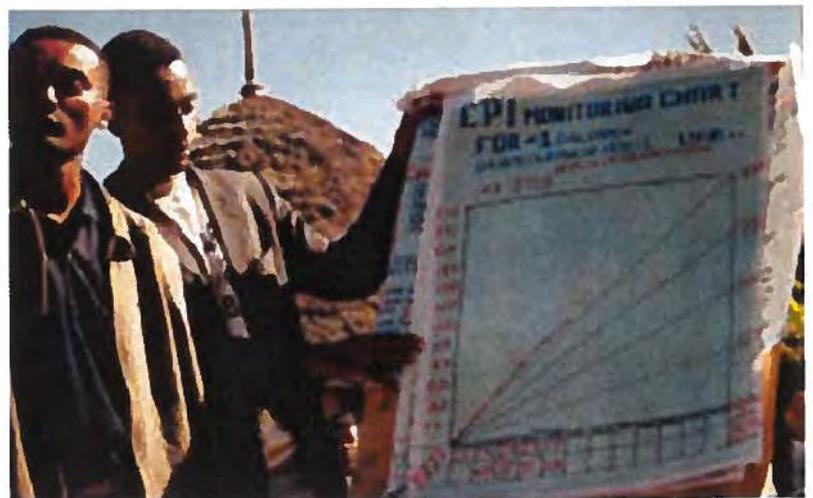
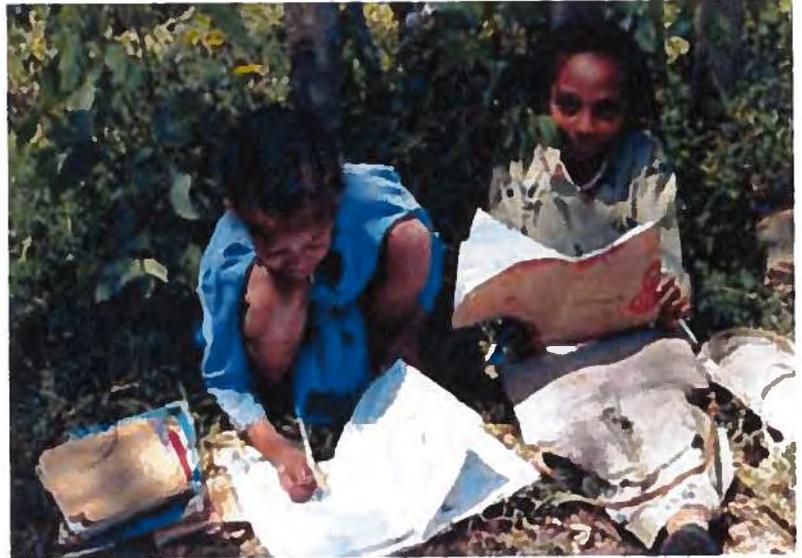
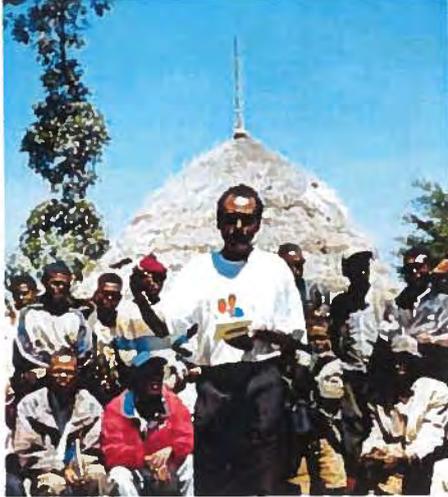


Kokeb Kebeles: The Power of Partnership



USAID ETHIOPIA

The Kokeb Kebele Initiative for Health and Education
USAID Ethiopia Support to Communities
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Introduction

The Kokeb Kebele Initiative (KKI) promotes the achievement of high impact health and education goals within the community. It is a mixture of focusing on key health and education interventions and community priorities. A community participating in the KKI identifies relevant and important health and education concerns, sets goals to address the identified issues, inventories its available resources, forms an Action Committee to provide leadership and mobilize the community, and develops an action plan to achieve its goals over a 12-month period. It then implements the community plan.

A key aspect of the initiative is to create multiple opportunities for interaction between existing community groups and to broaden community member participation in areas related to health and education. Each kebele selects an Action Committee to lead and serve as a focal point to initiate collaboration between groups, support activities, and monitor progress.

Through newly created and/or strengthened links between existing groups, the Action Committee can more effectively draw upon the kebele's own resources, such as Health Service Extension Workers (HEW), Parent Teachers Associations (PTA), Community Health Promoters (CHPs), Community-Based Reproductive Health Agents (CBRHA), other social and religious community structures (Edir, religious, women's, and youth groups), to attain its identified and agreed upon development goals.

The USAID funded programs, World Learning Ethiopia (WL), Health Communication Partnership (HCP), Pathfinder International (PI), and Essential Services for Health in Ethiopia (ESHE), were asked by USAID to link existing health, education and family planning programs more closely at the community level, coordinating their efforts and resources to attain common goals and greater community advocacy for health and education. Linking current activities will create new thinking in both sectors and will strengthen the capacity of communities to improve health and education outcomes for their families.

Advantages of the Program

The KKI will add momentum to existing activities by reaching new audiences with do-able health and education messages. As such, it is hypothesized that the program will boost results of existing programs in both sectors by supporting the Action Committee to create opportunities for collaboration and involvement of community members and groups across sectors.

Additionally, over a period of time KKI is expected to strengthen the capacity of communities to address their development goals through a simple community mobilization framework. While the current program focuses on health and education the skills community members learn and apply during the program may lend themselves to other areas the community may wish to apply itself: agriculture, market cooperatives, etc.

Goals

Communities will work towards a mixture of goals, six fixed and a selection of two additional goals for a total of eight goals. The first six goals, identified as having a high impact in both health and education, are listed in table 1. They incorporate a range of health, HIV/AIDS, and education goals. An additional two goals will be selected by communities from a list of potential choices, including open goals that may not be on the list but the community identifies as a priority. Table 2 details the list of goals from which the two will be selected. The importance of fixed and community selection of goals is to achieve balance between Regional/Woreda-level priorities with community concerns.

All activities to achieve goals will rely upon existing community resources, such as Parent-Teacher Associations, community health workers, religious and women's groups, etc. The Action Committee will mobilize the community to achieve goals within a 12 month period. Those communities that achieve all their goals will be recognized as a "Kokeb Kebele". However, all participating communities will be given recognition for their achievements.

Table 1

1st Priority Goals (Community has to complete the following 5 goals)		Woreda Indicator	Community Indicator
1	Increase number of children younger than 1 year who are vaccinated	80% Fully Immunized	Number of Immunization Diplomas given by children less than 1 year of age Number of children immunized with DPT3
2	Increase awareness of family planning services	Number of sessions conducted	Number of individual family planning sessions conducted and Number of group family planning sessions conducted by CBRHAs (using new venues/opportunities 20 additional sessions)
3	Decrease drop-out rate of girls in grades 1-8	50 % drop-out decrease	50 % drop-out decrease
4	Increase the number of pit latrines in households	70% at household level	Number of Latrines built in households
5	Ensure availability of water at schools and increased hand washing	n/a	Water, soap and/or ash available outside the school latrines for hand-washing Number of hygiene discussions with school kids; 20 sessions
6	Increase HIV/AIDS prevention programs in the community (<i>To be Defined</i>)	Number/types of HIV/AIDS prevention programs run in the communities	Number of awareness sessions in community by HIV/AIDS club; 20 sessions

Table 2

2nd Priority Goals (Community selects 2 out of the 8 goals)		Woreda Indicator	Community Indicator
1	Decrease incidence of malaria	Number of households using ITNs	Increasing number of households using ITNs by 10%
2	Increase Vitamin A coverage	80% of children under 5 years of age receiving Vitamin A	Number of children under 5 years of age receiving Vitamin A
3	Increase number of mothers who exclusively breastfeed	n/a	Number of individual health sessions conducted on Exclusive Breast Feeding and Number of group sessions on Exclusive Breast Feeding by Community Health Promoters; 20 sessions on improvement of EBF
4	Increase skilled delivery	Increase number of skilled delivery by 20% from baseline	Increase number of skilled delivery by 20%
5	Equip schools	Percent of schools with basic furniture	Number of classrooms with adequate number of benches for students (All classrooms)
6	Increase care and support to OVCs (To be further defined by the committee)	Number of orphans and vulnerable children under community care and support programs	Number of orphans and vulnerable children under community care
7	Increase access to health posts	One Health Post constructed in each Kebele	One Health Post constructed in each Kebele
8	Ensure the availability of water at health posts	n/a	Water, soap and/or ash available at the health post for hand-washing
9	Other (Community Choice)		
10	Other (Community Choice)		

Implementation Steps

Table 3 shows the steps required to roll-out the program, the objectives of each step, time required for each step, partner responsibility, and any assumptions needed at any one stage of the process. It should be noted that these steps are specific to the pilot program and do not include work conducted to this point. WLE, ESHE, and PI are referred to as "partners" in the table where all are present at an activity. "Coordinating Partner" refers to the partner that is responsible for facilitating activities in a specific woreda.

Step 1 - 4: USAID and partners meet with Regional Capacity Building, Health, and Education Bureaus to discuss community-level programs in education and health and discuss the Kokeb Kebele concept. USAID and partners follow-up with regional bureaus, provide feedback, further discuss the program and decide on next steps. HCP, regional officials, and partners will take responsibility to identify areas where the program will be implanted. A three day workshop will be conducted regional, zonal, and selected woreda officials (capacity building, health, and education) to discuss and refine the concept of the Kokeb Kebele Initiative and reach agreement on timelines for roll-out.

Step 5: A steering committee will take responsibility to further refine the program based on previous work and discussions. The committee will present the refined concept, finalize kebele selection, and reach agreement with USAID and regional officials on timelines for roll-out.

Step 6: Training will be conducted for partner and woreda staff on the Kokeb Kebele concept, how to roll-out the program, and use the activity book. Immediately after the training, kebele leaders will be invited to a meeting to discuss the potential of their community participating in the program.

Step 7: The community meeting is the key to gain the "buy-in" (or acceptance) of the community to the program. Leaders who attended the previous step will convene the meeting. They will encourage a broad representation of community members to attend this meeting: for example, PTA members, Community Health Promoters (CHPs), Community-Based Reproductive Health Agents (CBRHA), members of Edir, religious, women's, and youth groups, elders, etc. The meeting will be facilitated and supported by the coordinating partner for that area (ESHE, Pathfinder, or WLE). The meeting will focus on health and education concerns of the community and what the community can do; introduce the Kokeb Kebele program; provide the framework to identify and select goals, along with activities to attain goals; and, lay the groundwork to form an Action Committee that will serve as the impetus for collaboration between groups. The key here is to build from a mutual understanding of what is important in the education and health sectors and give responsibility to the community to organize itself.

Steps 8 & 9: After the community meeting, community leaders will take two weeks to select members for the Action Committee and select initial goals and activities to be refined at the next step. It is expected that there will be 6-8 members, the number should be sufficient that someone is always available to keep momentum moving forward and a broad array of community groups should be represented. It will be discussed and emphasized with the community that half of the action committee members should be women. By allowing the community to select goals relevant to their conditions, the process will be that much faster so that activities can begin in communities following the action committee training (Step 6).

Step 10: Train Action Committee. This step will take about 2.5 days and will be held at the woreda level. HCP and the coordinating partner will facilitate the training. Community goals/objectives will be refined along with activities to achieve goals. The training will orient Action Committees to the Activity Book and participants will develop an action plan from which to begin activities.

A central KKI strategy will be the use of an Activity Book to provide the primary guidance to participating communities in the implementation of the KKI in their community. An activity book provides a means by which the Action Committee focuses its efforts to bring together various community groups and help devise new health and education activities in the community. The Activity Book will guide the Action Committee on procedures for creating an action plan and provide tools for monitoring activities in the community.

Steps 11 & 12: Program activities will run for 12 months starting from the end of the Action Committee training. Partner and woreda staff will hold quarterly meetings with Action Committee members to get an update on progress, share experiences, problem solve and plan next steps. HCP will have primary responsibility for program M&E, starting from baseline data that they will collect followed by routine checks on kebeles throughout the 12 months to gather additional information on the process. WLE SDA's will conduct more frequent follow-up with Action Committees than other partners. SDAs will meet with the Action Committee on a monthly basis, whereas ESHE and PI will adhere to the quarterly meetings as a mechanism for follow-up and problem solving.

Steps 13 & 14: The sustainability workshop will help communities plan for how they will continue their efforts to improve health and education status in their community through the development of a plan to continue activities without specific support. The workshop is an activity in which the community considers their future activities and develops a specific plan about what they intend to do over a certain period of time. The sustainability workshop allows community leaders to take stock of the skills they have developed, the bridges formed among community groups, the new initiatives undertaken between health and education players within the community, how to keep momentum to maintain current activities and to set new goals.

After a 12 month period, festivals for participating kebeles will be organized. Festivals are designed to recognize community efforts. Not every kebele will attain all of the goals they set for themselves, but the festival is seen as a time when the kebele members can come together to focus on their successes and changes that they have seen in their communities. All communities will participate in these festivals and will be recognized for their achievements at whatever their level of attainment. Woreda officials confer public acknowledgement and appreciation of community efforts.

Step 15: At 12 months, HCP will conduct an evaluation to determine the results of the Kokeb Kebele program and any differences detected between the methods of implementation.

Table 3 Timeline for Implementation of Kokeb Kebele Initiative

Step	Activity	Objective	Methodology	Duration	Responsibility	Assumptions	Monitoring
1	Meeting with Region	Discuss Community-Level Health and Education Programming, Introduce Kokeb Kebele Concept	Meeting	1.5 days	USAID, HCP, Partners, RHB, RED, Zone, Woreda	Regional Capacity Building, RHB, RED present	
2	Follow-up regarding initial meeting		Follow-up through phone contact meeting		USAID, HCP, Partners, RHB, RED, Zone, Woreda		
3	Kokeb Kebele Workshop	Provide partner and woreda staff discussion on the initiative and program implementation, share feedback	Workshop	3 days	HCP, Partners, USAID, RHB, RED, Zone, Woreda		
4	Conduct Steering Committee Meeting	Update and obtain agreement of steering committee	Meeting	½ day	HCP, Partners, USAID, RHB, RED	Regional Capacity Building, RHB, RED present	Feedback on implementation plan
5	Steering Committee Meeting Review of Materials	Review Activity Book & Training Guides, Discuss logistics of rollout	Meeting	½ day	HCP, Partners, USAID, RHB, RED	Regional Capacity Building, RHB, RED present	Feedback and finalization of materials
6	Train Partner and Woreda Staff/Orient Kebele Leaders	Provide partner and woreda staff with information about the initiative and train them to implement the program	Workshop, meeting	2 days x 5 woredas	HCP, Partners	All partners (WLE, ESHE, PI), woreda, kebele participants	
7	Convene Community Meeting	Discuss health and education issues, program, goals/activities, action committee	Community meeting	1 day x 20 kebele	Coordinating partner and woreda staff	Coordinating partner, woreda health & education	Conduct routine kebele checks (HCP)
8	Establish Action Committee	Select active and broadly representative community members to initiate and follow activities	Community meeting	2 weeks	Community ↓		
9	Identify Initial Goals (Objectives) & Activities	Focus communities on priority concerns and ways to address problems	Community meeting		Action Committee, community		↓

10	Train Action Committee	Ensure greater collaboration between health and education, strengthen community capacity	Workshop	4 days x 5 woreda	Coordinating partner & woreda staff, HCP	12 months of pilot begins here	
11	Implement Activities	Work to achieve goals	Community-based activities	12 months	Action Committee, community		
12	Call Quarterly Woreda Meetings	Assess progress, problem solve, develop plan of action	Meeting	1 day x 3 mtgs x 5 woreda	Coordinating partner & woreda staff, Action Committee, HCP	At 2 mos, 5 mos, & 8 mos (WLE will have monthly follow-up)	HCP will coordinate review meetings with USAID and Partners
13	Hold Sustainability Workshop	Develop community-based strategies for continuation	Workshop	2 days x 5 woreda	Coordinating partner & woreda staff, HCP	Held at woreda	
14	Organize Community Festivals	Celebrate achievements, motivate for further accomplishments, drive demand for program from neighboring communities	Festival	4 days x 5 woreda	Coordinating partner & woreda staff, Action Committee	Month 12-13	
15	Evaluation	Evaluate the Kokeb Kebele Initiative	Quantitative and qualitative	1 month	HCP	Coordinating partners and USAID will have input into the evaluation design	Process Evaluation, End line (possible external)

Monitoring and Evaluation

Partners see that the Kokeb Kebele Initiative requires more intensive monitoring and evaluation (M&E) at this stage. HCP will develop a thorough M&E plan, with partner input, to address the following questions among others:

1. What added value does this program bring as compared to existing activities occurring in communities?
2. How is the program accepted by communities? Do they perceive a benefit? If so, what are the benefits?
3. Would the community like to continue with their activities? If so, at what possible point can the activity be taken on by the communities themselves?
4. What level of effort is required to conduct the program? And is it appropriate for the results achieved?

5. What design modifications may be needed to improve program impact or address unanticipated problems?

Both quantitative and qualitative methods will be used to assess program impact. Likely evaluation designs might include:

- A quantitative evaluation of different types of sites that will compare representative program indicators:
 - A control where partners overlap but have made no effort to integrate,
 - KKI program areas.
- Qualitative components will target both beneficiaries and program staff through focus groups and key informant interviews
- Evaluations will focus both on the process and results of the pilot

Proposed process indicators the initiative might include:

- # of community members trained
- # of community members participating in health/education activities through events and meetings,
- # of actions that link the health and education sectors.

Proposed indicators assessing impact might include:

- # of communities that achieve all goals as outlined in initial community planning meetings, over the 12 month period.
- % of decrease in girls' dropout in grades 1-8
- DPT 3 coverage and drop-out rates,
- # of assisted deliveries in a community,
- # of new family planning users served,
- # of HIV/AIDS activities in the community,
- # of latrines built at schools and in households.

Steering Committee

A steering committee has been established at the regional level. Currently the committee includes the Regional Capacity, Health, and Education Bureaus, USAID, HCP, WLE, PI, ESHE. The current committee members will invite others to join the committee as needed to better coordinate the KKI with other regional initiatives. The role of the steering committee is to routinely monitor progress and provide feedback on the implementation of the KKI. As such it will serve as forum for sharing experience and partner coordination across all implementation areas. Quarterly meetings will be held to review progress and additional meetings will be called as necessary.

Increased Demand for Services

Combining regular health and education activities with the KKI could increase demand for access to health services. The availability of vaccines, vitamin A, family planning commodities needs to be assured. Considering that KKI is targeted toward communities where PI and ESHE currently conduct activities that increase demand for services, Regional Health Bureau, UNICEF, and

USAID-funded Cooperating Agency activities should absorb any additional increase in demand for health services.