

***THE ROLE OF NGO ON URBAN POVERTY REDUCTION IN
JIMMA TOWN***

***(In Case of Jimma Town Ethiopian Evangelical Church Mekane Yesus-
Development and Social Service Commission)***

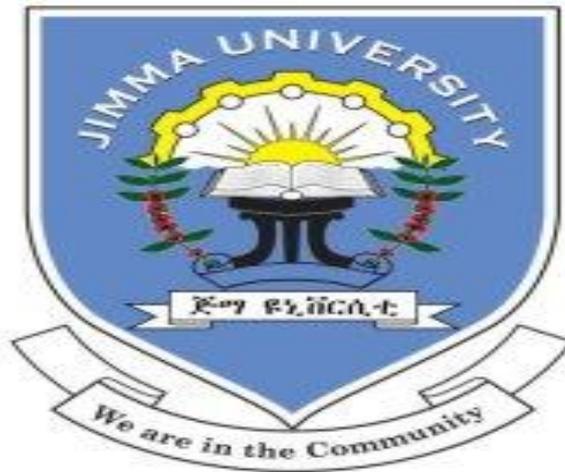
***A Thesis Submitted to the School of Graduate Studies of Jimma University in
Partial Fulfillment of the Requirement for the Award of the Degree of Master
of Business Administration (MBA)***

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THE PERFORMANCE OF NGO IN URBAN POVERTY REDUCTION
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CERTIFICATE

This is to certify that the thesis entitles” THE ROLE OF NGO ON URBAN POVERTY REDUCTION IN JIMMA TOWN” Submitted to Jimma University for the award of the Degree of Master of Business Administration and is a work carried out by Mr. Temesgen Abebe Assefa under our guidance and supervision.

Therefore we hereby declare that no part of this thesis has been submitted to any other university or institutions for the award of any degree or diploma.

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DECLARATION

I hereby declare that this thesis entitled “THE ROLE OF NGO ON URBAN POVERTY REDUCTION IN JIMMA TOWN” has been carried out by me under the guidance and supervision of my co-advisor Mrs. Tsigereda Aboye and main advisor Mr. Wubshet Mengesha (Ass. Prof)

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LIST OF ACRONYMS AND ABBREVIATIONS

CBOs.....	Community based organizations
CD.....	Community development
DSSC.....	Development and social service commission
EEMYC.....	Ethiopian Evangelical Church Mekane Yesus
ERP.....	Economic reform program
GDP.....	Gross domestic product
MoFED.....	Ministry of Finance and Economic development
M&E.....	Monitor and Evaluation
MDG.....	Millennium development goal
NGO.....	Non-Government Organization
PPP.....	Personal purchasing parity
SSA.....	Sub Saharan Africa
UK.....	United Kingdom
UN.....	United nation
UNDP.....	United nation development program
UNICEF.....	United nation children's fund
US\$.....	United States dollar
WASH.....	Water sanitation and hygiene
WHO.....	World health organization

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Abstract

Global poverty is one among the biggest crisis facing the world today. Reducing the global poverty especially in developing countries has been a discussion across the world capitals for the past several decades. Nongovernmental organizations (NGOs) have been at the forefront in developing countries providing services, conducting emergency operations and development work. This study was conducted to assess the role of NGO'S on the reduction of urban poverty in Jimma town. For the sake this study a combination of qualitative and quantitative approaches of doing research was employed. The study used simple random sampling technique in order to determine the sample size. By using Tayro Yaman sample determination technique from total population of 330, the study selected a sample of 181 respondents and only 171 respondents were respond the questionnaire. Data was collected from both primary and secondary sources. The obtained data analyzed through the application of descriptive statistics (frequency and percentile) and inferential analysis using statistical package for social science (SPSS) version 23. The obtained result shows that majority of the beneficiaries are female compared to male, NGOs are playing a significant role through provision of health education and training, by making of the health service easily accessible, construction of sanitation facilities such as toilet and participating in the provision of clean water, NGOs have a positive contribution in the construction and renovation of schools, fulfilling the needed materials such as desk and furniture, offering capacity building training and improvement of the quality of education, manage regular, technical and vocational school and able to reduce school fee of the beneficiaries, able to skill transfer and closed the gap in education outcome in Jimma town, another finding in nutrition show that NGOs providing enough food, reducing the growing food problem and disease arise from malnutrition, and improved the economic condition of the poor and enabled them to go by from poverty, NGOs enabled the communities to participate in decision making, facilitate provision of credit, enabled to take action by themselves, help marginalized groups like, elderly, disabled people, and mobilize resource in order to reduce poverty in Jimma town, and generally NGO has a significant contribution in reduction of poverty in the areas of health and sanitation, education, nutrition, and community empowerment. The study recommends that the selections of beneficiaries should focuses only on the residents of a kebele that around the NGO, therefore the organization (EECMY-DSSC) needs to incorporate residents or beneficiaries in other kebele

Key words: NGO, Urban Poverty, Beneficiary, Poverty reduction

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

Until the late 1970s, NGOs were little-known in the implementation of development projects or in policy influence. Those few existing were think of as bit players in service provision, short-term relief, and emergency work. A remarkable change in their scale and importance was triggered in the late 1970s, when NGOs became the new sweethearts of the development sector. The ideological ascendancy of neoliberalism at this time was attended by the rise of structural adjustment in aid policies, reductions in public expenditure, and the withdrawal of state-provided services. Within this radical reform, the market replaced the state at the center of development strategies, and poverty lost its position as an explicit concern, given beliefs in the trickle-down effects of economic growth. Continued donor mistrust and obstructions with states generated and fuelled interest in NGOs as desirable alternatives, viewing them favourably for their representation of beneficiaries and their role as innovators of new technologies and ways of working with the poor (Banks & Hulme, 2012).

Since the late 1970s, NGO's have played an increasingly well-known role in the development sector, widely acclaimed for their strengths as innovative and grassroots driven organizations with the desire and capacity to pursue participatory and people centered forms of development and to close gaps left by the failure of states across the developing world in meeting the needs of their poorest citizens. While levels of funding for NGO programmes in service delivery and advocacy work have increased in combination with the rising prevalence and prominence of NGOs, concerns regarding their legitimacy have also increased. There are ongoing questions of these comparative advantages, given their growing distance away from low-income people and communities and towards their donors. In addition, given the non-political field in which they operate, NGOs have had little participation or influence in attacking the more structurally-entrenched causes and manifestations of poverty such as social and political exclusion, instead effectively depoliticizing poverty by considering it as a technical problem that can be 'solved'.

Across the developing world, states with limited finances and damaged by poor governance and corruption have failed to lead to development for all of their citizens. Within this context, alternative forms of development have been pursued, and since the 1980s, nongovernmental organizations (NGOs) have been increasingly advocated as a means through which the gulf

between citizens' needs and existing services can be bridged. Where states cannot provide sufficient goods, services or enabling environments that help citizens in securing livelihoods, or where disadvantaged groups are excluded from existing state institutions, alternative channels of service provision and/or holding governments to account must be found. It is into this gap that NGOs have neatly close-fitting. Their difficulties in promoting long-term structural change have led to the recognition of broader civil society organizations within the good governance agenda, given their stronger position for transforming state-societal relationships (Banks & Hulme, 2012).

Community Development is a tactic to bring about changes in whole community. These changes are essentially planned at development of the community. It involves all people, particularly of the parts in the development activities. Community development can provide prospects to local people to improve the socio-economic condition and also use the existing resources in better way. Community development is defined as "a participatory people centered process that involves bring together, mobilizing or organizing people, keeping them together and enabling them to work together to address their need and issues and thus to facilitate their own, their communities' and society's comprehensive development as the social approach." CD aimed at improving the quality of life of the community. The method for improvement can be attained through a number of ways and organizations which includes the Governmental and Non-Governmental Organizations (NGOs). Non-Governmental Organizations (NGOs) "a private organization that pursue activities to reduce suffering, promote the interest of the poor , protect the environment, provide basic social services or undertake community development". NGOs have several projects, programs and roles which support people to bring development in communities. In addition, NGOs mobilize the communities to be self-dependent (Bashir, 2016).

Poverty is pronounced deprivation in well-being. Lack of income and assets to attain basic necessities, lack of access to education and other basic services, and vulnerability to hostile shock are the main causes of poverty. Ethiopia is a large and geographically varied country located in the Horn of Africa and is one of the poorest countries in the world. It is home to Africa's second largest population (about 92 million in 2014) of which less than one-fifth lives in urban areas. The country has the sixth largest economy in Sub-Saharan Africa however this is the product of a large population rather than high per capita income, which at US\$550 in 2014 seats Ethiopia as the 11th poorest country worldwide. The economy is

relatively closed both in terms of trade and trade policy and it has yet to join the World Trade Organization (World Bank, 2016).

The increase in the economic weight of towns in Ethiopia is also reflected in increased concentration of people in urban areas. It is estimated that about 20 percent of the total population of Ethiopia currently lives in urban areas, which has rendered it as one of the least urbanized countries in sub-Saharan Africa. Despite this low level of urbanization, though, the country has one of the highest rates of urbanization even by the standards of developing countries, which is estimated at 4.1 per cent. This is also much higher than the average growth rate of the total national population, which is estimated at 3 per cent annually. The level of urbanization has been only 6 per cent in the 1960, which has increased to 11 per cent in 1984 and 14 per cent in 1994, which is estimated to have already reached 17.2 per cent by 2013 and projected to account for 30 per cent of the total population in the year 2025.

The Government of Ethiopia believes that development should effectively address such deprivations of the society (MoFED, 2013). Accordingly, the Government has formulated pro-poor and pro-growth development policies and strategies through public participation to safeguard overall economic development and eradicate multidimensional poverty. By effectively coordinating and managing the implementation of these pro-poor and pro-growth development policies and strategies, Ethiopia has registered double digit economic growth as measured by real GDP and extraordinary social development since the last decade (MoFED, 2013).

1.2 Statement of the problem

The inevitable outcome of poverty is insufficiency and deprivation across many of the sides of a fulfilling life such as, inadequate resources to buy the basic necessities of life, frequent bouts of illness and an early death, literacy and education levels that undermine adequate functioning and limit one's comprehension of the world and oneself, living conditions that imperil physical and mental health, job that are at best unfulfilling and at worst dangerous, a pronounced absence of dignity, a lack of respect from others, and exclusion from community affairs (James Foster, et al 2013).

According to Asian development bank (2013), unlike rural poverty, urban poverty is complex and multi-dimensional – extending beyond the deficiency of income or consumption, where its many dimensions relate to the vulnerability of the poor on account of their insufficient access to land and housing, physical infrastructure and services, economic and livelihood sources, health and education facilities, social security networks and voice and empowerment (Mathur, 2013).

The problem of poverty and how to reduce it remains the most pressing dilemma in the international development debate. Poverty rates have converged across countries because poverty reduction in Ethiopia has been faster in districts and regions where poverty was highest a decade ago. In 2000 regions differed strongly in terms of poverty with 61 percent of the population in Tigray and 51 percent of the population of the Southern Nations, Nationalities and Peoples Region (SNNPR) living in poverty compared to 40 percent of the population of Oromia (Work Bank, 2016).

Conducted studies also show that NGOs play a great role in reduction of poverty. Riddel and Robinson (1995) specify that NGO projects were successful and effective in improving the social status of the poor; yet, not all the projects were successful in reaching the poor. Mohanan (2000) also show that NGOs have been playing a very important role in the country over the last quarter of the century in the sphere of social development. He discourses that NGOs are a powerful tool in poverty alleviation and development. This is parallel with the findings Devi (2013) who found that NGOs play a vital role in uplifting the general conditions of the poor.

Also in the previous studies related role of NGOs on urban poverty reduction, most of the study emphasizes only on the impact of health and education on poverty reduction, for example Samuel et al (2016), The role of NGOs in social development in developing nations

on education, showed that NGOs played significant roles in social development through education support in Unguja Island. Alec M. et al (2004), by the title of Effectiveness of an NGO primary health care programme in rural Bangladesh, indicated that, NGOs can play an important role in health service delivery in Bangladesh. Early criticisms of NGOs persist, however, and their activities have been more focused in-service provision than in advocacy and empowerment. In Ethiopia, there are different studies on NGOs in different variables such as, the role of Non-Governmental Organizations (NGOs) in promoting the development of urban agriculture and the role of NGO on child care and community development. Therefore, this study attempt to show the impact of NGO on education and health, the impact of food provision or nutrition for the peoples in need, and community empowerment. Also, there is no studies have been conducted in Jimma town related to the role NGO on poverty reduction.

1.3 Research questions

To address the foregoing objectives, the study was guided by the following research questions:

1. What are the factors of health and sanitation works on poverty reduction in Jimma Town?
2. What is the influence of education on poverty reduction Jimma town?
3. What is the influence food provision or nutrition on poverty reduction in Jimma town?
4. How does community empowerment activities influence on poverty reduction in Jimma town?

1.4. Objectives of the Study

1.4.1. General Objective

- The general objective of the study was to examine the role of NGO'S in the reduction of urban poverty in Jimma town

1.4.2 Specific objectives

1. To investigate how NGO are involved in reduction of illness (Health) problem in Jimma town.
2. To determine the influence of education on poverty reduction in Jimma town
3. To identify the influence food provision (nutrition) on poverty reduction in Jimma town
4. To assess the influence of community empowerment on poverty reduction in Jimma town.

1.5. Significance of the study

Poverty in urban is a major challenge facing the economic development of Ethiopia. Thus the findings of the study may be useful to the following:

The study will guide government policy pertaining to poverty, poverty alleviation and expansion of development programs. In addition, the research can help NGOs identify and highlight appropriate strategies and interventions to alleviate poverty and enhance development. The research can help NGOs formulate clear policies, adopt prudent resource management and develop organization culture and hire qualified staff. Thus this intervention will help to alleviate poverty and enhance development.

The research may also produce a document containing useful information that can be used for forthcoming by students, government and other NGOs serving as a basis of reference for conducting research, which in turn, will lead to better understanding of poverty reduction and development. This still remains a serious socio-economic problem that needs to be further studied into. Future researchers would be able to refer to the study to understand social relationships and seek answers to various social problems that would arise from recommendations.

The research can support and inform readers understanding of the complex nexus of factors involved in poverty, its alleviation and development and possible prevention which can help identify vulnerabilities that directly impact on the activities of NGOs to solve various operational and planning shortcomings.

1.6. Scope of the Study

Because of the broad nature of the study, accessing all the literature concerning the role of NGOs in urban poverty reduction is voluminous. The scope of this study geographically delimited to NGO that found in Jimma town where primary data would gathered for the study. Specifically the study focuses on Ethiopian Evangelical Church Mekane yesus development and social service commission (EECMY-DASSC) in Jimma town.

This study will not consider other towns because it is not manageable. Methodologically the study selected the quantitative research approach that enables to use statistical tools and uses both descriptive and explanatory research designs.

1.7. Organization of the Study

Generally, the study will be organized into five chapters. Chapter one will start with general introduction about NGO and urban poverty followed

by statement of the problem and continues with research questions and research objective, the significance of the study, scope of the study and the organization of the study. Chapter two will review related studies and literatures on the performance of NGOs in urban poverty reduction. Chapter three provides the methodology used in the study. Chapter four presents the analysis of the findings and interpretation of the data generated. Chapter five provides the summary of the findings, recommendations and conclusions of the study.

CHAPTER TWO

REVIEW OF LITERATURES

2.1. Introduction

This chapter presents literature related to the meaning of non- governmental organization, non-governmental organization and development work, types of NGO, roles of non-governmental organization, roles of non-governmental organization and communities, the concept of poverty, poverty in Ethiopia, poverty line, and illness (health and sanitation) and poverty reduction, education and poverty reduction, food provision and poverty reduction, community empowerment and poverty reduction, empirical studies and finally conceptual frame work.

2.1.1. The meaning of NGO

Definitions of what constitutes NGO's vary, as there is no widely shared definition. They are an extremely different group of organizations that take different shapes and forms within and across different country contexts (Kanji & Lewis, 2009). The United Nations in 1945 was the first to use the term "NGO" when it made a division in its charter between the participation of intergovernmental agencies and non-government associated groups (Kanji & Lewis, 2009).

Nongovernmental organizations (NGOs) are now known as key third sector actors on the landscape of development, human rights, humanitarian actions, environment and many others areas of public action, from the post 2004 tsunami reconstruction efforts in Indonesia, India, Sri Lanka, Thailand, to the 2005 Make poverty History campaign for aid and trade reform and developing country debt cancellation. In his work on Nongovernmental organizations, Definition and History Lewis D, depicted that NGOs are best known for two different, but often interrelated, types of activity- the delivery of service to people in need, and the organization of policy advocacy, and public campaigns in pursuit of social development(Lewis, 2010).

Perceptions of non-governmental organizations in development are mixed. On the one hand, some have confidence in that they are flexible, innovative and efficient vehicles for the provision of basic services and for poverty alleviation, that they reach poor communities and remote areas at lower cost than governments, that they identify genuine local needs, and that they promote participation and transfer suitable technologies- they are the "magic bullets" of development (Khandpekar, 2016).

According to Lewis & Kanji (2009), the different terms used sometimes reflect the different types of NGO. An example is the important distinction usually made between grassroots or membership NGOs, collected of people organizing to advance their own interests; and in-between NGOs, made up of people working on behalf or in support of a marginalized group (Kanji & Lewis, 2009).

The terms NGO are often used synonymously with civil society, but civil society includes not only NGOs, but also faith based organizations, grassroots organizations, religious groups, informal and cultural groups that pursue activities representing the interests of the poor (Ibrahim and Hulme, 2010).

Ethiopia has a long tradition of informal community-based organizations like the “idir” and “iqub” – self-help associations that operate at the home-grown level and offer mutual socio-economic support to their members.

According to Ethiopian, proclamation number 621/2009 NGO used synonymously with ‘charity’ institutions and defined as “which is established exclusively for charitable purpose and gives benefit to the public”. Their purpose includes prevention or alleviation of poverty, the advancement of the economy and social development and environmental protection, the advancement of education, health, arts culture, heritage, welfare of youth, human and democratic right, conflict resolution.

2.2. NGO and development work

It is commonly viewed that NGOs provide more effective targeted aid, given their closer proximity to the poor, and that their operations should not be subject to distortions by commercial or political interests (Hulme N. B., 2012). It was perceived failures of state-led development approaches all over the 1970s and 1980s that fuelled interest in NGOs as a development alternative, offering innovative and people-centered approaches to service delivery, advocacy and empowerment.

As cited by Nicola Banks et al, the difficulties in classificatory, definitions and justifications for the emergence of NGOs have centered on their ability to offer a ‘development alternative’, making a set of claims about the more effective approaches necessary for addressing poverty and challenging unequal relationships and justifying a role for NGOs in closing the gaps caused by inefficient state provision of services (Hulme N. B., 2012).

2.3. Types of NGO

There are numerous possibilities to classify NGOs. The following is the typology the World Bank uses

Operational NGOs

Their primary purpose is the design and implementation of development-related projects.

One categorization that is frequently used is the division into relief-oriented or development-oriented organizations; they can also be classified according to whether they stress service delivery or participation; or whether they are religious and secular; and whether they are more public or private-oriented.

Operational NGOs can be community-based, national or international. Operational NGOs have to mobilize resources, in the form of financial donations, materials or volunteer labor, in order to sustain their projects and programs. This process may require quite complex organization.

Advocacy NGOs (sometimes called militant NGOs):

Their primary purpose is to defend or promote a specific cause. As opposed to operational project management, these organizations typically try to raise awareness, acceptance and knowledge by lobbying, press work and activist events.

2.3.1. NGO types by orientation

Charitable Orientation- often involves a top-down paternalistic effort with little participation by the “beneficiaries”. It includes NGOs with activities directed toward meeting the needs of the poor -distribution of food, clothing or medicine; provision of housing, transport, schools etc. Such NGOs may also undertake relief activities during a natural or man-made disaster.

Service Orientation- includes NGOs with activities such as the provision of health, family planning or education services in which the programme is designed by the NGO and people are expected to participate in its implementation and in receiving the service.

Participatory Orientation- is characterized by self-help projects where local people are involved particularly in the implementation of a project by contributing cash, tools, land, materials, labour etc.

Empowering Orientation- is where the aim is to help poor people develop a clearer understanding of the social, political and economic factors affecting their lives, and to strengthen their awareness of their own potential power to control their lives.

2.3.2. NGO Types by level of operation

1. Community-based Organizations (CBOs)- arise out of people's own initiatives. These can include sports clubs, women's organizations, and neighborhood organizations, religious or educational organizations. There are a large variety of these, some supported by NGOs, national or international NGOs, or bilateral or international agencies, and others independent of outside help. Some are devoted to raising the consciousness of the urban poor or helping them to understand their rights in gaining access to needed services while others are involved in providing such services.

2. Citywide Organizations- include organizations such as the chambers of commerce and industry, coalitions of business, ethnic or educational groups and associations of community organizations. Some exist for other purposes, and become involved in helping the poor as one of many activities, while others are created for the specific purpose of helping the poor.

3. National NGOs- Some of these have state branches and assist local NGOs.

4. International NGOs- range from secular agencies such as and Save the Children organizations, OXFAM, CARE, UNDP, UNICEF, religiously motivated groups. Their activities vary from mainly funding local NGOs, institutions and projects, to implementing the projects themselves.

2.4. Roles of NGOs

NGOs play a critical role in all areas of development. People and policy makers are agree on one thing that NGOs play a very important role in development. Role of NGOs vary over the years as the policy of government changes. NGOs are almost dependent on polices of government. Socio economic development is a shared responsibility of both i.e. government and NGOs. Role of NGOs are complementary but vary according to polices of government. If we closely pursue the voluminous literature on NGOs many roles can be found according to the expectations of people.

The major development roles ascribed to NGOs are to act as:

- ✓ Planner and implementer of development programmers,
- ✓ Mobilize of local resources and initiative,

- ✓ Catalyst, enabler and innovator,
- ✓ Builder of self-reliant sustainable society,
- ✓ Mediator of people and government,
- ✓ Supporter and partner of government programme in activating delivery system implementing rural development programmes, etc.,
- ✓ Agents of information,
- ✓ Factor of improvement of the poor, and
- ✓ Facilitator of development, education, training, professionalization, etc. (UK Essay, 2018).

2.5. The Role of NGOs and Communities:

Some NGOs see themselves as champions of the poor, lobbying government to give them a better deal. Others play a watchdog role, ensuring that governments and utilities remain honest, focused on serving the people. A third variety prefers to focus at ground level, finding ways to bring communities together to provide basic services to those in most need. Many look to combine these roles within one organization.

Partnerships can struggle to accommodate these different visions, making it hard to harness the skills, abilities and local contacts that NGOs offer to best effect. NGOs themselves can be torn between engaging other stakeholders in order to provoke change from the inside and maintaining their independence from the outside. Equally, how partnerships can engage and relate to poor communities is not straightforward. In some cases Community-Based Organizations are preferred to NGOs as partners.

2.6. The concept of poverty

Poverty is a multi-dimensional phenomenon and its alleviation entails many different kinds of change: social, economic, political, and socio-cultural. Reducing and eventual eradication of poverty is a global challenge and wants a global commitment. Poverty is an occurrence witnessed all over the world and the World Bank estimates that currently, more than 1 billion people still live in poverty, a state of affairs that is morally unacceptable given the resources and technology available today,(World Bank,2013).

Poverty is “pronounced deficiency in well-being.” The conventional view links well being primarily to command over commodities, so the poor are those who do not have sufficient income or consumption to put them above some adequate minimum threshold. This view sees

poverty largely in monetary terms. Poverty may also be connected to a specific type of consumption; for example, people could be house poor or food poor or health poor. These dimensions of poverty frequently can be measured directly, for instance, by measuring malnutrition or literacy. The broadest approach to well-being (and poverty), concentrations on the capability of the individual to function in society. Poor people often lack key capabilities; they may have inadequate income or education, or be in poor health, or feel powerless, or lack political freedoms (Jonathan Haughton and Shahidur R. Khandker, 2009).

As cited by Malenya Raphael Mutisya, the concept of poverty has received a lot of attention warranting debates around the world in international development forums. According to the European anti-poverty network, poverty is primarily the consequence of the way society is organized and how resources are allocated. The causes and levels of poverty vary by geographical region and demographical distributions, yet the negative, if not devastating effect it has on populations affected varies little to none. With the recent worldwide financial crisis, researchers have estimated that another 100 million people may become extremely poor (Ferguson, 2011). In 2011 the European anti-poverty network stated that almost 120 million people, that is, about 24 % of the European population was at risk of poverty. Most countries in the European region experienced an increase in the number of people at risk of poverty since 2008, just after the start of the economic crisis, therefore widening its prevalence.

Developing countries on the other hand have high poverty rates characterized by lower standards of living, an underdeveloped industrial base and unstable economies. South America for instance, has seen a fair share of its population living in poverty. Even with a high performing and fast growing economy in Latin America, Peru's poverty remains high and widespread. Almost half the population is poverty stricken where 20% of the total population is classified as extremely poor, which is significantly higher in the rural areas. More than 39% of the total population and two thirds of the rural population in Peru live below the poverty line. The levels are above those witnessed in Argentina and Brazil based on \$2 a day poverty line (Erik T., 2013).

Based on data from the World Bank the percentage of people living on less than \$1.25 per day in Sub-Saharan Africa fell from 56.5 to 48.5 percent between 1990 and 2010, at a rate of about 0.8% per year. The majority of this decline occurred during the 2000s, fueled by gross domestic product (GDP) growth which averaged 5% per year. With a high population

growth, SSA poverty rates have not declined fast enough to reduce the number of poor in the region, which increased from 290 to 413 million between 1990 and 2010.

2.7. Poverty in Ethiopia

Since the last two decades, as portion of the global and national initiatives, the government of Ethiopia has put in place a poverty reduction strategy in order to achieve broad based and sustained economic growth. In light of the plan to reduce the depth and extent of chronic poverty over time, a strong system of Monitoring and Evaluation has been put in place. Consequently, the issue of Welfare Monitoring in the country arose as share of the Economic Reform Program (ERP). The ERP specifically and strongly emphasizes to see the effect of the reform program on poverty and building the analytical capacity of the government to monitor and evaluate such effects. To this end, the government of Ethiopia has established a Welfare Monitoring System (WMS) in 1996. Moreover, the government of Ethiopia has made poverty examination to be an integral part of the overall Monitoring and Evaluation (M&E) System since 1996 as part of its endeavor to address the poverty reduction agenda(MoFED, 2013).

The poverty rate in urban Ethiopia is almost as great as the rural poverty rate (85 percent). This is marked contrast to structural peers, for whom the urban poverty rate is about half of the rural poverty rate, and to aspirational peers for whom the urban poverty rate is a third of the rural poverty level. Urban unemployment rates are also high in comparison to both structural and aspirational peers, and unemployment is strongly correlated with poverty. Those who are unable to work—the elderly and disabled—are poorer in comparison to their neighbors than their counterparts in rural areas, and more vulnerable (World Bank, 2016).

2.8. Poverty line

An individual or house hold is classified as poor (or at risk of poverty) if its resources are less than the value of a given monetary threshold (“poverty line”). The poverty line represents the aggregate value of all the goods and services considered necessary to satisfy the house hold’s basic need. There are different approaches to establish a poverty line, such as, absolute poverty line or having less than an objectively defined absolute minimum, the relative poverty line or having less than others, and the subjective poverty line or feeling you do not have enough to get by.

Absolute poverty lines are by far the most common used approach for identifying the poor over time and space. They are universally used in low and middle income countries. The

World Bank's international poverty line for measuring extreme poverty (currently PPP\$ 1.90 per day) has historically been based on a "typical" value of a sub sample of a lowest of a group of national poverty line.

Relative poverty has been described as people who lack the resources to obtain the type of diet, participate in the activities and have the living conditions and the amenities which are customary or at least widely encouraged or approved in the society to which they belong. Relative poverty lines are most often used in countries with higher income, where less concern about achieving a minimum absolute living standard and greater interest in inclusion or relative position (United Nations Economic Commission for Europe, 2017)

2.9. Illness (health) and sanitation and Poverty reduction

In 2015 an expected 2.4 billion people did not have access to "improved" sanitation (WHO 2016; UNICEF and WHO 2015). The number of people without access to safe sanitation is unrecorded, but is likely to be some orders of magnitude higher. According to authorized estimates, during the period of the Millennium Development Goals (1990-2015) use of "unimproved" sanitation facilities fell from 46% to 32% globally. That mean MDG target to halve the proportion of the population without sustainable access to basic sanitation was missed by around 700 million people (UNICEF and WHO 2015).

According to UN environment, report show that Poor water quality and inadequate access to safe water supply and sanitation are major threats to human health. Burden-of-disease investigation suggests lack of access to safe water supply, sanitation and hygiene is the third most significant risk factor for health in developing countries, with high mortality rates. Improving water, sanitation and hygiene globally has the potential to avoid at least 9.1% of the global disease burden and 6.3% of all deaths. Of the almost 2 million total global deaths in 2004 attributed to unsafe WASH (UN environment, 2016).

There are two main ways in which NGOs run health programs: they are either managed independently as health programs by organizations which are primarily engaged in health service delivery, or managed as portion of other programs run by the same organization (part, in other words of integrated programs). Overall, NGOs are involved in almost all areas of health care and service delivery and also contribute to capacity building of the health sector both at the community level as well as at the level of the woreda and above (Dessalegn R., Akalewold B., & Yoseph E, 2008). The following are among the important activity areas of NGOs:

Primary health care, includes provision of basic services through health-facility approach (i.e. through clinics, health posts, etc.) or through outreach programs, greater effort to enhance community-based and home based approaches. The services deliver a wide variety of treatments, referrals and information and awareness raising services, also treatment of diarrhea, intestinal diseases, and pneumonia. Service receivers are community residents, in particular women, mothers, and children

Reproductive health and family planning services, these include care and counseling for the period of pregnancy, child birth, pre- and post-natal services; adolescent reproductive health issues and services to the young

Prevention and control of communicable and other diseases includes services for and information about malaria, TB, STI, as well as HIV/AIDS. Also control, treatment and immunization against infections and diseases common in various environmental settings, Information and mobilization of community for VCT, and control and treatment of epidemic diseases.

Construction and Management of health facilities, these comprise hospitals, clinics, health posts, pharmaceutical stores, and dispensaries.

2.10. Education and poverty reduction

As the partner of development NGOs has been played substantial role in the education sector developments in Ethiopia. The main target of millennium development goal two (MDG2) is to “ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling”. In Ethiopia, this target is monitored through the following indicators: (1)the net enrolment ratio in primary education; (2) first cycle primary completion rate; (3) second cycle primary education completion rate; (4) literacy rate; and (5) gross primary, enrolment rate

According to the report of MoFED, in Ethiopia literacy continues to increase over time in both rural and urban areas, and for both males and females. There remain some considerable differences in literacy rates between men and women, though the gap has closed slightly in rural areas over the past six years. On average, just under half the population is literate and this breaks down into 56 percent of males and 47 percent of females. The gap between rural and urban residents is more striking, 78 percent of urban residents over ten years old reporting that they can read, compared to only 40 percent of rural residents (MoFED, 2013).

The following presents the leading areas of investment and support provided by CSOs/NGOs in the education sector:

Construction, expansion and renovation of pre-schools, primary and secondary schools, technical and vocational training institutions, facilities for teachers, libraries, sanitation facilities, and school administration offices

Provision of needed materials and supplies to school systems, these include furniture and school desks, classroom equipment, teaching aids, and sports equipment's and facilities.

Managing regular, specialized and technical and vocational schools, several NGOs also run special schools for children with disabilities or special needs.

Establishing and managing non-formal, or alternative educational institutions and systems, this is one area where the charitable sector has introduced innovative ideas

Capacity building, improving the quality of education through training and financial support to teachers and other school personnel, also improving educational efficiency by upgrading the competence of school administrative staff. Some NGOs even deliver support to Regional Education Bureaus (Dessalegn et al, 2008).

2.11. Food provision and poverty reduction

According to RAUF foundation report rapid urbanization in many developing countries, especially those with lower incomes, is taking place at a time when the availability of non-farm jobs is limited. In fact, non-farm productivity in the least developed countries declined 9 per cent from 1980–83 to 2000–03. As a result, the urbanization process is accompanied by a phenomenon referred to as the 'urbanization of poverty': rural-to-urban migration combined with limited employment opportunities in cities is leading to a shift in the locus of poverty from rural to urban areas. The percentage of the poor living in cities is expected to increase from 30 per cent in 2000 to 50 per cent by 2035 Marielle D., Henk de Z. and René van V, (2010). Increasing urban poverty goes hand in hand with growing food insecurity and malnutrition in the cities. Urban food insecurity is often overlooked since at aggregate level economic and social conditions in urban areas are much better than those in rural areas. The familiar images of 'famine' situations are often from rural areas and rarely depict urban areas (Marielle D. et al, 2010).

As cited by RAUF report the recent food and economic crises have made city and national governments realize that urban food security is a major issue that requires policy intervention. In over 30 major cities food riots broke out due to the sharp increase in food prices and the deteriorating access to food for the urban poor. As a consequence of these crises the number of people that were undernourished increased by about 170 million people in just one and a half years and the urban poor are among the hardest hit. The 136th Council meeting of the FAO reported 'World hunger is projected to reach a historic high in 2009, with 1,020 million people going hungry every day (from 850million in 2007). The urban poor will probably face the most severe problems in coping with the global recession.' (MarielleD. et al 2010).

2.12. Community empowerment and poverty reduction

Empowerment denotes broadly to the expansion of freedom of choice and action to shape one's life. It implies control over resources and decisions. For poor people freedom is severely curtailed by their voicelessness and powerlessness in relation particularly to the state and markets (Narayan, 2002). For some, empowerment was an individual process which provided the means for people to improve their own well-being and interests. For others, empowerment implied forms of collective action, centering on issues of organization and politics (David Lewis and Nazneen Kanji, 2009).

According to Naraya (2002), empowering poor men and women requires the removal of formal and informal institutional barriers that hindering them from taking action to improve their wellbeing individually and collectively.

The concept of empowerment is central to social and community development. According to Ife (2006), empowerment is aimed as increasing the power of the disadvantaged, marginalized women, men and children. Empowerment should focus on human capital development. The basic objective of human development is to expand the range of people's choice to make development more democratic and participatory. These choices should include access to income and employment opportunities, education and health, and a clean and safe physical environment so that each individual should also have the opportunity to take part fully in community decisions and to enjoy human, economic and political freedoms (UNDP in Rist, 2002).

Through empowerment communities can build social capital. In this regard, Baas (1998) refers to social capital as cohesion, common identification with the forms of governance,

cultural expression and social behavior that makes society more cohesive and more than a sum of individuals.

2.13. Empirical studies

A research conducted in Bangladesh highlight that, within the last 10 years, NGOs in Bangladesh made remarkable progress in lifting over sixteen million people out of poverty and reducing inequality amongst its citizens. As of 2013, the number of poor people has dropped twenty-six percent. Outspoken NGO and government commitment to Millennium Development Goals are significant towards amplified economic growth. Direct development of the agriculture, industry, and service sectors serve as the most beneficial. However, social sector development policies (women and youth advancement, education, health) directly and indirectly assist human capital development and socio-economic conditions of the poor.

A research conducted by Malenya (2016), was aimed at examining the influence of non-governmental organizations initiatives on poverty alleviation (IPA) by taking a sample of ninety six (96) respondents, indicate that majority of the respondents affirm that they have benefited from IPA with 89% frequency, though the remaining 11% however still stated that they are yet to benefit from the IPA initiatives and findings revealed that NGOs have played a positive role in poverty alleviation.

On the other hand a study conducted by Jennifer M. et al (2007), identified that NGOs in Cambodia play essential roles in each of these priority areas. In the health sector, they provide training of local providers, nurses, and midwives, and deliver reproductive health services. NGOs are also making antiretroviral drugs available to those infected with HIV/AIDS who would otherwise not be able to afford them. NGO-trained doctors still provide service for a fee, though significantly less than what the market might prescribe, given the low supply. These doctors are thus in high demand and cannot reach all those in need. Approximately 51 percent of women in Cambodia are uneducated, and a recent Oxfam report (2003) found that only 22 percent of women can read the newspaper. In the education sector, NGOs deliver informal education to children for free (with support from UNICEF) and skills and vocational training to women.

A study conducted by Addo, was aimed at examining Are NGOs still significant development actors in fighting poverty, revealed that NGOs are characterized by short services, duplication of efforts and inefficiency. NGOs identify their advocacy role as a means to keep the State on its toes. A study conducted in Uganda indicate that government interference became a major

hindrance to NGO work a staff of NGO noted that “Government directs us where to go, what to do and when to do it. Conflicts between staff and beneficiaries were also identified as a challenge.

A study done by Hedayat Allah Nikkhah and Ma’rof Bin Redzuan (2010), was aimed at illustrating The Role of NGOs in Promoting Empowerment for Sustainable Community Development, the finding showed that NGOs have many programs, functions and roles which assist community to become empowered, and eventually attain sustainable development. NGOs use different means’s in order to empower poor communities, such as through provision of micro finance, capacity building and mobilization of the community NGOs able to empower poor communities.

A study conducted by Nour El Akkad (2016), was aimed at examining the role of NGOs in reducing poverty and catalyzing social change in Egypt highlights that, NGOs provide new ideas, enthusiastic approaches and varied skills. They can also compensate for the relatively small number of full-time employees and guarantee that the NGO remains efficient and productive at all times. NGOs have an essential and effective role in the Egyptian community and that they are struggling to fulfill the people’s need for services, such as education, health awareness and training, which the government is currently unable to provide. Findings indicate that NGOs have many points of strength that enable them to achieve their mission, such as dedicated team members, varied skills and experiences as well as flexible working conditions. However, it is also obvious that they face several challenges while attempting to achieve their mission. These include the difficult political, economic and social conditions surrounding their work, the cultural barriers they have to break through, as well as the contradicting work of surrounding NGOs and private sector organizations that affect them.

A research conducted by Mohamed S. (2009/10) was aimed at investigate the contribution of the role of NGOs in urban poverty reduction , revealed that NGOs that were considered to be effective by both NGO officials and community members were seen to assist in poverty reduction by empowering the community, primarily through service delivery. Given that communities demonstrated a weak social capital base that resulted in a lack of voice and an inability to engage with the government in accessing services, NGO programmes that worked with the community to overcome these deficiencies were viewed favourably, and demonstrated their ability to develop trust and enhance the social capital of communities.

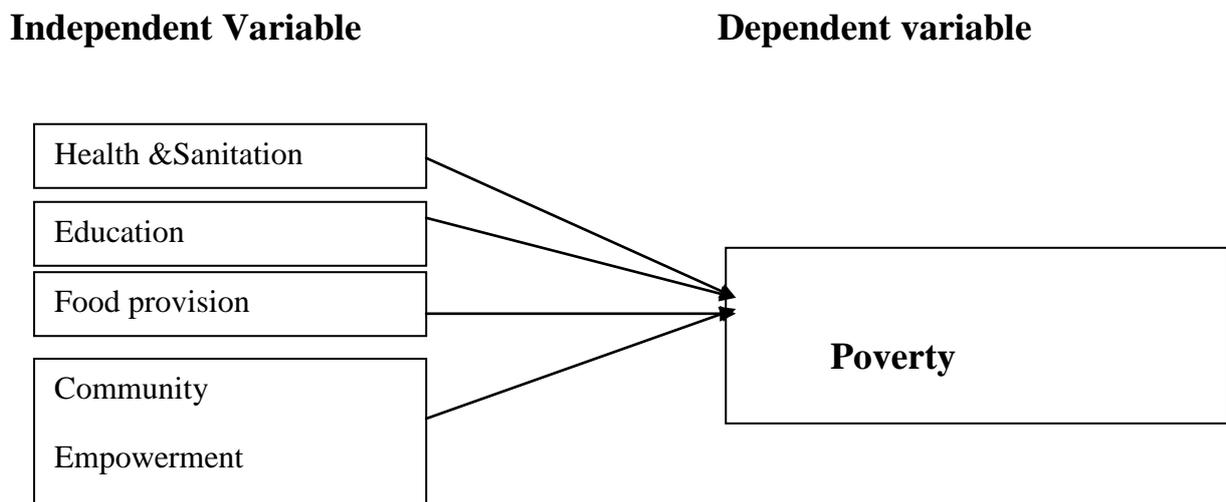
A study done by David Forkuor & Seth Agyemang (2018), was aimed at examining the activities of urban non-governmental organizations (NGOs) in fighting poverty in Kumasi, Ghana, the results from the study disclosed that urban NGOs provide social intervention and livelihood empowerment programs to the extremely poor who were mostly migrants to the city. Women and the youth were the central beneficiaries of the poverty reduction programs of the NGOs. However, the struggles of the NGOs in reducing poverty were found to be of short term rather than long term.

Even different researches and has indicated about the variables including community empowerment and access to fund, but their finding and conclusions were not uniform and additionally lack of research related with the role of NGOs in urban poverty reduction and there is no conducted study in Jimma town.

2.14. Conceptual framework

The conceptual framework describes the relationship between the main concepts of a study. It is arranged in a logical structure to aid provide a picture or visual display of how ideas in a study relate to one another (Grant, & Osanloo, 2014). The conceptual framework for the study shown as follows

Figure 1: Conceptual frame work



CHAPTER THREE

3. RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This section provided an overview of the study's research approach which lays within the mixed methods strategies. This chapter discusses procedures and activities which would be under taken, focusing on namely the description of the research design, questionnaire design, and data collection, sampling strategy, data processing and analysis and instrument development. Besides, this section deals with a discussion on the study area profile.

3.2. Research Approach and Design

This study employed descriptive and explanatory research design. The major purposes of descriptive research are description of the state of affairs as it existing at present. Then this study would describe critically the role of NGO on poverty reduction in Jimma town. Second, the study employs explanatory in that the relationship between variables is correlated with an aim of estimating the integrated influence of the factors on performance. Moreover, the study utilized cross-sectional in the sense that all relevant data were collected at a single point in time. And obtaining information from a cross- section of a population at a single point in time is a reasonable strategy for following many descriptive researches. In this study, a combination of qualitative and quantitative approaches of doing research were employed which has been practice, as recommend by Creswell (2009).

3.3. Sources and Types of data

The study used both primary and secondary sources of data. Primary data was gathered from the communities who are benefited from NGO and managers of NGOs. Primary sources of data give greater detail, more accurate and timely information. In order to realize the target, the study used well-designed questionnaire. This would be completed by the managers and beneficiaries of the NGOs. The questionnaires consisted of items applying the Lickert scale. The major sources of secondary data are books, magazines, published and unpublished materials, and previous research, magazine and newspaper.

3.4. Sampling technique

In order to answer the research questions, it is doubtful that researcher should be able to collect data from all population. Thus, there is a need to select a sample. In general, sampling techniques can be divided into two types: Probability or random sampling. Probability

sampling means that every item in the population has an equal chance of being included in sample and Non probability sampling is often associated with case study research design and qualitative research (Taherdoost, 2016). Thus, in this study random sampling technique was employed because all populations have equal chance to be select as a sample.

3.5. Target population

The target population of this study was who are beneficiaries and employees of Ethiopian Evangelical Church Mekane yesus Development and Social Service Commissions in Jimma town. The total population of the study was 330.

3.6. Sample Size

To get the representative sample for the population under study, the following sample size determination formula was adopted. This sample size determination formula is developed by Tayro Yamen (1967). The reason for selecting and using this formula was that the sample size determined and acquired is somewhat bigger or larger than the results acquired using other recent formulas and also it is the most widely used formula both in academic and social science research. Therefore, based on the formula the sample size of the study was 181.

$$n = \frac{N}{1+N(e)^2} \quad n = \frac{330}{1+330(0.05)^2} = \underline{181}$$

Where, n= sample size N= the total size of population e= acceptable sampling error, 95% confidence.

3.7. Method of data Analysis and presentation

After the primary and secondary data gathering procedures were completed, the data was analyzed in a way to produce important information that can answer basic questions and achieve objectives of the study and also show future implications of the study. However, in this study to analyze the collected data, descriptive and inferential statistics data analysis method was employed. Those data collected through questionnaires was entered and processed by using the Statistical Package for Social Sciences (SPSS) Version 23. The study used descriptive statistics, in order to describe events and facts through Frequency, percentage, mean, standard deviation and then the data present in table.

To analyze the data, different kinds of statistical methods including descriptive statistics and inferential statistics (multiple regressions) were used. Furthermore, descriptive are applied for

frequencies, percentage and mean value was computed using SPSS version 23. Then the data was analyzed and interpreted within necessary information collected from respondents. The analysis and interpretation was based on the respondent's responses and stated by simple and clear sentences to express the quantitative data. The quantitative data was mainly presented by using table and chart, for percentage, mean values and rank order whereas the data collected through interviews and documents are analyzed qualitatively used concurrently to strengthen the analysis of the questionnaires.

According to Malhotra (2007) using descriptive survey method helped the study in picturing the existing situation and allowed relevant information using appropriate data collecting instrument. Both qualitative as well as quantitative analyze and interpreted to fulfill the objective of the study. The qualitative data was described and interpreted through conceptualization and explanation and it's for a justification of the reliability conducted; four important principles should be met: credibility, transferability, dependability and conformability (Eriksson & Kovalainen 2008).

3.8. Model specification

Within this study multiple linear regression model were used to achieve research objectives. The basic objective of using multiple linear regression analysis is to make the research more effective in analyzing impacts of independent variables on the dependent variable. Additionally, according to Grigoroudis (2010); "Multiple linear regression method is used to study the relation between the independent variables and dependent variable." (Gujarati 1995) defines a regression function as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon_i$$

Where: Y = Poverty reduction

X_1 = Health and sanitation, X_2 = Education X_3 = Food provision

X_4 = Community empowerment ϵ_i = error term

β_0 is the intercept term- it gives the mean or average effect on Y of all the variables excluded from the equation, although its mechanical interpretation is the average value of Y when the stated independent variables are set equal to zero.

Multiple linear regression model assumptions were conducted based on a Gujarati (1995) to check goodness-of-fit carry significant benefits for the research; because once the model is fitted, it is effective in describing the outcome of variables. Let summarize each assumption one by one;

3.8.1 Normality:

The distribution of residuals should be normal at each value of the dependent variable is one of multiple linear regression assumption. This means that errors are normally distributed, and that a plot of the values of the residuals was approximated a normal curve (Keith, 2006). According to Gujarati (1995) ϵ_i are independently and normally distributed with mean zero and a common variance σ^2 was given as; $\epsilon_i \sim (0, \sigma^2)$

3.8.2 Linearity Test:

Linearity is used check whether all the estimates of regression including regression coefficients, standard errors and tests of statistical significance are biased or not (Keith, 2006).

3.8.3 Homoscedasticity:

The variance of residuals for every set of values for the independent variable is equal and violation of Heteroscedasticity. This means that the researcher assumes that errors are spread out consistently between the variables. Symbolically described as follow;

$$\text{var} = \left(\frac{\epsilon_i}{x_1, \dots, x_k!} \right) \sigma^2$$

For all ϵ_i is disturbance term or error term X_k is explanatory variable σ^2 is the constant or homoscedastic variance of ϵ_i .

3.8.4. Multicollinearity:

It meant the existence of a perfect or exact, linear relationship among some or all explanatory variables of a regression model. If there is perfect collinearity among the independent variables, their regression coefficients are indeterminate and their standard errors are not defined. Therefore, independence of independent variables was tested by Variance inflation factor (VIF) and tolerance.

$$VIF(X_j) = \frac{1}{1-R_j^2} \text{Tolerance } 1-R^2$$

Where; X_j = the j^{th} explanatory variables regressed on the other independent variables.

R_j^2 = the coefficient of determination when the variable X_j regressed on the remaining explanatory variable.

3.9. Reliability and Validity

Reliability test

The reliability refers to a measurement that supplies consistent results with equal values. It measures consistency, precision, repeatability, and trustworthiness of a research. It indicates the extent to which it is without bias, and hence insures consistent measurement across time and across the various items in the instruments (the observed scores). It is the degree to which an assessment tool produces stable (error free) and consistent results. It indicates that the observed score of a measure reflects the true score of that measure (Mohajan, 2017).

Is one of the methods to estimate the reliability of the scores on a test or measurements is Cronbach's coefficients alpha method. Hence, Cronbach's coefficients alpha refers to the extent to which there is interrelatedness among the responses to the multiple items comprising in the Lickert scale. Hence, as explored by Field (2009), if Alpha Coefficients were above 0.70, consistency and suitability were considered high. Accordingly, the reliability measures of each of the major variables are presented in the following table to ease the process of the data analysis

Table 1: Reliability Statistics

	Cronbach's Alpha	Number of items
Health and sanitation (X1)	.826	9
Education (X2)	.766	8
Food provision (X3)	.849	6
Community empowerment (X4)	.895	8
Poverty reduction (Y)	.879	4

Thus, as shown in table 3.1 the reliability of the scores was evident by strong Cronbach's alpha coefficients for all variables, which used as independent and dependent variables of the study. The Cronbach's alpha ranged from 0.766 to 0.895, indicating that items are highly reliable to measure the variables they are expected to measure.

Validity

According to Saunders et al (2007), validity is a soundness or rationality whether the findings are really about what they appear to be or the degree to which results obtained from the analysis of the data actually represents the phenomena under study. The validity of data

gathering instrument is confirmed by the ability and willingness of respondents to provide the information requested.

In order to make the questionnaire valid, relevant and objective to problem, it was properly commented by the advisor, and it also tested on available respondents, and based on the issue which was not properly clear by the respondents was corrected and refined.

CHAPTER FOUR

4. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1. Introduction

This chapter is concerned with the analysis and interpretation of primary and secondary data. The main purpose of the study was to establish the role played by Non-governmental organizations on poverty in Jimma town, by taking Ethiopian Evangelical Church Mekane Yesus development and social service commission (EECMY-DASSC) in Jimma town.

Out of the 181 questionnaires distributed, 171 were completed and returned. This represented a questionnaire return rate of 94.5% from respondents. The remaining 10 questionnaires were not returned.

4.2. Socio-demographic Characteristics of Respondents

In this section of the study, the general background information of respondent's is presented; it includes sex, age, marital status, educational level, and job.

4.2.1. Sex of respondents

Table 2: Sex of Respondents

Sex	Frequency	Percent (%)
Male	79	46.2
Female	92	53.8
Total	171	100

Source, own survey 2020

The result obtain from the table shows that 79 (46.2%) were male while 92 (53.8%) were female. This indicates that females are more participant in the study. Therefore, majority of the beneficiaries the EECMY-DSSC are female.

4.2.2. Age of Respondents

Table 3: Age of Respondents

Age	Frequency	Percent (%)
1-18	61	35.7
19-25	49	28.7
26-35	34	19.9
36-45	21	12.3
Above 45	6	3.5
Total	171	100

Source, own survey 2020

The above table shows that 1-18, 61(35.7%) respondents were belongs to 19-25, 49(28.7%) respondents were between the age of 19-25, 34(19.9%) respondents were between the age of 26-35, 21(12.3%) respondents were between the ages of 36-45 respectively, and 6(3.5%) respondents were above the age of 45. Therefore, majority of the respondents are between the ages of 1-18 and followed by the age of 19-25. This indicate that majority of the beneficiaries of the NGO are young age group.

4.2.3. Academic Qualification of respondents

Table 4 : Level of educations of the respondent

Level of education	Frequency	Percent (%)
Elementary	74	43.3
Secondary	65	38
TVET/Diploma	22	12.9
Degree	10	5.8
Total	171	100

Source, own survey 2020

As indicated in the above table 74(43.3%) respondents were elementary student, 65(38%) respondents were secondary school student, 22(12.9%) respondents were TVET/ diploma and

10(5.8%) respondents were degree holders respectively. This implies most of the beneficiaries of EECMY-DSSC are elementary school student, followed by TVET students.

4.2.4. Occupation of Respondents

Table 5: Occupation of Respondents

Occupation	Frequency	Percent(%)
Student	101	59.1
Self-employee	30	17.5
Wage worker	40	23.4
Total	171	100

Source, own survey 2020

As indicated in the above table 101(59.1%) respondents were students, 30(17.5%) respondents were self-employee and 40(23.5%) were wage workers. Therefore, this shows that majority of respondents are student.

4.2.5. Marital Status of the Respondents

Table 6: Marital Status

Marital Status	Frequency	Percent (%)
Single	140	81.9
Married	31	18.1
Total	171	100

Source, own survey 2020

The above table shows that 140(81.9%) respondents were unmarried, 31(18.1%) respondents were married and this indicates that majority of the respondents are single. Based on the above table majority of the respondents are unmarried.

4.2.6. Duration of Benefit

Table 7: Duration of benefit

Duration of benefit	Frequency	Percent (%)
From 1-3	40	23.4
1-6	13	7.6
1-9	35	20.5
1-10	58	33.9
Above 10 year	25	14.6
Total	171	100

Source, own survey 2020

The above table shows that 40(23.4%) respondents were benefitted from 1-3 years, 13(7.6%) respondents were benefitted from 1-6 years, 35(20.5%) respondents were benefitted from 1-9 years, and 25(14.6%) respondents were benefitted above 10 years. This implies that most of the respondents were benefitted from 1-10 years.

Table 8: The role of non-governmental organizations on poverty reduction

Health and sanitation and poverty reduction								
No	Item	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. dev.
1	NGOs have helped to improve the health conditions of poor's in the town	5	36	30	80	20	3.43	1.04
2	NGOs provide health education and training for the surrounding communities	3	32	23	85	28	3.6	1.02
3	The health service provided by NGO are easily accessible	6	13	34	93	25	3.69	0.93
4	NGOs participate in construction and management of health facilities	5	35	31	81	19	3.43	1.02
5	NGOs have increased accessibility to clean water	3	31	26	89	22	3.56	0.99
6	NGOs intervene in construction of sanitation facilities I.e. toilet, bathrooms	5	20	28	80	38	3.74	1.03
7	provision of basic services through health-facility approach services like, treatments, referrals and information and awareness raising services	2	18	15	100	36	3.88	0.9

8	Prevention and control of communicable and other diseases includes services for and information about malaria, TB, STI, as well as HIV/AIDS	5	42	23	73	28	3.45	1.12
9	The NGOs have improved community health education such as hygiene and waste disposal	1	12	25	97	36	3.91	0.83
	Overall						3.63	0.99
Education and poverty reduction								
1	Construction, expansion and renovation of schools	4	13	28	91	35	3.82	0,92
2	Provision of needed materials and supplies to school systems, these include furniture and school desks, classroom equipment	7	26	45	62	31	3.49	1.08
3	Capacity building, improving the quality of education through training and development	3	20	44	74	30	3.63	0.96
4	Managing regular, specialized and technical and vocational schools	6	47	38	61	19	3.23	1.08
5	NGO have helped the individuals to improve economically through technical skills training and financial management	9	51	46	53	12	3.05	1.05
6	Skills transfer enable the poor societies live better lives	7	62	42	49	11	2.97	1.04
7	The NGO have enabled the poor be able to support themselves financially	8	52	22	56	11	3.06	1.04
8	NGO have made the most effective intervention for reducing the social gap in educational outcomes	6	13	30	87	35	3.77	0.98
	Overall						3.38	1.02
Food provision and poverty reduction								
1	NGO constantly provide food for poor communities living in the town	5	64	41	49	12	3.99	1.03
2	NGOs provide enough and quality food for in need	4	10	36	83	38	3.82	0.92
3	NGOs solved the growing	5	29	54	67	16	3.35	0.97

	problem in food insecurity and malnutrition in the town							
4	NGO helped to improve the economic level and social conditions of the community by providing food	1	19	40	91	20	3.64	0.85
5	NGO able to prevent different diseases that arise from food insecurity and malnutrition	6	23	34	77	31	3.61	1.04
6	The urban poor enabled to go by from severe food problems by the help of NGO	3	4	39	94	31	3.85	0.8
	Overall						3.54	0.94
Community empowerment and poverty reduction								
1	Community members are involved in decision making process of formulation and implementation of initiatives of NGO	4	15	38	76	38	3.75	0.96
2	NGO facilitate provision of credit in order to make the beneficiaries self-supportive	-	8	22	79	62	4.14	0.91
3	NGO provide individuals, families, and communities with what they need to succeed	1	1	23	47	99	4.41	0.79
4	NGO enabled us to take action by ourselves and be an active part of the change	0	15	48	91	17	3.64	0.78
5	There is increase in sustainability among the community members brought about by NGO initiatives in community empowerment	1	20	18	87	45	3.91	0.94
6	NGO builds upon people's perceived strengths and opportunities rather than focusing on their weakness	1	10	29	79	41	3.74	1.1
7	Help marginalized groups such as women, person with disabilities, elderly through income generation	4	11	27	79	50	3.94	0.96
8	Support in integration of economic, social and cultural assets to achieve a better life	1	20	23	98	29	3.78	0.88
	Overall						3.91	0.9
Poverty reduction								
1	Due to intervention of NGO our income per household increased	1	16	42	91	21	3.67	0.83

2	Due to intervention of NGO our community educational enrollment is increased	5	21	35	83	27	3.62	0.99
3	NGO intervention enabled to have better social services	2	8	38	94	29	3.82	0.81
4	NGO intervention enabled to reduce schooling , health, and other expenditures	3	13	43	79	33	3.74	0.92
	Overall						3.71	0.89

Source, own survey 2020

4.3. The role of NGOs on urban poverty reduction in Jimma town

This section sought to determine the role of non-governmental organizations on poverty reduction in Jimma town. Specifically, the study sought to determine the effect of NGO on health and sanitation, education, nutrition, and community empowerment

4.3.1. Health and sanitation and poverty reduction

This part is aimed at establishing the various ways into which NGOs (EECMY-DASSC) in Jimma town had impacted in health and sanitation. A five-point Lickert scale of 1 to 5; 1 was to strongly disagree 2 was to disagree 3 was to neutral, 4 to Agree and 5 to strongly agree. The findings are presented in the above table

As it is shown in table above the mean and standard deviation for the health and sanitation factors were calculated. The findings were that the NGO have helped to improve the health conditions has the respondent 100(58.5%) responded strongly agree and agree, 41(24%) responded strongly disagree and disagree and the remaining 30(17.5%) responds that they are undecided, NGO provide health education and training has respondent of 113(66.1%) responds strongly agree and agree, 35(20.5%) respond strongly disagree and disagree and the rest 23(13.5%) responds neutral, for the health service provided by NGO are easily accessible has the respondent of 118(69%), 19(11%), 34(20%) respond, strongly agree and agree, strongly disagree and disagree and neutral respectively, for NGO participate in construction and management of health facilities has the respondent 100(58.5%), 40(23.38%), 31(18.12%) responds, strongly agree and agree, strongly disagree and disagree and neutral respectively, for NGO have increased accessibility to clean water has the respondent 111(64.9%) responded that strongly agree and agree, 34(19.9%) strongly disagree and disagree and the other 26(15.2%) responds that they are neutral. Further the majority respondents replied strongly agree and agree about 118(69%) on NGOs intervention in construction of sanitation facilities i.e toilet, bathrooms around 25(14.5%) respond strongly disagree and disagree, and

28(16.4%) neutral. For provision of basic services through health-facility approach services like, treatments, referrals and information and awareness raising services has the respondent 136(79.5%) strongly agree and agree, 20(11.7) strongly disagree and disagree, and 15(8.8%) neutral, Prevention and control of communicable and other diseases includes services for and information about malaria, TB, STI, as well as HIV/AIDS has the respondent of 101(59.1%), 47(27.5%), 25(14.6%) responds, strongly agree and agree, strongly disagree and disagree and neutral respectively, NGOs have improved community health education such as hygiene and waste disposal 133(77.8%) respondents respond strongly agree and agree, 13(7.%) respond strongly disagree and disagree, and 25(14.6%) responds undecided and those factors has a mean of 3.63 . This indicate that NGOs (EECMY-DASSC) has able to improve the health and sanitation of its beneficiaries. This is consistent with the previous findings of David Forkuor& Seth Agyemang (2018), that on the health of the urban poor, the NGOs provided free medical services which included malaria control, and mental health and rights promotions. In light of the above findings, an interview has also made with the key informants on the issue of health, the informants agreed that the organization played an important role in the improvement of the beneficiaries' health and give first aid at the organizations compound with its nurses and the beneficiaries easily can get this service. The beneficiaries of the project also indicated that if someone faces with an emergency illness he/she have the right to get a medication with his own money and to slant or receive from the organization. But the organization does not participating in both construction and management of health facilities. Also the NGO gives education on gender and prevention methods of sexual transmitted disease. According to Jivani, NGOs educate the public about health issues and provide preventive and prescribed medication and in many cases influence the government to enhance the public-private partnerships (Jivani, 2010).

4.4.2. Education and poverty reduction

Regarding the Construction, expansion and renovation of schools majority of the respondents,126(73.7%)strongly agree and agree,17(9.9%)strongly disagree and disagree and the remaining 28(16.4%) revealed neutral, for provisions of needed materials and supplies to the school system indicate that 93(54.4%) strongly agree and agree,33(19.3%)strongly disagree and disagree and the rest 45(26.3%)shows neutral, for improvising the quality of the education 104(60.8%) strongly agree and agree23(13.5%)strongly disagree and disagree and 44(25.7%) indicate that neutral .for technical skills training and financial management 65(38%)shows strongly agree and agree,60(35%)strongly disagree and disagree

46(27%)neutral .for skill transfer 60(35%)strongly agree and agree 69(40.4%)strongly disagree and disagree and the remaining 42(24.6%)neutral .for effective intervention for educational out comes 122(71.3%)strongly agree and agree,19(11.1%)strongly disagree and disagree ,30(17.6%)neutral and the total mean of the educational factors revealed that 3.38 with respect to the other factors to contribute for the reduction of the poverty in the selected study areas .this indicates that the education has positive effect on poverty reductions .Effective education is important not only for the intellectual, but for physical, emotional, social, moral and spiritual development of the students as well as to accelerate the progress of the nation. Beside of the above finding interview from key informants regarding to education respondents indicate that the organization has its own kindergarten and above that the NGO sent its students in to public schools such as Hirmata and kito primary and elementary school and fulfill the needed education materials such as exercise book, pen, pencil, bags for the beneficiaries and follows up on their students educational status by reviewing their report at the ends of each semesters. In addition to this the organization sponsors students who attend at public and private universities this service is the same for vocational students. The organization also opens bank account put different amount of money for their beneficiaries' students until they become self-support.

4.3.3. Food and poverty reduction

According to the above table for provision of food for poor communities 61(35.7%)strongly agree and agree 69(40.3%)strongly disagree and disagree ,and the remaining41(24%) neutral. for solving the problems in food insecurity and malnutrition 83(48.5%) strongly agree and agree,34(19.9)strongly disagree and disagree and the rest 54(31.6%)neutral .for improving the economic level and social level of the communities11(64.9%)strongly agree and agree 20(11.7%)strongly disagree and disagree 40(23.4%)neutral.

For the ability to prevent different disease arise from food insecurity and malnutrition 108(63.1%) strongly agree and agree 29(17%)strongly disagree and disagree and the remaining 34(19.9%)neutral. ,for comminutes ability to go by from the severe food problems 125(73.1%)strongly agree and agree 7(4.1%) strongly disagree and disagree39(22.8%) neutral the total mean shows that 3.54 from this we can conclude that food provision or nutrition has positive effect on poverty reduction. Key informants support the above findings in the way that organization in regular basis quarterly offers food material that need for consumption such as three kilograms of oil, 20kilograms of flour and from 34-50 kilograms of teff. But the amount of food given is regardless of number of families and

not enough. According to Mategeko Betty and Sanni T. Adebayoon the Contribution of Non-Governmental Organizations indicated that malnutrition is used as an indicator of poverty (Adebayo M. B., 2010).

4.3.4. Comminute empowerment and poverty reductions

For community involvement in decision making process 114(66.7%) strongly agree and agree 19(11.1%) strongly disagree and disagree and 38(22.2%) neutral. For NGO facilitation of provision of credit to make the beneficiaries self-supportive indicate that 141(%) strongly agree and agree, 8(4.7%) strongly disagree and disagree, and 22(12.9%) neutral, for NGO provision individuals families and communities what they need 146(85.3%)strongly agree and agree,2(1.2%)strongly disagree and disagree 23(13.5%) neutral, for NGO enable to take actions by ourselves and be active part of the change 108(63.1%)strongly agree and agree 15(8.8%)strongly disagree and disagree and the remaining 48(28.1%) neutral for increment of sustainability among community 132(77.2%)strongly agree and agree 21(12.3%)strongly disagree and disagree and the remaining 18(10.5%) neutral , for NGO building upon people's perceived strengths and opportunities rather than focusing on their weakness 120(70.2%) strongly agree and agree 22(12.9%), strongly disagree and disagree, and 29(16.9%) neutral, for helping marginalized group 129(75.4%)strongly agree and agree 15(8.8%)strongly disagree and disagree, the rest 27(15.8%) neutral ,for supporting in the integration of economic social and cultural asset 127(74.3%)strongly agree and agree ,21(12.3%)strongly disagree and disagree, 23(13.4%) neutrals and the mean value of the Comminute empowerment is 3.91 this indicate that it has highest mean values from the other factors and it explains the significant role for poverty reduction. NGOs have many programs, functions and roles which assist community to become empowered, and eventually attain sustainable development. Key informants also agreed that the organization use different strategy in order to alleviate the problems of poor communities and to empower them, for example NGO provide give different skill training for woman, disabilities, and elders such training includes capacity building, how to create job and income, and at the end the organization prepare and give the needed materials (working materials I,e hair cutting machine with chair, table and money) for beneficiaries in order to start their business and to make them self-support. The organization also prepares shades to open shop, barber, and cafe for beneficiaries. If the beneficiaries are unsuccessful with their business they return the working place and materials for the organization and the organization also transfers for other beneficiaries.

Finally, regarding to the selection criteria for the poor, interviewees/ workers of the NGO replied that the organization sent a letter to kebele so as to nominate a community living with extreme poverty and in turn the kebele identify and send their list of name. Those who are selected are become the beneficiaries of the project that prepared with in NGO. But this opportunity is limited only to the residents of a kebele that exist the surround of the NGO.

4.4. Association between independent and dependent variable

According to Wajahat (2010), before the start of regression analysis it is important to check the correlation test between dependent variable and independent variables. The Pearson correlation scale ranges from -1 to 1, any value greater than zero indicate a positive direct relationship between the two variables, which implies that every increase in the independent variable will lead to increase the dependent variable, while any value less than zero indicate a negative indirect relationship between two variables, this means that every increase in the independent variable will lead to the decrease on the dependent variable (Hafiz, 2007). Different authors suggest different interpretations; However, (Saunders *et.al*, 2009) suggests about strength of relationship as: $r = 0$ to 0.39 Or 0 to -0.39 small(weak) relationship, $r = 0.4$ to 0.69 or -0.40 to -0.69 medium (moderate) relationship and 0.70 to 1 or -0.70 to -1 large (strong) relationship. The following table shows the relationship between each variable.

Table 9: Correlations analysis

		Poverty reduction	health and sanitation	Education	Food provision	Community empowerment
Poverty reduction	Pearson Correlation	1	.464**	.524**	.904**	.817**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	171	171	171	171	171
Health and sanitation	Pearson Correlation		1	.280**	.380**	.386**
	Sig. (2-tailed)			.000	.000	.000
	N		171	171	171	171
Education	Pearson Correlation			1	.478**	.394**
	Sig. (2-tailed)				.000	.000
	N			171	171	171
Food provision	Pearson Correlation				1	.625**
	Sig. (2-tailed)					.000
	N				171	171
Community empowerment	Pearson Correlation					1
	Sig. (2-tailed)					
	N					171

** . Correlation is significant at the 0.01 level (2-tailed).

The table 9 in the above explains the relationship between the independent variable and poverty reduction. Based on the output of the correlation matrix; health and sanitation is a moderate positive association poverty reduction ($r=0.464$, $p<0.05$), education is also moderate positive association with poverty reduction ($r=0.524$, $p<0.05$). There is strong positive relationship between food provision and poverty reduction ($r=0.904$, $p<0.05$), moreover, empowerment has strong positive relationship with poverty reduction ($r=0.817$, $p<0.05$). In general positive correlation coefficient that means all the independent variables have direct relationship with the poverty reduction (as one goes up, the other goes up). In general this result show, all the variables mentioned above have a positive influence on the performance of NGO'S in the reduction of urban poverty in Jimma town.

4.5. The role of NGO on urban poverty reduction in Jimma town

Testing assumption of multiple linear regression analysis models is very important before running regression analysis. So each assumption results were discussed in the following sub topics. In the previous section of this paper the descriptive and inferential analysis was carried out separately with the existence of association between the dependent and independent variables with the intension identifying factors affecting the performance of NGO'S in the reduction of urban poverty in Jimma town. However, identification of these factors is not enough for meaningful conclusion. Therefore, the influence each independent variable must be assessed and identified sequentially. The study used multiple linear regression models assumptions as follow.

4.5.1. Multicollinearity Test between independent variables

According to Gujarati (2003) Multicollinearity tests helps identify the high correlation between explanatory variables and to avoid double effect of independent variable from the model. When independent variables are multicollinear there is overlap or sharing of predictive power. Predictor variable should be strongly related to dependent variable but not strongly related to each other. This may lead to the paradoxical effect, whereby the regression model fits the data well but, none of the explanatory variables (individually has a significant impact in predicting the dependent variable. For this purpose, variance inflation factor (VIF) and tolerance test were used to check Multicollinearity for variables if the value of VIF is less than 10 there is no Multicollinearity and on the other hand if VIF greater than or equal to 10 there is a serious Multicollinearity problem.

According to Gujarati, (2003) to avoid serious problem of Multicollinearity omitting the variable with 10 and more from the analysis, in addition tolerance is an indicator how much of the variability of independent variable is not explained by the other independent variable in the model and is calculated using the formula $1 - R^2$ for each variable. If the value is very small (less 0.1), it shows the multiple correlation with other variable is high.

Table 10: Multicollinearity Test between independent variables

	Tolerance	VIF
Health and Sanitation	.826	1.210
Education	.760	1.315
Food Provision	.291	3.441
Community Empowerment	.314	3.187

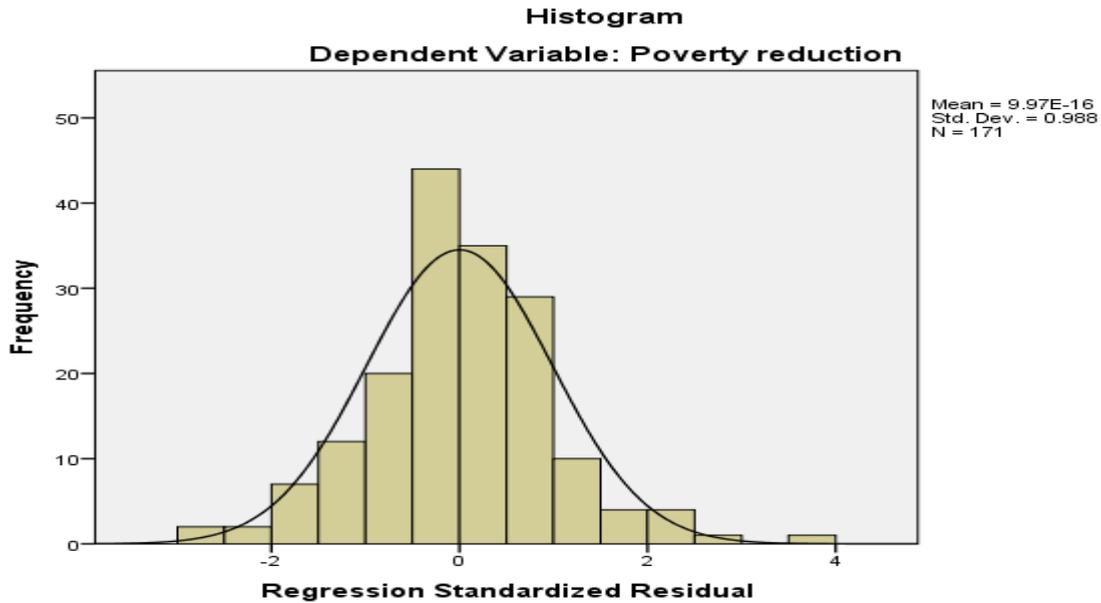
Source: SPSS output 2020

Table 10 shows the division result that the value of VIF all variables were by far less than 10 and the value of tolerance statistics being above 0.1 they were accepted entered in to regression model for the estimation of variables.

4.5.2: Normality test

Normality assumption is around the mean of the residuals is zero and used to determine whether a data set is well modeled by a normal distribution or not and also to indicate un underlying random variable is to be normally distributed (Gujarati.2009). There the researcher was used histogram methods of testing the normality of the data. If the residuals are normally distributed about its mean of zero, the shape of histogram should be a bell-shaped and regression standardized residual plotted between -3.3 and 3.3. From the figure below data normality can be indicated.

Figure 2: Histogram regression standardized residual

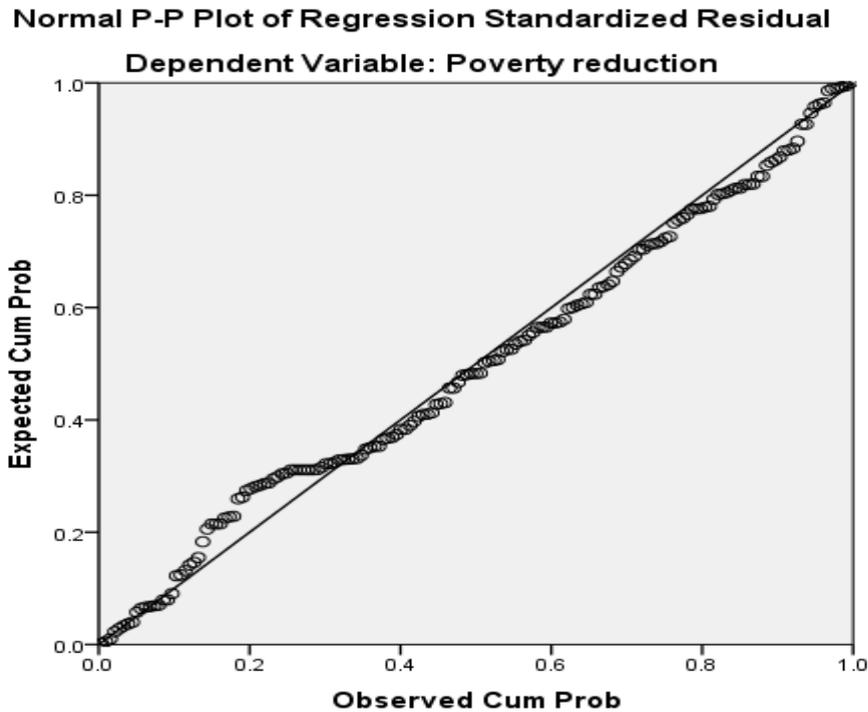


Source, SPSS out put

4.5.3 Linearity Test

Linearity is used to check whether all the estimates of regression including regression coefficients, standard errors and tests of statistical significance are biased or not (Keith, 2006). To check the linearity assumption in multiple linear regressions the normal P-P plot was used, the plot shows all observed values somewhat spread along the straight diagonal line. Figure 3 in below shows us most of the observed values are spread very close to the straight line; there is high likelihood that the data are normally distributed and linear.

Figure 3: Linearity test results

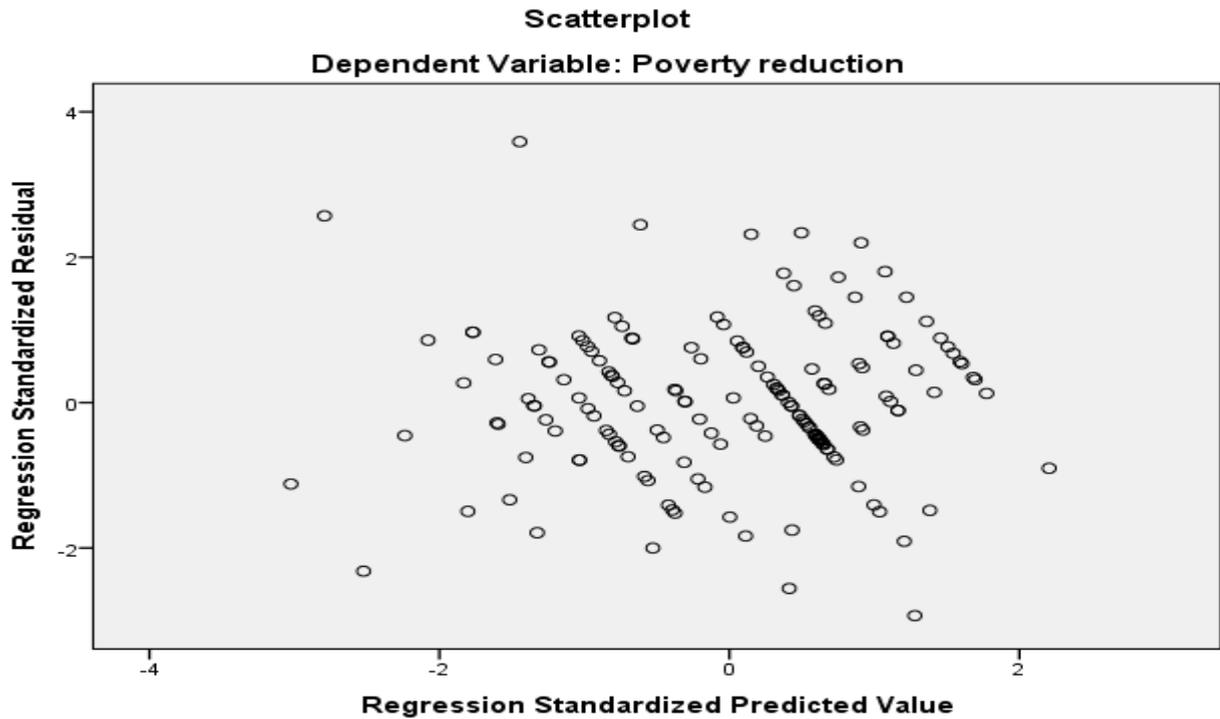


Source, SPSS out put

4.5.4 Heteroscedasticity test

Heteroscedasticity is the equality or violation of the residuals for every set of values for independent variable. So the researchers assume that errors are spread out constantly between the variables. Heteroscedasticity problem exist when scatter plot is greater than 3.3 and less than -3.3. Therefore, as it was indicated in figure 4 below the data did not violate Heteroscedasticity assumption and instead it was homoscedastic.

Figure 4: Heteroscedasticity test result



Source: SPSS out put

4.6. The effect of independent variables on poverty reduction

After the model assumption was checked presentation and interpretation of the analysis output is mandatory. The prediction or estimation of the value one variable (the dependent or the predicted variable; called as Y from one or more independent or predictor variables (called as X) (Keith, 2006).

Table 11: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.924 ^a	.854	.851	.29462	2.031

Source: SPSS out put

From table 11, it can be seen that R value is 0.924. Consequently, R value designates that there is a strong positive relationship between health, education, food provision, community empowerment and poverty reduction in Jimma town. The r-square value in the model summary tells the golly of fit of the model. The adjusted R squared of 0.854 indicates that 85.4% of the variances in poverty reduction can be explained by the independent variables.

The remaining variances on the dependent variable could be explained by other explanatory variables not included in this study.

Table 12: ANOVA

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	84.469	4	21.117	243.288	.000 ^b
Residual	14.409	166	.087		
Total	98.878	170			

Source: SPSS out put

From table 12, it is apparent that the regression model was significant using ‘between the independent variable and poverty reduction. An F statistic of 243.288 and a probability value of 0.000 clearly indicate that the model was significant or good fit.

Table 13: Standardize and unstandardized coefficient

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% CI for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	-.512	.168		-3.049	.003	-.843	-.180
Health and Sanitation	.130	.038	.111	3.406	.001	.055	.205
Education	.119	.039	.105	3.087	.002	.043	.196
Food provision	.695	.059	.647	11.770	.000	.578	.811
Community empowerment	.220	.058	.200	3.776	.000	.105	.335

** Significant p<.05%, p<.01

Source: SPSS out put

In this study, four explanatory variables were influence identifying to determine a significant difference on poverty reduction at 5% level of significance.

The estimated regression model was

$$\text{Poverty reduction} = -0.512 + 0.130 \text{ Health and Sanitation} + 0.119 \text{ Education} + 0.695 \text{ Food provision} + 0.220 \text{ Community empowerment} + \varepsilon_i$$

Hence, the coefficient explains the average amount of change in dependent variable that is caused by a unit of change in the independent variable. Accordingly, the unstandardized beta coefficients (β) tell us the unique contribution of each factor to the model. A small p value (<0.05) indicate the predictor variable has made a statistically significance contribution to the model. On the other hand, a high p value ($p >0.05$) indicate the predictor variable has no significant contribution to the model (George and Mallery, 2003). Table 13, shows all the p-value for independent variables is less than 0.05 and all the β values are positive, that shows Health and Sanitation, Education, Food provision and Community empowerment have a positive influence on poverty reduction in Jimma town.

The results of Multiple Regression, as presented on table 13 above, revealed that health and sanitation has a positive and significant influence on poverty reduction with $\beta= 0.130$, at 95% confidence level ($p<0.05$). The Beta value (β) i.e. 0.130 shows that if there is one unit increase in health and sanitation, there will be 13% increase on poverty reduction. Therefore, health and sanitation has a positive influence on poverty reduction in Jimma town. This finding is consistent with the previous study of Pallegedar and Mohamed, that NGOs have also implemented health and sanitation programs such as mobile health service programs, drinking water supply programs, toilet facility supply programs and NGOs providing free medical treatment allowed residents to improve their vulnerabilities, and through cost-saving, to enhance their asset base (Pallegedara, 2014, & Mohamed, 2009/2010).

Similarly education has a positive statistically significant influence on poverty reduction with $\beta= 0.119$, at 95% confidence level ($p<0.05$). The Beta value ($\beta=0.119$) shows that if there is one unit increase in education, there will be 11.9% increase on poverty reduction. This indicates that education has a positive statistically significant influence on poverty reduction in Jimma town. This finding is consistent with David F. et al and Pallegedara. According to David F. et al 2018, and a study by Pallegedara (2014), indicates that NGO provide different vocational skills training, and entrepreneurial skills development. It was found that bead making, dress making, baking (bread, cake and meat), retailing, food vending, among others were prominent among the livelihood activities beneficiaries were empowered on in helping improve their situations and also NGOs assisted youths to find employments through conducting vocational training such as tailoring, wiring, carpentering, computer training, and plumbing.

Likewise, the food provision has a positive and significant influence on poverty reduction with $\beta = 0.695$, at 95% confidence level ($p < 0.05$). The Beta value ($\beta=0.695$) shows that if there is one unit increase in food provision, there will be 69.5% increase on poverty reduction. Therefore, food provision has a positive influence on poverty reduction in Jimma town. According to the findings of Senaitt A. and Banbul S. number of individuals who are always worrying about their food consumption before joining the compassion international donated child development project was reduced after joining the project, and the project/NGO can to reduce the number of times the beneficiaries always worrying about their food consumption, the individuals who did not get balanced meal, those who lacks any food at their home, those who had not any food because of lack of money, and finally the number of meal per day that the beneficiaries was taken increased(Senaitt & Banbul, 2018) therefore, this finding also consistent.

Community empowerment is also the other positive and significant influence on poverty reduction with $\beta= 0.220$, at 95% confidence level ($p < 0.05$). The Beta value ($\beta=0.220$) shows that if there is a one unit increase in community empowerment, there will be 22% increase on poverty reduction. Therefore, community empowerment has a positive influence on poverty reduction in Jimma town. According to Nikkah and Redzuan through NGO microfinance programs improve the economic well-being of communities by job creation and income generation. In the long run, this economic empowerment will contribute to sustainable community development. NGOs, through capacity building, develop community capacities such as ability, skill and knowledge of mobilizing resources, planning and evaluating community initiation and solving problems to gain the mastery over their lives. It also motivates the community to participate in the projects and help them to improve quality of their lives. Participants are expected to coordinate meetings, plan community activities, and be practical in community initiatives. In this way, NGOs contribute towards sustainable community development. Furthermore, NGOs mobilize the communities to be self-reliant. It assists the communities to discover their own potentials and rely on their own resources (Nikkah & Redzuan, 2010).

In general from the regression analysis, the higher the absolute value of the beta coefficient of the variables, the higher the contribution that the independent variables have on the dependent variable (Poverty reduction). Therefore, food provision has highest contribution ($\beta=0.695$, $p < 0.05$) on poverty reduction, then followed by community empowerment, and

education ($\beta=0.119$, $p<0.05$) was least effect on poverty reduction. Therefore, all the independent variables have a positive influence on poverty reduction in Jimma town.

CHAPTER FIVE

Summary, Conclusions and Recommendations

5.1 Introduction

This chapter considers summary of the findings, discussion of the findings, conclusions and recommendations of the study from the data collected on the role of NGOs on urban poverty reduction in Jimma Town. The chapter discusses the findings in relation to the literature review and the objectives identified for the study.

5.2. Summary of the finding

The study sought to examine the role of NGOs in urban poverty reduction in Jimma Town, mainly targeted on Ethiopian Evangelical Church Mekane Yesus in Jimma town. Specifically, the study aimed at investigating how NGO are involved in reduction of illness (Health) problem in Jimma town, to determine the influence of education on poverty reduction in Jimma town, to identify the influence food provision (nutrition) on poverty reduction in Jimma town, and to assess the influence of community empowerment on poverty reduction in Jimma town.

The obtained finding show that more female 92(53.8%), than male 79(46.2%) who benefitted from NGOs and participated in the study. This indicates that the majority beneficiaries were females. This is consistent with the findings of David F. et al (2018), results from the study showed that Women and the youth were the main beneficiaries of the poverty reduction programs of the NGOs. The result indicate that majority of the respondent 101(59%) were student, 47 (27.5%) were wage workers and the remaining 23(13.5%) were self-employee. This implies that most of the beneficiaries are students and next to wage works and they have no any reliable source of income, therefore this could be a reason for increasing poverty level in Jimma town. Further findings regarding to respondents educational qualification indicate that majority of the respondents were students at elementary school consisting of 64(37.4%), 55(32.2%) were secondary 42(24.6%) were diploma and 10(5.8%) were degree.

Findings on how NGO are involved in reduction of illness (Health) problem in Jimma town. The research results revealed that NGOs are playing a significant role through provision of health education and training, by making of the health service easily accessible, construction of sanitation facilities such as toilet and participating in the provision of clean water, through hygiene and waste disposal management training NGOs able to reduce the extent of poverty

in the town. This finding is consistent with the previous study of Pallegedara and Mohamed, that NGOs have also implemented health and sanitation programs such as mobile health service programs, drinking water supply programs, toilet facility supply programs and NGOs providing free medical treatment allowed residents to improve their vulnerabilities, and through cost-saving, to enhance their asset base (Pallegedara, 2014, & Mohamed, 2009/2010). Also support a study by Dessalegn R et al (2008), revealed that NGOs are involved in almost all areas of health care and service delivery and also contribute to capacity building of the health sector both at the community level as well as at the level of the woreda and above.

Regarding to the influence of NGOs in education the finding indicate that NGOs have a positive contribution in the construction and renovation of schools, fulfilling the needed materials such as desk and furniture, offering capacity building training and improvement of the quality of education, manage regular, technical and vocational school and able to reduce school fee of the beneficiaries, able to skill transfer and closed the gap in education outcome in Jimma town. This finding is similar with the previous findings of David F. et al 2018, and a study by Pallegedara (2014), indicates that NGO provide different vocational skills training, and entrepreneurial skills development. It was found that bead making, dress making, baking (bread, cake and meat), retailing, food vending, among others were prominent among the livelihood activities beneficiaries were empowered on in helping improve their situations and also NGOs assisted youths to find employments through conducting vocational training such as tailoring, wiring, carpentering, computer training, and plumbing.

Another finding in food provision or NGOs contribution in nutrition show that NGOs providing enough food, reducing the growing food problem and disease arise from malnutrition, and improved the economic condition of the poor and enabled them to go by from poverty. This finding is consistent with the previous findings of Senaitt A. et al (2018), indicated that number of individuals who are always worrying about their food consumption before joining the compassion international donated child development project was reduced after joining the project, and the project/NGO can to reduce the number of times the beneficiaries always worrying about their food consumption, the individuals who did not get balanced meal, those who lacks any food at their home, those who had not any food because of lack of money, and finally the number of meal per day that the beneficiaries was taken increased.

Findings regarding NGOs influence on community empowerment indicate that NGOs enabled the communities to participate in decision making, facilitate provision of credit, enabled to take action by themselves, help marginalized groups like, elderly, disabled people, and mobilize resource in order to reduce poverty in Jimma town. This finding is consistent with the previous study of David F. and Seth A. (2018), showed that urban NGOs provide social intervention and livelihood empowerment programs to the extremely poor who were mostly migrants to the city. Women and the youth were the main beneficiaries of the poverty reduction programs of the NGOs.

5.3. Conclusions

The study had tried to analyze the role of NGO/Ethiopian Evangelical Church Mekane yesus development and social service commission (EECMY-DASSC) on the lives of its beneficiaries through health and sanitation, education, food provision or nutrition, and community empowerment in Jimma town.

From the analysis of the findings, several conclusions can be drawn from the role NGO in poverty reduction. First, the study concludes that the NGOs intervention have been able to provide food and drink for the needs of majority of the beneficiaries.

The research finding shows that, services provided by NGOs have changed the life of beneficiaries and they have positive attitude to the services provided by the agency. Major changes include; children were able to get education and education materials such as uniform, exercise books and other related materials are provided by the NGOs and beneficiaries also can get coverage of medical expenses and other health related education and training, the NGOs also provide community empowerment training to enable the poor to decide things by themselves and to participate in decision making in different affairs especially marginalized groups of the community such as person with disability and elders. Thus we can to conclude that EECMY-DASSC had a significant contribution on the betterment of the current and the future situations of the beneficiaries in both the social and economic situations.

In addition, the EECMY-DASSC made an important contribution on the provision of food for the beneficiaries. This also indicates that NGO can to allay the burden of the beneficiaries related food expenses.

The study also indicate that the NGO empowering the beneficiaries through training, includes capacity building, how to create job and income, and the organization prepare and give the

needed materials (working materials I,e hair cutting machine with chair, table and money) for beneficiaries in order to start their business and to make them self-reliant.

Generally, NGOs are playing an important role in the improvement of its beneficiaries in terms of improvement of their health through the NGO project, facilitated to increase children and youths education enrollment in regular and other technical and vocational schools, able to reduce different disease that arise from malnutrition or lack of food through the provision of inputs of food, NGO abled to empower its beneficiaries (women, children and person with disability) to involve in decision making on their environment and shape their life through provision of money and the needed material, and NGO supported the community to increase their income by creating different income generation activities and reduced expenditures related to schooling, food and health.

5.4. Recommendations

The study showed that some important point needs future attention by the NGO and the concerned stakeholders. The research suggests the following points as a recommendation.

Since the selection of beneficiaries are focuses only on the residents of a kebele that around the NGO, therefore the organization needs to incorporate residents in other kebele.

To minimize dependency syndrome and project sustainability, continuous awareness rising session among NGO and concerned stakeholders need to be given attention.

NGOs need to strengthen its socio-economic empowerment initiatives so that beneficiaries can be equipped with knowledge to reduce poverty. There is need for the organization to allow for more meaningful beneficiary participation. Involving beneficiaries in active participation by allowing them to make right choices of intervention and become responsive to such interventions which include Health and sanitation, Education, Food provision and Community empowerment projects.

Even though poverty will not be eradicated overnight, the government should promote and create expedience and inviting environment for the agency participation and significant contribution for the overall development of the area and poverty reduction. Thus it is the recommendation of this study that further studies should be conducted.

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Appendix:
Annex I, Questionnaire

JIMMA UNIVERSITY
COLLEGE OF BUSINESS AND ECONOMICS
DEPARTMENT OF MANAGEMENT

This questionnaire is part of a research work required by Jimma University College of Business and Economics, Department of management as a partial requirement for Masters of Business Administration. The questionnaire is designed to request your independent views on “The performance of NGOs in urban poverty reduction in Jimma town”. All information provided shall be treated as confidential and used strictly for Academic purpose only. Please answer the following questions freely without indicating your name.

Part I: Background information

1. Gender? Male Female

2. Age: _____

3. Level of education: Certificate Diploma Degree

4. Occupation: Student Self employee Wage worker _____

5. Marital status: Single Married Divorced

6. How long have you benefited from NGO? _____

Section II- The performance Of NGOs in urban Poverty reduction related questions

The following statements show the views on NGOs performance in urban poverty reduction in Jimma town. You are kindly requested to rate your opinion based on the following items listing rank. Please use a tick (√) in the provided five-point scale of 1-5;

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

No.	Statement	1	2	3	4	5
I	NGO activity in health and sanitation					
1	NGO have helped to improve the health conditions of poor's of Jimma town					
2	NGO provide health education and training for the surrounding communities					
3	The health service provided by NGO are easily accessible					
4	NGO participate in construction and management of health facilities					
5	NGO have increased accessibility to clean water					
6	NGO intervene in construction of sanitation facilities I,e toilet, bath rooms					
7	provision of basic services through health-facility approach services like, treatments, referrals and information and awareness raising services,					
8	Prevention and control of communicable and other diseases includes services for and information about malaria, TB, STI, as well as HIV/AIDS.					
9	The NGO have improved community health education such as hygiene and waste disposal					
II	NGO activity in Education					
1	Construction, expansion and renovation of pre-schools					
2	Provision of needed materials and supplies to school systems, these include furniture and school desks, classroom equipment					
3	Capacity building, improving the quality of education through training and development					

4	Managing regular, specialized and technical and vocational schools,					
5	NGO have helped the individuals to improve economically through technical skills training and financial education					
6	Skills transfer enable the poor societies live better lives					
7	The NGO have enabled the poor be able to support themselves financially					
8	NGO have made the most effective intervention for reducing the social gap in educational outcomes					
III	NGO activity in Food provision					
1	NGO constantly provide food for poor communities living in the town					
2	NGO provide enough and quality food for in need					
3	NGO solved the growing problem in food insecurity and malnutrition in the town					
4	NGO helped to improve the economic level and social conditions of the community by providing food					
5	NGO able to prevent different diseases that arise from food insecurity and malnutrition					
6	The urban poor enabled to go by from severe food problems by the help of NGO					
IV	Community empowerment in poverty reduction					
1	Community members are involved in decision making process of formulation and implementation of initiatives of NGO					
2	NGO facilitate provision of credit in order to make the beneficiaries self-supportive					
3	NGO provide individuals, families, and communities with what they need to succeed					
4	NGO enabled us to take action by ourselves and be an active part of the change					
5	There is increase in sustainability among the community members brought about by NGO initiatives in community empowerment					
6	NGO builds upon people's perceived strengths and opportunities rather than focusing on their weakness					

7	Help marginalized groups such as women, person with disabilities, elderly through income generation					
8	Support in integration of economic, social and cultural assets to achieve a better life					
	Poverty reduction					
1	Due to intervention of NGO our income per household increased					
2	Due to intervention of NGO our community educational enrollment is increased					
3	NGO intervention enabled to have better social services					
4	NGO intervention enabled to reduce schooling , health, and other expenditures					

Interview Questions

1. What are the criteria to select the poor in your organization? How?
2. What type health service delivered to beneficiaries?
3. What type education given in your organization or by support of your organization I.e, regular, vocational , including material provided by your organization.
4. How do your organizations deliver food for poor community? What type of foods? Is that regular? In what time?
5. What type of strategy your organization use to empower the poor's?