs



SOURCE 1994 AER, 1995 DPP



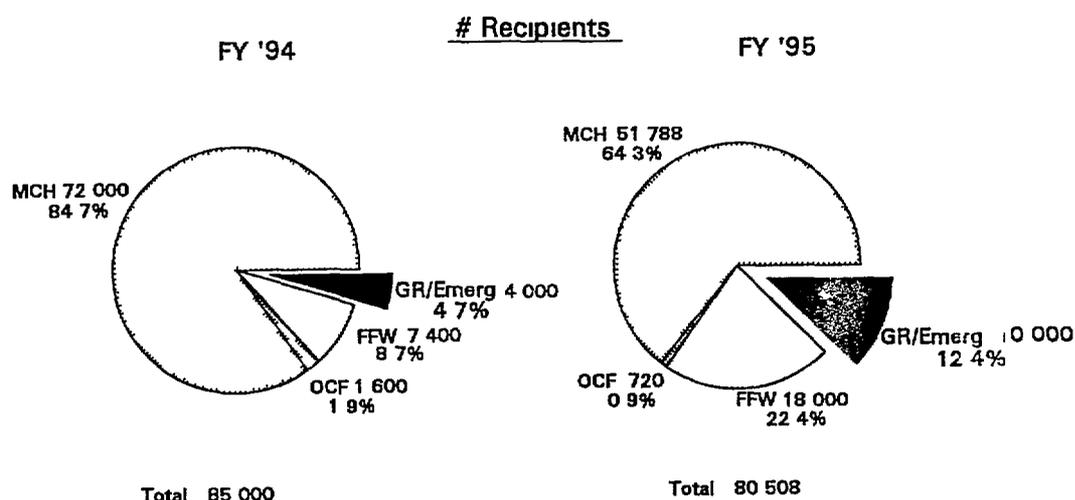
## General Relief and Other Child Feeding

Kenya's GR monthly ration was revised upward in 1994/5, from 6 kg/person to 7.5 kg/person consisting of cereals, pulses and oil (200 gr bulger wheat, 30 gr lentils and 20 gr oil per day). In spite of this increase, this is half of WHO's recommended minimum daily intake of 14.7 kg (OP 1994 14). Nonetheless, in **Graphic 9** we see that in 1995 10,000 people were sustained through GR/Emergency rations, and indications are that this will increase again in 1996 due to highly erratic rainfall and unresolved (perhaps increasing) political discord.

Graphic 8

### CRS/Kenya Title II Resources

1994 & 1995 by Program Type



SOURCE: 1994 AER, 1995 DPP

In Kenya, General Relief has been categorized together with Emergency programming, and is intended to cover those food insecure individuals who do not benefit from other CRS food projects (e.g., FFW, MCH, and Family Life Training Centers). Specifically, the Title II commodities allocated under GR/E target some 4,000 victims of natural or man-made disasters (e.g., drought, fire, ethnic clashes, floods, etc.), as well as those residing in or receiving assistance from social welfare institutions. These institutions primarily serve individuals whose food security has been threatened by the nature of their vulnerability/targeting-condition, i.e., the physically and mentally disabled, orphans, the aged, and the ill.

On the other hand, the Other Child Feeding category has been distributed through a system of Family Life Training Centers (which, despite the difference in age category, appear very similar to MCH programming). The FLTC runs a three-week wet feeding of 720 malnourished children and their siblings below age 10. The FLTC ration is identical to that distributed in the MCH center as a wet ration and is rounded out by non-Title II food. Parents of admitted FLTC children receive, as do

participants in MCH, education designed to address the causes of malnutrition  
Topics covered by the FLTCs include child care, food security and management of limited resources

## **Program Management**

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Kenya's program was substantially revised in 1994, there were changes both in the food source and type, and in the recipient regions/Dioceses. But changes need to be contextualized by the fact that Kenya's program stopped long-term food aid for welfare and OCF programs at end of 1986 which necessitated shutting down its entire GR and OCF programs. After 1986, requests from OCF and GR institutions were supported for only up to three months, upon counterpart request and CRS/KE approval. 1994 was the first year since 1988 that CRS/Kenya directly distributed Title II food commodities as monetization and purchase under a swap agreement of locally produced foods proved no longer feasible. These are some of the reasons behind the somewhat haphazard nature of Kenya's Title II GR allocations, allocations which are replenished only according to requests, in the context of the severity of competing need and food availability.

Administratively, the changes have been quite comprehensive for both programs, especially due to CRS/KE having had accounting problems with some counterparts in 1993.<sup>17</sup> Until then, CRS/KE had directly supported centers as we found in Ethiopia. From 1993 onward the country program was routed through an additional administrative level, that of the Dioceses, making them accountable both administratively and financially for the performance of the Counterparts under their purview. Within the GR/OCF programs, this necessitated reviewing all counterpart relationships and incorporating Diocesan Coordinators as a new level of aid-managers for these institutions.<sup>18</sup> While this has helped, the channeling of assistance through these coordinators remains an emerging process.

This year CRS/KE is reviewing Nairobi Diocese to see its performance administratively, focusing on how well it manages its constituent institutions.<sup>19</sup> Nineteen Catholic Dioceses cross Kenya's 7 provinces. Based on an in-depth

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<sup>17</sup> Accountability problems (such as corruption, mismanagement) surfaced, especially in MCH programs

<sup>18</sup> This is still causing some difficulties, with non-church organizations having to sign management contracts with the Coordinators, some assistance has been delayed in the Nairobi Diocese, but it appears to be moving forward soon

<sup>19</sup> There are also possible problems of the lack of longevity of Diocesan Coordinators in Kenya, as most have been in place only two years (Ethiopia's GR and OCF does not have a level of Coordinators), the May accountability workshop is certain to help in facilitating their meeting, sharing common concerns, problem-solving techniques and to create future networking among them

counterpart review and geographical targeting, in 1993 CRS/KE targeted 12 Dioceses. In 1994, CRS/KE reduced this to 11 Dioceses based on need, expected impact, counterpart structures and capacity, past relationship between the counterpart and CRS and existence of alternate donor funding in the same geographic area (OP 1994 2). Also, the program has a new country director who is in the process of streamlining CRS/KE.

There has been some amount of confusion in Kenya's GR program due in part to joint programming of Emergency and GR resources as well as beneficiaries from programs as separate as MCH (Garissa). Further, for all intent and purposes, in 1994, Kenya did not have an OCF component except FLTC (see above). The program has been restructured for 1996 onward (see 1996 DPP).

There were several difficulties with giving one to three months of assistance, in terms of Title II impact, in terms of institutional planning and in terms of this assessment. By giving between one and three months of assistance per center in 1994, 13,486 beneficiaries received at least some GR Title II. While over the 12-month period from April 1994 to March 1995 twenty-five centers received aid, only seven of these received aid for more than one quarter. Eighteen centers only received between one-month and three-months of Title II food aid. While this clearly helped them more than being left off as they were serving similar, often the same, kinds of beneficiaries as was the Ethiopian program, we suggest most of these institutions warrant ongoing, annual assistance.

Another difficulty remains in the record-keeping, the circumstances which compelled the program director to split up the assistance between as many centers/beneficiaries as possible also led to quarterly record keeping by only the number of beneficiaries per center, the total number of beneficiaries fed and the 'average' number aided per quarter<sup>20</sup>. While the problems could be reasonably quickly corrected, better computer expertise is likely to be needed to generate more meaningful tracking information.

The sound decision was made by the new CRS/KE Country Director to split the GR/Emergency program into two, separating allocations for 4,000 victims of natural or man-made disasters (e.g. drought, fire, tribal clashes, floods etc) from 6,000 beneficiaries under the care of social welfare institutions (1995 DPP).

## **Targeting**

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While the amount of food granted over time may not be the best measure of need or even of purposive targeting, the erratic nature of Kenyan GR allocations made

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<sup>20</sup> This is the allocation of beneficiaries per month, which in fact does give an indication of the total amount the center received.

any assessment of effective targeting difficult, except by proxy indicators

Regarding targeting particularly food insecure areas, WFP allocated emergency food aid to several of the ones we visited (particularly Nyeri, Laikipia, Machakos (Makueni) and Nairobi. In terms of regional placement, of the seven institutions which received more than three months worth of aid from April 1994-March 1995, little pattern emerges, except for a stronger distribution of aid in the Nyeri/Laikipia, Machakos regions and in Nairobi than elsewhere in Kenya. Neither does there appear to be (as in Ethiopia) any marked pattern in terms of institutional type (schools, homes, clinics, distribution centers) three were parishes/missions, one was an old people's home, one was an orphanage, one was a food distribution clinic, and one was a resettlement for internally displaced

According to the March 1995 DPP, Kenya's Welfare program is aimed at reaching a modest number of poor adults who are unable to care for themselves, i.e. the aged, the handicapped. The program has proposed an OCF component which supports institutions which "provide a livelihood and/or make it possible for needy children (street children, orphans, and the destitute) to receive a basic education and/or rehabilitation - who would otherwise not receive such [this] increases the chances of these children becoming productive members of Kenyan society" OCF and GR are being reassessed under the aegis of the new country director, and plans have been made to focus on socially-disadvantaged children living in institutions, including street children and AIDS-related orphans and we concur with such targeting

## **Delivery**

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There is some inconsistency regarding the periodicity of end-users' checking up on centers. For instance, due to the occasional nature of Kenya's GR/Emergency program to date, checking up on delivery and distribution of food aid has been haphazard at best, both in terms of administratively checking up on the paperwork and on checking warehouses of recipient institutions. This has been mitigated by the fact that almost all of the counterpart institutions have received aid before and at some time or another have been visited by either Peter Kimeu, head of GR/Emergency for many years, or by monitors sent by him or the Diocesan Coordinator in charge (set up since 1993)

But as a result of the erratic nature of receiving only 1-3 months of assistance at a time, counterpart institutions have provided for their needs the remainder of the months when CRS' GR/Emergency allocations are sent elsewhere (see case studies). Nonetheless, with inflation at around 15%, and prices made even less predictable due to sharp seasonal price fluctuations, institutional food security planning can be precarious at best, especially in urban areas where counterparts are more highly dependent on purchased food

## Survey Assessment Choices

Due to Kenya's type of GR program, there was no 'set' universe of counterpart institutions to visit, only those which had recently received or were they receiving assistance

Due to time constraints, distances and available counterparts to visit, we focused on the first three Dioceses for our survey We also tried to visit a mix of schools, homes and feeding centers in both urban and rural areas

Machakos -- the wide array of institutions, small homes, drought-related needs

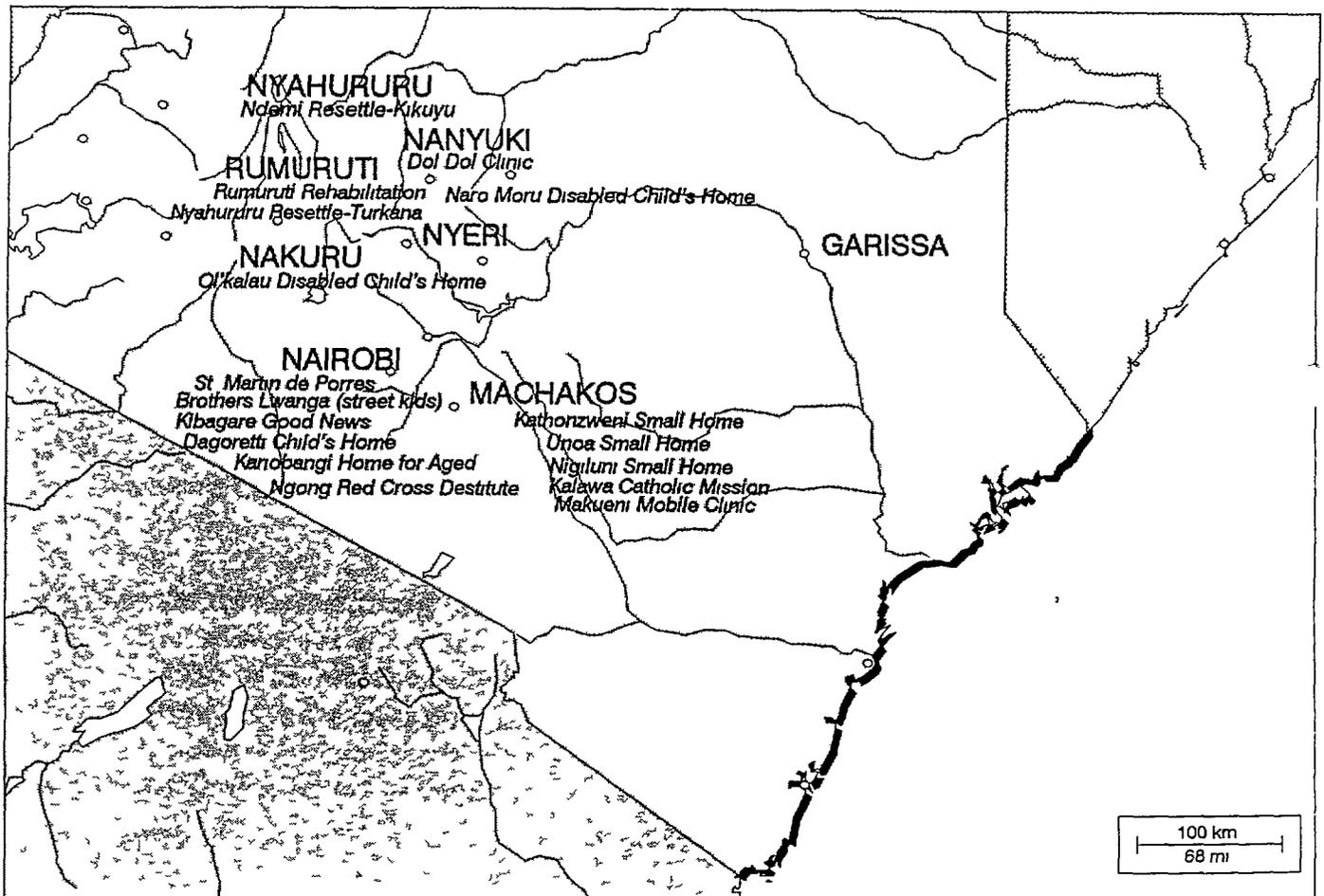
Nyeri -- drought, ethnic clash victims, and institutional variety

Nairobi -- variety of institutions (old, schools, street kids)

Bungoma -- ethnic clash victims and floods

Mombasa -- drought and flood related need

CRS/Kenya Locations of GR centers surveyed



Also, while *de facto* OCF-type beneficiaries emerged from the GR-only program (namely the Children's Homes, Small Homes, Kibagare Orphans and Line Saba/Martin de Pores street children), we tried to visit both types of beneficiaries. The only 'random sampling' occurred during a confusion of scheduling between the program head and the diocesan head in Nairobi -- this enabled us to visit three programs (Ruai, Martin de Pores, MOC) not otherwise scheduled.

As in Ethiopia, we visited an array of centers, but in Kenya there were more dry ration distribution sites. In the 17 GR/OCF institutions visited, we noted the beneficiaries' targeting-condition and the breadth of aid provided by the CRS counterpart.

Centers visited in Kenya Targeting-condition and Assistance Type  
(Effective targeting and breadth of assistance)

Institution	Targeting Cond	Aid
<b>Schools</b>		
St. Martin de Porres	poorest children of slum	food, education and additional nutritional training of students' mothers
<b>Homes</b>		
Oi'Kalui Disabled Children's Home	disabled, poverty	food, shelter, rehabilitation
Naro Moru Disabled Children's	disabled, poverty	food, shelter, rehabilitation and some training
Kathonzweni Small Home	disabled	food, education
Unoa Small Home	disabled	food, education
Nigiluni Small Home	disabled	food, education
Brothers of St. Charles Lwanga Ruai Street Children	street children	food, shelter, education, some training
Kibagare Good News Center	orphans	food, shelter, education
Dagoretti Children's Home	disabled, poverty	food, shelter, rehabilitation, some training
Kariobangi Home for the Aged	elderly, poverty	food, shelter
<b>Other (mainly distribution sites of dry rations)</b>		
<i>Dol Dol Clinic*</i>	poverty, drought	food
<i>Makueni Mobile*</i>	poverty, malnourished children, elderly	food
<i>Rumuruti Rehabilitation</i>	poverty, drought, elderly, displaced, malnourished children, single mothers	food
<i>Nyahururu Resettlement -Turkana</i>	drought displaced	food
<i>Ndemi Resettlement- Kikuyu</i>	ethnic clash victims	food (and shelter via Diocese)
<i>Kalawa Catholic Mission</i>	poverty, drought	food
<i>Ngong Red Cross Destitute*</i>	poverty, malnourished children, elderly	food

\* primarily clinics, but used as food distribution points  
(Note *Italicized centers are solely distribution points*)

## Kenya Case Studies

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The preponderance of centers chosen for illustrative purposes are Level I, mainly food (dry ration) distribution centers, which corresponds to the 'Emergency' character of GR programming to date

### Level I

#### **Kibagare Good News Center**

Nairobi Kenya, met Sister Martin on 26 April 1995

#### *Targeting-condition*

This center abuts a slum and all of its beneficiaries are from there. The Title II-approved beneficiaries are 860 orphans, mostly boarders at the Center, which is also two schools. Most potential boarders are interviewed by a social worker and/or staff member, and if they come from homes (as many students, even some 'orphans' do), their mothers are interviewed in their homes themselves<sup>21</sup>. Some of the 'orphans' were simply abandoned by parents who could no longer support them. This is often the case with stunted, weak children (either from straight malnutrition or as a result of having AIDS), the Sisters feel it their mission to take them in.

#### *History and Primary Intervention*

This is a huge complex (in terms of services rather than property) adjacent to a relatively new Nairobi slum which houses an estimated 40,000. Kibagare's staff feed 860 orphans, operate both primary and secondary schools (1900 and 215 children, respectively), provide shelter for 35 aged and destitute, and operate both a walk-in dispensary for between 120-150 people/week and a feeding center for between 800 and 1300 slum children (the latter figure when school is open). The Sister assured us that the 70 youngest orphans, aged 1-10 years always receive the full CRS OCF ration. While the remainder of the children's food ration may be lower quality, it is supplemented by food gathered from other donors. The Sisters can only house the boys until the age of 15, and try to sponsor as many as possible in their secondary or external vocational schools. When we asked the Sister to prioritize programs, she argued that a comprehensive approach is needed "all of the programs [providing shelter, food, education, health, community] are necessary for human beings".

#### *Resources -- Financial and Technical*

The Center has a consistent donors base, though few give food. The Center relies most heavily on the philanthropy of international donors. The Dutch government has built dormitories in the past and is presently funding the rebuilding of the

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<sup>21</sup> The term 'homes' may be misleading -- most are tin or cardboard shacks leaning together on the sloped hill on which this slum balances

dispensary, toilets and carpentry workshops. The Dutch government has also donated textbooks and equipped a science laboratory and a library. The combination of the Center's self-help and local philanthropy appears to be as important -- if not more reliable -- than the international donors. Many of the Center's projects are collective efforts with the neighboring Catholic priest who provided the tools for a carpentry workshop. (These tools continue to be used in construction and maintenance of the Center.) Boy scouts have also helped build some buildings in the past and there are individual Asian Kenyans who donate food or money with which to buy it. As do most other Nairobi NGOs, Center staff travel to one vegetable processing plant on the city's outskirts where they collect rejected French beans, onions and tomatoes which were otherwise bound for foreign markets. While tons are available daily, the demand from other charitable groups on such free food is growing thus Kibagare gleanes less and less. Over the next year, Sister also hopes to build a larger kitchen and then to buy a washing machine, but funds remain a problem, one which regular Title II could ease a bit.

Nonetheless, Kibagare has received money from the NGO German Childhood with which to buy and fix their car and to supply the hospital. The Center has also received support from WFP and WVRD in the past, but these were erratic donations, mainly of food. According to Sister Martin, receiving the CRS food enables her to leverage food from other sources, she tells people "I have some food from CRS, will you help me get more food?"

### *Secondary enabling factor*

The Sisters do as much as they can with clearly insufficient resources, the main factor is the training or sponsorship of students. Some time ago, the International School of Kenya sent some volunteers to train five of the boys in carpentry, two of whom now work at Kibagare full-time. Another private friend of the school is a European woman who personally sponsored ten children in a secondary school which she runs. Some of the Center's girls have remained here after finishing school, repairing the children's clothing.

In terms of staff, there are 32 primary school and 15 secondary school teachers. Most of these have also come from the adjacent slum, were sponsored through their own education by Sister Martin up through secondary school and have returned here as 'untrained' teachers. Henry Kimani, aged around 25 is one of its success stories. His case illustrates where the philanthropy of the institution has translated into self-help for the institution. Henry came from the slum, was a student at the school, became sponsored by the sisters through university and has now returned to coordinate the programs as the Center's Project Manager. Self-help is crucial to the Centers most vulnerable beneficiaries. The Center keeps four cows and seven goats to provide milk for the infants, it also has five sheep and a vegetable garden/seedling nursery. The combination of international and local philanthropy and self-help has been particularly fruitful for the Center. Through a FFW project, the seedlings are transplanted to a large farm in Ngong (about 5 miles from Nairobi) where there is room to grow, 163 workers were fed through this FFW

and produced 70 90-kg bags of maize, 29 50-kg bags of beans for Kibagare Through such food production, the Center has been feeding its children for three months, but this food is almost finished The Center is seeking to recreate this effort in terms of providing both employment and producing food

*Conclusions*

While Kibagare's services are arguably the most needed of any of the centers we visited, there being no alternative sources for these slum dwellers to call upon, it is also the most overstretched and undercontrolled In 1994, Sister Martin was approved to feed 300 boarding orphans with the OCF ration, but appeared to spread the ration not only among all 860 but even beyond that to some of the neediest in the feeding program Even with the allocation raised to all 860 orphans, this well-meaning, though elderly Sister refuses to let any child go away without even the smallest amount of food As CRS has been supplying the center as often as possible since 1981, Peter Kimeu has gone quite often to try to assess and improve the administration of the food aid Sister Martin opened the food store for us and while there needs to be some training of the staff regarding the safekeeping of the stored bags, only six 90 kg bags remained to feed not only the 70 orphans with no families to go to over the school holidays, but all the other needy non-orphaned children in and around the Center Peter Kimeu hoped to allocate another amount of Title II food as soon as it became available but this needs to become a more regular process

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**Makueni Mobile**

Makueni District Kenya, met Sister Mwende on 24 April 1995

*Targeting-condition overview*

While Makueni Mobile is a clinic and MCH center, it also has received GR food aid for distributions to the aged destitute Early this year, the Sister received rations for 300 aged and displaced whom she chose from an array of 10 villages served by the mobile clinic The beneficiaries were also chosen by their own community as the poorest, and were also screened by the Sister and the MCH-trained health workers From all of those coming to the clinic or van for treatment (most paying between Ksh 5-80 or \$ 18-2), the most underfed were chosen These potential beneficiaries are screened by giving a family history regarding the number of children in the family, sources of income, etc As many as possible were visited at home, but due to staff, time, and resource constraints, most of those helped came from around the main Makueni clinic area, rather than from the satellite clinics which were less accessible

*History and Primary Intervention*

The primary intervention is medical, but this provides the vector through which to assess need for food aid Sister Mwende estimates that two-thirds of those she treats are badly-off in terms of food security in most years, this being an agriculturally marginal and unpredictable area She chose the most elderly and the

most malnourished children to receive the food ration for the three months. Most of the recipients were old women, and in addition to the food aid the Sister tends to their health needs, often for free. This type of personal/ individual philanthropy, over and above the primary institutional goal, characterizes the spirit of Makueni Mobile and many other GR/OCF institutions throughout Kenya (and Ethiopia). For the time that the Title II lasted (three months), most were sent home three times a week with 10-kg of wheat, 4-kg of lentils and 1-kg oil. While this is double the stated Kenyan GR ration of 7.5 kg, the Sister gave each old woman enough for herself and for one grandchild, reasoning that the rations would be further diluted at home [see recommendations].

The Sister also took us to one of the satellite clinic locations of Makuena where we met over a dozen recipients, all old or mentally unfit women but for one man. Only one woman was feeding only herself and her mentally impaired son, the rest feeding between five and ten dependents. These beneficiaries all had their own 'shambas', or small fields, but due to the lack of rains in 1995, had harvested very little maize in spite of their efforts. In our interviews they emphasized their dependence on the Sister.

While it difficult to prove, we received consistent confirmation that little rain had fallen in Machakos Diocese this year, and the low grain purchase prices in rural areas compared to the high urban market prices confirmed harvest difficulties due to distress sales.<sup>22</sup> The interviewees stated that in a good year of rain, their stocks could last the whole year, but that the last good harvest was the spring of 1992 (this needs independent confirmation). We saw evidence here of philanthropic action filling the gap left by inadequate or non-existent mutual aid (family or ethnic group support mechanisms). While some had grown children who sent them money from working in cities elsewhere, many of the women relied on their grandchildren (or children) reaching the age of 18 and becoming eligible for FFW/CFW projects. Only one to two had goats for milk, but this was not an alternative income diversification strategy by any means.

#### *Resources -- Financial and Technical*

The Diocesan Relief Coordinator for Machakos Diocese bought Makueni Mobile some food aid relief (and subsequently some seeds) from their own sources and the Sisters (and the three adjacent parish priests) drew on funds from other indigenous philanthropic sources (which remained unspecified but were likely to be from their religious orders). Reliance on government sources is low at best. During January to March 1995, the local District Commissioner also gave some food to the chiefs who then passed the 8- kg/ month ration to the chosen beneficiaries but this was

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<sup>22</sup> In Kenya, buying power can be inferred from the dollar equivalents of the following prices. 'Average' incomes in a 1985-87 study (1987 prices of Ksh 18/\$1) were between Ksh 2,339 (\$126) for landless laborers to Ksh 3,837 (\$207) for landed farmers (Kennedy 1991: 106). In our survey, we traveled to south-eastern Kenya where most of these Homes were located and found quite marked seasonal and rural-urban price differences.

clearly insufficient One surprising donor for the clinic was the World Bank, which through the Catholic Secretariat was funding the building of a proper dispensary and MCH clinic, which now serves 1200-1500 women a month

*Secondary enabling factor*

Clearly, self-reliance is critical to Makueni Mobile, its dynamic Sister is very effective but she has very few resources that are not already being used for healing and feeding In several cases, the Sister uses her own funds to purchase food for such distributions when not enough has been donated Last Christmas, when she received discretionary money from the Bishop, she bought and distributed blankets for the neediest of these old people

*Conclusions*

As with many other distribution centers, there are potentially serious ration problems here The well-meaning and efficient Sister received a ration for 300 and chose to feed 402 from the 600 very needy who appeared The problem appeared less at this level than at that of the beneficiaries who further shared their rations with their family members Out of a group of roughly 30 women who the Sister had gathered to meet with us, almost all were elderly and most were supporting many grandchildren, children and a husband (and/or son or daughter-in-law as well) The watering-down of nutritional impact is a clear problem

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**Ngong Red Cross Destitute-**

Nairobi Kenya, met Mrs Stewart on 28 April 1995

*Targeting-condition overview*

Ngong staff distribute GR food aid to the destitute twice a month, on Tuesdays (distributing MCH non-CRS food on Mondays and Wednesdays of alternate weeks) Ngong was approved for 500 beneficiaries when food was available for three months When the food was received Mrs Stewart, a nurse, targeted 180 old people, 251 children aged 4-12 (older than the MCH 0-36 months beneficiaries whom the clinic serves from other resources), and 69 mothers This population of destitute are, variously, blind, epileptics, orphans, diabetics, ethnic clash victims, and both physically and mentally handicapped They are drawn from the slum near to Ngong and while most are recommended by social workers or local chiefs, some come on their own (the field staff screen them)

*History and Primary Intervention*

Ngong is the only center visited provides a dry ration distribution but no other types of assistance from CRS, as it is a Red Cross clinic and funded through them It is also only one of two non-religious institutions being overseen by Nairobi Diocese, causing some delay in a recently promised shipment of food, pending contract signing Rations are controlled by colored cards which beneficiaries must bring with them when they come for the dry ration of 3 kg maize meal, 2 kg beans or lentils and 1 kg oil

Additional food is purchased by the Ngong branch of the Red Cross, but with skyrocketing food prices over the last two years, Mrs Stewart finds it hard to keep up. She found the CRS food particularly helpful in providing 'breathing space' financially, so that she could build up reserves in the bank to pay for food the other months when they did not receive CRS food. As prices have increased, she has found it necessary to not only pare down the numbers of beneficiaries (retaining the elderly and handicapped) but also the ration amounts given to them. Nonetheless, she insisted that when Ngong received CRS Title II, rations were adhered to (and this appears very likely). The beneficiaries rely on mutual aid, that is, on friends and relatives for all food the rest of the month, but many of the elderly are grandmothers who are then feeding grandchildren who are living with them from their ration. Again the watering down the nutritional impact appears through shared rations. (Please see the survey analysis section as well as the country situation for further information.)

#### *Resources -- Financial and Technical*

Other than CRS Title II food, other donations are money from a 1972 Red Cross Trust Fund (quickly dwindling with inflation), monthly donations from Norwegian Red Cross (Ksh 20,000 or \$500) for the Clinic as a whole. Several years ago both the WFP and the Kenyan Red Cross gave a one-time food donations, but not recently. Some of the destitute volunteer in the compound by weeding, cleaning up. Thus philanthropy translates into small levels of institutional self-reliance even with non-resident distribution centers.

#### *Secondary enabling factor*

Home visits by Ngong's social worker staff confirm other needs (such as curative care or rehabilitative interventions such as the need for braces, crutches). There is good co-work with other hospitals, especially Dagoretti [Disabled] Children's Home and Kikuyu Hospital, where Mrs Stewart's surgeon husband operates voluntarily on selected cases from Ngong, aided by funding from a German organization.

#### *Conclusions*

Mrs Stewart underlined the fact that while she has had to pare down 500 beneficiaries to 400, the 100 who were dropped are as needy, and there are hundreds, if not thousands more who could qualify. If Ngong had more resources, Mrs Stewart suggested setting up an assistance program for the mentally handicapped slum children whom she helps to feed through the Title II allocation, or possibly setting up another small feeding scheme to help additional poor.

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Level II

**Kathonzweni Small Home<sup>23</sup>**

Machakos District Kenya, met Francis Kyele on 24 April 1995

*Targeting-condition overview*

After an extended discussion with the headmaster, it appeared that around 14 children were registered at the school [see recommendations] Several of the children were referred from another home in Makueni (Unoa) Such Homes limit the children boarded not because they do not have the space but because they do not have the resources to feed more The childrens' parents are very poor, and this is a selection criteria, confirmed through cross-interviews and social worker records, if possible

*History and Primary Intervention*

This 'Small Home' is adjacent to a primary school It was built, as were all such Homes we saw in Kenya, with Diocesan consciousness-raising and fundraising from the local community These Homes, because of their proximity, enable disabled children who are otherwise unable to reach to school every day to attend school

*Resources- Financial and Technical*

Only one parent of the 14 was able to pay the full Ksh 300 (nearly \$8) for the term While the Home was founded with the assistance of financial donations from Italy (through a priest located near the school), Kathonzweni now relies on the Diocese for food, as neither the parents of the students nor the local community can afford to contribute much to either the children's feeding or to housemother's salary Mutual aid, the family bond of mutual support, here facilitates the connection to institutional philanthropy -- in a sense, greatly expanding a family's capacity to overcome otherwise insurmountable hurdles

We visited three of the nine Small Homes in Machakos District While the other three substantially relied on community philanthropy, the local farmers complained of the difficulties of 'sparing' food from their own production (especially in bad years), and the lack of money to pay housemothers' salaries (Ksh 1,200/month or \$30) Nevertheless, the local villagers 'give what they can' The headmaster recently went to the District Commissioner and approached a local women's church group for food donations The housemother routinely 'stretches' the CRS wheat fed to the children by mixing it with local maize donations This made the CRS wheat donation last for all three months of the term There is a small garden plot with which the able students and the fit primary school students help, but due to the lack of rain, the vegetables have failed In such a case, CRS Title II became a food security buffer for the institutions' beneficiaries as well as for its local donors who were unable to help

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<sup>23</sup>See Appendix for further explanation of "Small Homes"

*Secondary enabling factor*

Local philanthropy is very important to the Small Homes system of organizing to meet the needs of the beneficiaries. Some primary schoolchildren also volunteer and help wash the clothes of the disabled and play with them. The disabled children help with food preparation and keeping the Home tidy. There are no resources for skills training other than the housemother showing the girls how to sew/ mend and one boy at the mission who does wood carving and encourages some of the disabled boys to come and watch.

*Conclusions*

While the two children we met at this home warranted the assistance (were quite severely disabled), the fact that the headmaster had to question the housemother at length after he was unable to tell us how many children were registered did not inspire confidence. The teacher in charge of the food distribution has been transferred and the food aid records were difficult to piece together. The Diocesan Coordinator for these Small Homes, Bernadette Kilonto, told us that she would immediately follow up on these management concerns, and given her forceful personality and intimate knowledge of these Homes, we think it likely. The other homes appeared well run, solidly supported in their communities.

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**Kariobangi Home for the Aged (other services)**

Nairobi Kenya, met Sister Constanca on 26 April 1995

*Targeting-condition overview*

There are 22 elderly residents (13 men, nine women) who have received food from CRS in the past, all except for two are destitute. Most were referred to the Home by Father Alex, a Camboni priest who lives in the nearby slum. Here, as in most of the other centers we visited, philanthropy based on religious affiliation and mission is strong. Some were referred by government social workers and parish workers, and while most are from Nairobi, one is from Thika Province and another from Nakuru.

Regarding vetting potential residents, the Sister said that while they have the capacity to take another 7-10 more, "often people come here but they are too feeble and sick for us to take them in-- we send them to the other Cheshire Home in Casserani or to the Missionaries of Charity. Sometimes someone who is financially able comes here, and we send them away". In general, the elderly appear to be vetted by Kariobangi Home, and other GR institutions in Kenya, based on the individual's potential to rely on the mutual aid of the family or ethnic group.

*History and Primary Intervention*

This Home was founded in 1965 as a (British) Cheshire Home for the aged. The Home provides shelter, sustenance, and community on a beautiful compound. The Home runs two different services-- feeding its residents and doing a weekly distribution to the (mobile) aged from the slum. Very often, we observed an almost

symbiotic relationship between beneficiaries and institutions Three times a week people older than 65 come to the Home and receive a cooked meal of maize or wheat, vegetables (beans, potatoes), bread, and once a month receive a small ration of vegetable oil as a dry ration In exchange many will bring refuse such as cabbage leaves that they have gathered to feed the sheep which Kariobangi keeps These weekly distributions are quite large-- on Tuesdays the Sister feeds 80 lepers, most of whom are Tanzanian beggars, and on Wednesdays and Saturdays another 80-100 old poor slum dwellers are fed

*Resources -- Financial and Technical*

The Home is remarkably diverse and apparently consistent donor base on which to rely It has generated a regular donation of 6 kg supply of fish and bones/month from a Nairobi company, and other corporate (Asian Kenyan) donations of flour, maize meal, lentils and mincemeat Examples of large private donors and corporate philanthropy like this is encouraging, and perhaps, where the private sector grows, local philanthropy in Kenya will increase

The home also relies on international philanthropy In 1994, the Home received a yellow maize and oil donation from WFP Several people volunteer in the Home, including an English doctor who does cataracts operations for free three times a year Several aspiring Marianist Brothers come to help wash and shave the residents weekly and to lead prayer groups Kariobangi also has dispensary for basic medical needs, and one of the two sisters is a nurse The Sisters pay the tuition for two students who work at the home and they employ some temporary staff as casual laborers as needed At least one of the buildings, a new common room, was built with the help of donations from a German group and another building was partly financed through proceeds from Kenya's Charity Sweepstakes, a government/private collaboration

*Secondary enabling factor*

Self-reliance of the institution is impressive The residents who are able act as gatekeepers, some help to cook for the other residents, and five of the external recipients also come to help cook the distributed meal (in exchange for a small amount of pocket money) Most of the residents volunteer to help care for the array of animals (chickens, turkeys, sheep) Nonetheless, given the age of the beneficiaries, none will 'graduate'

*Conclusions*

Due to the wide range of donors to this institution as well as what appear to be sufficient resources generated by this home without CRS resources

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Dagoretti Children's Home [see Appendix G]  
Nairobi Kenya, met Mrs Muthi on 27 April 1995

### *Conclusions*

This Center is one of the few outside the MOC which serves both the chronically disabled and those who, with the aid of an operation, a brace, or other rehabilitation, are transitorily disabled. Their ability to call on a broad swath of donors, from Rotary Clubs to private individual (Asian Kenyan) donors is a mark of how highly regarded they are and should continue to be. This is especially given the fact that no other similar organization (serving such a breadth of disabilities) exists in Kenya.

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### Level III

#### **Naro Moru Disabled Children's Home**

Naro Moru Kenya, met Sisters in charge on 20 April 1995

#### *Targeting-condition overview*

There are presently 98 disabled children at the Home, all of whom benefited from the three-month CRS ration. Most are disabled as a result of polio or birth defects, and a few are also mentally disabled due to malnutrition from famine. They are admitted on the basis of need, both surgical and financial. While the Sisters rely on what people vouch for, they do several interviews with the individuals and people who know the children from their village/ town.

The Home also functions as a rehabilitative center for the physically handicapped. Children up to the age of 20 are helped, either on an in-patient (surgical) basis or on an out-patient basis (solely fitted with prostheses and braces or for post-operative checkups). They refer adults over 20 to other hospitals. The average ages are between 4 and 12 year of age, and if infants less than one year undergo surgery, they are admitted for several weeks along with their mothers. Most children have two kinds of disabilities which affect their mobility: clubfoot (inwardly turned and vertically sloped feet) or drop foot (one leg is neurologically weak and is dragged behind, often from polio).

#### *History and Primary Intervention*

The main purposes of the Home are corrective surgery of the disability, physiotherapy for recuperation and some palliative care (not surgical intervention). The Sisters who run Naro Moru pride themselves in the physiotherapy that they are able to give, with the help equipment donated from abroad (Italy, mainly). This equipment serves not only the resident children but also those using the home after surgery or as out-patients. The Center is one of the Ministry of Education's Educational Assessment Centers -- most children are referred to the Home from elsewhere in Kenya while a few are brought there by their parents without any referral.

#### *Resources -- Financial and Technical*

Curative care can cost up to Ksh 3,800 (\$90) per child and fewer than five in 100

parents are able to contribute substantial amounts. Most families are asked to pay what they are able. The Home, however, relies on private philanthropy from Italy and Switzerland and on fundraising through their religious order (particularly Christopher Brother's Mission of Germany)

The Sisters buy some food to provide a balanced diet for the children (although they praised CSB as very nutritious) and also rely on their own vegetable garden in which children who are able also work. Some contributions come from local villagers in the form of food, but also as time spent on Sundays visiting and playing with the children, most of whom are far from their families, which raises the self-esteem of the children and breaks down stigmas.

The Home has effectively divided its reliance on international and local philanthropy, and has complemented the mix with a particularly effective element of self-reliance. There is quite a large staff affiliated with Naro Moru. Permanent Kenyan staff include two physiotherapists, one orthopedic technician (all three seconded from the Kenyan government), two shoemakers, one teacher, two dressmakers (all of whom were patients themselves), 15 housemothers, two gardeners and one watchman. Four Italian surgeons volunteer to do all of the operations. Every year the Sisters admit 50 children in January, roughly 40 of whom are new patients. The surgeons arrive for two weeks, review earlier cases (usually on an out-patient basis), screen future cases on a walk-in basis and leave, two return half a year later for checkups and further corrective surgery on special cases. By August all the operated children will have been discharged. While for some children, full rehabilitation will take up to three years, and the Home serves around 100 patients in a year, over half of whom are served as out-patients.

#### *Secondary enabling factor*

While there is no school on-site, the children that are able attend local government schools, which the Sisters find is very important in enabling the children to (re)integrate into broader society, most of whom have been shunned as well as hidden away at home before arriving at the School. Some came to the centers only after their discovery by social workers, many had been kept inside their homes for all of their lives -- their parents had been too ashamed and too poor to do anything to change their disability. The worst case we were told of was that of a crippled young man who had been sent to Naro Moru for operations after spending the first 14 years of his life without ever leaving his family's house.

The teacher remains at the Home to give remedial lessons to those who are recuperating. Many in the community come not only to visit the children but also to teach them skills while they recuperate, which includes beadmaking (boys and girls), knitting and dressmaking (girls). As we found in almost all homes for the disabled, the children have a large workroom in which they produce such handicrafts for sale.

Yet the Sisters also try to assist some of the children after they have left the Home. They are presently helping pay the school fees for six secondary school students and three vocational school students. In these and other cases they try to place children in technical schools and share the costs of the schooling with the parents who are usually too poor to pay more than a small portion of the cost. The Sisters are also helping one child pay back the sewing machine which they purchased for her, she teaches dressmaking at Naro Moru and with her salary is paying back for the cost of the machine. Ten boys of the Home have applied for pottery training at a new vocational school being set up nearby (Nanyuki Rural Training Center) by the Diocese. These ten will constitute half of the 20 places available at the new center which is already greatly oversubscribed.

We found interest in vocational training to be extremely high, especially from disabled children. One such boy whom we met in the corridor explained to us that self-sufficiency needs good hands and knowledge. Finally, the Home has experienced an impressive return on its philanthropic investment. Several of the children have succeeded in reaching university, one woman studying law is a paraplegic. Two are presently in University in Nairobi (education, law) and one is at a Polytechnic (computer science). The university student studying education, Joseph Kani, came to Naro Moru at the age of 14, and returns there during holidays to teach.

### *Conclusions*

Until 1987 when CRS discontinued food aid and thus their GR/OCF programs, the Home was a permanent OCF recipient. It has retained the high quality of care, the excellent usage of donated food, and significant success in terms of enabling beneficiaries to move beyond reliance on their assistance with increased viability.

## IV. SURVEY ANALYSIS: INSTITUTIONS AND BENEFICIARIES

In our survey of the effectiveness and sustainability of General Relief (GR) and Other Child Feeding (OCF) 'Welfare' institutions in Ethiopia and Kenya, we divided the assessment into

- 1) the effectiveness of targeting and delivery (in terms of food and non-food resources),
- 2) the sustainable provision of such resources in terms of food security of the beneficiaries,
- 3) the sustainability of the institutions themselves, particularly in broadening the resources and networks they draw upon from broader *levels of provision* in civil society (self help, mutual aid, philanthropy and government)

We start this section by briefly addressing whether many/ most the institutions we surveyed can in fact be classified as 'welfare' institutions

### Welfare and 'Graduation'

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The December 1994 Africa SPP states that "the Africa Regions are committed to helping people in hospitals, centers for malnourished children, centers for the physically and mentally impaired, and others who are temporarily or permanently incapacitated and, therefore, cannot meet their basic needs" In this same SPP, however, welfare programming is placed as a lower priority than development activities and timely response to emergencies We would argue against such a ranking insofar as we have found that many of the institutions we visited (classified as 'general welfare' providers) in fact impart additional services such as rehabilitation, education and training, including skills such as sewing or carpentry Such interventions enable the beneficiaries who are able to take advantage of such skills and move along the *relief to self-reliance spectrum* toward development and self-sufficiency (see Figure 1)

The same SPP identifies participants in 'welfare' programs to be those who cannot feed themselves, who have no permanent shelter, who cannot clothe themselves, who have no sources of income, and those with physical or mental difficulties Such a description of vulnerability coincides with Michael Lipton's 'poorest 20%', those warranting aid as the most vulnerable<sup>24</sup> But the difficulty with such

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<sup>24</sup>The chronically 'ultra-poor' are an estimated 10-20% of the population of less-developed countries (Lipton 1986)

definitions is that while most GR/OCF beneficiaries would qualify for assistance, *the focus remains their vulnerability rather than on their prospects for becoming viable participants in their societies*

While the ability of the individuals within GR/OCF programs varied in terms of prospects for long-term self-reliance, most counterpart institutions we visited focus on their beneficiaries' viability rather than on their vulnerability. Through the support of Title II, we found that CRS assists counterpart institutions to help many beneficiaries become increasingly viable, productive, and self-reliant. This is a clear difference from what 'welfare' might be in terms of chronically dependent beneficiaries as well as chronically needy institutions.

Most institutions do not have the resources to support 'free riders', virtually all are compelled to prompt beneficiaries to 'graduate' after achieving a certain standard, be it a certain age (orphanages), educational level (schools), physical ability (rehabilitative homes for the disabled), or weight (clinics for malnourished children). Yet it is true that while many beneficiaries graduate, the institution itself is likely to remain reliant on CRS food aid. Further data needs to be collected regarding the ability of institutions to develop links to other members of the 'civil society fabric.'

## Title II

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In order to assess the effectiveness of CRS-counterpart institutions in meeting the food security (and for some, the livelihood security) needs of their beneficiaries (chronic or transiently 'welfare' recipients), we first examine the targeting and delivery of food aid, then the sustainability of providing it from other sources before turning to the sustainability of the institution itself. In order to discuss *food security*, revisiting the goals of Title II may be useful.

Title II goals for welfare and emergency recipients involve "meeting the basic food needs of those who cannot participate in the development process" (Africa SPP 1994: 58). As mentioned above, we would argue that while this is an accurate goal for some of the more chronically disabled populations we examined in this survey, many more beneficiaries of GR/OCF Title II assistance would fall within the goals of 'development', namely "increasing the positive and sustainable social, environmental, economic, and behavioral impact from the use of Title II resources" (SPP 1994: 58) as it implies that those benefitting from the impact can potentially fully do so.

Development here is defined as "empowerment: people taking control of their lives, people determining their own problems, options and solutions, developing themselves with their own resources, demanding fair treatment by their governments and their fair share of the national resources" (Africa SPP 1994:

While the bulk of the Title II aid acts as a *nutritional supplement* for meeting the basic food needs of the disadvantaged, particularly within institutions, we found that the food aid also has wider effects. We found that for many institutions, *Title II food acts as a facilitative force which enables the institution to intervene to change the vulnerability of the beneficiary and enable him/her to more fully participate in development*. This is particularly true for inputs such as education, physical rehabilitation, temporary feeding and medical attention, e.g. addressing malnutrition. We call these inputs the counterpart's 'primary institutional goal' as a school, rehabilitative home, or clinic, respectively.

*Food can be used as a leveraging force for the institution, providing the base from which centers raise other funds or resources (akin to public television fundraising). Finally, centers use Title II as a type of income transfer, or a way to free-up other resources.* For almost all institutions, it is a way to plan all other expenses beyond the staple food needs, including purchasing other foods for a balanced nutritious diet, using the freed-up funds for salaries and other expenses directly related to operating these institutions. <sup>26</sup> *Thus, in most cases food can be seen as a developmental input, akin to seeds in agricultural projects, as it facilitates the emerging capacity of beneficiaries and institutions alike.*

### **Beyond 'food' security**

Our assessment goes beyond the realms of most food security studies in that much of the food security literature differentiates between rural and urban areas and focuses on adverse seasonal conditions as bellwether indicators for looming increased need for food aid. For most of the CRS Title II GR and OCF programs we visited, we found such yardsticks and categories less relevant. We would argue (with the exception of a few centers in Kenya), that most institutions warrant annual assistance irrespective of the location in which they serve their beneficiaries (given their need for food through both beneficial and adverse seasonality in any given year).

Further for some of the most vulnerable GR/OCF beneficiaries, unlike the 'typical' food relief recipient, food security may hinge more strongly on *access* than even *availability*. While food may be available in marketplaces, due to the constraints of the disabilities which make the beneficiaries eligible for GR in the first place (e.g.

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<sup>25</sup>Paradoxically, while emergency assistance has become almost synonymous with aid to Ethiopia, and Kenya is presumed to only need development assistance, we found that now almost the reverse is true. Ethiopia is turning away from free food distributions toward FFW/CFW sustainable land management and environmental preservation, while Kenya increasingly needs assistance for both natural and man-made crises.

<sup>26</sup>It was only in Kenya, when we saw the effect of centers not being able to rely on a steady (if small) provision of staple foods, that we appreciated the role that food plays beyond calories.

handicap or age) they may not have access to the means by which to utilize food. For instance, street children in Nairobi may not have access to cooking facilities with which to cook a dry ration even if they received it.

With this in mind, we nonetheless turn to an analysis of institutional effectiveness regarding food security and expand it to include livelihood security as some beneficiaries have become able to generate their own livelihoods.

## Targeting

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We suggest that for the most part, the targeted beneficiaries of the majority of GR/OCF programs visited in Ethiopia and Kenya fall within the range of the poorest and most disadvantaged sought-after by development practitioners concerned with accurate targeting. All of the institutions we visited target according to poverty and disability, however defined. All homes and distribution centers routinely turned away potential beneficiaries, mainly due to being too old (between 12 and 18, depending on the gender), insufficiently needy, or the center being unable to provide shelter, food, etc due to a lack of available resources. While it was impossible to get estimates of the numbers turned away, anecdotal evidence suggested that each such CRS counterpart had requests ranging from 10-50% of the beneficiaries accepted each month.

We assessed the institutions' effectiveness in targeting the poorest and delivering food to them. We found that all institutions targeted by **condition** (e.g. orphan, disabled), **location** (e.g. slum dwellers, vetting participants through local community organizations such as Ethiopia's *kebeles*) or **both** (e.g. malnourished twins/triplets from an Addis slum, as we found with Gemini Trust). Several of the centers, particularly those distributing dry rations assessed beneficiaries' food security by proxy, relying on indicators of poverty to demonstrate food insecurity. All institutions we visited have staff informally interview and sometimes personally verify beneficiaries' available resources and their range of alternatives.

We categorize the process of beneficiary selection in terms of the beneficiary meeting certain qualifying criteria, (namely the targeting-condition, sufficient poverty/hunger), balanced against the institution's ability to provide the appropriate service. Institutions consistently weigh the beneficiaries' needs and their own capacity to respond to those needs against the possible alternatives available to the beneficiaries from other sources.

## Delivery

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We assessed the institutions' sustainable provision of food to their beneficiaries, both in terms of providing sufficient amounts/types of food to them and in terms of

improving the likelihood that beneficiaries' can generate their own food security beyond the institution <sup>27</sup> Such an improvement is referred to as *livelihood security*, or having the ability (skills, knowledge, capital etc) to be able to generate food and/or income with which to purchase food and other living expenses directly Tim Frankenberger of CARE defines it as *inter alia*, "adequate and sustainable income and resources to meet basic needs" (Frankenberger 1995) <sup>28</sup>

We first focused on the basis provision of food aid, examining CRS in-country records for tracking and confirmation of deliveries <sup>29</sup> In our site visits, we examined the storage and food preparation areas and found that in most cases, the storage, preparation, and provision of nutritionally balanced meals to be very good (while noting that neither of us are nutritionists) In both Ethiopia and Kenya, the exceptions were several of the food distribution centers which had difficulties keeping to the agreed-to rations as well as the orphanages which often were feeding more than the agreed-number (see case studies) Only in one center, Nairobi's Kibagare Good News did we also find storage abilities lacking (literally, untrained in how to properly store food)

That is not to say that CRS Title II rations are not always being properly distributed What the survey does indicate is that ration amounts actually reaching the beneficiaries may be less than planned outside of the field Rations can be, and sometimes are diluted at three levels

1) *Country program*- In the CRS/KE program, the allocation per counterpart varies from between one and three months of assistance Such small and occasional allocations appear to cause a few of the smaller institutional recipients (e g Small Homes) to ration this allocation of Title II over even longer periods, diluting individual rations

2) *Counterpart staff* may distribute to more beneficiaries than originally requested, often because situation has deteriorated since food aid request (e g Rumuruti priest's ration dilutions among many more beneficiaries, or Kibagare Good News ration dilution of food programmed for 860 orphans but apparently given to as many as 3,000, Kibagare also has used three months of rations as quickly as one to two months)

3) *Within beneficiary families* once dry rations are given (e g Makueni Mobile's old grandmothers sharing two rations with many other children/

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<sup>27</sup>While this is directly linked our assessment of the sustainability of the institution itself, we address this later in the survey

<sup>28</sup>He has also noted that to help the poor maintain secure livelihoods in order to meet their basic needs, one "must take into account the broader socio- economic context of poverty" (Ibid), which we suggest many of the GR/OCF institutions do

<sup>29</sup>Found to be more consistent in Ethiopia than Kenya

grandchildren/ relatives), thus diluting the nutritional impact of any one ration, *especially* as Title II is only a 40% *supplemental* ration <sup>30</sup>

Nonetheless, while nutritional balance and food aid supply lines certainty are pivotal to direct food security, there is more to sustainable food security than simply delivery, storage and proper distribution of ration amounts. *Changing vulnerability and improving viability* are two steps toward sustainable livelihoods, as the beneficiaries are better equipped to sustain themselves in the face of often threatening circumstances. We turn to these broader goals next.

In terms of direct food security, some institutions improve their beneficiaries' ability to directly produce food. They do so by providing the means, resources and skills to farm. Half (14/29) of the institutions did this <sup>31</sup>. Some of these institutions, particularly the homes for the handicapped, had to first address their beneficiaries' targeting-condition to *enable* them to farm (e.g. operate on lame children).

There is another type of intervention which indirectly influences food security. This is the provision of skills and training which improves the beneficiaries' *economic viability* and thus their ability to secure enough food through purchases, institutions help beneficiaries *create the means by which to procure food*. This was particularly the case of homes for the disabled which give recuperating beneficiaries the means by which to make (and sell) handicrafts. It can also be argued that this occurs in orphanages and schools where education is provided, enhancing the prospects of gainful employment once they leave the institution.

## Assessment

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A central goal was to differentiate between institutions which are relatively more or less successful in providing assistance. We discuss this process in the remainder of the paper. As we assessed each institution's resources and networks we developed a hierarchy of institutions <sup>32</sup>.

The four categories of 'resources' by which we gauged the relative reliance on *levels of provision in civil society* are defined as follows.

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<sup>30</sup>Nutritional transfer is diluted, as in most cases it is not an income transfer for there is no income to be freed up from these poorest who qualify for the ration to begin with.

<sup>31</sup>These included Gambo Leprosy Control, Kibagare Good News Center, Kariobangi Home for the Aged, all three of the Kenyan Small Homes, Jigessa Home for the Handicapped, Brothers of Charles Lwanga (Ruai), Dagoretti Children's Home, Ol'Kalau Home for the Handicapped, Gemini Trust, Shashemene School for the Blind, Hope Enterprises, and Good Shepherd Family Services.

<sup>32</sup>See case study sections under both countries for selected institutions.

The first category is termed **Logistics**. It covers broadly those administrative aspects required to manage the institution, to store and distribute food, it also includes land and other capital items essential to the institution's on-going operation

The second is **Food** as a category unto itself<sup>33</sup>. Here we consider in-kind transfers, means of production, and financial resources used to purchase food

The third category covers the resources (financial and technical) needed to fuel the **Institution's Primary Goal**. This includes but is not limited to resources to cover overhead/operating expenses, personnel such as nurses, surgeons, teachers, and equipment (rehabilitative, educational, etc.)

As a fourth, we consider the resources needed to provide a **Secondary Enabling Factor** (often beyond the institution's primary goal) and increase the beneficiary's potential for viability and possible self-reliance. This enabling factor would include providing credit, additional skills training, equipment needed for self-employment, etc.

#### Ranking of institutions

Most GR/OCF institutions we visited struggle with inadequate resources, primarily because they do not network effectively and thus their donor base remains too narrow. For example, the Small Homes for disabled children in Kenya generally acquire their food through the philanthropy of the surrounding community. But once misfortune strikes that community, then Homes are left with few other options for food. This would result in our ranking this a Level I institution.

Level I institutions all had some command over *logistics*, which included administration (i.e., accounting, management), and delivery (e.g., storage and distribution capacity) and had some level of access to *food*, but lacked sustainable food or livelihood networks to continue providing such resources over the long term. Most Level I institutions were also limited to providing only food to the Title II beneficiaries, most of whom had substantially greater needs which were not being met, and without which most would not escape their chronic vulnerability. While it appeared that some beneficiaries were simply temporarily food insecure (e.g., malnourished children) and the receipt of appropriate Title II assistance was sufficient to free them from their disability, this was not true of most of the Level I beneficiaries, saddled with poverty, other illnesses, disabilities, etc.

We found that these institutions in particular varied greatly in their ability to tap into both different levels of food/ livelihood resources and different *levels of provision* in civil society.

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<sup>33</sup>Our focus on *food* as a separate category is in keeping with the food security context of the survey.

**Level II institutions** displayed the same characteristics as Level I, but also addressed a *primary institutional mission* beyond merely providing food. For instance, in the case of homes these include shelter and physical rehabilitation and/or education. For clinics, the primary institutional goal included medical attention.

The **level III institutions** had, in addition to the same components as levels I and II, a *secondary enabling factor* such as financial or technical resources that went directly into making the beneficiaries more viable and improving their chances for self-reliance. Such improved viability also increased their likelihood of moving beyond the philanthropy of institution and remain self-reliant.

The following section outlines characteristics specific to each level and presents the institutions from both countries we ranked under each level.

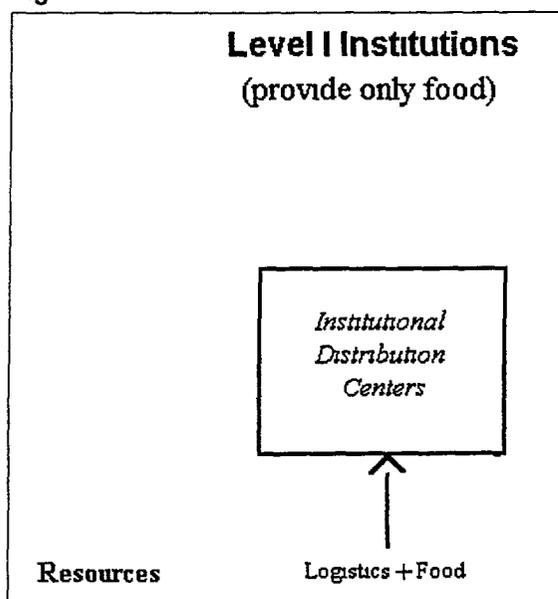
### Level I Non-resident distribution (alive)

Targeted beneficiaries come to these centers for dry rations, either periodically on a one-time (1-3 month) basis. Such beneficiaries are solely being fed through

portable dry rations or through wet feeding, preparation done at the CRS-counterpart site. Some may recuperate their strength and resume self-sufficiency, albeit at a level of poverty. Of the 29 programs we visited, we found 10 to be Level I. Others will be kept alive, and while they will benefit from the food, it will not, in and of itself change the vulnerability (targeting-condition) which qualified them for the feeding program in the first place. For that type of change to take place, we would argue that beneficiaries need a more consistent, ongoing provision of services or resources, especially those which address their targeting-condition.

For that, in the case of GR/OCF, we turn to the institutional uses of food aid as a facilitating force for the provision of other services.

Figure 6



#### Level I (provide food only)

##### **Institution**

Dol Dol  
 Shefina Clinic  
 Gambo Leprosy Control Clinic (distribution)  
 Kibagare Good News Center  
 Kalawa Catholic Mission  
 Makueni Mobile  
 St. Joseph's Orphanage  
 Ngong Red Cross Destitute  
 Kariobangi Home for the Aged (distribution)

Kenya  
 Ethiopia  
 Ethiopia  
 Kenya  
 Kenya  
 Kenya  
 Ethiopia  
 Kenya  
 Kenya

Rumuruti Rehabilitation  
Nyahururu Resettlement  
Ndemı Resettlement

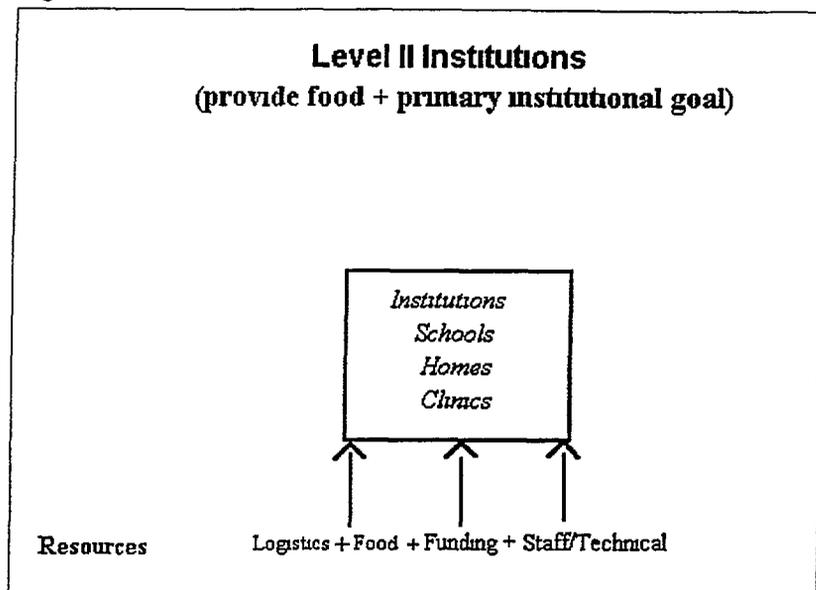
Kenya  
Kenya  
Kenya

*(Italicized institutions are urban)*

## **Level II Institutional primary mission (*alive and/or less vulnerable*)**

At Level II institutions, recipients benefit from more than just food. They receive the food and logistics of Level I in addition to the funding and staff/ technical inputs which the institution adds to them in performing their *primary institutional goal*. The effect of the Title II in these cases depends on what primary institutional goal (mission) it is linked to. In the array of institutions we visited, *there were two different kinds of primary missions: those that care for the incurably ill and those that help change the limiting vulnerability*. In the first case are institutions caring for the chronically ill such as the Missionaries of Charity (MOC). They have a mission to care for their beneficiaries without any expectation that their care will help put beneficiaries back on the 'road to life' or development.

Figure 7



For such beneficiaries, Title II will remain as the only assistance they need (other than shelter and medicine if they are ill, as is often the case for HIV + infants and adults, the severely mentally and physically disabled, the aged and dying). We visited two other non-MOC programs which similarly cared for those most chronically disabled -- Gambo Leprosy Control Clinic in Ethiopia and some of the residents in Dagoretti [Disabled] Children's Home. While these institutions similarly cared for some incurable beneficiaries, this was part of their institutional mission. Thus, the provision of sustenance (through Title II) was seen and used as a beneficial end to itself. Nonetheless, that is not to say that the beneficiaries were not encouraged, to the degree possible, to help take care of themselves, help run the institution (e.g. help serve food, guard the gates), or help other less advantaged beneficiaries (one semi-lame girl feeding a severely incapacitated boy).

The second type of institutional mission, which we found the majority of GR/OCF-linked institutions to be carrying out involves directly intervening in the lives of the beneficiaries under their care in order to change the limitation of the targeting-condition. That is, these institutions focus on the beneficiaries' potential viability.

rather than on the limitations due to their vulnerability and change the targeting-condition. Thus, while the primary mission varies depending on the institutional type (school, home, clinic, other), the goal remains to educate, house, heal and/or rehabilitate.

Rather than remaining chronically dependent on the institutions, most beneficiaries are compelled to 'graduate' (e.g. after the operation, after primary school, at a set age). This opens up spaces for new entrants, making many of these institutions places where transitory populations of ever-graduating individuals move through chronic situations such as physical disabilities, abandonment and even poverty.

While further studies need to be carried out to quantify our observations, from our brief survey of 29 institutions, it appears that 17 schools and clinics (where beneficiaries leave after a certain age, or at a certain weight), rehabilitative homes (where in many cases children operated-upon leave without any disability at all) and orphanages (where beneficiaries leave at a certain age, equipped with education and ideally some vocational skills), *decrease, if not eliminate the pre-existing vulnerability*.

The beneficiaries become increasingly freed from their vulnerabilities. This increases not only the chances that the individual is no longer relying on the institution and the Title II that it has thus far provided him/her, but that the family to which the beneficiary returns is less burdened by the costs of the disability and may well benefit from the ability of the beneficiary to contribute to the income of the family. We came across case after case of beneficiaries literally 'standing on their own two feet' after corrective surgery (and other medical attention), education, and even shelter (especially as a base for abandoned children, the ill or aged).

Level II (food + shelter + primary institutional goal, e.g. education or medical attention)

<b>Institution</b>	
Missionaries of Charity	Ethiopia and Kenya
<i>Yetemihirt Bilitcha School</i>	<i>Ethiopia</i>
<i>Abune Endrias Orphanage</i>	<i>Ethiopia</i>
Shefina Clinic	Ethiopia
Kathonzweni Small Home	Kenya
Unoa Small Home	Kenya
Nigiluni Small Home	Kenya
Gambo Leprosy Control Clinic (other services)	Ethiopia
<i>Kariobangi Home for the Aged (other services)</i>	<i>Kenya</i>
Jigessa Home for the Handicapped	Ethiopia
<i>St. Martin de Porres</i>	<i>Kenya</i>
<i>St. Claire's Orphanage</i>	<i>Ethiopia</i>
<i>Brothers of St. Charles Lwanga - Ruai Street Children</i>	<i>Kenya</i>
<i>Dagoretti Children's Home</i>	<i>Kenya</i>
<i>St. Claire's Orphanage</i>	<i>Ethiopia</i>
Ol'Kalau Home for the Handicapped	Kenya
<i>Kibagare Good News Center</i>	<i>Kenya</i>
<i>Fistula Hospital</i>	<i>Ethiopia</i>
<i>(Italicized institutions are urban)</i>	

**Level III Institutional primary mission + value-added secondary enabling factor (alive, well, and more viable)**

Some of the best organizations were sufficiently organized and funded to provide one further level of resources to their beneficiaries, namely that which 'added-value' beyond solely the graduation of the individuals from the institution, but provided them with the wherewithal to become not only well but also productive in terms of skills, higher

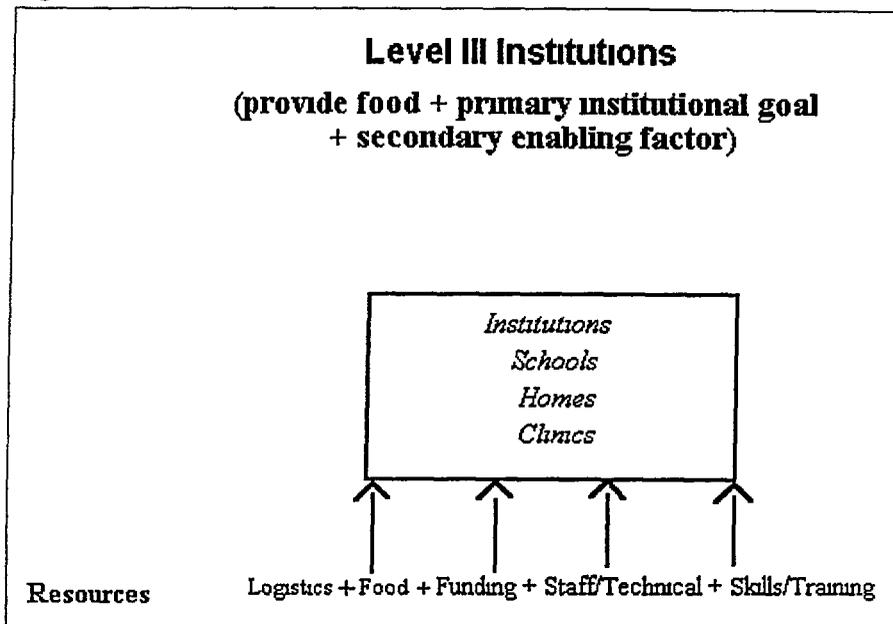
education or capital. The Level III institutions assist selected beneficiaries by *increasing their viability* beyond the institution. Administrators of several Ethiopian projects, e.g. Hope Enterprises, Gemini Trust, Good Shepherd, Fistula Hospital in Addis and the School for the Blind in Shashemene (see case studies and Appendices for brochures), created income-generation schemes for their participants, taught them literacy and numeracy, lent them money and/or acted as

sponsors of further education (for selected beneficiaries). The ones chosen ranged from impoverished mothers of malnourished slum children and gynecologically-impaired women to orphans and blind children. There were five in all which provided Level I, II and III assistance.

Through the institution providing skills and resources beyond its primary institutional goal, selected beneficiaries are given the means by which to enhance their food and livelihood security, either directly through farming, or indirectly through being able to generate their own viable livelihoods and to purchase food from that income.

Again, the extent to which such enabling factors affect the beneficiaries' long-term food security and the amount of the impact that can be traced to Title II requires further study. Nonetheless, anecdotal information appeared encouraging. There appeared to be little recidivism (apart from blind children for whom the assistance was less a cure than an expansion of opportunities, yet still within the limitations of their disability). The benefits appeared in terms of mothers declining to remain in the Good Shepherd program once they had attained a measure of economic self-sufficiency. The benefits appeared in terms of the disabled (ex-fistula patients, the blind) being more readily accepted back home by their families, particularly if able to care for themselves or add to the family's earning power. The benefits appeared in

Figure 8



Hope Enterprises setting up several orphans in small shared lodgings, living together and becoming financially independent from the orphanage/school through the skills they had learned within the center (carpentry, auto repair, chicken-raising, cooking)

Level III (food + primary institutional goal + secondary enabling factor, e.g. credit, employment, higher educational sponsorship)

**Institution**

<i>Gemini Trust</i>	<i>Ethiopia</i>
School for the Blind (Shashemene)	Ethiopia
<i>Hope Enterprises</i>	<i>Ethiopia</i>
Naro Moru Disabled Children's Home	Kenya
<i>Good Shepherd Family Care Services</i>	<i>Ethiopia</i>

*(Italicized institutions are urban)*

### **Benefits of food aid: Kenya as a special case**

While the above cases came from Ethiopia, the benefits of food aid appeared in Kenya as well, but took a slightly different form. Since the closing down of the ongoing GR/OCF program at the end of 1986, the short-term nature of Kenya's program has encouraged the application for aid by those whose needs are sudden, intense (and to a large degree) temporary. Aid that is only three-months worth or less of supplemental assistance is almost by definition an emergency bridge for institutions or groups facing suddenly increased demands due to catalysts such as seasonal hunger (especially during droughts), or population displacements due to ethnic clashes.

Only seven institutions have been granted CRS Title II for more than one quarter of last year (see country situation section). Given that food aid in CRS/KE has been intermittent and granted only for up to three months at a time, groups using GR/OCF aid have been obliged to do so in conjunction with other sources. All of the schools and homes which have received GR/OCF assistance have created other, ongoing sources of food and funding, from donors such as WFP, UNICEF, various branches of the Kenyan government or from both international and local private contributors or groups (assisting in cash or in kind). Where even these sources have been erratic, the programs have had to take on an accordion quality, shrinking with available food and funds and re-expanding when resources have been found again. One organization, Ngong Red Cross, which provides free dry ration distributions to the destitute, aged, and malnourished young mothers and infants routinely resorts to changing ration quality, cutting distributed quantities per person by over 50%, and even cutting the number of 'qualifying' beneficiaries by 25% or more.

Interestingly, several institutions/ groups have used this adversity (the short-term aid) to begin or to buttress collective action initiatives, where the assistance is used as a type of 'start-up capital'. This is the case in creating 'Small Homes' for disabled children adjacent to existing primary and secondary schools where ongoing local contributions of labor and financing are brought together or further.

encouraged by food aid. In such cases, food aid can be literally be seen as 'seed capital' at the onset or as a stop-gap help in filling temporary, often drought-induced food shortfalls. We also found voluntarism to be stronger in Kenya in terms of private donations of time, labor, food and services by individuals and community groups (e.g. women's cooperatives, the Lion's Club) <sup>34</sup>

In order to complete our assessment, we turn to the sustainability of the GR/OCF institutions in the broader context of civil society.

## **Institutional Sustainability and Civil Society**

In light of the recent emphasis on the strengthening of democratic institutions -- including civil society -- as a necessary condition to sustainable development, it is important to recognize that in many areas where developmental goals are being pursued, some basic elements of democracy already exist. An essential part of a viable democracy is a responsive civil society, one that meets the needs of those who can neither help themselves nor rely on their family or the state.

For Ethiopia and Kenya, democratization appears to be well within the aims of international donors, indeed, considerable attention has been paid to Ethiopia's recent efforts to make a transition from authoritarian politics, and there has been keen interest in Kenya's management of political and ethnic divisions. For the international aid community, which increasingly sees these issues in terms of their effect on sustainable development, any evidence of the institutional bases for a democratic society is considered encouraging.

One such institutional base common to both Ethiopia and Kenya is the philanthropic thread of civil society -- each has a significant array of indigenous grassroots nongovernmental organizations that serve those who cannot help themselves. And despite the tremendous challenges that face average Ethiopian and Kenyan citizens, they still have a marked tradition of organizing on behalf of those less fortunate. Thus the philanthropic thread of civil society functions in Ethiopia and Kenya, it is now important to understand how, as a result of the mixing and continued efforts of international organizations and local private voluntary associations, a committed philanthropic sector will continue to serve the severely economically and socially disadvantaged, the physically and mentally disabled, the ill, the destitute.

Civil society is usually thought of in terms of *levels of freedom* -- that is, the ways in which self-help, mutual aid, government and philanthropy influence, for example,

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<sup>34</sup>Yet in both countries there seemed to be some free provision of services, particularly in homes for the disabled, where domestic or international surgeons routinely volunteered their time to operate on cases gratis. Please also note that the homes with rehabilitative costs in both countries, particularly those run by European clergy, relied quite heavily on private (European) financial donations.

freedom of speech or freedom of association. Some of the many intermediary organizations that are associated with this aspect of civil society include, for example, labor unions, civic groups, business associations, educational institutions, insofar as they directly secure *levels of freedom* from exploitation, arbitrary exercise of power, monopoly, and censorship.

Intermediary organizations of civil society also include the nongovernmental "humanitarian" organizations which help those who cannot help themselves. These organizations also provide *levels of freedom* in terms for advocacy to those who would otherwise be "voiceless." But there is another side to civil society, the material aspect or *levels of provision*. Levels of provision refers to the ways self-help, mutual aid, philanthropy and government create, shape and influence the access and availability of material things needed to make and keep citizens viable so they can reach their potential, whether it be running an NGO, running for political office, or merely being able to walk.

***Our premise is that the key to GR/OCF institutional sustainability is ultimately to be found in the role that these intermediary organizations play, and the linkages they maintain, in civil society.*** The basic factors underlying this broad view of institutional sustainability include but are not limited to the political context, traditional beliefs and ethnic relations, and the strength and depth of the national resource base.

In designing this portion of our survey, we assumed that we would encounter a wide variety of institutions in terms of capacity and sophistication as well as in mission and structure. To anticipate this and address how these organizations fit into broader civil society, we chose a construct that we felt would be a common denominator for all organizations proposed for the survey and which captured the basic elements of civil society itself. Based on work on the American philanthropic sector at Indiana University's Center on Philanthropy, we chose as our working definition of civil society *the interplay of self-help, mutual aid, philanthropy and government in supporting the poorest of the poor*<sup>35</sup>

In gauging sustainability in the civil society context (**Figure 9**), we identified general categories of resources that institutions must have to maintain their organizations consistently over time, and then determined from what levels of provision the resource were derived.

**Self-help** and self-reliance are self-explanatory, and almost by default, refer to the level of provision which allows an individual or an institution a measure of freedom from the other *levels of provision*. For example, if a nun who runs an orphanage is

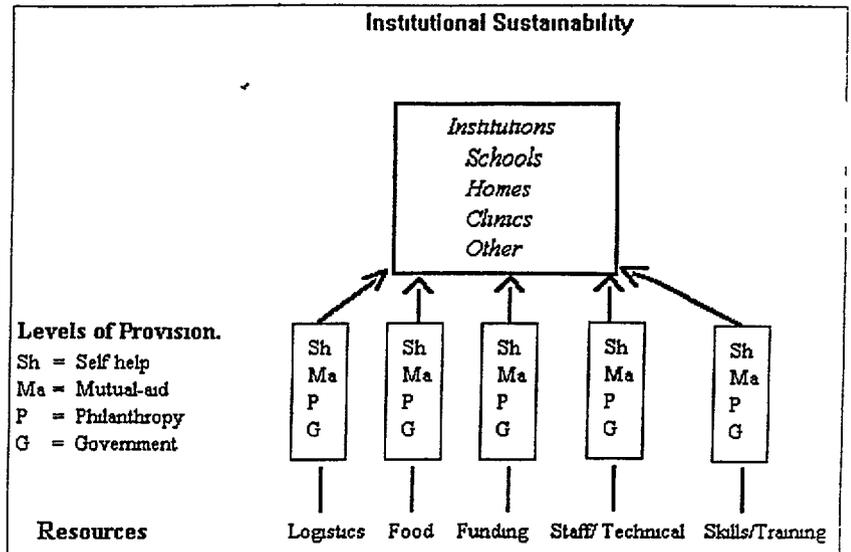
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<sup>35</sup> The paradigm of self-help, mutual aid, philanthropy and government was conceived of by Robert Payton, founding Director of the Indiana University Center on Philanthropy, as a way of explaining the role of philanthropy in American society. Personal communication, April 1995.

also a nurse, the orphanage will be to some extent self-reliant when it comes to the orphans' medical needs<sup>36</sup>

**Mutual aid** refers to the *level of provision* between and among the members of the same family,<sup>37</sup> the assumption here is that there is a bond or some formal obligation underlying the mutual support. Members of an extended family who have a source of income are expected to, and generally do, provide for other needy family members: grandparents care for and feed grandchildren, uncles loan to nephews -- all based on family bonds.

Figure 9



**Philanthropy** is narrowly defined here as simply helping someone for whom one has no formal responsibility. Consequently it is distinguished from government and mutual aid, which both assume formal bonds of responsibility. For the purposes of this survey, GR/OCF institutions are philanthropic insofar as they serve individuals based on, for example, a charitable mission rather than a formal obligation.

**Government** refers to the *level provision* offered by the state, where the state is considered to have a formal obligation and responsibility to serve its citizens.

The four categories of 'resources' by which we gauged the relative reliance on *levels of provision* within civil society are defined as above (page 66). They are **logistics** (administration, land and capital for operations), **food** (in-kind transfers, produced or bought food), **the institution's primary goal** (resources for overhead/operating expenses, personnel, equipment), and **secondary enabling factor** (resources such as credit, additional skills training, equipment).

Before estimating the GR and OCF institutions' relative reliance on self-help, mutual aid, philanthropy and government (i.e., *levels of provision*), we first make some general observations on beneficiary reliance on these threads of civil society.

<sup>36</sup> We are regarding international clergy, who have committed themselves to be permanent residents of the institutions, as part of self-help of the institution, even though they could be viewed in terms of philanthropy.

<sup>37</sup> Although it is usually considered a form of mutual aid, we have chosen to define ethnic group support under philanthropy for the purposes of this survey.

## **Beneficiary Reliance on Civil Society**

How does broader civil society support GR/OCF beneficiaries? The conditions that put beneficiaries in need of food aid and other assistance are common to both Ethiopia and Kenya -- these individuals are in general severely disadvantaged and the most vulnerable segments of society. Without the various schools, homes and clinics that make up the GR/OCF institutional landscape, the option of the beneficiaries to rely on the mutual aid of family, on government, or on their own self-help is limited, if not altogether absent. Many it seems (at least at the time they ask for GR/OCF assistance), are left with only CRS-affiliated institutions as a last resort.

As we have seen in our discussion of targeting, GR/OCF institutions, to varying degrees, check whether their beneficiaries have alternative sources of goods (e.g., food), income, and services (e.g., other rehabilitative institutions). Most institutions surveyed identify whether the beneficiary has the targeting-condition addressed by the institution's primary goal -- that is, for example, does the beneficiary have the disability which the institution seeks to rehabilitate? This process of beneficiary screening, however informal, causes the institution to gauge its capacity to provide the intended service against the beneficiary's alternative sources of assistance. In all cases the institutions described the process in terms of reliance on other *levels of provision* (which we translated into our terminology as) self-help, mutual aid, philanthropy, and government. Thus to the extent time allowed, through interviews with institution staff as well as beneficiaries, we examined the degree to which GR/OCF beneficiaries rely on or turn to various *levels of provision* of civil society for food, livelihood security, and fundamental help in addressing their vulnerabilities.

The most common issue raised in our institution and beneficiary-level interviews was the extent to which mutual aid of the family was not an option for the beneficiaries and that the government was generally limited in its ability to assist the individual (particularly when the individual remained outside of the institution). Although it appears likely that for most non-resident beneficiaries there is some reliance on self-help, mutual aid and philanthropy (other than the GR/OCF institution) and government, it also proved very difficult to *quantify* their relative reliance on these other *levels of provision* within civil society. Our discussion thus flows from a more qualitative assessment of the various institutions' perceptions.

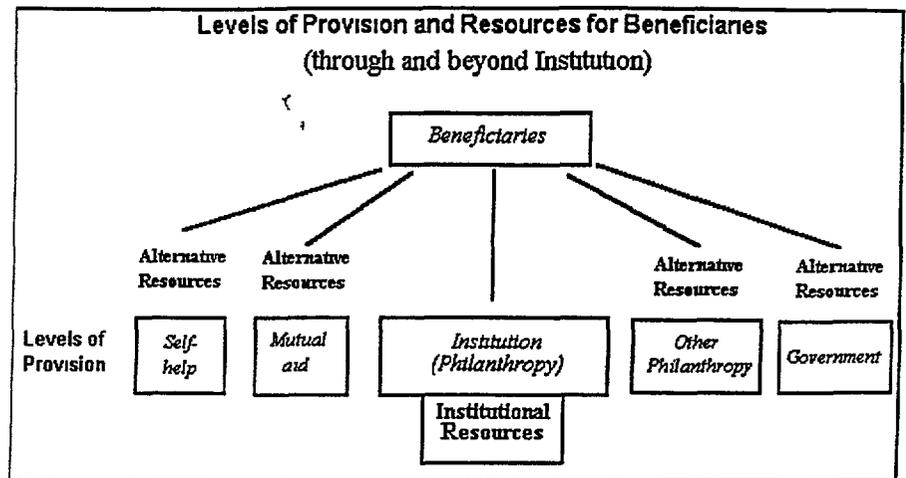
In the case of beneficiaries residing in the GR/OCF institutions, their reliance on philanthropy is understandably high. But surprisingly, even in many of the institutions geared toward education and rehabilitation, the beneficiaries by necessity also rely on other levels of provision to secure alternative resources.

For instance, most schools have limited resources or limited time-frames for serving their beneficiaries. These institutions only maintain the children during the school term, the majority of beneficiaries have to leave the institution for "vacation." Again, while it was impossible to fully assess the relative reliance of these children on the other levels of provision, we can conclude that they rely on other elements

of civil society (beyond the institution's philanthropy), if only because they are able to both leave and return several months later for the next school term

In the few non-resident beneficiary interviews we were able to conduct,<sup>38</sup> we found that reliance on the institution varies widely. The variance depends considerably on the severity of the circumstances facing the individuals seeking assistance. In general, however, it is only when the other *levels of provision* break down that we saw the individuals turning to

Figure 10



GR/OCF institutional philanthropy (e.g., when the mutual aid of the family can no longer support a grandmother who is too old to work her 'shamba' (small vegetable garden)). We found examples of this at Kalawa Catholic Mission in Kenya, where we interviewed a dozen beneficiaries from an earlier GR food distribution. During the 1994 drought, these individuals turned to the philanthropy of the Mission only after their own harvests had failed, and the government's small 5 kg ration proved insufficient.<sup>39</sup>

We now turn to a summary of observations on the GR/OCF institutional sustainability in terms of reliance on levels of provision in civil society. We first make some general remarks on Ethiopia and Kenya together, and then summarize the same issues on a country-specific basis.

### Institutional Reliance on Civil Society ETHIOPIA and KENYA<sup>40</sup>

#### **Self-help**

For the GR/OCF centers surveyed, self-reliance plays a major role in institutional sustainability by furnishing the resources for *logistics* and in meeting the *institution's primary goal*. Of the institutions surveyed in both countries, the

<sup>38</sup>Many of the beneficiaries were children, which limited our ability in direct interviews.

<sup>39</sup>Even in such situations where the beneficiaries solely received dry ration food distributions (without the provision of other services), we believe that they were so well targeted that the provision of the Title II was literally life-saving. Some of these beneficiaries "would no longer be alive" (Father Pius of Kenya's Kalawa Catholic Mission) were it not for the CRS food aid.

<sup>40</sup>The data presented are preliminary. They are only an initial gauge of the institutions' relative reliance on different sectors of civil society, and perhaps point to a possible correlation between institutional sustainability and the various *levels of provision* within civil society.

overwhelming majority (26 of 29) demonstrated a *high* reliance on their own skills and personnel to manage their operations, and 24 institutions relied heavily on their own staff to fill roles as teachers, nurses, etc

Self-reliance, usually in the form of small gardens or small enterprise to buy staples, is very often the means by which a *food* donation (philanthropy) was supplemented to meet the beneficiaries' total nutritional needs. Self-help also seems to be the predominate level in producing a *secondary enabling factor* for the beneficiaries (e.g., skills, literacy training), with nearly half of the institutions citing high reliance on their own internal capacity to provide the resource

### **Mutual Aid (family)**

For Ethiopia and Kenya, we found generally that mutual aid plays a limited role in the sustainability of the institutions surveyed. Only about half showed even a *moderate* reliance on mutual aid of the beneficiaries' families for *food*. This would at first seem unlikely considering importance of the extended family in Kenya and Ethiopia. But it is precisely when this *level of provision* breaks down for an individual that he/she turns to other *levels* such as philanthropy. Consequently, it appears that those individuals who become beneficiaries arrive at the GR/OCF institutions with limited family support, either for themselves or for the institution itself. This is further supported by the fact that 25 of the 29 institutions actually indicated no reliance on mutual aid to further the *primary institutional goal*.

### **Philanthropy**

There is a relatively high reliance on philanthropy in both countries in all but one resource category. In terms of *logistics*, over half of the institutions turn to local and international donors for housing/shelter for their beneficiaries, vehicles, warehouse facilities for commodities, etc.<sup>41</sup> A considerable number -- 25 -- of the institutions visited obtain *food* (or the resources to acquire food) through a wide range of philanthropic sources -- both local and international. Three-quarters of the surveyed institutions also showed a relatively high reliance on philanthropy to finance the overhead and operating costs, provide rehabilitative services, etc., that are commensurate with the *institution's primary goal*. For example, a number of homes for disabled children rely on bi-annual visits by European surgeons to perform operations, as well as to check on progress and evaluate new patients. There are also many examples of centers making the most of the "philanthropic contributions" they acquire: the sale (and use) of donated food aid containers, though small, is efficient and effective in most cases.

Surprisingly, although the *secondary enabling factor* is can be considered a 'developmental' aspect of these institutions, they appear to rely less on philanthropy (international or local) -- only six of the institutions indicated high

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<sup>41</sup>International donors include private benefactors such as monasteries supporting the mission of a particular group of priests and nuns, for example, as well as foreign government and nongovernmental relief and development organizations

reliance on philanthropy as a means of furnishing an *secondary enabling factor* for their beneficiaries. On the other hand, nearly half rely on their own self-help as main factor in securing *secondary enabling factor* resources

### Government

Government came across as the least relied on *level of provision* for the surveyed GR/OCF institutions. Most striking was that over half of the institutions indicated that they do not rely at all on the government for *food* (this was particularly the case in Kenya). The only other resource category in which government provision seems to be a factor is in that of *logistics*. Six institutions manifested moderate reliance on the government, particularly in terms of "donated" land.

The following matrix summarizes for Ethiopia and Kenya the *levels of provision* on which institutions showed a *high* reliance to secure and maintain resources (see Appendix B for full listing of reliance matrices)

Reliance on Civil Society Levels of Provision				
Ethiopia & Kenya (29 institutions surveyed)				
for Resource Category	# of institutions indicating <u>high</u> reliance on			
	Self-Reliance	Mutual Aid	Philanthropy	Government
Logistics	26	0	15	3
Food	10	0	25	0
Primary Institutional Goal	24	0	20	1
Enabling Factor	13	0	6	0

### Reliance on Civil Society Levels of Provision ETHIOPIA

#### Self-help

All of the Ethiopian GR and OCF institutions we visited rely heavily on self-help to manage *logistics*, the basic administration of their organizations. Self-reliance also plays a large part in the achievement of the *institution's primary goal*, 10 out of 12 institutions surveyed relied on the skills and expertise of their own staff to teach, to rehabilitate, etc. (Funds that go into the operating costs of such activities, however, seemed to be predominantly -- over half of the surveyed institutions -- secured through philanthropic sources.) Self-reliance also plays a part, to varying degrees in most institutions, insofar as small gardens and small income generating schemes offered availability or access to food needed to round out the overall food budget.

### **Mutual Aid (family)**

In all resource categories, there appears to be little or no reliance on mutual aid as a source for institutional sustainability. Almost half of the institutions surveyed in Ethiopia exhibit just a low reliance on family support in terms of *logistics*. This usually comes in the form of a mother of a beneficiary child offering to do small chores around the institution, but even this is usually compensated in a small way. Very often, in cases of orphanages, the institutions will avail their beneficiary children of some source, however distant, of mutual aid.

### **Philanthropy**

The heaviest reliance on philanthropy was observed in the *food* category. Eleven out of twelve institutions demonstrated a high reliance on international donors (not limited to CRS-Title II) for the base of their beneficiaries' food needs.

Networks between local and international philanthropy appear to be used as an effective referral system. For example, some of the children arrived at St. Joseph's Orphanage (Harar) on the recommendation of a nearby Save the Children project.

In Ethiopia we saw some evidence of small-scale voluntary association evolving into broader grassroots advocacy for the philanthropic sector and those it serves. Good Shepherd Family Care has coordinated with other organizations to form the Consortium of Ethiopian Voluntary Organizations (CEVO), a local umbrella organization along the lines of the U.S. PVO InterAction. Although it is in its early stages of organizational development, its mission is clear and it has 17 member organizations throughout Ethiopia.

It is unlikely that *individual* Ethiopian PVOs will be able to effect the wide-spread change needed to overcome the causes of beneficiary poverty. The socio-economic and political factors that render a family incapable of providing mutual aid to its members are well beyond the reach of isolated interventions. Collectively, however, local Ethiopian initiatives like CEVO have a better chance to engage the

government and the private sector to seek sustainable solutions to poverty and food insecurity.

### **Government**

GR and OCF institutions rely very little on the government for the categories of resources we chose to examine, no institution we visited receives assistance from the government *directly* in terms of *food*. Only one institution could be said to have relied significantly on the government insofar as it received its land as a government grant and leveraged other donations from this transfer.<sup>42</sup>

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<sup>42</sup>Many other institutions appear to have received land concessions from the government, but, in light of the complex question of title to property in Ethiopia (particularly as it is still being defined under the new government) it is very difficult to assess the relative reliance on government in these cases.

The government Relief and Rehabilitation Commission (RRC) links some institutions with resources, both private and public, that address needs met by the *institution's primary goal* (e.g., surgery for students from Shashamene School for the Blind). Also, the local administrative structure (the Kebele) is often used by the institutions to target beneficiaries (or confirm accuracy of targeting).

The matrix summarizes the *levels of provision* on which institutions showed a *high* reliance to secure sustainable resources (see Appendix B for a complete listing of reliance matrices).

<b>Reliance on Civil Society Levels of Provision</b>				
<b>Ethiopia</b>				
<b>(12 institutions surveyed)</b>				
<b># of institutions indicating <u>high</u> reliance on</b>				
<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	12	0	8	1
Food	5	0	11	0
Primary Institutional Goal	10	0	7	1
Enabling Factor	7	0	3	0

### Reliance on Civil Society Levels of Provision KENYA

#### **Self-help**

The commitment, ingenuity and resourcefulness of the institutions' staff (in all but one instance) combine to fuel the self-help necessary to sustain the *logistics* of basic day-to-day operations of the institutions. For the majority of programs (14 out of 17) we visited in Kenya, self-help in the form of a garden, or milking cow or goats is an important factor in meeting the overall *food* budget.

#### **Mutual Aid (family)**

We saw limited evidence of a reliance on mutual aid to support any of the main functions of the institutions. In the case of the Small Homes for Disabled Children, we did see community philanthropy combining with family interests to raise mutual aid to a level on which the institutions could rely. Nearly a quarter of the Kenya GR/OCF institutions demonstrated a *moderate* reliance on parents of beneficiary children for contributions, or participation in committees, both of which have impact on the *logistics* and/or *primary goal of institution*.

However, when we did see evidence of mutual aid *per se*, it was very powerful. For instance, we spoke with a Kikuyu woman, Tabita George, a victim of ethnic clashes in Kenya, about the needs of the relatively spartan CRS-funded resettlement scheme to which she had recently arrived. She asked not for herself or to improve the wooden shack in which she lived, but for help to pay secondary school fees for one child, university school fees for another and for a kerosene pressure lamp with which to light the school. "You must look to the education of the children." Thus, the spirit of her caring for her own children inspires an *active* concern for the children of her community, for whom she has no 'formal' responsibility (philanthropy).

### **Philanthropy**

In general, international philanthropy plays a considerable part in all but the *secondary enabling factor* category. The combination of self-help and local philanthropy, however, appears to be as important -- if not more reliable -- than international donors, and we continually saw evidence of philanthropic action filling the gap left by inadequate or non-existent government and mutual aid. Of the 17 institutions surveyed, 13 rely heavily on philanthropy to ensure its *primary institutional goal*. We also saw impressive instances of personal/individual philanthropy (e.g., surgeon's time) combining with institutional level philanthropy (materials to perform operation) to facilitate both the *Institution's Primary Goal* and in a few cases the *Enabling Factor*.

Although national level associations such as the Association for the Disabled, exist, these philanthropic levels of provision do not seem to be sources on which the GR/OCF institutions rely (even if they are members) for funding for any major resource need. And although national associations also have potential for advocacy and consciousness raising, the GR/OCF institutions in Kenya seem ambivalent when it comes to relying on them for direct support in this regard.

### **Government**

Reliance on government sources is low at best. In terms of *food*, we found no institutions relying on the government, only at the level of dry ration recipients did we see evidence of an occasional government distribution to GR/OCF beneficiaries.

## Reliance on Civil Society Levels of Provision

### Kenya

(17 institutions surveyed)

# of institutions indicating high reliance on:

for Resource Category	Self-Reliance	Mutual Aid	Philanthropy	Government
Logistics	14	0	7	2
Food	5	0	14	0
Primary Institutional Goal	14	0	13	0
Enabling Factor	6	0	3	0

The above matrix shows *levels of provision* on which institutions showed a high reliance to secure and maintain resources (see Appendix B for a complete listing of reliance matrices)

## V. Conclusions

### Effectiveness and Sustainability of Food/Livelihood Security

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Most of the programs we visited in Ethiopia and Kenya helped a series of people move through homes, clinics, schools and distribution centers. The targeting-condition (e.g. polio-induced lameness, severe malnutrition, need for education, being orphaned) gave the beneficiaries access to not only food but also other services which enabled the vulnerability to change, often irrevocably to the better (e.g. physical operation and rehabilitation, supplemental feeding coupled with medical intervention and nutritional counseling, schooling and shelter).

Dependent on the capacity of the institutions and beneficiaries, those that were able to leave did so with better health and a wider web of skills and resources. Thus, rather than being havens for the chronically needy, most of these CRS-supplied centers helped populations transit through chronic situations. Thus, in spite of the chronic situations which institutions strive to address (shunned lepers, fistula-afflicted women, orphanhood or abandoned street children) we found that in most cases these organizations enable the populations moving through these institutions to be individually transitory. Fistula Hospital provides a case-in-point (see case study under Ethiopia). While all the women arrive burdened with difficult labor, miscarriages and both physical and emotional disfiguration from fistula, the medical staff operate, heal and discharge these women. While some will never 'graduate' from their condition (e.g. become barren, remain incontinent), most will go on to normal deliveries, albeit by Caesarian section and all will leave Fistula, no longer patients. While food aid as a 'welfare input' is not the main goal of the hospital, we would argue that CRS providing Title II to Fistula (and its beneficiaries) has enabled the Hospital to provide an irreplaceable service for these women, a service which decreases their vulnerability, and in some cases improves their viability (see case study under Ethiopia).

Thus, instead of food being used as a crutch, keeping people 'on the dole', we found that through providing Title II food, most GR/OCF institutions were able to feed their targeted beneficiaries while providing them with additional types of aid that changed beneficiaries' vulnerability (and for some improved their viability). Such aid consisted of shelter and rehabilitation in most homes, medicine and nutritional training in most clinics, and education in schools. Such services have enabled many of least advantaged become increasingly self-sufficient. *Title II food aid acts as a facilitating force for such improvement.* The most progressive and comprehensive of these centers also provide to selected beneficiaries a *secondary enabling factor* beyond the primary institutional goal which assists individuals in becoming productive members of their societies: higher educational sponsorship, broader skills training, credit, etc.

While welfare-situations are likely to continue, e.g. orphanages, homes for the disabled, old, sick, it is important to note that most individuals move through these situations of temporary food insecurity and need for welfare assistance. Thus the combination of targeting-condition, institutional type/mission and institutions' ability to deliver aid will influence the duration of beneficiaries' reliance on Title II. This is because either the beneficiaries will leave the institution as a result of the short-term provision of Title II or will be assisted in the medium- to long- term through the institution's improving their food security through additional inputs (e.g. education, rehabilitation). To reiterate our main finding, in the welfare institutions surveyed, *Title II can act as a facilitative force which enables many beneficiaries to transit through chronic situations*

## **Institutional Sustainability and Civil Society**

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To fully assess institutional sustainability in the broader context of civil society was not feasible due to time and logistical constraints. However, we feel the survey offers a first step in understanding where and how GR and OCF institutions fit into the larger civil society landscape. In examining basic indicators of institutional sustainability as they relate to the levels of provision in civil society, we believe the survey leads to areas where CRS country programs can strengthen their interventions at the organizational level, while recognizing the impact that these interventions have on the different threads of civil society.

We have examined institutional sustainability of GR/OCF programs based on their participation in civil society, which limited our ability to draw direct conclusions on the sustainability of each individual institution. However, we found the GR/OCF institutions of Ethiopia and Kenya to be an important part of the philanthropic landscape of an evolving civil society. They embody a process of sharing and spreading public responsibility. By shouldering a portion of their countries' burden of caring for the poor and marginalized, they help beneficiaries move through chronic situations and gain access to other levels of provision of civil society.

Consistently, across both countries, we found instances of personal/ individual and institutional philanthropy translating into self-reliance for the institution (as well as self-help for some beneficiaries). Gratitude of the beneficiaries is often channeled back to the institution in the form of service, and this 'return on investment' can be seen as an asset in terms of institutional sustainability. And not only is this evident in institutions where beneficiaries are residents, it also occurs, perhaps on a smaller scale, in institutions that provide only dry ration take-home distribution.

Despite the importance of the extended family in Ethiopian and Kenyan society, mutual aid appears to play a limited part in the sustainability of GR/OCF institutions. Our assumption is that in general mutual aid is the primary level of provision in these societies, and if an individual turns to the philanthropy of an

institution (or support of the government), it is because the family network of assistance is no longer an option. It follows then, that beneficiaries' families are rarely in a position to contribute to the GR/OCF institutions.

Many of the traditions of philanthropy in Ethiopia and Kenya appear to be religiously based, or at least organized and practiced by religious groups. Philanthropic efforts by religious associations, as in the case of many GR/OCF institutions, animates private action to support a wide variety of needy in both countries. For the institutions surveyed, networks of philanthropy arising from religious association and mission are a strong, effective means of targeting and providing services to most vulnerable members of Ethiopian and Kenyan societies.

Interestingly, although national nongovernmental associations such as the Association for the Disabled exist and are active in both Ethiopia and Kenya, there appears to be little or no reliance on them by the GR/OCF institutions reviewed in this survey.

In light of the history of conflict and restrictive political culture that has dominated both countries, and which has undermined the trust necessary for viable private voluntary association, the success of 'umbrella' organizations is critical to overcoming practical obstacles to sustainable development, and to creating shared values that allow long-term solutions to take root.

In general, GR/OCF institutions' reliance on the government is limited, however, the local administrative systems (the *Kebele* in Ethiopia, and the District Development Committees in Kenya) are widely used by the philanthropic sector as a means of targeting and referral.

Finally, we found encouraging evidence in both countries that networks between local and international philanthropy appear to be relied on as an effective targeting and referral system. Indeed, consistently throughout Ethiopia and Kenya, perhaps the most effective interplay of mutual aid, philanthropy and government appears in the form of targeting and referral of the beneficiaries -- essentially, the ***civil society social safety net***.

## VI. Recommendations

There are two types of recommendations which follow Broad agency-wide, and country program-specific There is, of course, some overlap among these categories

### I Agency-Wide Recommendations

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#### Conceptual Approach

**A** *CRS as an agency should approach the issue of institution graduation (of GR/OCF and other counterparts) from the standpoint of civil society* A full assessment of the sustainability of GR/OCF programs requires an examination of the process of 'institution graduation' from reliance on Title II resources Although the survey does point to how graduation and civil society might be linked, this is a much larger question which needs further exploration than the survey could undertake Institution graduation is a long-term investment, just as is the democratization to which its fate is tied Only when there is a clear understanding of how counterpart organizations fit in, and can rely on, civil society, will a long-term strategy for institution graduation be feasible

**B** *CRS should recognize its role in strengthening local institutions in terms of a broader contribution to the philanthropic thread of civil society* CRS has a strong history and commitment to the institution building of its indigenous counterparts, this is the most effective and consistent way that CRS contributes to the fostering of civil society (and ultimately democracy) Part of the measure of civil society's strength is the extent to which citizens feel connected and responsible "Civil society is tested by its capacity to produce citizens whose interest, at least sometimes, reach farther than themselves"<sup>43</sup> By protecting, and in some cases strengthening, the philanthropic sector (and the sense of responsibility it engenders) within the countries it works, CRS plays a pivotal role in building a foundation for sustainable development, and in fostering the institutional bases of civil society and democratization

**C** Seen in this light, *CRS should systematically examine where and how it has kept philanthropic institutions viable* (perhaps in the context of non-democratic or authoritarian regimes) A review of this experience is likely to generate a number of common factors necessary to strengthening the philanthropic sectors of countries

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<sup>43</sup>Michael Walzer, "The Idea of Civil Society A Path to Social Reconstruction," *Dissent*, Spring 1991, 303

in which CRS operates. In Ethiopia and Kenya, for example, many traditions of philanthropy appear to be religiously based, or at least organized and practiced by religious groups. Philanthropic action by religious associations or groups represents one of the essential bases of democracy, not only in terms of religious tolerance and freedom of association, but also the extent to which religion animates private action to support the most vulnerable members of society. Thus, CRS' service through local church counterparts should be used as a common element in developing a more unified strategy for strengthening local philanthropic sectors.

### **Redefinition**

**D** *GR/OCF definitions need to be made more stringent as to who qualifies for which type of assistance.* For instance, while only schools receive the OCF (smaller) ration, there are orphans in Kenya schools which are under the GR program, and there is at least one school in Ethiopia (Shashemene School for the Blind) which receives the (larger) GR ration. Further, some institutions distribute based on a single targeting criteria (e.g. disabled) while other GR counterparts distribute to a wide array of beneficiaries, ranging from malnourished mothers and infants, to the sick, aged, handicapped and street children. We do not suggest an arbitrary 'triage,' nor do we suggest rejecting equally deserving beneficiaries solely because they fall outside the 'correct' category, but we do believe there should be a review of whether the GR program can best serve a wide scope of need, or whether it should focus and perhaps increase its value-added.

Discrepancies can be addressed by creating consistent agency-wide guidelines for identifying GR/OCF beneficiaries, and for determining their rations. These guidelines, of course, would be tailored by the the country programs themselves to ensure the most effective targeting. Deviations would then have to be justified against a standard rather than solely on the relative context. **Redefinition should focus on types of vulnerability (targeting-condition) as well as types of assistance.** This is particularly important because, for example, for the same programs, ration amounts differ considerably.

- \* Ethiopia's GR allocation of 13 kg/person GR, versus its OCF allocation of 6 kg/person
- \* Kenya's GR allocation of 7.5 kg/person (not consistent with either of Ethiopia's allocations), and during our survey period, no comparable OCF allocation

**E** *GR programs should be redefined to account for a developmental component.* We would argue that most of the institutions help populations transit through chronic situations. Again, Title II serves as a facilitating force for counterparts' helping beneficiaries become less vulnerable and more viable. As some counterparts provide not only curative services but also add productive skills and

abilities, their programs should be redefined as *development* programs rather than 'welfare' programs. While these institutions are not likely to 'run out' of potential beneficiaries (e.g. those with disabilities will continue to be born), the capacity to graduate beneficiaries and help them overcome their disabling condition (e.g. lameness, fistula, malnutrition) should be a criterion for redefining the 'welfare-provision' category.

This redefinition should, of course, recognize that most GR counterparts serve some *chronically* needy beneficiaries (e.g. terminally ill, AIDS patients, irreversibly disabled) and should explicitly acknowledge this general welfare assistance. These services are absolutely essential, and the fact that beneficiaries are unlikely to graduate should not bar them from receiving much-needed Title II and other aid such as medical assistance, shelter, and inclusion in a secure community. Moreover, we would argue that such types of beneficiaries are the *least food secure* of any beneficiary being served by Title II aid and warrant consistently-provided food precisely because they are the least able to care for themselves either now or in the future.

## **II Country Program Specific**

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### **CRS' institutional advantage**

**A** *CRS/ET and CRS/KE should take direct steps to introduce a GR/OCF institutional development strategy that enhances the capacity to move beneficiaries to other levels of provision, beyond the philanthropy of counterpart institutions*

A viable civil society must have ways to balance the public need (i.e., spread the social burden across the full spectrum of self-help, mutual aid, philanthropy, and government)<sup>44</sup>. The GR/OCF institutions contribute to this process of sharing and spreading public responsibility in two ways. First, they appear to shoulder some (if not much) of the societal burden of caring for the poor and marginalized. Second, as the institutions facilitate the movement of beneficiaries through chronic situations and beyond the institutions, they are opening up these individuals to other *levels of provision* of civil society.

CRS is in a good position to foster this process because of its comparative advantage in having stable, ongoing counterparts in countries over a long time period. Such relationships and the presence of CRS as a development force facilitates not only the provision of assistance but also the measuring of impact and the transfer of skills over time. Through counterpart relationships of ten years or more, and Diocesan ties that extend far beyond the simple provision of a specific resource, CRS assistance can have considerable impact on participating institutions.

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<sup>44</sup>The United States is itself going through a debate on who will shoulder what portion of the public "burden." One recent reflection of this can be seen in efforts of the Congress to shift many Federal and State government programs onto private philanthropy.

and their beneficiaries, and also on the country itself by grounding philanthropic values and practices in the larger society

**B** *GR/OCF programs should be linked with existing CRS institution-building efforts, or receive specific interventions tied to the institutional development assistance recommended above* One of the most important country-specific issues was difference in the amount of *local resource diversification and fundraising*. As mentioned in the country sections, Kenya's outreach in terms of local support appears greater than Ethiopia's, which may be attributable to many factors, including the larger middle class in Kenya, differing socio-political systems since colonialism, and even CRS/KE's one to three-month GR assistance which has forced counterparts to look elsewhere for more stable resource flows

*For most of the GR/OCF institutions visited, diversification of the donor base needs to be a priority*. We saw little evidence on the surface of systematic fund raising, which often appeared to be done as a response to an exceptional need, rather than basic day-to-day 'operating costs'. Although some institutions are further along than others in terms of diversifying their risk across a broader donor base, almost all would benefit from a more systematic approach to securing the basic resources needed to meet their mission consistently over time

**C** *CRS/ET and KE should consider investing in local umbrella organizations (e.g., CEVO in Ethiopia, National Association for the Handicapped in Kenya) while at the same time strengthening the linkages GR/OCF institutions have with these nationally based structures*. The GR/OCF institutions we visited represent, in some cases, small-scale voluntary associations linked nationally. Under certain conditions, *GR/OCF types of institutions can galvanize and even evolve into broader collective action, particularly if linkages with national associations are strengthened*<sup>45</sup>. Backing national associations strengthens the philanthropic thread of civil society, which, when GR/OCF institutions are linked to the national level, offers them a broader range of local options. Ideally, wider and stronger varieties of local levels of provision of this sort will lead GR/OCF institutions to decreased reliance on international donors

Likewise, expanding this local networking and advocacy force of smaller institutions may in the long-run, also foster a common identity where the organizations begin to see themselves as part of a sector, as part of civil society itself

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<sup>45</sup> See, e.g., the article in the Appendix detailing the rise of Peruvian soup kitchens (*commodores populares*) to a collective political pressure group

## Institutional selection criteria (type, effectiveness)

**D** *Both country programs need to examine counterpart selection criteria in assessing which types of institutions serve the neediest beneficiaries* While food insecurity is one criteria determining the 'neediest', there are other criteria for assessing program effectiveness and qualifying for assistance. Not only should CRS' GR/OCF programs consistently vet counterparts for accountability and consistent high provision of services to beneficiaries, they need to assess which partners are best-placed (literally and in terms of local credibility and building of locally sustainable, ongoing development initiatives) to serve the neediest. For instance, evaluating whether GR/OCF counterparts are in the most food-insecure areas and what alternative INGO, government or local NGO sources they draw upon <sup>46</sup>

This is likely to require an assessment at the country headquarters of their institutional selection criteria, including the information CRS requires from potential counterparts. This is to not only assess which institutions warrant continued CRS assistance (especially useful for Kenya in choosing to expand its programme from three months to continual for some of its counterparts), but also to develop criteria for assessing which future institutions to include in GR/OCF programs. Such an assessment of capacity might include the institution's targeting of beneficiaries, delivery of [food] resources to them, and the breadth of alternate networks and sources of food, funding and technical/ staff inputs. One way of assessing which institutions need to be provided with Title II is to use the fact that **food appears to be a facilitating force for the provision of other services**. This may make it a new requirement for counterpart acceptance by CRS pending further review.

**E** *CRS/ET should revisit the allocation of food aid to the southern and southwestern GR/OCF programs* Rural Ethiopian GR/OCF programs appear to have slightly more difficulty providing good targeting and delivery. There may be potential problems regarding placing the projects in less food-insecure regions such as the southern Shashemene/Shefina area. We suspect that the 'hidden hunger' of Shefina area is still far less severe in absolute terms than in Harar, Tigre or other areas north of Addis.

**F** *CRS/KE should consider a GR/emergency category to serve rural areas in particular* (which can be particularly vulnerable to adverse seasonality). Country-specific circumstances may compel the creation of *two kinds of GR programs in Kenya* -- those that are constant, annual and those that are a hybrid of the present-

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<sup>46</sup> As the prime directive behind food security assessments is to locate the populations within the most food-insecure areas, doing sustainable food and livelihood-secure interventions involves buttressing their ability to manage their resource base, incomes, nutrition, etc. Such diversification of resources is as important for individuals/ households as it is for institutions.

day one-to-three month allocation given only during 'emergency' years This may be difficult in terms of Title II planning/shipment, but it may be the best way to address occasional, transitory, yet no less critical need

CRS/KE should consider accounting for variance in the seasonal needs of some beneficiaries, particularly between February and April and in the most semi-arid areas outside of the Central Highlands (see Section III) Further, the emergency program may need to increase during years of drought and erratic rainfall, focusing on 'traditionally' food insecure regions in the West

While regional targeting by CRS/KE of food-insecure Dioceses appears relatively accurate, the process by which specific counterparts were chosen appeared to be somewhat haphazard As in Ethiopia, there is great demand for assistance by centers Unlike Ethiopia, institutional selection was not transparent This can be attributed to the CRS/KE program head knowing the country and its counterpart institutions well, coupled with the emergency character of the program This does not mean that allocation decisions were not made systematically, only that multiple demands for scarce, ever-decreasing resources and unusually chaotic national conditions (drought, ethnic clashes) compounded an already difficult assessment of decision-making regarding the type and amount of GR allocations to centers

#### **Institutional selection criteria (impact)**

These may extend beyond present-day measurements of effective delivery of assistance (even were that tracked by type of provider-institution, e.g. clinic, home) toward measuring the *impact* of aid This can be done through following-up beneficiaries performance in terms of decreased vulnerability and increased viability (e.g. food security over time as farmers or wage earners)

***G Impact assessment indicators at the institutional level should discern the effectiveness of counterparts in improving their beneficiaries' food security and livelihood security*** This is to confirm that the most vulnerable are being chosen and to begin measuring and comparing effectiveness of institutional delivery of food and non-food assistance Institutional impact assessment indicators could include

- 1) *nutritional effect*, e.g. monitoring the numbers of beneficiaries served, ration amounts allocated to each (assuming rations are controlled),
- 2) *institutions' own measures of success*, e.g. numbers of students graduating each year, numbers of disabled operated on and walking,
- 3) *impact on sustainable food security by following-up on 'graduates'*
  - direct food security (become farmers after leaving school) or
  - indirect food security (employed, able to purchase food)

We suggest that following-up on some percentage of graduates/released patients, ex-malnourished children etc. would not be that time or cost intensive By choosing the institutions which keep the best records as a start, a random-sampling

of 10% each year could be feasible. If this appears prohibitive for either CRS country-staff or the institutions', it may be best to collect data only 'at the exit door' of the institution (e.g. numbers graduated) and solely impute the effect.

### **Beneficiary selection criteria (vulnerability)**

What follows is one possible approach for assessing (mainly rural) beneficiaries' vulnerability as developed by IFPRI. There have been many studies done in the field of food security regarding household indicators of vulnerability. One which covered urban and rural consumers in countries as diverse as Ghana, Brazil, Mexico and the Philippines was done by IFPRI in 1994. Haddad and Sullivan found that the best variables indicating food insecurity were also surprisingly easy to collect:

- Household size, High household dependency ratios
- Land used and land owned per capita
- A low number and type of foods consumed
- Weight-for-height indicators of nutritional insecurity

One of the latest for Ethiopia, also done by IFPRI (Webb et al, 1995), has divided households into different groups according to the six most significant variables indicating food insecurity:

- Low non-cereal yields (<470 kgs/ha),
- Low non-oxen ownership (1.5 per household),
- High dependency on a few crops,
- Low ownership of livestock units,
- Relatively low household size (<6.5),
- High dependency on crop income (>95% of total income)

*While such vulnerability indicators might provide characteristics by which institutions could more rigorously target (and vet) potential beneficiaries, some issues may be more or less relevant depending on the country.*

**H We suggest cross-programming GR/OCF assistance with other programs (e.g. FFW, SED).** Such a cross-pollination of assistance would require CRS' counterparts and CRS country staff to identify possible complementary needs of beneficiaries who are able to take advantage of such opportunities. Assisting already-targeted beneficiaries could save CRS resources and increase the impact of their interventions, assuming that beneficiaries will benefit from a cumulative effect of assistance. *Assuming that targeting the poorest of the poor remains a priority, this may save work for other programs*<sup>47</sup>. For instance, an effective way of increasing the impact of aid would be to increase the array of programs for which beneficiaries

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<sup>47</sup> We found that in most cases, GR/OCF selection criteria by both condition and location is an excellent screen through which to identify the neediest. Choosing the poorest among slum residents is possibly the best example of effective location-driven targeting.

can be eligible. One example would be linking malnourished children's mothers with a women's credit program or facilitating disabled children's entry into vocational training schemes (either CRS or other NGOs' if possible). We saw such multiple-pronged assistance used in Ethiopia's Good Shepherd Family Services and Gemini Trust, and results on family health, food and livelihood security anecdotally appeared promising. Nonetheless, as mentioned earlier, impact on such beneficiaries needs to be measured over time, and the benefits multiple, cumulative assistance compared to one-program assistance for groups of beneficiaries.

One prerequisite of making beneficiaries eligible for complementary programs is mapping out the geographic proximity and eligibility requirements of CRS programmes (and possibly that of other INGOs, local NGOs and the government). While this may be beyond the mandate for CRS country programs, providing counterparts with information-management abilities about where else to send particularly promising beneficiaries may facilitate this process and yield results, particularly for those beneficiaries well-along the relief-to-self-reliance spectrum.

**I** *CRS/KE's GR record-keeping forms should be revised, a secretarial position devoted full-time to monitor the programs, and an end-use checker appointed to visit recipient institutions and perform informal record-keeping training.* This may be less difficult than it appears, for example, Machakos Diocese uses its Diocesan Coordination staff to do such training and monitoring in the regular course of their duties.

#### **Support CRS-managers' effectiveness in serving counterparts**

The informal on-site assistance which Wondimu Mariam, Peter Kimeu and other CRS staff already give counterparts regarding accountancy, food storage, fundraising, etc could be better shared if one

**J** *Key GR/OCF counterpart staff should be brought together for a workshop to perform common problem-solving, resource-identification and collective advising.* CRS should consider ways to *improve access of institutions' staff to alternative networks and resources.* CRS may consider providing key counterpart staff members with additional skills to garner additional food, funding or donations of in-kind contributions, e.g. equipment. Training workshops which help institutions define vision, increase and diversify their capacity, resources and linkages should be offered to GR/OCF counterparts. Such investments in human development are precisely the time- and cost-efficient use of CRS' counterpart training abilities which will ultimately decrease their reliance on CRS.

At the country program level, improving clarity of programming would involve bringing together the CRS GR/OCF program managers from certain regions to do the same collective problem-solving, resource-identification and advising which we

recommend for the implementing partners Together, GR/OCF managers could create a list of counterpart criteria and determine boundaries for the scope of GR/OCF, e g focusing efforts in food-insecure areas, limiting them to urban areas, limiting them to street children, etc Bringing GR/OCF heads together is likely to enable them to identify common problems, evaluate possible alternate solutions and make programming across countries more consistent/ coherent A forum such as this is likely to also facilitate the creation of performance criteria for institutional 'success' and institutional graduation from Title II

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# APPENDICES

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- A. PHOTOGRAPHS  
(and list of centers visited)
- B. CIVIL SOCIETY MATRICIES
- C. GOOD SHEPHERD FAMILY CARE
- D. THE ETHIOPIAN GEMINI TRUST
- E. HOPE ENTERPRISES
- F. SMALL HOMES: KENYA
- G. DAGORETTI CHILDREN'S CENTER
- H. INTERVIEW FORMAT
- I. PERU: "THE RISE OF A LIKELY  
CANDIDATE"

**GR/OCF Centers Surveyed<sup>1</sup>** (Centers underlined are represented in the Appendix, centers in **bold** are presented in the report )

## **ETHIOPIA**

### **Schools**

Yetemihirt Bilichta School (Addis)

### **Homes**

Hope Enterprises (Addis)

**School for the Blind (Shashemene)**

Jigessa Home for the Handicapped (Arsi)

**Abune Endrias Orphanage (Dire Dawa)**

St Claire's Orphanage (Harar)

**St Joseph's Orphanage and School**

### **Clinics**

Fistula Hospital and Clinic (Addis)

Shefina Clinic (Sidamo)

**Gambo Leprosy Control Clinic (Arsi)**

Gemini Trust (Addis)

### **Other (multiple services)**

Good Shepherd Family Care Services (Addis)

## **KENYA**

### **Schools**

St Martin de Porres (Nairobi)

### **Homes**

Ol'Kaiu Disabled Children's Home (Ol'Kaiu)

**Naro Moru Disabled Children's Home (Naro Moru)**

**Kathonzweni Small Home (Machakos District)**

Unoa Small Home (Machakos District)

Nigiluni Small Home (Machakos District)

Brothers of St Charles Lwanga - Ruai Street Children (Nairobi)

**Kibagare Good News Center (Nairobi)**

Dagoretti Children's Home (Nairobi)

**Kariobangi Home for the Aged (Nairobi)**

### **Other (\*clinics used as GR dry ration distribution sites)**

Dol Dol Clinic (Nanyuki)\*

**Makueni Mobile (Makueni)\***

Rumuruti Rehabilitation (Rumuruti)

Nyahururu Resettlement-Turkana (Rumuruti)

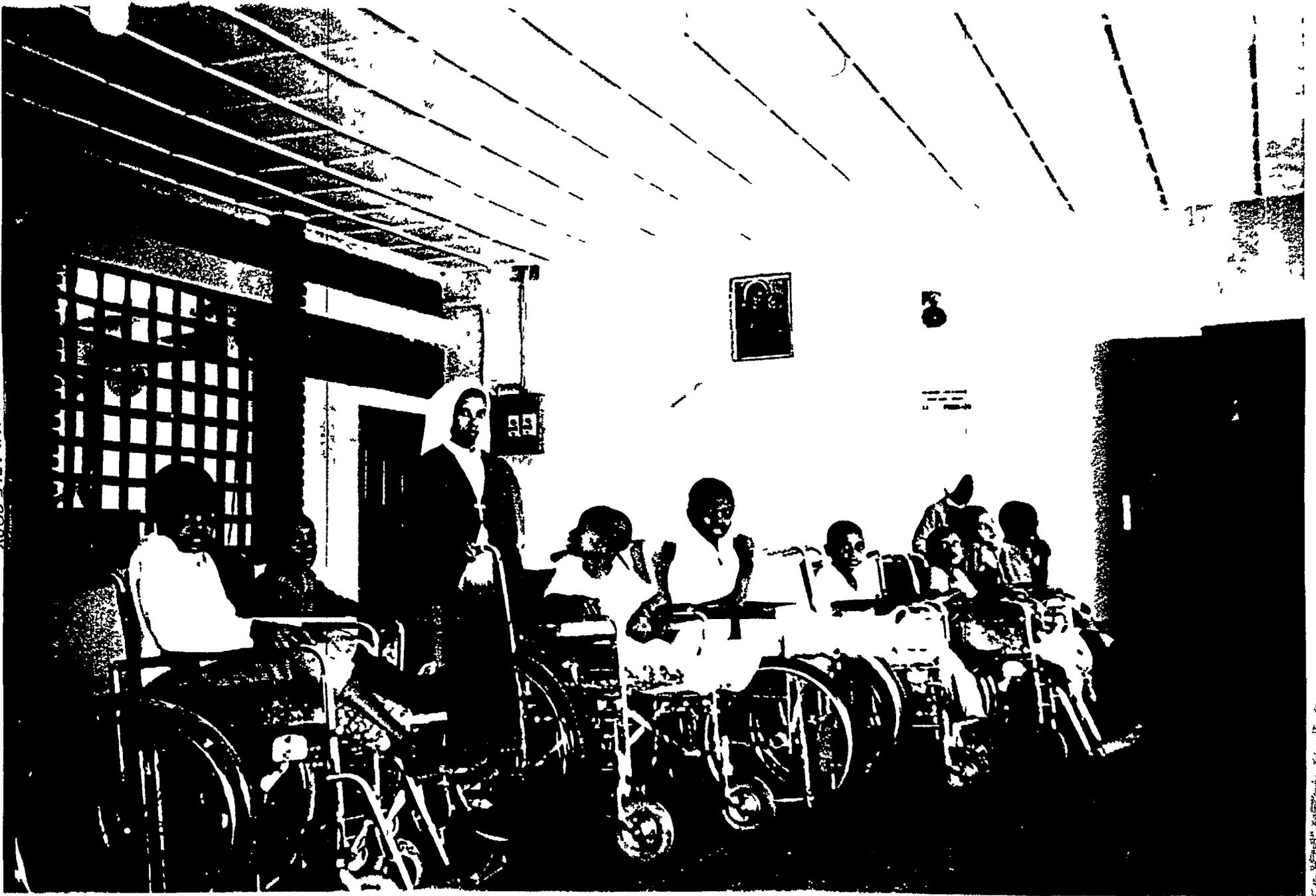
Ndemi Resettlement-Kikuyu (Nyahururu)

Kalawa Catholic Mission (Machakos District)

**Ngong Red Cross Destitute (Nairobi)**

<sup>1</sup> Note Centers are listed by primary service provided to CRS food beneficiaries, there may be overlap between array of services offered

BEST AVAILABLE COPY



JIGESSA HOME FOR THE DISABLED  
ETHIOPIA

A



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YETIMIHIRT BILITCHA SCHOOL  
ETHIOPIA

92



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ST CLAIRE'S ORPHANAGE

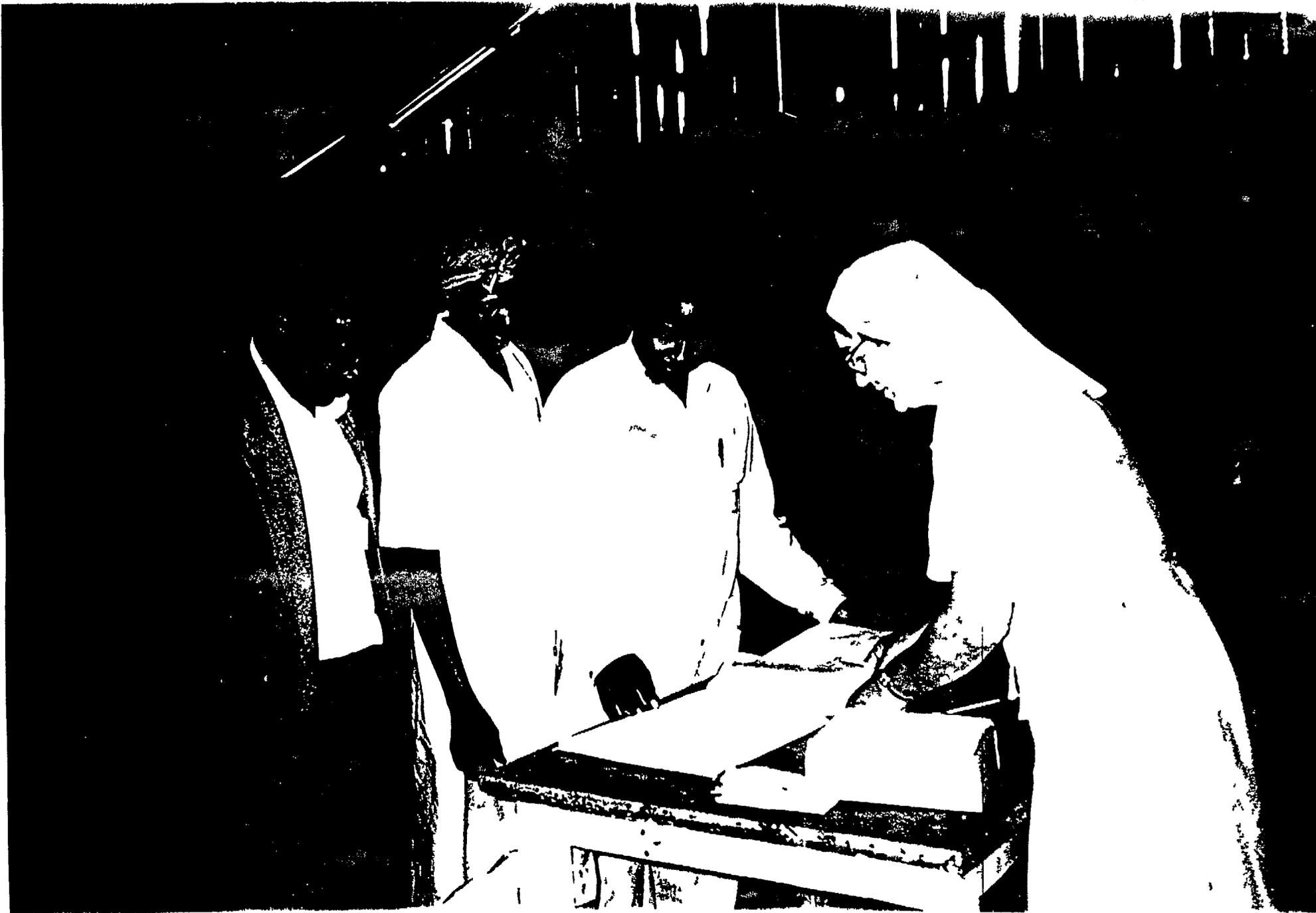
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DAGOPETTI CHILDREN'S HOME  
KENYA

94



DOL DOL CLINIC  
KENYA

## Reliance on Civil Society Levels of Provision

**Ethiopia**  
(12 institutions surveyed)

# of institutions indicating high reliance on

for Resource Category	Self-Reliance	Mutual Aid	Philanthropy	Government
Logistics	12	0	8	1
Food	5	0	11	0
Primary Institutional Goal	10	0	7	1
Enabling Factor	7	0	3	0

# of institutions indicating moderate reliance on

for Resource Category	Self-Reliance	Mutual Aid	Philanthropy	Government
Logistics	0	1	3	4
Food	2	1	1	0
Primary Institutional Goal	2	0	4	1
Enabling Factor	1	1	2	2

# of institutions indicating low reliance on

for Resource Category	Self-Reliance	Mutual Aid	Philanthropy	Government
Logistics	0	5	1	3
Food	1	2	0	0
Primary Institutional Goal	0	1	0	1
Enabling Factor	1	0	2	3

# of institutions indicating no reliance on

for Resource Category	Self-Reliance	Mutual Aid	Philanthropy	Government
Logistics	0	6	0	4
Food	4	9	0	12
Primary Institutional Goal	0	11	1	9
Enabling Factor	3	11	5	7

<b>Reliance on Civil Society Levels of Provision</b>				
<b>Ethiopia &amp; Kenya</b>				
<b>(29 institutions surveyed)</b>				
<b># of institutions indicating <u>high</u> reliance on</b>				
<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	26	0	15	3
Food	10	0	25	0
Primary Institutional Goal	24	0	20	1
Enabling Factor	13	0	6	0

<b># of institutions indicating <u>moderate</u> reliance on</b>				
<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	1	4	6	6
Food	4	5	2	1
Primary Institutional Goal	3	0	6	2
Enabling Factor	1	1	3	3

<b># of institutions indicating <u>low</u> reliance on</b>				
<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	0	8	2	4
Food	3	4	0	0
Primary Institutional Goal	0	2	0	1
Enabling Factor	1	0	2	3

<b># of institutions indicating <u>no</u> reliance on</b>				
<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	0	15	4	14
Food	10	19	0	26
Primary Institutional Goal	0	25	1	24
Enabling Factor	12	27	16	22

**Reliance on Civil Society Levels of Provision**

**Kenya  
(17 institutions surveyed)**

**# of institutions indicating high reliance on**

<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	14	0	7	2
Food	5	0	14	0
Primary Institutional Goal	14	0	13	0
Enabling Factor	6	0	3	0

**# of institutions indicating moderate reliance on**

<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	1	3	3	2
Food	2	3	1	1
Primary Institutional Goal	1	0	2	2
Enabling Factor	0	0	1	1

**# of institutions indicating low reliance on**

<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	0	2	1	1
Food	2	2	0	0
Primary Institutional Goal	0	1	0	0
Enabling Factor	0	0	0	1

**# of institutions indicating no reliance on**

<b>for Resource Category</b>	<b>Self-Reliance</b>	<b>Mutual Aid</b>	<b>Philanthropy</b>	<b>Government</b>
Logistics	0	9	4	10
Food	6	10	0	14
Primary Institutional Goal	0	14	0	13
Enabling Factor	9	15	11	13

at

# GOOD SHEPHERD

*Family Care Services - Ethiopia*

1995



*care of a child*

It would be unforgivable if we did not build upon these breakthroughs. It would be unforgivable if many millions of children should continue to die because the world neglected to take care of their most basic needs. And it would be unforgivable if we in this country did not redouble these efforts. We will meet that challenge to our children here at home and do our part to lead and meet the challenge on behalf of the children of the world.



- First Lady Hillary Rodham Clinton

## *Message from the Director*

1995 marks the third anniversary of Good Shepherd Family Care Service. In the past three years, the organization has considerable achievements to its credit. It has pioneered innovative approaches to community development, children's right, women and children health, environment and sanitation and better education for children for a better future. All this has been accomplished under the mercy and power of God. We propose and He disposes!

I would like to express my sincere thanks to those who assisted us materially, financially and morally during the past three years.

Let us remember our successes in the face of what sometimes seems to be bright, and continue working for sustainable development, motivated by our faith and the value of the Gospel.

His Grace,  
*Amela G.*  
Abel  
Managing Director



## In the Beginning

It all started in a formal way by Ethiopian families when they decided to do what they could to improve the tragic lives of poor women and children in Addis Ababa. Good Shepherd Family Care Services (usually called Good Shepherd) is a non-political, non-sectarian non-governmental Ethiopian organization, founded in 1991 and became operational in 1992.

The organization was set up originally with the following objectives:

- Implement mother and child health care and family planning. Ensure child survival by means of immunization, provision of ORS, supplementary feeding, nutrition education.
- Render prenatal, antenatal and delivery services. Establish MCH clinics in various parts of the country.
- Care needy families by providing them food and clothing. Financial assistance for their academic and vocational training.
- Implement child focused integrated community development projects, establish skill training centers and run child focused activities.

## Why GSFCSS?

An urban crisis is building in Addis Ababa where a minimum of a million people live under conditions of extreme poverty. An immediate crisis for the city poor is the high price of food, migration of the rural poor to the city, displacement and low agricultural productivity.

Most of the city population live in sub-standard housing with poor to non-existent sanitation facilities. Up to 75% of the people in the inner city areas earn less than 100 Ethiopian Birr per month which can hardly buy enough food stuff, let alone the education, medical, etc. expenses. The female headed households are among the most affected groups and one third of the urban families are headed by women.

Women in least developed countries are the disadvantaged groups. It is the mother who does most of the house works. She fetches water from far away rivers or communal water taps, prepares food, takes care of the children, cleans up the utensils and clothes and so on.

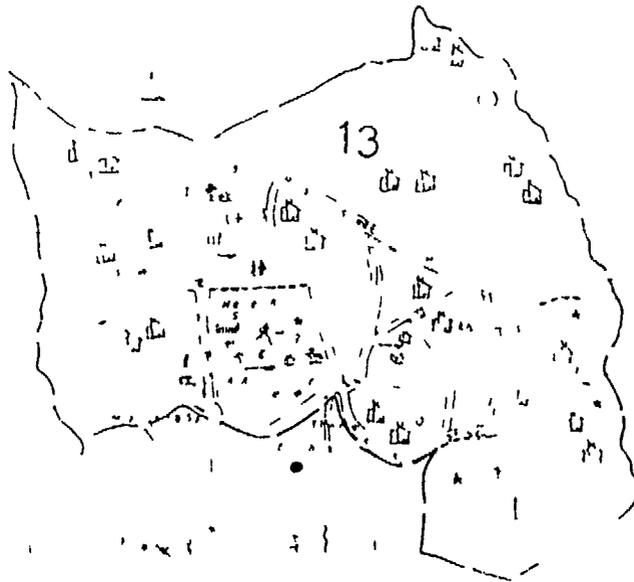
Children need someone to look after them. It is during their childhood that they develop good or bad behaviour. They are like flowers, if given appropriate care they will flourish and become builders of a nation, a country.

Thus as both women and children are the most vulnerable groups in a disadvantaged society, Good Shepherd's programme mainly

aims at improving the lives of these groups using a holistic approach to find sustainable solutions to their problems

Good Shepherd is working in Addis Ababa Region particularly in 12 localities (Kebeles) of Woreda 13 and in Nazareth East Shoa region

This is where Good Shepherd is working in Addis Ababa and its activities



## Selection of Direct Beneficiaries

Based on a survey conducted by GSFC in Woreda 13 of Addis Ababa region, female headed households were selected as being the most vulnerable members of the community with little or no income levels

According to the survey many survive on petty-trade fuel wood sales, providing domestic service or casual labor. The family size these single female heads of many households embraces at least five children. Most of the mothers are illiterate and their children are missing out on education since there is no income to support their education.

Selection criteria was set up by a committee composed of members from the Kebele officials, Woreda 13 representative and Good Shepherd staff.

## Health Programmes

### *Maternity & Paediatric Medical Center*

The Medical Center in Addis Ababa started operation in 1991. It provides antenatal, gynaecological, paediatric, general medical, delivery, laboratory, pharmacy, family planning, health education and EPI services.

The Center has 67 staff including six doctors, nine nurses, and eight health assistants. On average 120 patients come to the center daily for medical assistance.



### *Who is Paying?*

Good Shepherd is trying to encourage people not to be totally dependent on the project by free services. Therefore, only those who are referred from the Good Shepherd Satellite Clinics (those who are poor) get free medical treatment from the Center, but those who can afford it are required to pay a minimal amount.

The income generated from this Center partly goes to the Child Focused Integrated Community Development Projects and part of it is meant to cover the administrative costs of its own.

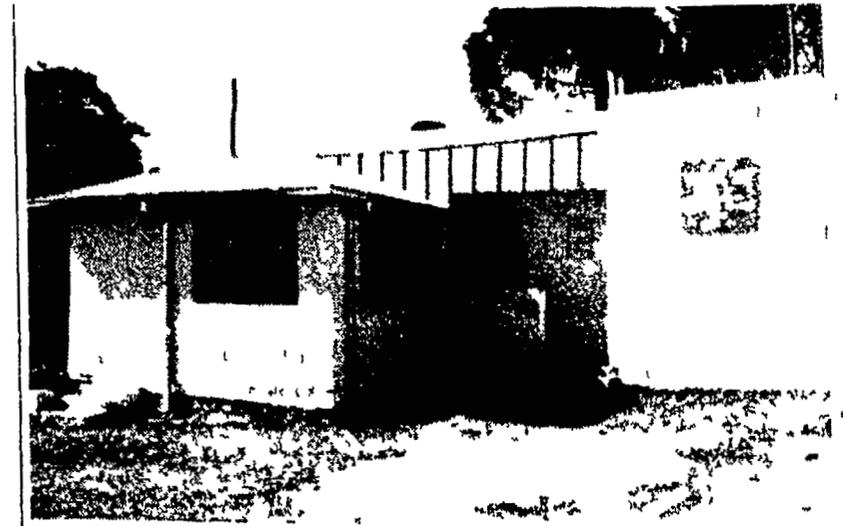
This Center has no other source of financial assistance but the income it generates.

### *Satellite Clinics*

Accessibility of health services contribute significantly to development. In Woreda 13 health facilities were non-existent. To solve this problem Good Shepherd established Satellite Clinics in four Kebeles, using existing Kebele offices.

Services at the Satellite Clinics include immunization of children, health education (for an average of 30 attendants per week), antenatal/postnatal care, vaccination for pregnant mothers, first aid, child feeding, growth monitoring and home visits.

The general health education programme at all Kebeles focuses on hygiene, environment sanitation, family planning, AIDS education, breast feeding and child feeding.



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Family planning is another component of the programme. Mothers are taught the importance of child spacing and controlling birth to have healthy children. This is a contraceptive based programme.

All services at the Satellite Clinics are rendered free of charge.

### *Home Visits*

We visit homes of malnourished children, who are in the feeding programmes to follow-up their conditions. This is done once every week depending on the children's progress.



While visiting children in their homes, health staff discuss topics such as family planning, income generation activities and nutrition with mothers.

### *Training of Traditional Birth Attendants (TBAs)*

33 TBAs were trained from three Kebeles of Woreda 13. These trained TBAs were provided delivery kits.

These TBAs render services in their own houses. Sign posts are put on their houses so that, people can find them easily in the villages. Mothers from surrounding Kebeles benefit from this service.



### *Training of Health Animators*

A training programme had been conducted for 24 health animators in Primary Health Care, Community Development, AIDS, Education and Counselling.

These health animators go into the community and provide services they have acquired as a counsellor or educator



staff can demonstrate to mothers how nutritious food is prepared from locally available food stuff



Children below 60% weight for age are fed 4 times a day and those between 65 and 75% are fed twice a day

## Child Care

### Feeding Programme

Malnutrition of children, related to the high poverty level, is a major problem in Woreda 13. To combat this, Good Shepherd started supplementary feeding programmes in four Kebeles, where there are the worst cases of malnutrition.

Health staff of the satellite clinics carefully monitor the growth of children of project participating mothers. Malnourished children are immediately admitted to the supplementary feeding programme. This takes place in the Satellite Clinics so that the health

As stated above under the *Satellite Clinics*, follow-up of the programme is carried out by visiting homes of the children. Children are referred to hospitals if they do not show progress as expected.

It was a horrifying day to health workers of the Good Shepherd when one morning Asnaketch Dejene arrived with her skinny child at a clinic in Kebele 08. He was severely malnourished and



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on the verge of death. He weighed only three kilos at the age of two.

His mother leads a wretched existence in one of the slums of the same Kebele. Life for Asnaketch, the mother of four, was very hard. She could neither feed nor send her children to school. She used to earn a living by casual labour and the money she obtains per day was insufficient to buy food for her children.



Her mother's death, who helped her in bringing up her children, was a blow to her. "I spend the whole day at the construction sites where I used to work and I had no one at home to look after my kids since my mum died two years ago," says Asnaketch, breaking into tears.



"I was so worried and scared that my child was at death's door. An acquaintance in the neighborhood gave me confidence to take him to a clinic where a free medical care is given so I took him there."

He was given a special care, he eats well and gets additional food for

home consumption. Asnaketch says now her hopes began to revive that one day all her children may join school.

The child's once feeble, emaciated body revived after 6 months of intensive feeding programme both at the center and at home, says Yeshiwor Alemayehu, a former health worker at the clinic.

### *Child Sponsorship Programme*

If we ask why children face streetism, then we will find out that it is because they lack their necessities. The main factors so far proved to be causes for child streetism are the following:

- \* Financial inability of a family to care for a child properly
- \* Lack of love and peace in a family, separation of a family
- \* Lack of education
- \* Lack of someone to look after a child (when parents die)

Nowadays, there are so many children at all corners in Addis Ababa looking for help, looking for someone to look after them.

On streets, children exercise bad habits, are addicted to drugs, alcohol and others and might also commit theft, murder and even suicide.

Non-government, government and international organizations have to put their efforts together to prevent those contributing factors and avoid child streetism.

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shepherd considering these has established child sponsorship programme as means of prevention. It so far sponsors 150 whose families are poor and destitute.

shepherd provides educational materials, clothes, shoes and school fees and medication. It also engages their mothers integrated community development projects to make them self-reliant.

or (from abroad) contributes USD 10.00 per child. This with an additional fund from other sources is used to provide children supplementary food, clothing, medication, school learning materials, and vocational training to mothers.



Good Shepherd Family Care Service

### Education

Education is being given to children sponsored by GSFCs and others. Construction of kindergarten is underway which hopefully will be completed before the end of 1991. It will have many classes which will accommodate a total of about 300 children. Below is picture of the new kindergarten under construction.

There is another traditional school (Priest School) where children learn Ethiopian alphabets and some reading. Religious education is also given. This school accommodates some 170 children. Good Shepherd supplies biscuits, learning materials, chairs, and other necessary materials.



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## n in Development

### ible Farm

Efficiency is the development should be able to support themselves and their families to meet the basic needs of families and their



Shepherd has started vegetable farm project in Kebele 08 of 13 for 20 women amongst the target group. These women grow cabbage, spinach, carrots and onions.

The benefit the women get from their small farm is two folds. They can sell their products and use the money or consume the products themselves. This also supplements the nutrition programme as the women now have access to fresh vegetables.

Shepherd has also hired a gardening consultant to offer advice to the women.

## Tales of Two Women

Mrs Mulu Mekonnen is a mother of eight children. She supports her family by herself. "All my children go to school, they should eat and clothe. You can imagine what it is like to raise eight children with virtually no income."

Mulu Mekonnen says

"Now I can give my children fresh vegetable from my garden and meet their other needs with the money I get from selling the vegetables. I can even hold coffee ceremonies with my neighbours. (A coffee ceremony is an important daily social event in Ethiopia, mainly common amongst women to gather and discuss social issues.)"

"I have only one daughter, but because I do not have a job it is still difficult for me to give her everything she needs," said a young mother Gete Zewdie.



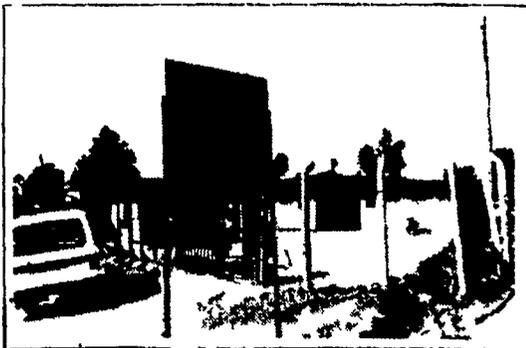
Gete is still living with her family to reduce expenses

"Now I can get some money from my vegetable farm, and my whole family is benefiting from it "



## Income Generation

Women can improve their lives if they can generate and control their own income. To give women this chance, Good Shepherd designed an income generation scheme



We bought and installed 20 electrical Injera (a pancake-like staple food) making stoves, so that the project participating women can benefit from selling Injera. Women get teff (the cereal to make Injera with) on credit from Good Shepherd to enable them start the business

They keep the money they get from the sale of Injera at Bank and are required to return the loan they have taken from Good Shepherd as a start up capital



Most women in Woreda 13 use firewood to make Injera. Whenever they find it expensive to buy firewood, they can use the facilities at the project paying a minimal amount. This we believe contrib-

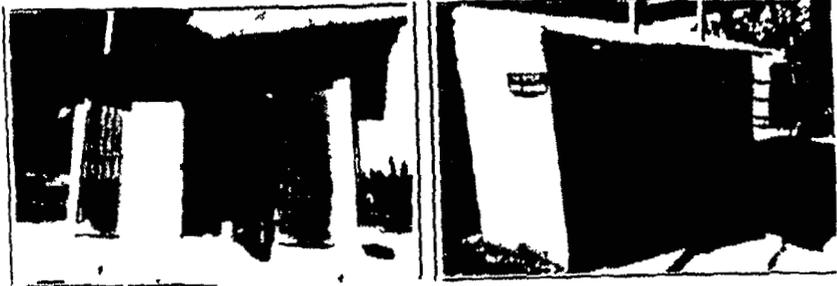
utes (however little it may be) to environmental protection. Deforestation is a serious problem here

It indirectly promotes environmental protection because it reduces the use of firewood. It also saves women the heavy task of carrying wood.

## Construction of Basic Facilities

### Construction of Common Latrines

Most people in Woreda 13 were defecating in the open air, which made the area highly hazardous to human health. Therefore, Good Shepherd constructed 27 communal toilets, with two to six seats, in 11 Kebeles.



Depending on the number of people in a Kebele, up to 20 people can use a single room. The community manages these toilets.

### Sanitation Campaign

The residents of Kebele 08 of Woreda 13 had carried out a cleaning campaign in their surroundings. They were given T-Shirts and wheat. This campaign was carried out in order to adapt cleanliness as a duty of each individual in society. And also create a feeling of pride for a clean atmosphere, in our city.



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## Road and Drainage System

The area used to be inaccessible, especially during the rainy season. It had very poor drainage system which had been a health hazard to everyone living there.

Good Shepherd is carrying out a food for work programme to construct roads and drainage system in one of the Kebeles, in which they are working. Both women and men are actively participating in this activity.



## Water

Each toilet constructed has a water stand next to it which is also managed by the community. The whole community of the Kebeles uses the water stands.

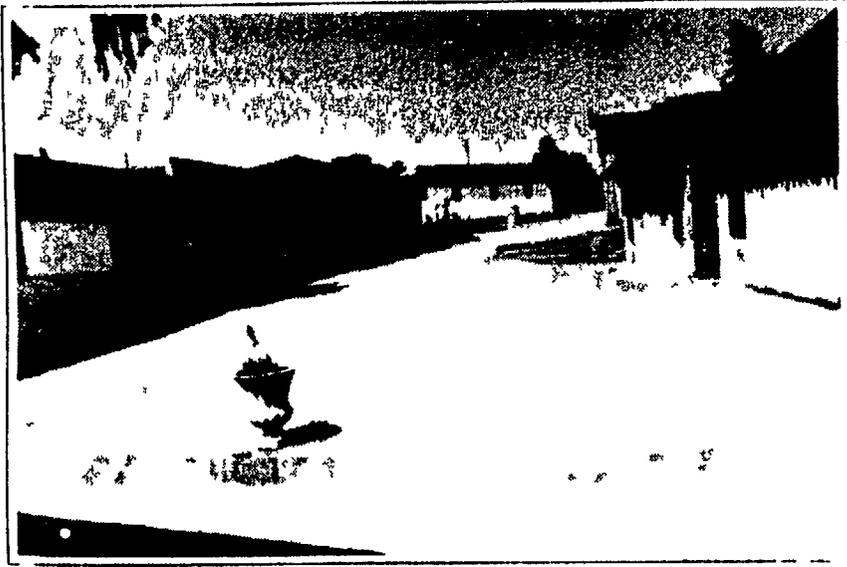
We built a hand pump water supply in the Kebele 08 compound so that the women have sufficient water supply for their vegetable farm.



## Integrated Community Development Projects

This is a package of new projects. Following requests of the community, Good Shepherd is building a complex for a bakery, three flour mill, a tailoring and knitting center, and an office for the

saving and credit scheme in Kebele 09 Wood work training is also part of these projects



95% of the construction work is completed 3 flour mills 20 electrical sewing machines, bread baking machine has been bought and installed The wood work machine has been bought and will be installed in the near future

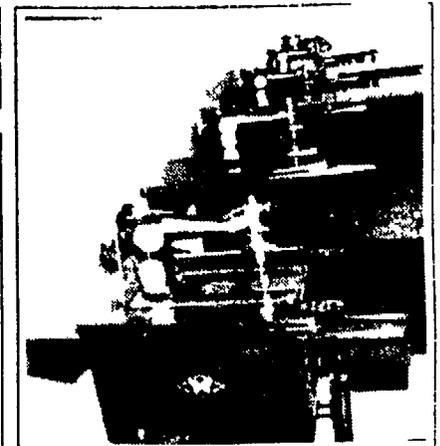
These facilities will open job opportunities to mothers and help the community get handy services with a minimal payment We are aiming to transfer these facilities to the community, once they are able to manage them by themselves To prepare the ground for these (to help people realize that the project is theirs) we are engaging the community at every level - planning, implementation monitoring and evaluation

Her Royal Highness Princess Anne, daughter of Queen Elizabeth II, visited the GSFCs medical center at Arat Kilo last February She also visited development activities in the said localities She has laid a corner stone for the launching of the integrated development project, currently under construction in Kebele 09

Her Royal Highness Princess Anne also inaugurated a public water supply center and a public wash bowl built by the organization for use by poor families

During her visits to the different sites Princess Anne admired the good job which has been done by the Good Shepherd and encouraged the Manager and Founder of the organization to continue his work in the future

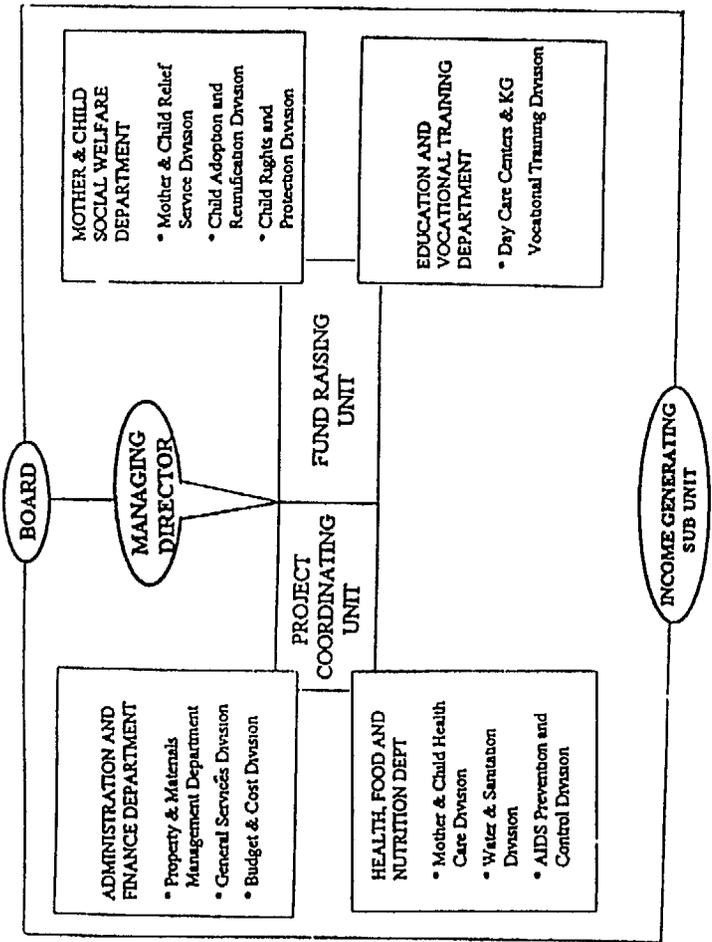
Our services are expanding to address other needs of the society we are serving



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# Coordination of Activities

The Coordination Office in Addis Ababa provides administrative support and coordinates the activities of Good Shepherd. This office has ten staff members.



# Our Donors

We thank all our donors for their generous support both in kind and financial donation.

Where the Money Comes From



Where the Money Goes



The summary is based on the financial statements for the year 2000-2001. All figures are in US Dollars unless otherwise specified.



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## Call for Assistance

Dear Readers,

We are glad that this booklet has come to you. We also hope that you have found it informative. However, if you would like to get more information, please feel free to contact us.

We believe that it is people who make changes to people, in fact with the help of God. If we, those who can support, all unite and work for the betterment of the needy ones, then hopefully we will make changes.

Our child sponsorship programme is supported by a sponsor from abroad contributing US\$ 10.00 per child per month. This in fact has helped much in meeting the immediate needs of the children. There are only 150 children supported under this programme which is less than 1% of the total abandoned children in the capital of Ethiopia. Many children in Addis Ababa do not go to school, have no one to look after them, lead their lives on streets.

A lot is expected to come forth to increase the number of children under this programme and address their needs accordingly. So let's give and get. What we give is money while what we get is the lives of many which if once lost could not be found. Even US\$1.00 can bring a great change in a child's life. It could buy him/her books.

Therefore we kindly request you to help in whatever way you can. Not only financial but also moral and/or material support is most welcomed.

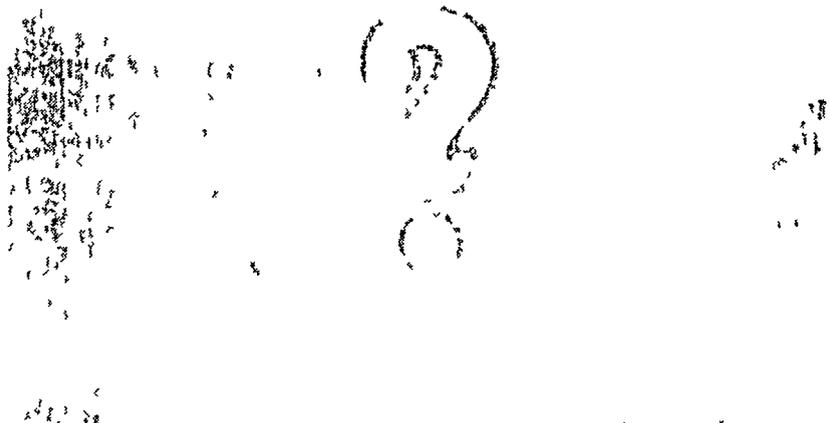
For your moral, material and/or financial support our address is as follows:

Good Shepherd Family Care Services  
P O Box 8046  
Tel 251-1-553888  
251-1-550958  
Fax 251-1-552300  
Addis Ababa Ethiopia

Thank you on behalf of the needy children.

*Good Shepherd Family Care Service*





Whatever You Did  
Unto One Of The  
Least Of These, You  
Did It Unto Me.

Matthew 25:40

WHO FILLS IT?

---

## A CONCEPT PAPER ON GOOD SHEPHERD MATERNITY AND PAEDIATRIC MEDICAL CENTER, DELIVERY OUTCOME

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It is a tragic when women and their fetuses are denied of adequate prenatal care simply because of lack of funds. All too often, especially in public clinics the strong impression has been propagated that such care is not really available without great expenditure of physical and emotional efforts by the mother, and too often of money beyond her ability to pay. To solve some of these difficulties the GS-MPMC was founded in April 1991 and started giving service in 1992.

To give you the birds eye view about the clinic, the GSICS is an indigenous NGO, involved in community based health care delivery-system in general, and more particularly on the vulnerable groups, the mother and her child. Its operation area is at Woreda 13, which is one of the segregated slum in Addis Ababa. Located

at the heart of Addis woreda 13, the GS-MPMC has become within reach to all the needy

The GS-MPMC is located at 1100 square meters. It has 25 rooms, which are rightly sited and identified. It includes a reception, a waiting area, examination rooms, 1 medical, 2 paediatrics, 3 obstetric & gynaecology (excluding those at Piazza), a laboratory, in-patient beds and a minor and major operation theater.

The Center operates around the clock offering ambulance services and it has skilled professionals at all levels.

Regarding obstetrics, a total of 1 622 deliveries were conducted at the GS-MPMC in the year between July 1992 and July 1994. Of these, there were 180 vacume, 161 cesarean, 81 forceps, 68 breech, 14 twins and 10 face deliveries. From this figure, one can conclude that the effective professional arrangement and the vigilant care of the staff have minimized the obstetric complications that otherwise could have occurred.

Looking at the above figures, one may be surprised how the clinic, although restricted at a yard, has solved the endurance of the very many lives that otherwise would have been victims of obstetric calamities, that exist in the country.

Over and above the philanthropic aspects of the clinic, the cost for good prenatal care is modest to those who can afford and none to the poor, compared to the expenses of carrying a child which subsequently could lead to serious but preventable complications to the mother, her fetus - infant or both.

The most meritorious aspect of the center is that the income generated by the clinic is now used to fill this gap.

It is very unfortunate to see, that among those who come in contact with the pregnant woman to seek prenatal care at some clinics, there may be some who show an intolerance for the poor, for the unwed, and to mothers in particular ethnic groups. In such circumstances, the best of prenatal care goes to waste. However, at Good Shepherd Maternity and Paediatric Medical Center, every word and every act by all who come in contact with the pregnant

woman try to make a good impression on her about both the importance and the availability of prenatal care for her fetus and herself Besides, this medical center has solved the social and emotional problems that occur at some clinics, and by its altruism debar people from injury

In bonafide, I feel that every one who comes in contact with the clinic shall encourage its development and give feedback, for the sake of the native community who are deprived of this simple but important medical care

A Review



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**Future Plans**

- \* Working on Advocacy for the right of children.
- \* Strengthening Child Focused Integrated Community Development Programmes.
- \* Work on disabled children, environment, population and sustainable development.

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**Location**

The organization administered by the Board of Directors has more than 100 staff members The Coordinating Office is based in Addis Ababa

*Address*

Tel 251-1-553888 Fax 251-1-552300 P.O.Box 8046  
251-1-550958



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APR 1964 11:14 AM



### How you can help

Make a donation or legacy. Any amount is welcome, however small. Cheques and postal orders should be crossed and made payable to the Ethiopian Gemini Trust.

Sponsor twins. For £12.50 a month/£150 a year you can sponsor a set of Gemini twins and be kept informed of their progress.

Make a covenant. Regular givers can increase the value of donations by taking out a covenant.

Become a Friend for £10 a year. In return you receive regular newsletters keeping you in touch with the Project.

Buy our products or help find trade outlets for them. Goods are available on a sale/return basis.



Mothers grinding spices

### Money Matters

The Trust needs around £100,000 a year. Up to one quarter of this is raised within Ethiopia through the income generating schemes. At the moment the rest comes from abroad, mainly from Europe.

In Britain a number of groups are raising funds. A group of women based in Blunfield, Stirlingshire, raise £10,000 a year from activities ranging from a sponsored swim to a lunch for the Glasgow business community. Groups of families in Belgium and Holland have raised over £6,000 through family sponsorship and sale of the Trust's products.

### Where your money goes

All fundraising in Europe is done by volunteers and administrative costs kept to a bare minimum. Of every £1 you give, around 90p goes directly to Ethiopia.

In Ethiopia your money is well spent. £2 will provide a month's health care for a family. £5 will provide day care facilities for a set of twins for one month. £20 will bring another mother on to our job creation programme and £1,000 will help us upgrade up to ten homes.

Dr Abate says: *Babies who would have died not only live but face the future with hope and so do their parents. Donors never need feel they are hurling money into a bottomless pit of need. The Ethiopian Gemini Trust meets the specific needs of an especially vulnerable group of children.*



The ETHIOPIAN Gemini Trust (UK)  
80 Hildow Road, TONBRIDGE, Kent TN9 1PA  
Tel 0732 771114

The ETHIOPIAN Gemini Trust  
P O Box 3547 Addis Ababa  
Tel 15 19 47  
Telex EAWTAA 21263

# The Ethiopian Gemini Trust



*A registered charity*

*which saves and supports  
twins born to needy families*

*in Addis Ababa*

*Registered Charity No 297014*

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D

## Twins in Ethiopia

The birth of twins in the Third World is not always a joyous event. In Ethiopia, which is one of the world's poorest countries with proportionally twice as many twin births as in Europe, it is all too often the forerunner of tragedy.



*What happens without help.*

*Tsebat's twins are 18 months*

*old here and weigh 12lb. With*

*the Trust's help they doubled their*

*weight in 12 months.*

## Twins - a special problem

Malnourished women can't produce enough breastmilk for two babies and quickly revert to bottle-feeding often with disastrous consequences. Without access to clean water they can't sterilise bottles which then harbour infection. The babies suffer repeated bouts of diarrhoea and vomiting resulting in malnutrition and death within the first few months of life.

## The Ethiopian Gemini Trust

The Ethiopian Gemini Trust was set up in 1983 by Dr Carmela Abate, a British paediatrician then working at Addis Ababa's Ethio-Swedish Children's Hospital. She was distressed by the very high mortality among twin babies - at least 30 per cent. The Board of Trustees was formally established in 1986 and the Trust received Government recognition as a local voluntary development organisation in 1987.

## How they suffer

The families helped by this project are poorer than most of us can imagine. Three-quarters have no access to water within their compounds and over a third have no sanitation. Around 20 per cent are homeless and the rest live in squalid, overcrowded shacks, often ten to a room and six to a bed. The average family size is 7.

## How Gemini helps

Today the Trust supports 500 destitute families each with a set of twins or triplets. There are 100 more on the waiting list.

### The Trust provides

food for breastfeeding mothers and their children (including older brothers and sisters of the twins)

health care for the whole family, including check ups, vaccinations and family planning

help towards children's education costs, equipment and clothing

lessons in health, hygiene and nutrition

washing and toilet facilities

home improvements eg kerosene stoves, roof repairs and interest free loans for installing taps

job creation schemes

day care facilities

literacy training



Children in the day care centre

## The Route to Independence

The greatest gift you can offer someone in the Third World is the ability to earn their own living. That's why the Ethiopian Gemini Trust has launched a number of job creation schemes. Projects include a herbs and spices processing scheme, basketry, spinning, weaving, knitting and the crafting of silver jewellery. While the mums work, their children are cared for in a day care centre.

attach and return to

Please tick where appropriate

Yes I would like to help these twins

I enclose a cheque/postal order for £ \_\_\_\_\_

Please send me more information about

Sponsorship of a set of twins

Making a covenant

Becoming a Friend of the Ethiopian Gemini Trust

Name

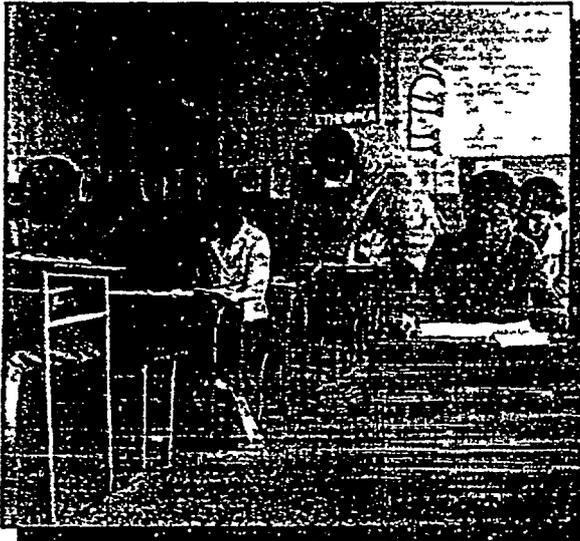
Address

Tel

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## CARING FOR HOMELESS CHILDREN

HOPE began in 1971, when Presbyterian Missionaries, Jack Smith and his wife, Evangel, took three orphans off the street into their home. This act of compassion blossomed into HOPE ENTERPRISES, whose main service is to provide residential care and training to street children and orphans. As a caretaker of destitute children, Hope contributes to the total development of each child by providing a home with all the essentials, spiritual guidance and training in both academic and vocational fields.



In Addis Ababa, Hope's main campus of 8.6 hectares has 6 homes. Each has a house mother/father, who work closely with a counselor. Children in grades K-8 attend classes in Hope's own school. Those in grades 9-12 attend public schools for their academic classes, and are required to master two vocational skills in Hope's training center at the same time.

## ENABLING THE IMPOVERISHED

Over 300 Hope graduates, all former street children, are working throughout the country using their skills or attending college. Hope's practical vocational program is designed to give students marketable skills for adulthood self sufficiency.



Hope's vocational training includes metal work, auto mechanics, tailoring, wood work, electrical technology, and agriculture. To ensure quality workmanship, students spend four days a week in practice and production, and one day a week in theory.



Most of the harvest from agricultural training is used to feed Hope's large family. Hope sells items made by students in other vocational classes in its two stores. The proceeds subsidize training.



## PROVIDING HOPE FOR THE HELPLESS

in

### A Country of Need ETHIOPIA

Caring for Homeless Children  
Enabling the Impoverished  
Feeding the Hungry  
Helping the Destitute  
Responding to Emergencies



*"In as much as you have done it unto the least of these, you have done it unto me"*  
Matt 25 40

## WORKING AMIDST POVERTY

It is heart rending to be surrounded by frail street children, mothers, the sick and the aged in tattered clothes, begging for food or money. In Ethiopia, for the past 20 years, drought induced famine and war have displaced thousands of people from their homes and communities, not to mention the ones who perished. Most victims of such calamities, take refuge in relief shelters with meagre facilities and little or no food. Many travel to cities like Addis Ababa and face the hopelessness of life on the streets.

Of the 2.24 mil babies born each yr 26% of them die before age five.

Ethiopia's per capita income is only USD 120.00 per year. The average life expectancy is 47 years. 70% of Addis Ababa, the country's largest city, is in a slum condition. Poverty prevails, causing untold pain and suffering. This poverty is an urgent invitation of each of us to do all we can to ease the misery.

HOPE ENTERPRISES was founded to show the love of God to the least of these, according to our Lord's plea, expressed in Matt 25 40. This brochure briefly describes our work of compassion in this country of need.



## **F**EEDING THE HUNGRY

Hope's Feeding Centre, the oldest and only one of its kind in the country, serves an average of 205 hot meals each day to the destitute, the abandoned, the disabled, the sick and the most vulnerable



This outreach is supported by donations and proceeds from the sale of tickets, purchased by local residents. These residents give the tickets to beggars in lieu of cash. Each ticket is good for a hot meal at the feeding center's convenient location in down town Addis Ababa. During times of crises, Hope also provides hot meals to displaced people



## **H**ELPING THE DESTITUTE

The Preventive Street Children's Project enables young girls to become self sufficient. As these girls have no training and are too old to integrate into the main campus, they are often destined to a life on the streets. They are being provided training, equipment and technical support to establish their own business, soon becoming self supporting



**NON-RESIDENTIAL CHILD OUTREACH**  
Hope provides free education, clothing and medical care to destitute children from extremely poor families. The new center in Dessie assists children, victimized by recurrent drought and war via family based care.  
**RESPONDING TO EMERGENCIES**  
Hope assists numerous needy people during emergencies by providing money for general relief and material aid



# GIVING TO HOPE

Hope Enterprises relies solely on goodwill donations of individuals churches and humanitarian organizations Will you join us as we attempt to be Christ's hands of compassion for the least of those among us Some of the many ways you can share your love are listed on this form Please check the one(s) you would like to help with

**Used Clothing** is much valued What we cannot use, is sold as a key source of funding 50lbs of clothing can support a child for two months

**Container of Assorted Items** Sheets, blankets towels, toys, clothing sports equipment, etc Your Church or organization can sponsor a drive An empty shipping container may be purchased from a transport company If you can not cover shipping costs, Hope can by prior arrangements

**Power Tools** Electrical testers, jigsaw with blades, sanders, drills, welders, bench grinders using 220 voltage

**Automotive tools** of any kind especially engine or exhaust analyzers, as well as used vehicles

**Textbooks & School Supplies** English text books for grades K-8, paper, pens, notebooks

**Sports Equipment** Any kind

**Tailoring** buttons, fabric, sewing machines thread

**Farming Equipment** tractor attachments, used tractors, and farm tools

**Office Supplies** Any kind of paper, file folders, paper clips, typewriters, copiers, adding machines, computers

**Corporate Donations** any kind  
CHILD SPONSORSHIPS

The following amounts per month will provide one child with

USD 10 00 Room

USD 10 00 Academic Educa

USD 20 00 Food and Clothing

USD 30 00 Vocational Educ

USD 40 00 Care & Academic Edc

USD 70 00 Full Sponsorship

OTHER FINANCIAL CONTRIBUTIONS

Amount USD

Designated for

Name

Address

Phone

OUR ADDRESS Hope Enterprises  
P O Box 30153, Addis Ababa,  
Ethiopia. Tel 71-06-28,  
Fax 65-22-80

Make check payable to Hope Enterprises through the above address or wire your gift to our account no NT/H-52-582-604-7979-9, Commercial Bank of Ethiopia, P O Box 225, Addis Ababa, Ethiopia

*'I was hungry, and you fed me, thirsty and you gave me drink, I was in danger and you received me in your names'*

Mat 25:35

1241

## Kenyan Small Homes for Disabled Children

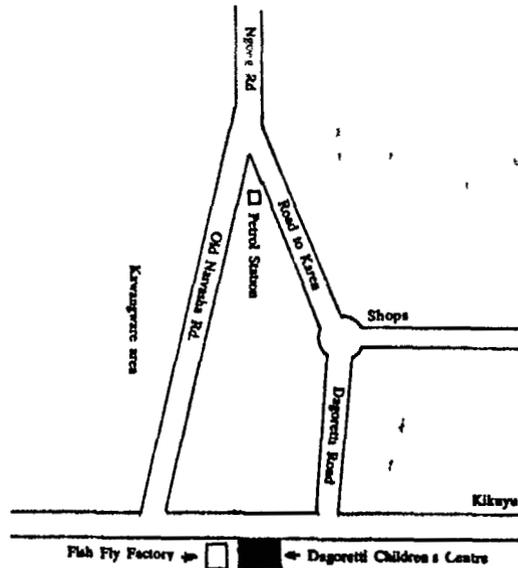
The spirit of philanthropy is found in the 'Small Homes' of Machakos District of Kenya. Over the last 13 years, Diocesan Coordinators have encouraged communities to pool their resources to build 'small homes' adjacent to primary and secondary schools to enable groups of disabled children (up to 15 boarders) to attend school. Such proximity is necessary as some are unable to walk the several miles to school every day and thus were being deprived of an education. What is remarkable in these community efforts is that most of the parents of these children are themselves physically or financially unable to contribute to the building or upkeep of such homes, and thus the community members who live around the school *but who are not related to any of the children* come together and provide manpower to construct the buildings, pay monthly housemother fees, and provide food contributions. While the accommodations range from minimal to quite sufficient, the communities' philanthropy is indicative of effective 'grassroots development'.

A three-month CRS contribution of food came at the request of the Diocesan Coordinator, Bernadette Kilonso, during the drought which lasted from June 1993 through October 1994 and severely affected community philanthropy on which the homes rely. The Diocesan Coordinators have identified over 400 handicapped children who would warrant inclusion in the nine homes already built or who live in areas needing one to be built, but such plans are constrained by resources such as food, funding and viable locations (e.g. future communities willing to shoulder such a burden). The administrators and/or communities of the three Small Homes we visited (Kathonzweni, Unoa, and Nigiluni) asked for ongoing support in terms of both food aid and money for paying the housemothers. We would argue that such philanthropic initiative deserves to be furthered by including such communities in other CRS projects or giving them skills with which to better support their own efforts.

WHAT IS OUR GOAL?

It is the goal of DAGORETTI CHILDREN'S CENTRE to provide a warm encouraging atmosphere to all our children, to answer their needs, be they physical, mental or spiritual, and to enhance the ability of each child to become a contributing member of society

For further information please contact,  
**THE SUPERVISOR OR CHAIRMAN,  
MANAGEMENT COMMITTEE,  
DAGORETTI CHILDREN'S CENTRE  
PO BOX 24756 NAIROBI, KENYA  
TELEPHONE. 569641**



THIS IS

DAGORETTI CHILDREN'S CENTRE



Whether you are visiting us personally or reading about us from afar we thank you for your interest and welcome you to DAGORETTI CHILDREN'S CENTRE

## BACKGROUND

Our centre was established in 1953 by the Kiambu County Council and The Christian Council of Kenya to aid children separated from their families during Kenya's disturbed years. Since this time the continuing demand for our services has encouraged us to expand and we are currently home for over 200 children of all ages. We are located about 12 miles (19km) from Nairobi near the Dagoretti Market.



## WHERE DO WE COME FROM?

Our children come to us from all over Kenya and sometimes from neighbouring countries. They face a wide range of challenges from physical and mental handicaps to deafness and destitution. Many have no parents or have been abandoned by them. At DAGORETTI CHILDREN'S CENTRE any child is welcome.

## WHAT IS PROVIDED FOR US?

A child who comes to us is assured of the basic needs of food and shelter and much, much more. The physically challenged have a physio-therapist to help them exercise their limbs and learn to move about, engaging in activities otherwise impossible. There is an occupational therapist who assists children in learning skills such as dress-making, tailoring, basket making and animal husbandry.

The hearing-impaired children are provided with hearing aids designed to aid in speech and hearing practice. There are also trained teachers to assist with their education. Government teachers provide schooling on the premises for all children to Standard 7.

Although all of these services are of great value to our children, the most important things we offer are love and laughter. Smiling faces are everywhere and this tells us our program is working!



## WHO IS RESPONSIBLE FOR US?

The day to day operations of DAGORETTI CHILDREN'S HOME are carried out by over 80 staff members under the supervision of the Management Committee. This committee consists of a Chairman, the Supervisor from the Centre, and several members of various service and charitable organizations in the area who are concerned with our continued well being and success.



## WHERE DOES ALL THE MONEY COME FROM?

Our indefinite income comes from various organizations, individual donors and some government bodies. Feed The Children (USA) is our major sponsor and there are several others. Without the support of all our donors, both personal and corporate we would not be able to continue our operations, and we sincerely thank them for their ongoing support of DAGORETTI CHILDREN'S CENTRE.

Once each year, usually in August, we hold our own fundraising campaign. This has proven to be very successful.

**TITLE II GR/OCF SURVEY**

***Institution Interview Format (Ethiopia/Kenya)***

Institutional category (schools, clinics, homes, other) \_\_\_\_\_

Identify **Core needs** (educ/food, health/food, shelter/food, \_\_\_\_/food)

What is the institution's mission, its primary goal? [You provide \_\_\_\_\_?]

**FOOD**

Local environment? crops/rain/drought, etc

What is the institution's monthly food budget?

What are the institution's sources of food [SH, MA, PH, G]?

What proportion is CRS food of overall monthly food budget? (How does CRS fit into your overall food needs? Are you happy with CRS' support?)

**EFFECTIVENESS**

**Targeting/Delivery**

Describe process by which these beneficiaries came to/qualified for institution's assistance (Can you describe who hasn't qualified and why?) How do you know the beneficiaries are the neediest?

How do you know that the beneficiaries have no other means of getting core, site-specific needs met? [SH, MA, PH, G?]

What other needs do beneficiaries have (e.g. shelter, transport, clothing)? If institution does not provide these needs, who does or can or should?

Are there any referral systems that the institution relies on (e.g., does the government refer beneficiaries to you (does the institution refer beneficiaries to the government?) [Other systems of referral, e.g., MA, PH?]

At any point, will beneficiaries no longer need institution's support? Does the institution do any follow up after the beneficiaries leave?

**SUSTAINABILITY/CIVIL SOCIETY**

What sources does the institution rely on to meet mission/core needs/primary goal), (E.g., Primary targeting condition requires what types of service? Where does the institution get resources to provide these services? Are these sources reliable? [Levels of provision SH, MA, PH, G]?

# The rise of an unlikely candidate

Two decades ago Elvira Torres Arias got together with other women in her shantytown neighborhood to organize a soup kitchen. Little did she realize that one day she would be running for Congress.

**P**oor and with little formal education Elvira Torres is like millions of other Peruvian women. What separates Torres from the others is her campaign to fill one of the 120 seats up for grabs in Peru's April 9 Congressional elections.

Torres lives in El Agustino, an overflowing urban shantytown just outside downtown Lima. A walk through her neighborhood offers a glimpse of Peru itself. Men and women with the rugged features of Peru's highlands walk alongside children with the unnaturally light hair that comes from malnutrition. Many arrived in Lima as part of the flood of tens of thousands of refugees and immigrants that have swamped Lima in the past few decades.

Up the winding streets of El Agustino, which were paved after years of social activism by residents. 50-year-old Torres lives with her husband, a photographer, and her four school-aged children.

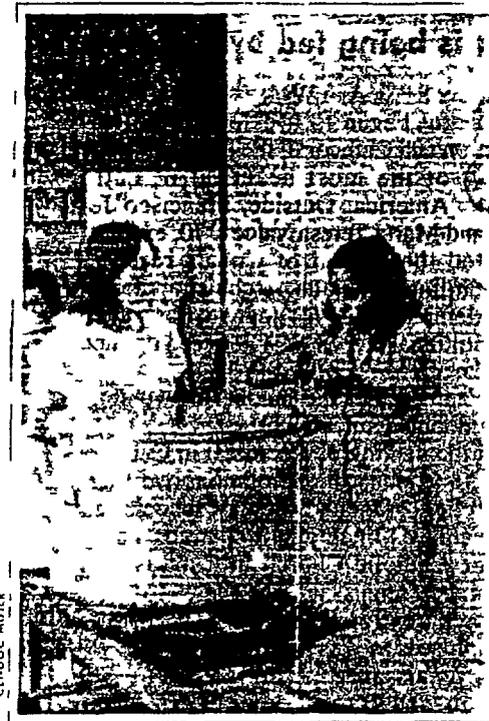
Ask anyone for Torres' house and they will know how to find it. Her neighbors have known Torres for years and with her have taken part in protests to bring electricity, paved roads and potable water to the district.

In 1979 Torres co-founded the first soup kitchen in El Agustino to meet the needs of the area's poor. Neither Torres nor the people around her knew the effect the small soup kitchen would have on her life.

Over the years Torres moved from grassroots-level activism in El Agustino up through the shaky network of soup kitchens known as *comedores populares*. Today she is one of a handful of women who coordinate a movement that is unique in the Latin America — Peru's network of 7,000 soup kitchens that bring together 200,000 women who serve more than 1 million breakfasts and lunches each day.

The question that everyone asks Torres is how does one organize 200,000 women on a national level?

«Going from one woman to the next and then from five women to the next five — we realized that collective hun-



STUDOC WHITE



Preparing food in a Lima soup kitchen

«Necessity led us to solidarity»

—Elvira Torres Arias

ger was easier to deal with if we gathered forces. Little by little we felt less vulnerable. Necessity led us to solidarity,» said Torres.

She said that if someone in the neighborhood cannot afford the 25 cents for lunch at the soup kitchen because they are unemployed or sick, the women do not turn them away but send a steaming plate.

«The difficulties we face in consuming the right amount of vitamins and nutrients through our diet has made tuberculosis nearly epidemic here,» Torres said.

Her talk of poor nutrition is not the

stuff of campaigns but of reality in Peru. According to UNICEF, for example, between 1991 and 1995 48 percent of the country's children suffered from chronic malnutrition.

Torres' years of activism has led her to be a severe critic of President Alberto Fujimori, who is running for re-election.

«The government hinders the work of the soup kitchens. They prefer to channel the money that comes from abroad through institutions that do not understand the needs of the people. In many cases, the government has created parallel organizations to receive international donations,» according to Torres.

«The government talks about us as do some politicians — it's as if everyone has something to say about us, but what do we have to say?» she asked.

The grassroots leader, however, may get a chance to take the country's politicians head on in their own setting. She is a candidate for Congress for *Unión por el Perú* (UPP), the coalition headed by former UN General Secretary Javier Pérez de Cuéllar.

«He (Pérez de Cuéllar) asked me to run on his list and, of course, I accepted the challenge. We have our inexperience going against us and an even more difficult problem — no money,» she said.

Torres is number 38 on the UPP list of candidates to fill 120 seats in Congress. According to Peru's electoral laws, each eligible party or coalition fields a single list of candidates that are elected nationwide. The number of seats the party occupies in Congress depends on the percentage of valid votes it receives.

If she is going to get elected Torres has her work cut out for her. In addition to the other candidates on the UPP list, many of whom have funds for newspaper and radio spots, there are more than 2,000 candidates from 20 lists in the race.

Torres is not letting the lack of money stop her. Talking to her is like talking to pure energy. One minute she may be talking, the next mixing up a bowl of homemade glue to be used to paste up photocopied campaign posters.

She is financing her campaign in a style typical to Lima's poorer neighborhoods — she is organizing barbecues.

«How are we doing it? For the moment we have organized 20 barbecues to raise funds. Hopefully they'll turn out all right. I feel a little guilty inviting the women from the soup kitchens to contribute, but who else can I turn to raise money?» she asked.

— FROM LIMA, MARÍA ESTER MOGOLLON AND CARMEN SALAS LP CONTRIBUTORS