

**An Assessment on the Contribution and Challenges of the Services
Provide to Orphan and Vulnerable Children: The Case of
Ethiopian Catholic Church Medhin Social Center**

Addis Ababa

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Declaration

I, the undersigned, declare that this thesis is my original work and all the sources or materials used have been duly acknowledged.

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This is to certify that the thesis prepared by Fisseha Tefera “An Assessment on the Contribution and Challenges of the Services provided to Orphans and Vulnerable Children: The Case of Ethiopian Catholic Church Medhin Social Center, Addis Ababa” submitted to the Department of School of Social Work for the partial fulfillment of Master Degree in Social Work, complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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DECLARATION

I, Fisseha Tefera, the undersigned, declare that, this study in the title “‘An Assessment on the Contribution and Challenges of the Services provided to Orphans and Vulnerable Children: The Case of Ethiopian Catholic Church Medhin Social Center, Addis Ababa’ “is my original work and has not been presented for a degree in any other university, and that all sources of material used for the thesis have been duly acknowledged.

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Acronyms and Abbreviations

C & Y SEN	Children and Youth with Special Education Need
ECCMSC	Ethiopian Catholic Church Medhin Social Center
ESSWA	Ethiopian Society of Sociologists, Social Workers and Anthropologist
FGD	Focus Group Discussion
IGA	Income Generating Activity
MSC	Medhin Social Center
MWCYA	Ministry of Women Children and Youth Affairs
NGO	Non-Governmental Organization
OVCs	Orphan and Vulnerable Children
OVY	Orphan and Vulnerable Youth
PLHIV/AIDS	People Living with HIV/AIDS
VC	Vulnerable Children
VY	Vulnerable Youth

Abstract

The purpose of this study was to assess the contribution and challenges of the services provided to OVCs. The participants of the study were OVCs, mothers or fathers/other caretakers of OVCs and staff of the organisation. Accordingly, 34 participants were purposively selected. In this research a qualitative approach is selected in which the data primarily collected through key informant interview, focus group discussion, observation and document review. All data except through observation were collected in Amharic by using hand written notes and voice records. The analysis was made based on these notes and voice records and observation results. All data from the field work were organized, transcribed and translated into English. In organizing the gathered data, codes were given to each participant's response. The findings of the study pointed out that generally ECCMSC's has some contribution in addressing the basic needs/problems of OVCs. Moreover, the study has revealed the existing challenges of the organisation in providing the services such as psychosocial related challenges; attitude of clients towards NGOs; weak coordination among NGOs reside in the same catchment area; economic and financial challenges faced by the organisation; educational related challenges; health service challenges; lack of expert on counselling, inadequate skilled social workers and trained home-based caregivers; lack of interest of clients/caretakers to engage in self-sufficient economic activities and shortage of office rooms and facilities are among the major ones this research identified. Working with the most marginalized, disadvantaged and vulnerable groups like our case OVCs, is a concern of social work profession. It is found out that OVCs in ECCMSC are facing many challenges which need skilled professional interventions. Thus skilled professional social workers are compulsory in order to assist the OVCs. Finally, as a result of the delimitation, this study was made to assess the contribution and challenges of the services that are provided by the organization to OVCs. Further studies have to be conducted which should be giving emphasis particularly on psychosocial services, social and legal protections, emotional and social needs and other related services in which the organisation has not achieved yet among its services provided to OVCs and to propose some practical solutions to improve its services.

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

The definition of orphan and vulnerable children vary depending on various factors and contexts. UNICEF define an orphan as a child under 18 years of age who has lost one or both parents to any cause of death. By this definition, there were nearly 141.3 million orphans globally in 2018, This large figure represents not only children who have lost both parents, but also those who have lost a father but have a surviving mother or have lost their mother but have a surviving father (UNICEF,2018).

According to UNICEF(2018), Ethiopia has one of the largest orphan populations in the world. Nearly 13 percent of the children live without one or both parents (UNICEF, Unicef Ethiopia Annual Report, 2018). There are an estimated 4.5 million orphans ... of which approximately 800,000 have lost their parents to AIDS, according to UNICEF, estimating that the number of AIDS orphans is some 2.5 million (UNICEF,Unicef Ethiopia Annual Report, 2018).

Orphans and vulnerable children are generally exposed to lack of food and shelter. They lack opportunity for schooling and face abuse and violation of their right. In addition, their psychosocial development and well-being are negatively influenced. To reduce the impact of being vulnerable, the government of Ethiopia and various national and international non governmental organizations are providing various services at the community level (Alem Bekele, 2014).

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According to Tewhasom Gebrehiwot (2013), orphan and vulnerable children's access to education is affected by a wide range of factors. Thus, as they are being orphaned and /or made vulnerable have great impact up on their access to education, enrolment, active attendance and participation and effective performance of the child in classroom, in the campus and in school can be affected by many different factors (Tewhasom Gebrehiwot, 2013). Other services heavily needed by children that poses the need of intervention by NGOs and other stakeholders.

The NGOs in the global context improve the people's access to services provided by the state (Yemisirach Million, 2015,p.1). Currently, a large number of local and international NGOs undertake a wide range of poverty reduction and development activities in Ethiopia (Dagne, 2017, p.4). The roles of NGOs playing in the economic development of Ethiopia has been quite significant. They are participating in the national socio-economic development through engaging in different socio-economic activities. Indeed, the contribution of NGOs in poverty reduction and overall development efforts of the country has a significant impact on the lives of the poor, disadvantaged and economically vulnerable families (Gebre, 2012).

To act up on OVCs related problems there are different organizations both governmental and non-governmental established in Ethiopia. One of them according to Tewhasom Gebrehiwot (2013) is Abebech Gobena Yehetsanat Kebekabena Limat Mahiber (AGOHELMA) which is an indigenous non-governmental charity association it was founded in 1980 at the time of severe drought that occurred in the northern part of the country. The other which was established two years later, the Ethiopian Catholic Church Medhin Social Center (ECCMSC), is one of those NGOs providing different developmental activities in Addis Ababa, Kolfie-Keraniyo and Nifase Silk-Lafto sub-cities. (Yemisirach Million, 2015, p.4). Since its formation in 1982, it has been

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contributing with different services among which are taking care of the wellbeing of orphans and vulnerable children.

I have been interested to study on this area during my Field Work I and II course practices. I visited different NGOs, agencies and initiatives among them Zewdu Initiative-working on PLHIV/AIDS and Zewditu Hospital, HIV Positive Children and Youth Clubs. During that time, I can observed different problems of OVCs and VYs . I intended to study the practices, contribution and challenges of the services delivered to OVCs by organizations to explore the extent they extend their services to reduce OVCS' problems.

1.2. Statement of the Problem

There are some researchers who have conducted researches concerning on the problems of OVCs, the services provided to them and the importance of community and other stakeholders coalitions in service provision.

Yeshewahareg Feyisa (2015) explored the significance of community coalition services for protection of orphan and vulnerable children in Addis Ababa taking the case of Keraniyo Area. The study by Yeshewahareg(2015) identified the service provided by the society i.e. the irregular visiting, feeding, status checking services provided by the society and these services are totally different from the service provided by the organizations i.e. a formal and regular services of feeding, clothing, sheltering, teaching, and health care services. This study measured the effectiveness of the community services and found that the supports given and the wellbeing status of OVCs and their caregivers shown significant relationship of the support with their status that lead her to the conclusion that the supports given by the community coalition with regard to

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essential services have impacted the wellbeing of Orphan and Vulnerable children and their caretakers in Keraniyo area. What Yeshewahareg Feyisa (2015) showed was the significance of community-based service provision to the well-being OVCs. The results not show what challenges does such services face and to what extent they are effective.

Hana Tarrekegn (2014) assessed the psychosocial problems and coping mechanisms of HIV/AIDS orphans in Hana Orphans Home and found that stigmas associated with their problem made the OVC's feel like they were not valued and challenged them not take their life properly and they feel to be heard and accepted by society since they are devalued, rejected and stigmatized because of being HIV/AIDS orphan. (Hana Tarrekegn, 2014). The practices, contributions of the services in addressing the needs of OVCs and challenges faced by the organisation that provide different services to orphan and vulnerable children have not assessed which leaves this research with a task to do.

The other researcher Tewhasom Gebrehiwot (2013) assessed orphan and vulnerable children educational supports in Gobena Children Care and Development Organization and found out that due to provision of school uniform , free textbooks, and school fees and other educational supports the quality of educational service improved. Yet Tewhasom did not showed how the service contributed and what challenges faced service giving organisation.

Yemisirach Million (2015) assessed the contribution and challenges of NGOs in creating income, taking the case of economically vulnerable families in participating in IGA program of Ethiopian Catholic Church Medhin Social Center. She found that the organisation is contributing in generating income for vulnerable families through providing seed money, trainings and involve them in small business activities. Using IGA program the organization has achieved

creating work awareness and change in saving habit of the clients, employment creation and empowering the women to be economically self-sufficient together with reducing the problems of their children. Moreover, the study has revealed the existing problem of production and market place are generally affecting IGA programs. Yemisirach Million (2015) found a way to assess the contributions and the challenges related to the income generation part of vulnerable families.

When we see the above researches, the contribution and challenges of the services provided to orphan and vulnerable children had not studied which leaves this research with a task to do.

And hence looking at the previous researches/literature gaps this study conduct a research on these gaps, that are, the contribution and challenges of the services provided to orphan and vulnerable children have not been assessed. And in line with this, practice models, values, principles and intervention procedures of the organisation in providing the intended services have been assessed.

1.3. Basic Research Questions

The following are the basic research questions raised to be investigated by this research project.

- 1) What are the services being provided by Ethiopian Catholic Church Medhin Social Center (ECCMSC) to OVCs?
- 2) What practice models are employed by the organisation to deliver these services to OVCs?
- 3) What values, principles and intervention procedures are used in the provision of these services?

- 4) What are the contribution of the services in addressing the needs/problems of OVCs?
- 5) What are the challenges faced by ECCMSC in the provision of the intended services?

1.4. Research Objectives of the Study

1.4.1. General Objective of the Study

The aim of this paper is to assess the contribution of the services of ECCMSC in addressing the needs/problems of OVCs and challenges faced by the organisation in delivering the intended services . In line with this, practice models, values, principles and intervention procedures of the organisation in providing the services are assessed.

1.4.2. Specific Objectives of the Study

- 1) To assess the services being provided by ECCMSC to OVCs.
- 2) To assess the practice models employed by ECCMSC to deliver the services to OVCs.
- 3) To assess the values, principles and intervention procedures used by ECCMSC in the provision of the services given to OVCs.
- 4) To assess the contribution of the services in addressing the needs/problems of OVCs.
- 5) To assess the challenges faced by ECCMSC in the provision of the intended services.

1.5. Significance of the Study

There are different significances of this study. It gives insights for NGOs which are engaged in the provision of services to OVCs like the case studied organisation in this research, Medhin Social Center, in showing the policies concerning orphan and vulnerable children. It is base research in showing research proven approaches, principles, practice models ,values and

intervention procedures in providing services to OVCs. This research also shows the contribution of the services in addressing the needs/problems of OVCs and the challenges faced by these organisations in the provision of services and with proposed solutions and recommendations. It is a good source of information for policy formulation and program planning for concerned government body regarding orphan and vulnerable children. In addition, the research try to fill what the researcher identify as the knowledge gap on the study area.

1.6. Scope of the Study

The scope of the study is Addis Ababa; in one NGO called Ethiopian Catholic Church Medhin Social Center (ECCMSC). The other scope is in terms of topics raised in the research paper. The research paper assessed the services provided by ECCMSC the contribution and the challenges of these services that are provided by the organization in addressing the needs/problems of OVCs.

In addition, the study could not address other clients of the organization which are not designed to be directly related to orphan and vulnerable children. It rather depends on the services provided to OVCs and the contribution of the services in addressing the needs of OVCs and the challenges faced by the organisation in the provision of the services. .

1.7. Limitations of the study

The scope of the study was limited in Addis Ababa; more specifically focused on one NGO named Ethiopian Catholic Church Medhin Social Center(ECCMSC). The delimitation was made because the research would not be manageable if all of NGOs was included in their contributions in addressing the needs of OVCs and the challenges they faced in providing the intended services

to OVCs. Due to time and financial resource limitations, the study focused on the contribution of the service provided by ECCMSCs in addressing the needs of OVCs and challenges it faced in providing the intended services.

1.8. Organization of the Study

Including this introductory chapter, this thesis is organized in five chapters. The second chapter deals with review of related literatures. The third chapter describes the method, approach and all methodological aspects that are employed to conduct this study. Chapter four presents findings of the research. Chapter five is concentrated on discussion, conclusion and implications.

1.9. Operational Definitions

Child – As defined in the convention on the rights of the child and ratified by the Ethiopian government on Dec.1991, a child is any human being below the ages of 18 years.

Orphan Children- Children who have lost one or both of their biological parents regardless of the cause of death.

Vulnerable children -Those children who are living with difficult circumstances, poverty, discrimination, or exclusion. Those children whose safety, well-being and development are, for various reasons, threatened.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

This chapter of the research mainly reviewed related literatures. The chapter cover the conceptual and empirical literatures on their respective under-categorized subtopics such as orphan and vulnerable children, care and support for OVCs, services provided, basic needs of orphan Children, major problems and challenges related to OVCs and major challenges in care and support activities of orphans. This section reviews researches, reports, journal articles, thesis or dissertation reports and other relevant materials to the topic under investigation.

2.1. Orphan and Vulnerable Children

2.1.1. Orphan

The definition of orphan and vulnerable children vary depending on various factors and contexts. As of UNAIDS (2004) sited in Alem Bekele (2014) defined an orphan based on age and parental status. And for long time an orphan was defined as a child less than 15 years of age who has lost his/her mother. Recently, however, it changed its definition to cover the loss of both parents and to include children below 18 years of age (Alem Bekele, 2014).

Henry and Robert (2017) defined an orphan as someone whose parents have died, are unknown, or have permanently abandoned them. Various groups use different definitions to identify orphans. One legal definition used in the United States is a minor bereft through "death or

disappearance of, abandonment or desertion by, or separation or loss from, both parents (UNAIDS, 2008).

In the common use, an orphan does not have any surviving parent to care for them. However, the United Nations Children's Fund (UNICEF), Joint United Nations Program on HIV and AIDS (UNAIDS), and other groups label any child who has lost one parent as an orphan. In this approach, a maternal orphan is a child whose mother has died, a paternal orphan is a child whose father has died, and a double orphan is a child who has lost both parents. This contrasts with the older use of half-orphan to describe children who had lost only one parent (USAID/UNICEF/UNAIDS, 2014).

2.1.2. Vulnerable Children

The World Bank (2016) defines Vulnerable Children more broadly, as those whose safety, well-being and development are, for various reasons, threatened. The loss of a parent through death or desertion is a very important aspect of vulnerability and this is a classic understanding. However, vulnerability might be caused by other additional factors, including: severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to social services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, physical or sexual violence, or severe chronic illness.

Orphan typically refers to a child under the age of 18 years (or 15 years) whose mother (maternal orphans) or father (paternal orphan) or both (double orphan) have died (World Bank, Save the Children and UK). Although HIV and AIDS is one of the major causes of death among adults in Sub-Saharan Africa, it is totally inappropriate to distinguish orphans by the cause of their

parents' death, using such terms as "AIDS orphan." Informants for this report have shown consensus in defining children who have lost his/her parents due to HIV and AIDS as an orphan. Even children who have lost one parent to HIV and AIDS are considered especially vulnerable because it is assumed the remaining parent is also infected with the virus.

In most Ethiopian families, the father is considered the main earner and the mother as a caregiver. Therefore, the death of either one of the parents would deprive the child of the necessary love and guidance or the financial means to continue his or her growth and development. Therefore, a broader definition of orphan must be accepted and include both single and double orphan. The onset of the HIV and AIDS epidemic has completely changed the way people define, view and understand the term orphan and vulnerable children (Tewhasom Gebrehiwot, 2013).

The impact of parental death on children is complex and affects the child's mental health and social development. OVCs might have stunted development in terms of their emotional intelligence and life skills. They also often show a lack of hope for the future and low self-esteem. The large numbers of OVCs living in Ethiopia due to the loss of their parents to HIV/AIDS face many challenges in their everyday lives. In Ethiopia where HIV/AIDS and poverty often occur together, there are millions of children who are not orphans, but who have been made more vulnerable by HIV/AIDS. For example, children whose parents or care-givers are infected with HIV might not receive the care and support they require, and may instead become their parents' care-givers, often dropping out of school and becoming the main source of income in the household. The loss of parents has extensive and lasting consequences, because orphans are more likely to suffer from; malnutrition, poor physical health, poor mental health,

educational disadvantages, exploitation for child labor, stigma and social exclusion. Research indicates that these children, caring for sick and dying parents, are the most vulnerable of all (Tsegaye Deda Baffa, 2013).

2.2. History of Children Care in Ethiopia

Institutionalization refers to an establishment founded by a governmental or nongovernmental to give care for unaccompanied children. A child care institution may also be referred to as an orphanage, children's home, or residential care. In Ethiopia, as in most traditional societies, a strong culture of caring for orphans, the sick, the disabled, and other needy members of the community by nuclear and extended family members, communities, churches, and mosques has existed for centuries. Based on cultural and religious beliefs, provision of care to orphaned, abandoned, and vulnerable children has been seen as the duty of the extended family system among most of the societies in the country. Thus, child welfare services in Ethiopia emerged as a result of traditional practices among the various ethnic groups (Tewhasom Gebrehiwot, 2013).

However, it was only in 1960 that the Ethiopian Government officially recognized adoption through Proclamation Number 165. The Amharic word for adoption is *madego*, it is also called *gudiffecha*, derived from the Oromo word *gudissa* (upbringing). In addition to *madego*, the Amhara have two types of arrangements that provide orphans and neglected children with minimum protection. These are *yetut lij* ("breast child") and *yemar lij* ("honey child"). In this case, the adopted child, usually an orphan or the child of parents who are not able to care for him/her (Hana Tarrekegn, 2014).

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In Sub-Saharan Africa, one family in six households is taking care of an OVC. Although most caretakers are blood relatives, a study of extended family networks in Ethiopia by Abebe and Asase (2007) as cited in Alem Bekele (2014), found that close friends and “fictive kinsmen” are gradually taking on care giving duties at the request of the child’s parent, usually the mother. Nevertheless, not all extended family support structures have the capacity to adequately care for these children. It was noted that “rupturing families “characterized by chronic poverty and “transient families,” which lack a principal breadwinner, are unable to provide for the physical, medical, and educational needs of the OVC, and often rely on the child to supplement the household income (Alem Bekele, 2014).

The Standard Service Delivery Guidelines for orphan and vulnerable children was developed by Ministry of Women and children Affairs and Federal HIV/AIDS prevention and control office in (2010). The document contains seven core service areas which are considered critical components of a set of services for programming targeting vulnerable children. The seven service areas include the following: shelter and care, economic strengthening, legal protection, health care, education, psychosocial support, food and nutrition. Nevertheless, food, shelter, health care and education are basic issues to be considered for the survival of and development of children. Psychosocial play therapy and counseling are other essential areas of for orphan children physical, social, emotional and psychosocial rehabilitation. Life skill training and recreational services are areas that should not be ignored in searching for alternative intervention for orphan children (WHO, 2017).

2.3. Care and Support for OVCs

According to the 2010 Annual Performance Report of HIV AIDS prevention and control office (HAPCO), there are about 5.4 million OVC, of which 855,720 are AIDS orphans. The care and support program to OVC are also given to non-AIDS orphans, children with poor parents, street children and child headed households given priority to AIDS orphans. HAPCO allocated up to 20% of its total budget to the support and care of OVC (Tewhasom Gebrehiwot, 2013).

HAPCO established a unit within its structure to focus exclusively on providing care and support to OVC. All government institutions have mainstreamed HIV/AIDS in their activities. At the Woreda and Kebele levels, care and support of OVC are specifically assigned to the staff.

The major strategy for care and support of OVC is through families, within existing orphanages, NGOs, CBOs, organized OVCs and organizing IGAs for those who have reached 18 years of age. The first priority is to support OVCs to be able to continue their education, and to provide them with food, clothing, shelter and teaching materials, training in IGA and seed money to avoid their exposure to different problems. Individuals and institutions organized in "Ethiopians for Ethiopians" approach based on adoption like strategies are being promoted in all regions. A taskforce was established under the chairmanship of MOWCYA to improve the coverage and quality of support (Hana Tarrekegn, 2014).

2.4. Services provided for Orphans and Vulnerable Children

2.4.1. Social and Legal Protections

This core area refers to all efforts to protect children from neglect, abuse, exploitation and trafficking as well as protection of their legal rights such as civil registration, guardianship and inheritance. Ensuring children access to basic legal rights, such as birth certificates and inheritance rights, enables them to access other essential services and opportunities, including health, education, legal services, and legal employment when they grow older. Evidence suggests that birth registration is critical to ensuring that children can access these essential services and opportunities. This area also includes activities to prevent and confront stigma and discrimination faced by children. The existing legal framework related to social protection is broad and contains all the necessary elements required to protect and support children but as with the aforementioned issue of inheritance, the application of the laws and policies require strengthening. There are also challenges related to coordination between the involved Government institutions as well as budgetary constraints which hinder the ability to execute the laws and policies to the full extent required to ensure support and protection (Hana Tarrekegn, 2014).

The core values of this OVC guidance are rooted in the principles of child protection - developing and implementing programs that place the best interests of the child and his or her family above all else. Thus, programs should include efforts to confront and minimize the reality of stigma and social neglect faced by OVCs, as well as abuse and exploitation, including trafficking, the taking of inherited property, and land tenure. (Tirussew Teferra, 2014).

On the Standard Service Delivery Guidelines (MWCYA,2010), legal protection services aim to reduce stigma, discrimination and social neglect while ensuring access to basic rights and services protecting children from violence, abuse and exploitation. However, these legal protections lack consistence and adequate services for orphans and vulnerable children in Ethiopia.

2.4.2. Education and Training

These services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults. Education can leverage significant improvements in the lives of orphans and other vulnerable children. Schools not only benefit the individual child, but can also serve as important resource centers to meet the broader needs of communities. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. An education is the key to employability and can also foster a child's developmentally important sense of competence (Tewhasom Gebrehiwot, 2013). In addition, education is an important area for leveraging additional resources at both national and local levels (Hana T. 2014). Partnerships with education programs sponsored by external donors and governments often provide resources that can help to ensure that children affected by HIV/AIDS and other problems have access to education (Dagne, 2017).

2.4.3. Shelter and Care Services

Delivery guidelines document (MWCYA,2010) shows that shelter and care services strive to prevent children from going without shelter and work to ensure access to clean safe water or basic personal hygiene. An additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support.

Children and youth affected by HIV/AIDS often face an immediate crisis in the home. Meeting their immediate needs is vital to their current well-being but is also critical to their future. Basic or “core” needs include food/nutrition, shelter and care, protection, health care, psychosocial support, and education. Illness in the family or the loss of a parent or parents is extremely disruptive for children, and often seriously disadvantages their chances for obtaining basic living needs as well as for securing a place in school or future employment. According to PEPFAR OVC program the HIV/AIDS epidemic overloads impoverished communities to the point where many children are left without suitable shelter or care. Those children who find themselves without a caregiver become highly vulnerable to abuse and stunted development (Alem Bekele, 2014).

2.4.4. Food and Nutritional Support

These services aim to ensure that orphan children have access to similar nutritional resources as other children in their communities. According to PEPFAR OVC and Global AIDS program 2006, food and nutrition are important components of OVC support. Malnutrition underlies more than half of the deaths in children under five in developing countries. The Emergency Plan works in many communities broadly affected by food insecurity. Food-security issues are extremely

complex, and other organizations and international partners have strong comparative advantages in providing food assistance.

2.4.5. Psychosocial Support

The idea of psychology is that people structure and interacts with the world differently on the basis of the meaning they assign to events. While acting alone or in groups children interact. This interaction of children with the environment molds their behavior. Besides, the interaction of children with the environment facilitates the psychosocial development of the children, resulting in proper emotional, personal, and social behavior. (Anderersen & chen,2002). Other scholar Puts psychosocial development as one of the three domains of development. These three aspects of development that make up the whole development are physical development, intellectual development and psychosocial development. Cobb (2001)

Orphan children may face many hardships during childhood including a decline in health, nutrition, and psychological well-being. The impacts of parental death on children are complex and affect the child's psychological and social development. Fredriksan and Kandours (2004) cited in Afework Tsegaye (2013) that, orphan children might have stunted development of emotional intelligence, and life skills such as communications, decision making, negotiation skills etc. Moreover, they often show lack of hope for futures and have low self-esteem (Kedija, 2006). Majority of orphans are living with surviving parents or extended family, many of them are being cared for by a remaining parent who is sick or dying, elderly grandparents who themselves are often in need of care and support, or impoverished relatives struggling to meet

the needs of their own children. Increasing numbers of children are living in child-headed households, with minimal or no adult supervision or support (Smart, 2003).

In the studies conducted by the MOLSA (2004), it was indicated that the psycho-social and socio-economic situations of OVCs are more likely to be multifaceted and worse in Ethiopia as compared to other countries. The studies indicated that OVCs face severe social, economic, legal and psychological problems. They have poor nutrition, poor health status, lack educational opportunities and are likely to drop out of school. They lack love, care, attention and experience stigma, discrimination, exploitation and abuse. They also lack emotional support to deal with grief and trauma, experience long-term psychological problems, take illegal drugs and other substances and become involved in crime and are vulnerable to HIV-infection (MOLSA, 2004).

2.5. Basic Needs of Orphan Children

The psychologist Abraham Maslow developed a theory called hierarchy of needs. The hierarchy extends from the basic needs for survival through the search for self-actualization. Accordingly, all human beings have a basic survival needs that is the needs of food, warmth, and shelter. Once these needs are satisfied we will be motivated by the needs for safety and strive for an environment in which we feel physically and emotionally safe and secure. At the next we seek experiences that feel loved, cared for and accepted by others. Beyond this we seek to feel over self-esteem and reach at higher order needs, self-actualization. The theory is applicable at all ages from early childhood to children who achieve goals and fulfill these potential as adults (Thomas, R.M., 2005). No two children are alike. Some children have impairment and others

may not have. However, all children regardless of individual differences have needs (UNESCO, 2016). The needs of children are categorized as physical, emotional, spiritual, mental and social.

Many children in Ethiopia do not have their needs met, partly because people are not aware enough about the issues that could be presenting huge challenges for orphan children. Training of community volunteers helps to raise awareness of various psychosocial issues faced by orphan and vulnerable children in the communities.

2.5.1. Physical Needs of Children

According to Killian (2003), children have many physical needs which include material/financial needs for clothing, shelter, school, basic survival needs such as food, health care and hygiene. The simple provision of financial and physical needs is simply not sufficient enough for children to grow into healthy and well-adjusted adults in future. The physical needs often appear to be the most urgent basic need. But the emotional needs of children who have lost a parent or both should not be forgotten. Having a parent becomes sick and die is clearly a major trauma for any child, and may affect them for the rest of their lives (Madorin, 2014).

2.5.2. Emotional Needs of Children

Children need to love and be loved and a sense of belonging to society. Children are also viewed as needing a voice to be heard and to feel that they are important and valued in their communities. The basic sense of being a worthy individual who is important to those are love you, is an essential part of being a human being (Killian, 2013).

Psychosocial support has been defined as an ongoing process of meeting emotional, social, and mental and spiritual needs of vulnerable children, all of which are considered essential elements of a meaningful and positive human development. It goes beyond meeting children's physical needs (Killian, 2013; Madorin, 2014). It places great emphasis on children's psychosocial and emotional needs, and their need for social interaction. Orphans and other vulnerable children require psychosocial support because of the trauma and stress they have experienced in their lives because of parental illness and death, poverty and violence. When children are distressed in any way, their emotional needs become critically important and the basic sense of being a worthy individual who is important to those who love them is an essential part of a human being (Killian, 2013).

2.5.3. Social Needs of Children

Social needs is concerned with the transformation of society in its totality, making human the focus of the development effort and seeking to develop its potentialities in a total sense. More specifically, it aims ultimately at the maximum improvement of the material, cultural, social and political aspects. Social development embraces programs and activities, which enhance the capacities of members of society to fulfill existing and changing social roles expectations and accomplish their various personal goals. It entails the democratization of the development process and the orientation of development effort to the needs and interest of the masses. It ensures equitable sharing in the benefits and burdens of development, the recovery of self-confidence and delineation (ACARTSD, 1980).

More concretely, social needs involves comprehensive human resources needs; raising living standards and quality of life, improving health and human welfare, ensuring social justice and equality, and providing adequate social security for all segments of the population (ECA, 1985). Social needs include- reduction or elimination of poverty, equitable distribution of income and wealth, employment creation, health and nutrition, education and training, housing and ancillary services, social security and welfare (Mohammed, 1991, p.20). Unfortunately, Africa lacks behind in terms of social development. Families and individuals in absolute poverty are found in Sub-Sahara African. The greatest concentration is in the least developed countries of Africa (Aliyu, 2003).

2.5.4. Cognitive Needs of Children

The cognitive theory of Piaget focuses more on the development of thought processes (reasoning) and stresses the child's active role in determining his/her developmental level. Each stage is associated with the development of certain kinds of behaviors and reasoning strategies. According to (Killian, 2013), there are three main categories of cognitive needs: (i) formal education where we are taught from infancy what we need to know and then attend school to help us to survive within an industrialized society; (ii) informal education where we learn by observing others, their reactions and also learning what it takes to be part of particular community setting; (iii) general life skills and general knowledge. Each stage is associated with the development of certain kinds of behaviors and reasoning strategies.

2.5.5. Spiritual Needs of Children

It is through our belief that we develop a sense of hope in the future. Being able to pray in times of hardship enables us to cope and deal better with life's challenges. It gives us a sense of purpose and also enables us to think beyond the hardships of the present life circumstances to a life hereafter (Killian, 2013). This aspect is seen as more crucial in the context of the present study of evaluation of a psychosocial support programs for vulnerable children. Without spiritual support most of the children would have ended up not being able to cope with challenging circumstances, poverty and violence (Madorin, 2014).

2.5.6. Psychological Needs of Children

The idea of psychology is that people structure and interacts with the world differently on the basis of the meaning they assign to events. While acting alone or in groups children interact. This interaction of children with the environment molds their behavior. Besides, the interaction of children with the environment facilitates the psychosocial development of the children, resulting in proper emotional, personal, and social behavior. (Anderersen & chen,2002). Other scholar Puts psychosocial development as one of the three domains of development. These three aspects of development that make up the whole development are physical development, intellectual development and psychosocial development. Cobb (2001)

2.6. Major Challenges in Care and Support Activities of Orphans

All government organizations, NGOs, FBOs and CBOs indicate that care and support for orphans is not an easy task. Some of the problems can be solved easily, if the various actors form

a network, while others may require laborious effort. As per RAAAP Report (2005) mentions that in Ethiopia, NGOs are significantly involved in providing different types of support to OVCs and advocating for their rights, but their role is constrained by their partial reach, low capacity in terms of funds and human resources, lack of guidelines on the support of OVCs, lack of forums and networks among them, and considerable deficits in the areas of psycho-social care and supports. Limited community awareness and institutional capacity with respect to OVCs-related issues are also important obstacles to current and future interventions in this area. Therefore, the prevalent social and economic conditions that orphans find themselves in are significant contextual factors that influence the welfare and effectiveness of the national response to OVCs. Widespread poverty and the lack of resources to be allocated for OVCs seriously compromise their welfare and efforts to alleviate it (UNICEF, 2004).

In the world today, children and societies orphans and vulnerable children in particular, who lack access to quality education are disadvantaged in terms of income, health and opportunity. OVCs are assumed to be stigmatized and discriminated against because of their, and/or their parents' HIV statuses. OVCs are less likely to enroll in school and are more likely to drop out than non-orphans of the same age. Many orphans are particularly vulnerable to stigma and discrimination due to HIV and AIDS as well as factors related to extreme poverty, making school attendance even more difficult than for other children. School attendance rate for orphans is significantly lower than their peers.

The orphans do not go to school are more vulnerable to abuse, neglect and exploitation than other children. The social and economic situation such as educational attainment, food intake and psycho-social wellbeing of OVCs are assumed to be poor. Being orphaned or made vulnerable is

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another factor that may affect children's access to education. Orphans and vulnerable children stand an increased chance of being malnourished and receiving inadequate health care—factors that can adversely affect enrolment, attendance and performance. Orphans and vulnerable children are often among those who are either unable to access formal education in the first place or who rapidly drop out after one or two years.

Major reasons for orphans' continuing lack of access to schooling are: (1) Additional costs of education – even when school fees are abolished, money must still be found to pay for uniforms, books, etc.; (2) Inability to go to school full-time – orphans and vulnerable children may be unable to attend school full-time due to the need to earn a living, or care for siblings or sick parents; and (3) Lack of educational capacity – where there is academic competition in school, orphans and vulnerable children are likely to be at the end of the queue.

Orphan children face many hardships during childhood including a decline in health, nutrition, and psychological well-being. The impacts of parental death on children are complex and affect the child's psychological and social development. Afework Tsegaye (2013) showed that, orphan children might have stunted development of emotional intelligence, and life skills such as communications, decision making, negotiation skills etc. Moreover, they often show lack of hope for futures and have low self-esteem (Afework Tsegaye, 2013). Majority of orphans are living with surviving parents or extended family, many of them are being cared for by a remaining parent who is sick or dying, elderly grandparents who themselves are often in need of care and support, or impoverished relatives struggling to meet the needs of their own children. Increasing numbers of children are living in child-headed households, with minimal or no adult supervision or support (Afework Tsegaye, 2013). Orphans are at increased risk of losing opportunities for

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school, healthcare, growth, development, nutrition, and shelter. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear, and hopelessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities, and disturbed social behavior. This is frequently compounded by “self-stigma” children blaming themselves for their parents’ illness and death and for the family’s misfortune (Smart, 2003). Fewer School Opportunities: Faced with limited resources, foster households might be expected to favor their biological children over foster ones, and so deny orphans proper access to basic needs such as education, health care, and nutrition. For orphans living with their remaining parent, income shortfalls after the death of one parent may induce children to leave school.

Orphans of any type were less likely to be in school than the non-orphans with whom they lived. The largest effect was for double orphans, who were 10–30 per cent less likely to go to school than the children with whom they lived. The authors also note that the schooling outcome is very much predicted by the degree of relatedness to the household head the more distant the relationship of the household head to the orphan, the less likely it is that the orphan will be enrolled in school (UNAIDS, 2008). In general, the large numbers of studies documenting the detrimental effects of parental loss on the education of orphan children.

Mums for Mums (2011), indicates that the challenges and needs faced by orphans and other children made vulnerable by HIV/AIDS are diverse. The major ones include lack of resource for education (books, uniforms and other supplies), psychosocial distress (mainly associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, depression, stigma, discrimination, grief and frustration), physical and sexual abuse

and inadequate access to basic needs. In addition, the study reveals that the OVCs are not always getting the kind of help and support they need. It is therefore imperative that a close follow-up is conducted by the charity organizations involved to ensure that what takes place actually meets the needs of the OVC. Another report by Andrews et al. (2006) indicated that orphans in sub-Saharan countries are more vulnerable than non-orphans on a series of health indicators and are at a disadvantage in obtaining essential services necessary to their welfare (Mums for Mums, 2011).

In sum, researches presented major challenges and problems that seriously affect orphans and vulnerable children and the most problems and challenges are indicated below, namely food and nutrition, education, healthcare, shelter, protection and psychosocial support.

2.6.1. Food and Nutrition Related Challenges

The loss of parents has far-reaching and lasting consequences, because orphans are more likely to suffer from malnutrition (UNICEF, 2002). Furthermore, orphans' needs are often unmet as a result of a lack of available care-givers in many communities and many orphans live on their own, or are cared for in child-headed households or by grandparents, who, because of their own health problems, are unable to provide adequate care and support.

According to Ethiopian Central Statistics Authority (CSA, 2005), Children in Ethiopia also suffered from poor health due to inadequate access to clean water, sanitation facilities and nutrition. For every 1,000 children born in Ethiopia, 77 die before they reach their first year (one in every twenty-three children) and 123 (one in every eight children) before they turn five years of age.

2.6.2. Shelter Related Challenges

Children, including orphans are part and parcel of the household and their welfare is inextricably linked to that of the household and their caretakers. The capacity of households to provide for children depends on their ability to maintain or earn income and to stabilize livelihoods which has a lot of implications on the household capacity to provide the needed shelter and the basic necessities such as clothing, bedding and sanitation (Hana Tarrekegn, 2014).

International HIV/AIDS (Alliance) (2003) further asserts that when parents do not make a will, children can lose their inheritance (money, land, property and livestock), especially when they do not have any legal rights, title deeds or access to legal support. There is often no support to enable children to claim their rights. Grandparents and widows, in particular, may lack the resources or capacity to pursue a legal case on behalf of the children under their care. Denial of access to property for orphans can take different dimensions. While relatives of the dead parent, usually men, are the most cited culprits there is also another dimension where property is grabbed by the new spouses of the surviving parent if he/she remarries.

Besides physical assets left by deceased parents, orphans also often get dispossessed of basic items such as clothes, shoes, books and other scholastic materials that may be provided outside the family, mainly from formal institutions. It was noted that the support targeted at orphans and vulnerable children at the household level does not always reach them. For instance, the support provided to orphans to support initiation of income generating activities (IGAs) is often withheld or sold off by caregivers. Assistance such as books and clothing may also be distributed among other children who are not orphan but also facing vulnerability. In such cases the orphans suffer

double loss, their parents and the assistance that would have improved their livelihood. This signals the need for a more holistic approach in addressing the needs of orphans in poverty affected households. As clearly pointed out by Abebe and Asase (2007), the programs need to shift to focus towards strengthening families to build their resilience rather than implementing programs that target individual orphans.

Within some caretaker homes, orphans have to endure different and often difficult situations. Studies have documented situations where orphans are treated harshly; they are sexually abused often by the caretakers themselves, face overt and covert discrimination and are given roles that do not match their age and cognitive capacity (Abebe and Asase, 2007).

However, these services strive to prevent children from going without shelter and work to ensure sufficient clothing and access to clean and safe water or basic personal hygiene. An additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support (MOWA and HAPCO, 2010).

2.6.3. Education Related Challenges

Every child has the right to a primary education. It is vital for children's futures that they attend school and take full advantage of this right. Beyond academic learning, education is also important for their psychosocial development. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. Education can also reduce children's risk of HIV infection by increasing knowledge, awareness, skills and opportunities. In addition, the MOWA and HAPCO (2010) document contains seven core service areas which

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considered critical components of a set of services for programming targeting vulnerable children although the program is not free of cost, where the government waived tuition fees, parents/guardians continue to provide all other essential costs such as uniform, feeding, books, and fees for infrastructure development and other related issues.

Economically and socially disadvantage children such as from low income families, single parents working children, orphan as well as female students are at risk of failure in general educational setting for various reasons (Tirussew, 2005). According to DFID (2012-13) the cost of education, both monetary and non-monetary, continues to be a burden on households and a barrier to education. It is argued that the barriers of uniforms other educational supporting materials as well as indirect costs in accessing education makes households opt not to send their children to school, and stated that “orphans are the most unlikely to be schooled.

Besides cost limitations, in families which are struggling to meet basic needs, education may be perceived to be secondary to food, shelter, clothing and medical care. This may translate into preferential treatment amongst children as families strive to balance needs with resources and to optimize long term returns. International HIV/AIDS Alliance (2003) in other instances, points out issues of equity in access to education especially in poverty stricken households that older children often drop out of school early to help pay for the education of their younger siblings, and many more drop out to earn money to support themselves and their families.

Some children become vulnerable by living in households where one or both parents are sick; others become vulnerable because care-givers are too sick to provide care; and others end up leaving school to take care of their sick parents.

2.6.4. Health Care and Support Related Challenges

Access to good health care and support remains a challenge due to lack of money to pay medication costs and the needed services at the health units substantially increase the opportunity cost of seeking health care. International HIV/AIDS Alliance (2003) noted that sometimes, because of lack of money, guardians and families delaying in taking a child for health care services until the child gets ill seriously are key challenges for health care.

The challenges with healthcare are compounded by the apparent limitations within the public health facilities primarily due to the poor who cannot access private services, with no resources available, and with no guaranteed access to government health services, healthcare for orphans' remains in jeopardy and will continue to be a daunting challenge to caretakers.

According to the data indicated by CSA (2005) and research conducted by Alelign (2004), most children in Ethiopia were engaged in various productive and household chores and activities which are characterized by poor occupational safety, long working hours, very low wages, and a work environment which is hazardous to their health. As orphans have traditionally been absorbed by their extended family networks, many households are struggling to meet the needs of the orphans in their care (Kidman et al 2007).

2.6.5. Psychosocial Care and Support Related Challenges

It cannot be assumed that orphan children and their caregivers are always able to cope without support. They need plenty of opportunity to express their feelings without fear of stigma, discrimination and exclusion. Furthermore, provision of psychosocial support is a key challenge

to caretakers and it fraught with complex issues. First, unlike physical needs such as food, clothing or medical care, it is difficult to diagnose its symptoms easily. Therefore, as noted by the International HIV/AIDS Alliance (2003), at household level, psychosocial symptoms for orphans are less likely to be recognized and acknowledged and they are more likely to be isolated with their problems, without easy access to anyone who can help them find solutions or relief. Even when the needs are identified, there is a dearth of skills both in households and whole communities to address them. Poor access to psychosocial support similarly affects caretakers. Orphan Children with HIV who are aware of their status have unique psychological and emotional needs, and require special and targeted help to come to terms with HIV and live positively, manage illness, deal with stigma and discrimination and prepare for the future (International HIV/AIDS Alliance, 2003). This requires special skills to ensure that support is given in a manner that does not separate them from other children.

The conditions of children orphan by HIV/AIDS are worse since they are more likely to experience various psycho-social problems and are less likely to be adopted by other members of the community (UNICEF, 2002).

In the studies conducted by the MOLSA (2010), it was indicated that the psycho-social and socio-economic situations of OVCs are more likely to be multifaceted and worse in Ethiopia as compared to other countries. The studies indicated that OVCs face severe social, economic, legal and psychological problems. They have poor nutrition, poor health status, lack educational opportunities and are likely to drop out of school. They lack love, care, attention and experience stigma, discrimination, exploitation and abuse. They also lack emotional support to deal with

grief and trauma, experience long-term psychological problems, take illegal drugs and other substances and become involved in crime and are vulnerable to HIV-infection (MOLSA, 2004).

2.7. Approaches of Service Delivery

2.7.1. Asset-Based Community Development (ABCD) Approach

Asset Based Community Development (ABCD) is a *strategy* for sustainable community driven development. Beyond the mobilization of a particular community, ABCD is concerned with how to link micro-assets to the macro-environment. The appeal of ABCD lies in its premise that communities can drive the development process themselves by identifying and mobilizing existing, but often unrecognized assets, and thereby responding to and creating local economic opportunity.

ABCD builds on the assets that are already found in the community and mobilizes individuals, associations, and institutions to come together to build on their assets—not concentrate on their needs. An extensive period of time is spent in identifying the assets of individuals, associations, and then institutions before they are mobilized to work together to build on the identified assets of all involved. Then the identified assets from an individual are matched with people or groups who have an interest or need in that asset. The key is to begin to use what is already in the community.

ABCD draws out strengths and successes in a community's shared history as its starting point for change. Among all the assets that exist in the community, ABCD pays particular attention to the assets inherent in social relationships, as evident in formal and informal associations and

networks. ABCD's community-driven approach is in keeping with the principles and practice of participatory approaches development, where active participation and empowerment (and the prevention of disempowerment) are the basis of practice. It is a strategy directed towards sustainable, economic development that is community-driven.

2.7.2. Wrap-round Approach

Wraparound approach is a process for planning and individualizing supports for children and youth with EBD and their families. In the wraparound approach, services and supports are “wrapped around” the child or youth and their caregiver in that they are placed at the center of the Wraparound plan, and their voice is paramount in identifying their individual and collective strengths, as well as in identifying informal, community-based resources that may be required to meet their needs (Burns & Goldman, 1999; Van Den Berg et al., 2009). Wraparound is not a set of services, but rather, it is a process for meeting the complex needs of children and youth and their caregivers through the integration of multiple systems and the development of individualized plans of care. The overall premise of the wraparound approach is to enhance options for children, youth, and their families by building collaborative wraparound teams, who together tailor supports that lead to improvements in outcomes (Burns & Goldman, 1999; Van Den Berg et al., 2009). There are ten guiding principles associated with the wraparound approach that have been accepted in the fields of mental health, child welfare and education, as well as by caregivers and they include: (1) family voice and choice, (2) team-based processes, (3) the utilization of natural supports, (4) a focus on collaboration, (5) the utilization of community based supports, (6) the provision of culturally competent approaches, (7) the provision of

individualized support, (8) building on strengths, (9) persistence, and (10) outcome based support (Bruns, Walker & The National Wraparound Advisory Group, 2008).

In addition to explicating the specific phases and activities involved in wraparound process and providing a model for the development of an individualized wraparound plan (Walker, Bruns, & The National Wraparound Initiative Advisory Group, 2008), the wraparound approach also details the role of wraparound facilitators and provides training materials for individuals who might fulfill this role (Eber, 2003; Grealish, 2000; VanDenBerg & Rast, 2003). Given its focus on outcomes, there also are tools to measure the wraparound team's adherence to the principles of the wraparound process, from the perspective of the team members and from the vantage point of an individual who observes the team processes and provides specific feedback (Bruns, 2008; Bruns, Burchard, Suter, Leverentz-Brady, & Force, 2004). Given that the wraparound approach has a clearly articulated practice model and tools to measure the fidelity of implementation, it may provide the necessary structures that would enable the tighter coupling of service providers in the provision of support (Bruns & Walker, 2010).

2.7.3. Biopsychosocial-Spiritual Model

The Biopsychosocial-Spiritual Model of Care Everyone, according to this model, has a spiritual history. For many persons, this spiritual history unfolds within the context of an explicit religious tradition. But, regardless of how it has unfolded, this spiritual history helps shape who each patient is as a whole person, and when life-threatening illness strikes, it strikes each person in his or her totality (Ramsey, 1970). This totality includes not simply the biological, psychological, and social aspects of the person (Engel, 1992), but also the spiritual aspects of the whole person

as well (King, 2000; McKee & Chappel, 1992). This biopsychosocial-spiritual model is not a "dualism" in which a "soul" accidentally inhabits a body. Rather, in this model, the biological, the psychological, the social, and the spiritual are only distinct dimensions of the person, and no one aspect can be disaggregated from the whole. Each aspect can be affected differently by a person's history and illness, and each aspect can interact and affect other aspects of the person.

2.7.4. Community-Based Approach

A community-based approach is a way of working in partnership with persons of concern during all stages of UNHCR's programme cycle. It recognizes the resilience,⁷ capacities, skills and resources of persons of concern, builds on these to deliver protection and solutions, and supports the community's own goals. The approach is not limited to a particular function or sector of work; it should guide all UNHCR staff and partners in their work with persons of concern. It demands that we understand and consider the political context, the receiving population, gender roles, community dynamics, and protection risks, concerns and priorities. It also requires that we recognize our role as facilitators, our limitations in capacity and resources, the temporary nature of our presence, and the long term impact of our interventions. A community-based approach can help communities work to prevent social problems and to deal directly with those that do arise, instead of having external actors step in and assume these responsibilities. It supports persons of concern in re-establishing familiar cultural patterns and support structures.

Indeed, the goals of the community-based approach are to reinforce the dignity and self-esteem of people of concern and to empower all the actors⁸ to work together to support the different members of the community in exercising and enjoying their human rights. An Internally

Displaced Persons (IDP) working-group paper, *Community-based Protection in Somalia*,⁹ highlights some of the difficulties in adopting a community-based approach. Ideally, the community freely defines its priorities. But our responsibility to respect individual human rights and the goals of our agencies might not coincide with community practices or priorities. UNHCR and partner staff must therefore work with the community to find ways to respond to the priorities of the community and uphold our mandate to protect all of its members and respect individuals' rights. In our daily work, this can mean introducing new practices, such as vaccinating children, educating girls, creating mechanisms for the fair distribution of food and assistance items, encouraging women to participate in decision-making processes, and preventing sexual and gender based violence. We must be open and transparent about our goals, obligations and responsibilities, listen carefully to community members, and build mutual understanding. As UNHCR's mandate is to ensure the protection of all members of the community, these considerations are paramount, and the guiding principles outlined below should be the foundation of all of our work.

2.7.5. Holistic Assessment Approach

Holistic assessment is limited which in part is due to the wide variety of holistic initiatives available. This, according to Forbes (2003), 'hampers broader research' (p. 3) and a deeper understanding as to what actually constitutes holistic learning. Nevertheless, researchers have attempted to assign attributes that can be considered holistic. Hare (2006) proposes a number of characteristics associated with a holistic Assessment – they include: high achiever, belief in own self-worth, compassion and loyalty (p. 308). This is just one interpretation of holistic outcomes; however, assessing these values may prove to be more difficult in a classroom setting.

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To achieve a curriculum that moves away from a so-called traditional approach, project- and problem-based learning and a system that employs portfolios to track learning could be considered. To assess this kind of work, there are currently two methodologies available: formative and summative. Summative assessment – administered at the end of a semester in the form of a test or exam – usually assesses knowledge acquired over the length of that course. Conversely, formative assessment is a process and is usually not connected to a particular test. Instead, evidence of student learning is collected and used to create a wider picture of the student's learning (McManus 2008). This method can be seen as more holistic compared to a summative approach, as work is collected from various sources to help build a bigger picture of a student as a learner.

Two methods, in particular, which have shown promise by providing an alternative to standardized testing, are self- and peer assessment. Boud and Falchikov state that self-assessment is how learners make judgements on what they are learning in terms of success (1989). Peer assessment is a method by which peers can assess or provide feedback on peer's work. Assessing a holistic learning environment could very well start with these two approaches as they, by their very nature, are more inclusive whereby centralizing the student in the assessment process instead of being a passive reciprocation of it. The next section will look at how formative assessment and more specifically SA and PA can be created holistically.

Assessment can be a contentious issue and some researchers have taken to pointing out various on traditions. Reynolds and Trehan (2010) questions the illusion of alternative methods of assessment. He says that even though SA and PA seem inclusive, the assessment itself is created by the teacher. Thornbury (2013), then, affirms that: ‘...it is the tester – not the test taking –

who decides what counts as knowledge, and how you count knowledge'. Reynolds & Trehan and Thornburg highlight the notion that assessment, even assessment we deem to be more learner-friendly and holistic, is in essence flawed, as in some cases it continues to be dominated by the teacher and their view of what constitutes academic achievement. To address the concerns, Heritage (2008) and McManus (2008) offer advice on the creation of formative assessments, including SA and PA, and introduce the notion of involvement. This refers to both learner and teacher being involved in the creation of assessment and agreeing upon learning outcomes. They state that this involvement creates transparency of the learning process, which allows the learners to keep track of their own progress. To develop the idea of involvement further, Stoyhoff (2012) states that reliability with assessment can be increased when learners and teachers are trained in the design of it. This sentiment is also partially shared by Ross (2006) and Chang et al. (2013) who also suggest that reliability can be increased with training for both the learner and teacher, though they do not go as far as to say the learners should be involved in the design.

2.7.6. Strength-Based Approach

Leadership is key, in order to successfully embed a strength-based approach to practice. The organisation needs to consider its own approach to modelling the principles and philosophies in a wide range of activities. The expectation to work within a strengths-based framework is not limited to direct work or interventions undertaken by practitioners or front-line staff with adults and families who access services. The ethos of working in an empowering way, highlighting the strengths of others can be best demonstrated and reinforced during supervision. This ensures that a strengths-based approach is used as a foundation to support the basis for decision making within the organisation at all levels. For example, in team meetings and in peer or group

supervision activities. Supervision can be experienced as being a gatekeeping or performance management tool, and to highlight the deficits or shortfalls of the supervisee's performance for example, monitoring timely case closures.

Whilst social work supervision or clinical supervision is critical for maintaining professional standards, in order to encourage and model a strengths-based approaches, supervision should shift from an administrative / performance-driven focused model, to a model of direct supervision that supports practitioner development and is "helping the social worker develop practice knowledge and skills and providing emotional support to the person in the social work role (Kadushin & Harkness, 2002, p. 2). Modelling motivational interviewing techniques may encourage supervisees to utilize critical thinking skills and address biases through use of open-ended questions, affirmations, reflections, and summaries. All of which supports engagement and can be used by social workers and social care professionals when supporting individuals and their families/caretakers.

It should be acknowledged that in order for social workers and social care professionals to work 'with' rather than 'do to' or 'do for' individuals, the worker needs preparatory time to think through how to undertake each intervention. The supervisory relationship is fundamental for the delivery of effective social work services and "there is a direct link between the quality of supervision and outcomes for service users" (Wonnacott, 2012 p.14).

2.7.7. Case Management Approach

Case management is the organization and coordination of a network of formal and informal activities, services, and supports designed to optimize the wellbeing of a person.

2.8. General information about ECCMSC

ECCMSC provides various services to different vulnerable and disadvantaged people living around Kolfie-Keraniyo sub-city. This area is characterized by concentration of very poor people. Currently, the largest concentration of people affected by leprosy are found in this area. This results from the availability of free medical service in ALERT hospital. There is also a high concentration of people who earn their living by beginning. The community also comprise of very old people as well as people with disabilities resulting from leprosy.

As information obtained from the organization document, the idea to set up a social center grew from a small social work project within the Medico Social Unit of ALERT (The All African Leprosy and Rehabilitation Training Center). Foundation of Ethiopia Catholic Church Medhin Social Center (ECC-MSO) started this journey in May 1982 GC. The founder of the organization used to pay frequent visits to the homes of people affected by leprosy and discuss their problems with them. This enabled her to identify their needs, circumstance and the number of poor people that were living in the surrounding area of ALERT. This enkindled the founder commitment to provide basic services for these communities and reached an agreement with the management of ALERT to establish a social center as a separate entity from ALERT.

Construction at the present site began in June 1988 GC and was ready in January 1989 GC for the small team of ten workers to move in. This date is taken as the official establishment of Medhin Social Center. Thereafter it begun to be involved in the development of the community as well as in the social rehabilitation, social welfare and development services of individuals and families and reconstruction of dilapidated houses in the project area. This modest beginning that had two departments with a team of ten workers, has reached more than 3621 beneficiaries

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among them 182 are OVCs and currently there are three departments with fifty employees. The operations that undergoing to offer services to those group of people is on the basis of facts that is to say helping and protecting people who are at risk (ECCMSC report).

Having the basic information about the organisation from the above review, the major concern behind this study is to find out the contribution and challenges of the services that are provided by ECCMSC to OVCs. There are different types of services provided by the organization under different programs to its eight beneficiary groups such as Orphan and Vulnerable children, Vulnerable children, Orphan and Vulnerable Youth, Vulnerable Youth, Children and Youth with Special Education Need, Elderly, Adult with disabilities and other needed. This research concern, the OVCs is the one among these eight beneficiary groups. Thus, the methods of data collection used by the researcher in order to select research participants from which relevant information gathered regarding the contribution and challenges of the organization in providing services to OVCs and other points related to research methodology was identified in the next chapter.

2.9. Summary

This chapter of the research reviewed the related literatures and covered related literatures about orphans and vulnerable children, History of OVC in Ethiopia, Care and Support of OVC, services for OVC, Basic Needs of Orphans Children, Major Challenges during the services delivered respectively.

The first subsection of this chapter it was defined that an orphan is someone whose parents have died, are unknown, or have permanently abandoned them. And it also defined vulnerable

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children are those whose safety, well-being and development are, for various reasons, threatened. The loss of a parent through death or desertion is a very important aspect of vulnerability and this is a classic understanding.

It was shown that there are different services that can be delivered to children. Social protection services, education and training services, shelter and care services, food and nutritional support services, psychological services to fill the gaps of physical, emotional, social, cognitive spiritual needs of children. It was also literature that there could be different challenges faced by the charity organizations in delivering the services to the OVCs such as; food and shelter related challenges, education related challenges, health care and support related problems and psychosocial related problems

Finally there were different gaps identified during reviewing for this research paper. There were problems of studying the services provided by different organizations to their clients, the relationship of the services delivered with their corresponding goals. The challenges of OVCs were studied in different NGOs but the challenges of these NGOs in serving the OVCs were not studied yet. And finally the impacts of the services were only seen by the different researchers as a positive one, as a contribution and not as a negative impact which actually is not studied here.

CHAPTER THREE

3. RESEARCH METHODOLOGY

This chapter is dedicated to research methodology. The major components of this part include research design, study area, selection of study participant, data collection techniques, data analysis, reliability and validity of data and ethical consideration.

3.1. Research Design

According to Parahoo (2006) the design selected for research should be the one most suited so as to achieve an answer to the proposed research questions. Similarly, Huysamen (1994) defines a research design as a plan or blueprint according to which data is collected to investigate the research questions. This research intended to find out the contribution of the services in addressing the needs/problems of OVCs and challenges of the services that are provided by the organisation to OVCs. In line with these, practice models, values, principles and intervention procedures of the organisation in the provision of the services have been discussed.

The reason why the researcher used qualitative method in this study is due to the fact that data related to the contribution and challenges in service delivery of MSC to OVCs can be collected by taking into account the views and opinions of the staff of the organization and the clients (mothers/fathers/other relatives/caretakers and OVCs). A qualitative research covers an array of interpretive techniques which seek to describe, interpret, translate, and otherwise come to terms with the meaning of naturally occurring phenomena in the social world (Welman, C, Kruger F & Mitchell,B, 2005). Thus in this research a qualitative approach is selected in which the data primarily collected through key informant interview, In-depth interview, focus group

discussion(FGD), observation and document review. The study has been taken the Ethiopian Catholic Church Medhin Social Center as case study.

3.2. Study Setting

A study has been conducted in Ethiopian Catholic Church Medhin Social Center (ECCMSC), which is located in Kolfie-Keraniyo sub-city, Woreda 01, around the locally called “Zenebework”, Addis Ababa, Ethiopia.

The target population of the study were the staff of the organization and the beneficiaries (mothers/fathers/other relatives/caretakers and OVCs) and which have been interviewed through the tools of key informant interview, In-depth interview and FGD; in addition, the areas of service delivery have been observed to assess the services provision (through arranging visiting programmes at OVCs’ homes, schools and organization’s tutorial study classes and presence on distribution days of items and participating in case conference discussions of staff regarding on the new recruiting clients/OVCs, case plans, interventions and evaluations).

3.3. Selection of Study Participants

Qualitative research size determination depends on what the researcher wants to know, the purpose of the enquiry what the stake is, what will be useful, what will have credibility, and what can be done with the remaining time and resources (Kumar & Ranjit, 2005). The contribution and challenges of the organisation on delivering the services would be well known by the staff who have directly or indirectly related with OVCs.

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In order to select the participants of the study, purposive sampling was used. Purposive sampling is a strategic sampling aims to establishing good correspondence between the research questions and sampling (Bryman, 2012). It is non-probability sampling in which the researcher decides the participants to be included in the sample taking into account the relevancy of the data to be collected (Jupp, 2006). To this end this study was employed purposive sampling in order to get relevant information from purposively selected respondents. Since in order to select the key informants of the study, purposive sampling has been used with proposed inclusive criteria, in this research case, experience of staff on working related to OVCs, their exposure to OVCs and position in the organisation are stated as inclusion criteria.

For my third tool, FGD, purposive sampling is also applied with selection criteria to select participants among clients/beneficiaries of the organisation (OVCs and their Caretakers from single and double orphans and their caretakers). The OVCs who are above 10 years old and OVCs' caretakers (mother/father or other caretakers) were included in two groups of FGD. These two focus groups are supposed to have many information and better understand about their problems than anybody else and enough information about the overall situations regarding the services provided to them by the organisation.

There is also another tool to know about the practices of the service delivery, through observation. Thus, observing the services delivered through systematic selection of OVCs with service delivery sites of the organisation. This can be achieved by being there through visiting the sites of service delivery that can be at OVCs' homes, schools, tutorial classes and recreation fields and as well as presented physically at distribution days of items that are provided by the organization to OVCs and participate in case conference discussion sessions. For this purpose,

observation checklist is prepared and filled during data collection through observation method (attached in the annexes part of this research).

3.4. Method of Data Collection

Research tools are administered on the key informants interviews, other related staff interviews, focused group discussions and observation for collecting data. The data for this research had been collected through key informant interview by taking into account the views and opinions of staff members of the organization. And in addition, focus group discussion and observation also applied for this research through researcher direct observations at the sites of service delivery that was being conducted through field visits at OVCs' homes, schools, tutorial classes and presence at distribution days of items to OVCs and participating in case conference discussions of staff regarding the new recruiting clients/OVCs, case plans and interventions and evaluations.

3.4.1. Key Informant Interview

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community and data is collected from a wide range of people—including community leaders, professionals, or residents—who have firsthand knowledge about the community that can provide insight on the nature of problems and give recommendations for solutions (UCLA Center for Health Policy Research , 2016)). It is very flexible and can be used to collect large amounts of information. The researcher was the interviewer who have been hold the informant's attention and available on clarifying difficult questions. And the key informants were seven (the Director, the Program Officer, Social Service Coordinator, the OVCs section head and two Social Workers who are working in OVCs section and the health officer). These

interviews had been taken place in each participants' offices with scheduled date and time. Each interview took one hour in average.

Its main purpose is to provide pre-determined questions that might be used as an appropriate instrument to engage participants. The interview schedule helped the researcher to think clearly about what he hopes the interview might cover. In interview session, all the seven key informants who are the staff and have higher exposure to OVCs were interviewed. An interview guideline for interviewing is prepared (attached in the annexes part of this research).

The questions that addressed by this method of data collection were what services are being provided by ECCMSC to OVCs, what practice models are employed by the organisation to deliver the services to OVCs; what values, principles and intervention procedures used in the provision of the services given to OVCs; the contribution of the services in addressing the needs of OVCs and as well as challenges faced by the organisation in delivering the intended services.

3.4.2. In-depth Interview

An interview is important in qualitative research method in which the researcher collects data directly from the participant significant unfolding opinions, experiences, values and various other aspects of the population under study (Parveen& Showkat,2017). In this study, in-depth interview was used to collect data from a staff who had worked in OVCs section for long time, from four home-based caregivers and a storekeeper. It also allowed the researcher to explain or clarify questions and to be flexible in administering interview to the respondents (Creswell, 2007). For the purpose of this study, open ended interview guiding questions was prepared.

3.4.3. Focused Group Discussion

Kingry, Tiedje and Friedman (1990) defines a focus group as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. Krueger & Morgan (1998) says that, the purpose of focus group discussion is to produce qualitative data and to provide insights into the attitudes, perceptions and opinions of participants. In this study the researcher prepared two focus groups. The first FG are eight mothers/fathers from single orphans families and caretaker/ relatives from double orphan families. The second FG are ten orphans who were ten years and above (they were available at their Saturday tutorial study classes that took place in the organization's compound). These two focus groups were supposed to have many information and better understand about their problems than anybody else and enough information about the overall situations regarding the services provided to them by the organization. The researcher presented consent paper to participants and clarified the objectives of the research and the research ethics and after having consent from the participants the FDG going on. Finally, the researcher passed thankful messages to the participants for their active participation, giving their time and their cooperation. The questions that were addressed by focus group discussion method of data collection were what services are provided to you/your child; which services provided are satisfactory in addressing your needs /your child needs ; which services provided to you are in need of improvement; what kinds of problems have you observe in providing services to you/ your child; how do you see the contribution of the services of the organization in addressing yours needs/ your child needs and other related questions by taking into consideration their understanding level and educational status.

3.4.4. Observation

Observation help the researcher to have first-hand experience with participant, record information as it occurs, to explore topics that may be uncomfortable for participants to discuss (Creswell, 2007). Visiting service delivered and delivery sites of the organisation is the way to observe and collect valuable data through observation method. This can be achieved by simply been there at the sites of service delivery and visited OVCs' homes, schools tutorial classes and recreation and sport fields and as well as presented physically on distributions days of items that are provided by the organization to OVCs and also participating in case conference discussions of staff regarding the new recruiting clients/OVCs, case plans, interventions and evaluations. The sites of the service delivery can be managed through systematically selecting among the OVCs and went with them at the sites of the service delivery. For instance, if the researcher wants to know whether a single OVC has access to education or not, the researcher went to the systematically selected OVC's schools and tutorial classes and see if he/she has the services and filled on prepared observation check list tables.(it is attached in the annexes part of this research.

3.4.5. Document Review

The researcher had reviewed organisational documents such as monthly and annual reports; client intake, intervention and evaluation forms; assessment forms; case-conference minutes; agreements and memorandums documents that the organisation had held with Woreda concerned office and other stakeholders and brochures, pamphlets and other official documents which were important to this research.

3.5. Data Analysis Technique

Creswell (2003) mentioned the steps of data analysis as organize and prepare the data for analysis, looking at all the data, coding the data, categories or themes, and interpretation of the data. The researcher followed the following steps:

- All the data from key informant interviews, FGDs and other interviews were collected in Amharic language by using hand written notes and voice records.
- Then the recorded voices were transcribed and translated point by point.
- After that, field guidelines were organized for collecting observation data.
- Made some checks on the data that gathered through all techniques,
- In the process of organizing the gathered data under each category, codes were given to each participant's idea in order to easily identify who said what.
- Themes related to research questions were selected, organised and analyzed.
- The findings had discussed through triangulating data from interviews, FGDs and observation.
- Finally, based on the findings of the study conclusions and implications are drawn.

3.6. Trustworthiness and validity of the study

As Padgett, (2008,) to assure the trust worthiness of the study, It is important to give due emphasis for validity threats. So as to assure trustworthiness of the study the researcher employed various techniques of assuring the credibility of the data. To do so, key-informant

interviews and FGDs were first been transcribed and checked with one of the participants in order to check its trustworthiness. In addition, according to Bruce L. Berg (2001) triangulation in qualitative research can be important to issues of validity. The data from key informant interviews, FGDs and observation are triangulated as a way of strengthen confidence in their validity. The researcher is also comparatively analyzed the key informant interviews and FGDs results, with data from observation in order to arrive at conclusion.

3.7. Ethical Consideration

First the researcher request permission from the School of Social Work, Addis Ababa University to conduct the data collection process. After the researcher had gotten the permission, he presented the supporting letter to the organization and the consent letters to the participants and especially in order to get willingness from caretakers to participate their orphaned children in focus group discussion that was prepared for them. Then the researcher consider the confidentiality of all respondents' responses. Respondents were advised that their participation in the research were voluntary and assured of complete anonymity. Furthermore, the respondents were advised that they do not have to answer any question they feel uncomfortable about.

CHAPTER FOUR

4. FINDINGS

Under this chapter, the major findings obtained through different data collection tools have been presented and analyzed in relation to the research questions.

The findings part of the study presented services provided by the organisation to OVCs; practice models, values, principles and intervention procedures of the organisation in providing the services; the contribution of the services and challenges faced by the organisation in delivering the intended services.

4.1. Socio-demographic Characteristic of Study Participants

In this section, the socio-demographic characteristics of the study participants were presented. The analysis of socio-demographic characteristics of study participants include variables such as age, sex, educational qualification, experience and position are is depicted on table 4.1.

Table 0.1: Background Characteristics of Key Informants

Code Name Given	Position	Gender	Age	Educational Qualification	Experience
Key Informant I	MSC Director	Female	60	BA Degree	38
Key Informant II	Project Officer	Female	35	MA Degree	6
Key Informant III	Social Service Coordinator	Male	37	MA Degree	12
Key Informant IV	Head of OVC Section	Female	31	BA Degree	10
Key Informant V	Social Worker in OVC Section	Male	26	BA Degree	2
Key Informant VI	Social Worker in OVC Section	Female	38	BA Degree	13
Key Informant VII	Health Officer	Female	37	BA Degree	10

Source; Key Informant Interviewees (2019)

**Table 0.2: Background Characteristics of Home-based Caregivers,
storekeeper and former staff of OVCs section**

Code Given	Name	Position	Gender	Age	Educational Qualification	Experience in years
Home-based Caregiver-1		Home-based Caregiver	Female	35	Grade 12	10
Home-based Caregiver-2		Home-based Caregiver	Female	40	Grade 9	10
Home-based Caregiver-3		Home-based Caregiver	Female	32	Grade 8	10
Home-based Caregiver-4		Home-based Caregiver	Male	40	Grade 9	14
Storekeeper		Storekeeper	Female	38	Grade 10	12
Former staff of OVCs section		IGA program officer	Female	37	BA Degree	12

Source; Home-based Caregivers and Storekeeper Interviewees (2019)

Table 0.3: Background Characteristics of Focus Group1 Members

Code Name Given	Position	Gender	Age	Educational Qualification
FG1.1	Mother	Female	40	Grade 6
FG1.2	Mother	Female	35	Grade 4
FG1.3	Caretaker/Mother's Friend	Female	37	Grade 7
FG1.4	Father	Male	45	Grade 9
FG1.5	Mother	Female	50	Illiterate
FG1.5	Mother	Female	38	Grade 3
FG1.6	Mother	Female	37	Grade 6
FG1.7	Mother	Female	40	Grade 8
FG1.8	Mother	Female	42	Grade 5

Source; Focus Group Discussion 1 (2019)

Table 0.4: Background Characteristics of Focus Group 2 Members

Code Name Given	Position	Gender	Age	Educational Qualification
FG2. 1	Orphan	Female	17	Grade 8
FG2. 2	Orphan	Female	16	Grade 9
FG2. 3	Orphan	Male	12	Grade 7
FG2. 4	Orphan	Male	14	Grade 8
FG2. 5	Orphan	Male	11	Grade 4
FG2. 6	Orphan	Female	11	Grade 5
FG2. 7	Orphan	Female	13	Grade 6
FG2. 8	Orphan	Female	15	Grade 9
FG2. 9	Orphan	Male	14	Grade 8
FG2. 10	Orphan	Female	12	Grade 7
FG2. 11	Orphan	Female	15	Grade 9

Source; Focus Group Discussion 2 (2019)

4.2. Services Provided by ECCMSC to OVCs

There are different types of services provided by the organization under different programs to its eight beneficiary groups such as Orphan and Vulnerable children, Vulnerable children, Orphan and Vulnerable Youth, Vulnerable Youth, Children and Youth with Special Education Need, Elderly, Adult with disabilities and other needed. The OVCs section is the one among these eight beneficiary groups.

The services are delivered based on the result of need assessment of each child. The services are included in one or more of the following broad categories such as; food and nutrition provision, cloth, shoe and underwear provision, shelter provision in the form of house rent, provision of house facilities provision, health service, counseling and other psychosocial services, educational supports and recreational and sport service provision (ECCMSC Manual, 2016).

4.2.1. Food and Nutrition provision

According to the store keeper, the material aid services distributed are listed hereunder in the following table. The table shows a material service provided to the children per month for double orphans six children during the data collection period of the study.

Table 0.5: Materials Distribution for Double Orphans and Single Orphans

Item	Weight	Unit	Per
Teff	17	Kilogram	per head
Oil	1	Liter	per head
Pea grits (አተር ከክ)	1	Kilogram	per head
Lentil (ጥንክር)	1	Kilogram	per head
Salt	1	Kilogram	per head
Spaghetti	1	Kilogram	per head
Pepper	1	Kilogram	per head
Kinche (ቀንጨ)	1	Kilogram	per head
Shiro (ሸር)	2	Kilogram	per head
Macaroni	1	Kilogram	per head
Rice	1	Kilogram	per head
Tea	2	Pack	per head

Source: Store Keeper Interviewee (2019)

Milk Provision: Milk is also provided for special cases and requirements. The following table lists down who in which case and how much of the services do they get.

Table 0.6: Milk Provision Lists for both singly or doubly orphaned children

Case	Amount of milk provided in liters
Underweighted OVCs	0.5
For children whose mothers are incapable of breast feeding	0.5
For HIV positive OVCs	0.5
Severely diseased OVCs	0.5

Source: Store Keeper Interviewee (2019)

4.2.2. Cloth, Shoe and Underwear Provisions

According to an interview with the store keeper both single and double orphaned and vulnerable children are serviced with clothes, shoes and underwear. Here is the least and the frequency to which the OVCs gain such services.

Table 0.7: Clothes, Shoes and Underwear Provision

Item	Frequency of service delivery	Programme
Clothes	2 times	per year
Shoes	2 times	per year
T-shirt	2 times	per year
Socks	2 times	per year
underwear	2 times	per year

Source: Source: Store Keeper Interviewee (2019)

4.2.3. Shelter and House Facilities Provision

Most of the informants mentioned that housing problem is the major problem that they faced. According to FGD II (2019) the organisation has tried to address the housing problem of the OVCs by house rent. Most of the houses are acquired from rent from private owner and a room per family with low quality standard (the researcher observation, table 0.4: house facilities provision, date of Observation 22-25/03/2019).

Table 0.8: House facilities Distribution for Double Orphans and Single Orphans

Items	Unit	Per
electric stove	1	per family
dining dishes	6	per family
Glasses	6	per family
Pan		per family
Knife	2	per family
Spoons	6	per family
Forks	6	per family
Casserole	2	per family
Bucket	1	per family
Mattress	2	per family
washing dish	1	per family
bed (double beds for one of the parents and the child),	1	per family
Table	1	per family
Chair	3	per family
Cup board	1	per family
Blanket	2	per family
Pillow	2	per family

Source: Store Keeper Interviewee and the researcher observation, table 0.4: house facilities provision, date of Observation 22-25/03/2019.

4.2.4. Health Services

According to key informant VII (2019) the health services provided by ECCMSC to the OVCs include annual health checkups, care and support for malnourished children, covering of medical and pharmaceutical expenses and home-based follow up services are provided.

Cooperating with Alert Hospital, the organisation give “Eye checkup services” for the OVCs (Key Informant VII, 2019). Health evaluation services is provided in addition to Malnutrition Assessment. According to key informant VII (2019), the malnutrition assessment is classified in to three classes in severity (normal, mild, moderate, and severe). If the assessment result shows severe they take them to the cooperatively working hospitals immediately. If the assessment result is moderate the OVCs are provided in supporting with their economy till they totally got out of their services.

The referral system of the “ECCMSC” is in different ways that they give the OVCs’ caretakers information about how to get the best medical help and where it is served, and they provide with consulting services related to the health status of their clients (the OVCs). The organisation cover the medical service and medications expenses of its clients. According to the health officers, after the assessment results of health status and the need of food and nutrition, extra balanced-food, milk and financial assistance are provided to the OVC (key informant VII, 2019). The researcher has confirmed the provision of the service through observation (table 0.5: Health and Counselling and Psychosocial Services, date of observation 21 and 22/03/2019).

4.2.5. Educational Supports

The organisation gives educational service in the form of educational material support provisions like uniform, stationary materials, school bag and text books and as well as providing tutorial classes and library services.

Table 0.9: Educational Support Materials

Items	Frequency of service delivery	Programme
School uniforms	1 times	per year
School Bag	1 times	per two years
Stationery Materials	1 times	per year
Text Books	Depend on OVC's grade level	per year

Source: Store Keeper Interviewee (2019)

4.2.6. Counseling and Psychosocial Services

During the key informant interviews most of the interviewees reported that the organisation is not adequately delivered psychosocial support due to lack of professional counselors and inadequacy of diversified skilled social workers and well-trained home-based caregivers.

4.2.7. Recreational and Sport Services

The students go to sport fields such as small football field, volley ball fields in the organisation's tutorial and training institution compound. The organization has arranged vacation programs

twice a year for OVCs. The services to the OVCs is not extended to the extent of providing TV, radio, play-ground and other recreational facilities

4.3. Eligibility and Selection Criteria

According to Key Informant II (2019) the criteria for selecting or choosing or saying a child orphan or vulnerable (OVC) is only if the child loses both of his parents and have no any source of income from anybody and incapable of fulfilling the basic necessary requirements of life or if the child loses one of his parents and if this singly parented child is not supplemented with the basic necessary requirements of life from the single parenthood or from any sources of income or support. Key Informant II (2019) also mentioned that the OVC must be for granted checked for being an OVC and this is done through getting letters describing the OVC as he/her is an OVC from the local government authorities/Kebele.

The incapability of the family or any relatives or any other options to help the child is highly considered in the selection process of an OVC for the service delivery (Key Informant II,2019).

In addition to saying a child an OVC there is also a screening criteria in the organization to deliver their services: One of the screening criteria is that the child must in the first place be in the catchment area *Kolfe Keraniyo sub city, Woreda 01,04 and 05, and Nifas Silk-Lafto sub city, Woreda 01* (the service provision area set by ECCMSC). The child's parents or relatives or any caregiver of the child must bring an national ID showing that they reside in the service catchment areas. But according to key informant IV (2019) there are some exceptional procedures followed for an OVCs out of the catchment area such as if an orphan is in severer condition which lead him/her to lose his/her life.

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The second screening criteria is that the child must be checked if he/she faced vulnerable situations (incapability of any one such as parents and/or any of the relatives to provide the child's basic needs for life). This includes social, economic, psychological incapability of the child's relatives to fulfil his/her basic needs. And this has to be evidenced from the letters describing the life status of the child his/her residence *Kebele* administration/ from the surrounding community (Key Informant II, 2019).

The third screening criteria is that the schooling life of the child (the child is assessed for age; school relation that the OVC should be maximum of 9 years when s/he is grade 1.

These were supported by Key Informant V(2019). He pointed that;

When a client comes to the organization s/he is asked to present a kebele residence identification card. Then s/he is assessed for holistic evaluations such as health status, personal history, supporting letter or death letter or certificate from kebele, church, edir or local government authority. After fulfilling such things, the client is said to be first recruitment for fit. Then the client is supposed to filled in the intake form by assigned case manager. Then this form and the documents are brought to case conference discussion for approval.

4.4. Intervention Procedures

There are different steps in the intervention practices of Ethiopian Catholic Church Medhin Social Center service provision to the OVCs section of the programs. These procedures range from selection to evaluation phases. The first step is assessment of the clients for the services provided by the organization. In assessing orphan and vulnerable children, the children and/or their caretakers are supposed to submit their individual profiles to the ECCMSC and individual

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cases are seen in a case conference for discussion and approval. It needs an assessment for an individual orphan. After each and individuals profile is assessed for the services a case plan for individual orphan is prepared by the assigned case manager/facilitator and it is evaluated in the case conference. Then after the OVC gets approved for the requested services the implementation and evaluation of the implementation phases are conducted (Key Informant IV, 2019). This was supported by Key Informant II (2019).

Key Informant II (2019) says there are procedures to follow from screening to evaluation. She in her own words says that;

There are practical procedures we follow when serving OVCs. The first is that availability of the client that means the client comes to the organization followed by checking for urgency of the services. If not urgent the next step is screening. After the OVCs are screened they are assessed in holistic approach (assessed for everything such as bio-psychosocial and spiritual situations of OVC and his/her caretaker). Then the facilitator prepare a case plan (shows where, when and how to get the services) and agree with the client if it meets the requirement. After that the case facilitator presents the case in case conference session and the case conference gives feedbacks may be after intensive discussion. Then the case facilitator reviews the case according to the comments and then the case is either accepted or rejected. Then comes the implementation phase followed with an evaluation of the success of the case plan (case goal) set by the case facilitator and is reviewed by the case conferences.

4.5. Practice Models, Values and Intervention Procedures

4.5.1. Practice Models

There are different practical approaches followed by the organization in serving the OVCs. The approaches, one way or another are directly connected with the procedures the organisation employ. The different approaches followed were outlined by different key informants and were presented hereunder.

4.5.1.1. Strength-Based Approach

According to key informants, the organisation use some approaches among them strength-based approach is the main one. The organization first assess the strengths of the clients including extended family's strength, siblings strength, and/or the strength of the community. The organization use such approach to tell the immediate care givers of the OVCs what strengths and opportunities they have particularly to economically empower them to be self-sufficient and use them in IGA programme in advance.

Most of the time the organisation use this approach from the beginning to intake the new clients, during intervention time, evaluation stage and lastly on termination. Especially in the intervention process the approach is applied in generating income for vulnerable families (OVCs families) through providing seed money, trainings, consultation and involve them in small business activities. Using this approach in IGA program the organization has achieved on creating work awareness and change in saving habit of the clients, employment creation and empowering the clients to be economically self-sufficient.

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Women employment through IGA play a part in allowing women the opportunity to make proper economic contribution to the household. As key informant I said 'women are the primary social capital for one family therefore, strengthening and creating income for women reduces risk to their children.

In FGD1 with research participants they explained about their achievement after they engaged in the organization on the reduction of risk to children. Some of their voices were as follows

Before coming to this organization, I used to sell fire wood. It was difficult to take my children to school. They stay at home. It was difficult for me to feed them. Sometimes they don't eat the whole day. Even if they got what to eat it is only to fill their stomach. I was not able to change their cloth even in two years. Due to lack of nutrition they are frequently sick. But now my children are attending their school with materials provided from the organization. I can feed them with balance diet from my backyard agriculture as a gained training on it. Now they are healthy. (OVC's Mother respondent from FGD 1)

Around my living my children are known by begging food since my income is not sufficient to feed them. My neighbors are tired of contributing money to take my children to hospital. There was frequent illness in my house. I was desperate. Thanks to God, from time I have joined MSC on ward my life and my children life is completely changed. They started attending school. I started my own business. I can provide my children with sufficient food. (OVC's Mother respondent from FGD 1)

The other member in FGD 1 said that the organisation given to us is the foundation for our today's achievement. We are production and selling. It changed our life as well as our children life. Another FGD1 Member added I first came to this organization because I suffered from a

disability and could not take care of my three children. I had no one to look after my family. When I recover from my illness, the organization gave consultations, seed money and training and follow up me. I decided to start a small business activity of selling bars of soap. Now I pay birr 200 monthly an 'equb'. I can afford monthly house expenses of birr 1500 per month. When I compare my life with previous now I am independent and economically empowered (OVC's Mother respondent from FGD 1).

4.5.1.2. Holistic Assessment Approach

The other approach that is highly employed in the organization especially in need assessment is a holistic approach (assessing the OVC's and his/her caretaker's bio-psychosocial and spiritual needs). According to key informant VII (2019), the health officer told the researcher that this holistic approach is conducted in the screening phase of the intervention procedure by assigned case-manager in collaboration with health team make holistic assessment, that is, the client's/OVC's bio-psychosocial and spiritual parts and his/her caretaker as well. This team assesses the health status of the of the OVCs, the need for food level of the OVCs, clothing need, care services, psychosocial needs and other related needs. In need of food and nutrition assessment the OVC can categorized to be normal, mild, moderate or severely malnutrition.. Immediately after the assessment the results is presented to case-conference session by the assigned case-manager. After discussion and consensus decision are made which service are needed , the organisation acts up on the issue to give them the needed services (Key Informant VII, 2019).

When the orphans were came to the organisation for the first most of the children had miniaturized and sometimes with severely diseased. After health and malnutrition assessments have done, according to the result of

the assessments they had immediately started taking nutrition and medical treatment. After they had got some recovery they considered him/her in direct basic support, that are provision of food and nutrition, clothing provision, health service provision and other needed service according to the result of the OVC's need assessment results.

4.5.1.3. Family and Community-Based Approach

Family-based approach is an approach in which integrating client cases with his/her family. As Key Informant II (2019) explain this, the organisation follows the principle of integrating individual cases of orphans and vulnerable children with family such as one of their parents, siblings, extended families or relatives. The application of this approach by the organisation is considered during FGD 1 (2019),

I was sick repeatedly and my neighbors advised me to go to Medhin Social center for medical assistance. I came here and the organisation facilitated to get medical service at Alert hospital and covered all my expenses including my medication fee. In the next day, one woman from the organisation visited me and asked some questions. I told her that I had one orphan child who dropped his school after the death of his father. Then she advised me to brought him to the organisation in order to facilitate supports including his education. Currently I have started my small business in which I had got seed money and training from the organisation and my son also has started schooling.

The other approach is community-based approach. These approach integrate individual case of the orphan with community around him/her (Key Informant II, 2019). The organization use community-based approach to share the responsibility of OVCs with the. This is supported by

key informant V (2019) that the community take the responsibility of care and protection of the OVCs when caregivers are not there. And added that Key informant V (2019),

Before ten years, there were three double orphans who lose their mother due to HIV/AIDS. At that time they faced a problem of affording the house rent. They left the house and became homeless. A community member who was our former client and terminated after her child graduated and have a job, took these three orphaned girls joined with her family. The organisation only supported things that were beyond the family. Currently, three of them had graduated and two of them had got married.

This community-based approach that applied by the organisation is also manifested in the community that, in recent time, the organisation have started providing double bed for the clients who have two and more orphans. The organisation aim to start this provision for the sake of orphans in order to have their own private space in their home since most of the houses have one/two rooms for the whole family. This provision is appreciated by the community as a new innovation and every individual in the community who are not included in MSC's services, have started to buy double bed for their own children (Key informant V, 2019).

4.5.1.4. Asset Based Community Development (ABCD) Approach

Key Informant II (2019) the organisation also employe ABCD approach to serve our clients in that what assets are there in the community which contribute to assist the client. The community around the orphans is a big assets for our clients particularly for our OVCs. Key informant IV (2019) strengthened this point as, the community is with us on our efforts to solve the problem of house facilities through its house maintenance programme. Usually we only provide construction

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materials which is 30% cost, the rest cover by the community. The community has involved on house maintenance programme of the organisation. and built 6 double orphans families' houses and 38 single orphans families' houses have rebuild with direct involvement of the community and more than 108 houses of other clients of the organisation are maintained with direct and indirect participation of the community (ECCMSC annual report, 2017/18). Most of the time, the community has contributed 70% of the cost of each house maintenance which expressed in terms of financial and labor expenses and the one who has major role to get construction permission letter from Kebele administration (Key informant IV, 2019). The researcher also confirmed this through observation on his its visiting some of the houses of OVCs family including the 6 double orphaned families' house (Table 0.3: Shelter and Care Services date of Observation 22-25/03/2019).

Since 2002 the community has taken the responsibility of administering the tutorial study program of the organisation and established the tutorial committee among members of the community. This tutorial committee has planned expand the tutorial service to establish tutorial classes in every villages/zones of the residence through contributions of finance, participating other stakeholders like the Kebele administrations and known investors around the area. According to the researcher document review, the committee has established 13 tutorial classes and 3 mini libraries with fair distribution among the villages/zones (ECCMSC annual report, 2017/18).

4.5.1.5. The Case Conference and Case Management Systems

The organization use a case conference system which is a type of session where all concerned staff are participate and discuss based on the client case and need assessment result which presented by assigned case facilitator. After valuable discussions have held, finally the participants come to consensus on which needed services of a client. Key informant III (2019) stated on the application of this system that every Monday and Friday morning we have case conference sessions. In these sessions usually we have held two main agendas, the first one is revising the last week client cases to evaluate the progresses and to forward additional feedbacks if necessary. The second agenda is to discuss about the new intake clients that presented by the assigned case facilitator. Finally he added that all decisions regarding clients are released from this conference. The researcher had participate in many case-conference sessions during his stay in the organisation for data collection and confirm that it is a good system particularly on their team work experience and decision is made on consensuses principle (the researcher observation, 2019).

The other system that organization use is a case management system. According to key informant II (2019) it is a clear process to serve the OVCs.. In this type of system every staff is individually or in group and cross-sectionally assigned to each client case starting from the intake process, during intervention till termination.

4.5.1.6. Wrap Round Approach

The last but not the least approach that is just begun in the organization is Wrap Round Approach. This approach makes all OVCs to have a 24/7 direct or indirect contacts and follow

up with the organization which make the services provided to the OVCs to be integrated with other stakeholders including the community and the schools they learn. Key informant V (2019) stated that the organisation use this approach in the way that when an orphan is repeatedly absent from the evening and weekends tutorial study classes the community itself come and report the orphan case to the organisation. And she added that thus the children are directly or indirectly be in the eyes of the organisation for 24/7.

4.6. The Contribution of the Services to OVCs

The intervention practices, care and supports by ECCMSC to orphan children have some contribution on OVCs but the services are meager., there are some services which have brought significant impacts on the life situation of these orphans that have identified during FGDs which are related to food and nutrition provision, provision of clothing, educational supports and health service. Even though these services are the first four satisfactory services that have been benefited orphan children in addressing their problems, there are also some services which have no significant effect on these OVCs. Among them, psychosocial services, social and legal protections, emotional and spiritual supports and even in some parts of the services that are stated as successes of the organisation.

4.6.1. Food and Nutrition Provision

The result of this study showed that ECCMSC is highly involved in food and nutrition provision to avoid food and malnutrition problems of OVCs. Based on the analyzed data result, frequency of meals per day irrespective of quality and quantity for OVCs it was found that more than 90

percent of the OVCs have at least three meals per day. Key Informant VI (2019), confirmed the provision of food and nutrition have great impacts on the life of the OVCS as mentioned that .

When the orphans were coming to the organisation for the first most of the children had miniaturized and sometimes with severely diseased. After health and malnutrition assessments have done, according to the result of the assessments they had immediately started taking nutrition and medical treatment. After they had got some recovery they considered in food and nutrition provision program and in health follow up system for the next three months.

The researcher has confirmed this provision of food and nutrition during his presence on the distribution days of items (Table 0.1: Food and Nutrition Provision, date of observation 12-20/03/2019).

4.6.2. Provision of Clothing

The second service that has significance contribution in solving one of the OVCs problems is provision of clothing. Cloth, shoes and under wear provisions could manifested as one of the organization's achievements in which it experienced. The majority of the children in FGD2 reported that (2019), they have got adequate clothing provision twice per year. In relation with this, Home-based Care giver III (2019) , stated even distribution of items is usually under fair and stated scheduled without interruption.

While the orphans come to us for the first time with their parent most of the them have migrated from rural area of the country especially from Amhara and Oromia region. They were living in a situation of under

poverty and incapable of providing basic life needs of their children like clothing. After holistic assessment has done we have started all necessary service provision including clothing.

One member of FGD 2 (2019) strengthened this idea that before I came here there is no anyone who bought clothes for me since the death of my father. Now I have got this provision from the organisation twice a year. The researcher has confirmed the provision of food and nutrition during his presence on the distribution days of items (table 0.2: Cloths, shoes and underwear provision date of observation 12 and 13/03/2019).

4.6.3. Educational Supports

The organisation is playing great role in addressing one of the major problems of OVCs, educational supports. It provides educational supporting materials like school uniforms, stationery materials, text books and school bag. In addition, it gives tutorial study class in its compound and work jointly with OVCs' school administrations (the researcher Observation, table 0.6: educational material supports, provision of different trainings and tutorials study class program, date of Observation 23-26/03/2019).

The researcher measured the organisation contribution regarding its educational supports through the following indicators:

- **Future Educational success**

According to the information gathered from key informant interviews, orphan children who haven't get a chance to join to universities have an opportunity to get vocational and technical

trainings from the organization's training program and employed in KG and elementary schools reside in Kolfe Keraniyo sub-city. The teaching training program is well known by the KG and elementary school's administrations in the sub-city which make the graduated teachers of the organisation more preferable. Key informant III strengthened this as (2019) the training institution has graduated more than 200 teachers in 22 rounds. Most of the graduate are working as a teacher in different KG and elementary schools. For instance, FGD2 member expressed that "Now I am working in a private school besides that in my spare time I work here as tutor and generate income which is by far better than the early days"

The organisation also organised its technical graduated students to be included in its IGA program through giving seed money, training and consultation and started their own businesses. "After I graduated from technical training programme, MSC supported me to start my on small wood work business and they still follow up and consult me" one VY (2019) said.

On the other side, orphan children who had got a chance to join and graduated from universities are currently supporting their families.

- **The Support of the Tutorial Study for OVCs' Educational Performance**

The organisation provision of tutorial study class which is integrated with the surrounding community, there is tutorial committee constituted from the community in which it administers the tutorial study programme. This program has significantly supported the formal educational of the children and their futurity as well. Many former tutorial class students due to the support of this tutorial class system that they had got became successful in their education and careers. One former beneficiated orphan who had passed in this tutorial system and currently working in

construction company said that the tutorial study class had given a base for my current career and as well as my private life (Invited guest at staff-client day ,2019).

- **School Attendance / Absenteeism an Dropout**

The organisation has made good follow up and monitoring systems with OVCs families, schools administrations and with the community well as on OVCs' school attendance, tutorial study class and other educational services. Most of the parents in FGD1 forwarded the good practice of follow up system that they have with the organisation in monitoring children school attending (FGD1, 2019). The researcher also confirmed review the children school attendance report from document review of the OVCs' section of the organisation (MSC OVCs school follow up sheet, 2016, 2017 and 2018). School dropout is not significantly experienced among OVCs (Key informant III, 2019 and organisation annual evaluation reports, 2017/18).

4.6.4. Health Services

Regarding provision of health service to OVCs, orphan children have benefited to be healthy. In FGD 1 and 2 (2019) almost both groups members when they were asked whether they were satisfied with health service almost all of the respondents replied that they were satisfied with the services provided to them. Key informant VII confirmed this as (2019), after health and malnutrition assessments result, severe malnutrition orphans have got recommended medical treatment and provision of extra nutrition for three months until s/he back to normal child health and physical status. We provide deferent health assistances like take the orphan patient to health centers/ hospital, buy their medications, visit his/her home in daily-base and provide any needed assistance until s/he recover (Home-based Caretaker 3 , 2019). In addition to this provisions, the

health officer added that, the organisation has good referral system with surrounding health service centers and hospitals particularly with ALRT and Yekatit 12 hospitals. It has special health service privilege at Yekatit 12 hospital for its Special Need Orphans. (Key Informant VI, 2019). On confirming this one orphan mother express the contribution of the organisation's health support during FGD1(2019) as " ልጄ እዚህ ድርጅት ከመጣ በኋላ ነው መድኃኒት በአግባቡ ማግኘት የቻለው። እዚህ ከመምጣታችን በፊት እማ ! እኔ መድኃኒት መግዛት አቅሙ ስለሌለኝ የባሕር መድኃኒት ነበር የምሰጠው። አሁን ነገሮች ተለውጠዋል እግዚአብሔር የሲሰተር ስንቅነሽን እድሜን እንዲጨምርልኝ ነው የዘወትር ጠለቀ። "

4.7. Challenges Faced by ECCMSC on the Provision of Services to OVCs

This study has identified various challenges of the organisation in providing services to orphan children by employing qualitative methods. Among others the major ones are psychosocial related challenges, attitude of clients/ community towards NGOs, weak collaborations with lower level government administrations, weak coordination and network among NGOs reside in the same catchment area, economic and financial challenges, educational challenges, health service challenges, lack of expert on counselling and inadequate skilled social workers and trained home-based caregivers, lack of interest of caretakers to engage in self-sufficient economic activities and shortage of office rooms and facilities are the main that this research identified and then be elaborate in detail hereunder.

4.7.1. Psychosocial Related Challenges

Following the death of their parents' orphans often suffer from several psychosocial problems such as stress, depression, discrimination and neglect. To confront the situation they need some kind of support either from the community, caregivers or the organizations working for them. In

this regard it is possible to say that the children did not get the appropriate support from the organisation. The current service that ECCMSC provide is not adequate as compare to sever psychosocial problems of OVCs. This gap is strengthened by key informant II (2019) as orphan children come to the organization after their morals are demolished and with grief which makes hard for the organization to fix their problems without well skilled professionals. .

The researcher put some indicators to measure this service provision: frequency of consultancy, frequency of visits and types of assistance provided by the organisation.

- **Frequency of consultancy and types of assistance**

Counselling service is given by the OVCs staff. They have two ways of counselling, individual and group counselling which are not given by expert but by OVCs' staff or by any other staff. There are two types of assistance provided by the organisation. Even though there is no professional counsellor, the social workers in OVCs section give individual and group counselling through different methodology such as memory book program once in a week (in every Saturday); summer camp programe two weeks in every summer; parent day; X-mass and 'Ye Buhie kene' celebrations which are also considered as an impact on social development of OVCs (key informant IV, 2019). Even if the organisations had done some efforts on the contribution of addressing psychosocial problems of OVCs , the support that provided is not adequate as compare to sever psychosocial problems of OVCs. (the researcher observation, 2019).

4.7.2. Attitude of the Clients/ Community towards NGOs

According to Key Informant Interviewee II (2019) the major challenges faced by ECCMSC in the study are; the attitude of the community towards the NGOs that the NGOs are direct support

provider and cash givers, not an entity that empowers people to become economically self-sufficient.

Key Informant Interviewee V (2019) also mentioned that there is a challenge in the perspective of the clients saying the following to support this idea.

The clients have some perspective issues. When they come to the organization they come only carrying the idea of receiving basic service that is immediate in its outcomes. They are interested in receiving cash, immediate supports instead of services that enhance and empower them economically and to be independent. One of such services that is given to the clients an economic empowerment based on a strength base approach through a process of IGA.

4.7.3. Lack of Interest of Caretakers to engage in Self-sufficient Economic Activities

Key informant interview II (2019) explained that ECCMSC staffs' that most of the orphan's caretakers have no permanent source of income and only need direct support from the organisation. As such they are not interested to involve in economic activities to make themselves economically self-sufficient through include in IGA programme. Key Informant Interviewee V (2019) strengthened her idea that there is a challenge in the perspective of the clients:

The clients have some perspective issues. When they come to the organization they come only carrying the idea of receiving a service that is immediate in its outcomes. They are interested in receiving cash, immediate supports instead of services that enhance and empower them economically and to be independent. One of such services that is given to the clients an

economic empowerment based on a strength base approach through a process of IGA.

One member of FGD1 (2019) strengthened this problem by saying that “ምን ተቋቋሚ እያሉ ያደክሙሻል ይልቁንም አዲስ እርዳታ ድርጅት መጥቷል ለምን እዚያ ሄደሽ አትመዘገቢም እና በነፃ እርዳታሽን አታገኘም ይሉኛል ግረቤቶቼ” one mother said this at FGD 1.

There are some problems that are raised from the side of the beneficiaries, OVCs’ mothers/fathers for single orphans and caretaker for double orphans who are organized in IGA programme and participate in the researcher FGD I (2019) discussed and pointed out that the time limitation of direct support programme which is from three to six months is too short to make them self-sufficient and to generate their own income through the IGA program. In addition, they point out that, even though they are integrated in the IGA program, the seed money, 500 ETB, which is not enough to make them to generate income and also comment that their engagement in similar business activities which make them difficult to generate money as a profit as expected.

4.7.4. Weak Coordination and Lack of Network System among NGOs Reside in the same Catchment Area

The NGOs, reside in the same catchment area register the same clients of others NGOs as a new client and give direct need supports. There is duplication of the same support for the same clients from two or more NGOs. This double registration of clients creates redundancy of supports for the same clients and interrupt others NGOs’ empowering programmes like IGA.

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And also create dependency syndrome on these clients. This is usually happened in the targeted area due to weak coordination and lack of network system among NGOs reside there.

One member of FGD1 (2019) strengthened this problem by saying that “ምን ተቋቋሚ እያሉ ያደክሙሻል ይልቁንም አዲስ እርዳታ ድርጅት መጥቷል ለምን እዚያ ሄደሽ አትመዘገቢም እና በነፃ እርዳታሽን አታገኘም ይሉኛል ግረቤቶቼ”

4.7.5. Economic and Financial Challenges Faced By the Organisation

All of the qualitative study participants reported that because of high inflation rate of these days (Key Informant II, 2019), the organisation faced economic and financial challenges to cover all expenses for services provided to OVCs and to other its clients.

Furthermore, during FGD and interview sessions explained that currently, high living costs and price increments on each and every items became major economic problems and challenges to nurture ECCMSC.

Finally, both key informant interviewees focus group discussants, and observation showed that there is a challenge on the organization in fulfilling its promised services due to the current fund constraints that the organisation faced which is aggravated by high rate of economic inflation.

4.7.6. Educational Support Related Challenges

The educational challenges include one or more of the following; (1) School dropping due to various reason for instance, due to addiction (Key informant III, 2019) This problem show that there is loose of controlling and monitoring system of the organisation against the OVCs even

if it has a system of family and community-based approach and through its wrap round system;

(2) Some of OVCs are not interested to attend tutorial classes in the evenings and weekends due to various reasons such as the tutorial classes sites and library of the organization are very far from their home/village; the other justification according to FGD2 (2018) the tutorial class only focus on English and Mathematics subjects, not include Science and other subjects which are given in formal educations of OVCs. (FGD2, 2019), and also the tutorial class syllabus not related to their formal education syllabus and their grade level (FGD2, 2019).

4.7.7. Health Services Related Challenges

There are also other problems that are posed on the way of the organization in serving its purpose. According to one of the key informants (Key Informant VI, 2019); the organisation has not provide awareness raising trainings on disease prevention to its clients and non-presence of its own clinic are some of health service challenges which makes difficult to provide best health services to the OVCs.

4.7.8. Lack of expert on Counselling; Inadequacy of a diversified skilled Social Worker and lack of Trained Home-Based Caregivers

Qualitative findings indicated that organization lack skilled manpower, skilled staff turnover, no professional counselor, inadequate social worker who equipped with diversified skills, inadequacy of home-based caregivers (in terms of number and skills). This is happening due to inadequacy of trainings in the organisation for staffs which hinder the organisation to provide better services to its clients.

4.7.9. Shortage of Office Rooms and Facilities

The other organization's challenge is that due to shortage of office rooms and office facilities where many client-case manager sessions are taken in one room which create difficulties on client confidentiality. During researcher observations regarding available office rooms and its facilities in the organisation, he observed that most of the time three/four client-case manager sessions were held in one room at the same time which is against one of social work principles, confidentiality.

4.7.10. Weak Collaborations with Lower Level Government Administrations

Key Informant Interviewee II strength this finding as, there are also other challenges we face as an organization that there are weak coordination and collaboration from other stake holders especially from the woredas and kebeles administrates.

4.7.11 Misuse of services

There is misuse of orphan's service by the mother or the father. The father or the mother may exploit the services provided to their children for another purpose. There has been such a case reported by key informant VI (2019) that the father used house rent money of the child for another purpose (for alcohol drink). The organization do not have any set practical approaches to control such like service abuses.

CHAPTER FIVE

5. DISCUSSION, CONCLUSION AND SOCIAL WORK IMPLICATIONS

5.1. Discussion

The organization tries to go hand in hand in meeting the Standard Service Delivery Guidelines for orphan and vulnerable children developed by Ministry of Women, Children & Youth Affairs and Federal HIV/AIDS Prevention and Control Office in (2010) proposed seven core service areas for orphan and vulnerable children. These seven service areas include food and nutrition provision, shelter and care, economic strengthening of OVCs', social and legal protections, health care, educational supports and psychosocial support. During the key informant interviews the interviewees reported that the organization is on working service areas which include food and nutrition provision, provision of clothing, shelter and house facilities provision, health services, educational supports, counselling and psychosocial services and Orphans' family economic strengthening through its IGA programme. Among all such services that are satisfactorily being provided by ECCMSC and have some impacts on addressing the problems of OVCs, food and nutrition provision, provision of clothing, educational supports and health service are the main.

Food and nutrition provision aim to ensure that orphan children have access to similar nutritional resources as other children in their communities. Based on the analyzed data result, frequency of meals per day irrespective of quality and quantity for OVCs it was found that more than 90 percent of the OVCs have at least three meals per day. Thus result of this study showed that

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ECCMSC is highly involved in such provision to avoid food and malnourishment problems of OVCs. This can be confirmed through this study as one of the achievements of the organisation.

The second satisfactory service which has contribution in addressing among the needs of OVCs is provision of clothing. Cloth, shoes and underwear provisions could be manifested as one of the organization's achievements. The majority of the children in FGD2 reported that (2019), they have got adequate clothing provision twice per year. In relation with this, Home-based Care giver III (2019) , stated even distribution of items is usually under fair and stated scheduled without interruption.

The third satisfactory service which has major contribution in addressing the problems of OVCs found in this study is educational supports which include provisions of school uniforms, stationary materials, text books and school bags and as well as tutorial study class and library services are measured in success to enhance OVCs students. The researcher measured the organisation contribution regarding its educational supports through the following indicators: future educational success, the Support of the Tutorial for OVCs' Educational Performance, school Attendance, a dropout rate of school is used to assess at what level the service of the of the organisation contribute to OVCs. Thus the result of the data implies that the organisation is playing a great role in addressing one of the major problems of OVCs, educational supports

The last but not the list satisfactory service of the organisation's contribution is health service expressed in its services like annually reviewed of OVCs' health status, the need assessment for the malnutrition children, the eye-checkup service, medical and pharmaceutical expenses

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coverage and its referral system. Almost both groups members In FGD 1 and 2 (2019) when they were asked whether they were satisfied with health service almost all of the respondents replied that they were satisfied with the services provided to them.

Even though, the organisation has the above stated achievements among its provided services, it has some limitations on the rest of services, such as, on psychosocial services, social and legal protections, emotional and spiritual supports and even on some parts of the services that are stated as successes of the organisation. According to the findings of this research, these shortcomings are manifested in the organisation service provision due to the challenges it faced. Among others which this study identified as the organisation challenges- psychosocial related challenges; attitude of clients towards NGOs; weak coordination and networking system among NGOs reside in the same catchment area; economic and financial challenges; educational challenges; health service challenges; lack of expert on counseling, inadequate skilled social workers and trained home-based caregivers; lack of interest of clients/caretakers to engage in self-sufficient economic activities; shortage of office rooms and facilities which are uncomfortable for client-case manager sessions and there is also loosed 24/7 protection and follow up systems coverage to orphans especially for the double ones are the main challenges that the organisation faced in providing of its services to OVCs.

Though Killian (2003); Madorin (1999) emphasized that the psychosocial support as an ongoing process of meeting emotional, social, mental and spiritual needs of orphan and vulnerable children, where all of them are considered as essential elements of a meaningful and positive human development, in this research, to the contrary, it was found that the Psychosocial support is not addressed well by the organisation due to lack of professional counselors and inadequacy

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of skilled social workers and lack of well-trained home-based caregivers. The information gained through key informant interview with staff and FGDs complemented this finding as well.

The core values of Delivery Guidelines Document (MWCYA, 2010) are rooted in the principles of child protection - developing and implementing programs that place the best interests of the child and his/her family above all else. Thus, programs should include efforts to confront and minimize the reality of stigma and social neglect faced by OVCs, as well as abuse and exploitation, including trafficking, the taking of inherited property, and land tenure (PEPFAR OVC program 2006). The result of this study showed that the double OVCs are supposed to have no protection for 18 hours a day since 8 hours a day are covered with home based care givers which shows there is loosed 24/7 protection and monitoring systems for orphans especially for the double one. Only the surrounding communities share this responsibility in line with its own private busy life situations.

The loss of parents has far-reaching and lasting consequences, because orphans are more likely to suffer from malnutrition (UNICEF, 2002). Furthermore, orphans' needs are often unmet as a result of a lack of available caregivers in many communities and many orphans live on their own, or are cared for in child-headed households or by grandparents, who, because of their own health problems, are unable to provide adequate care and support. To avoid such is being worked by the organization in such a way that to make economically enable OVCs' families or caregivers are involved in the IGA program of the organization. Even though this program has benefits to empower the caretakers to be economically self-sufficient, it faced some challenges like lack of interest of caretakers to engage in self-sufficient economic activities; inadequate specified time restriction for provision of basic support service to clients in IGA programme;

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provision of inadequate amount of the seed money and engagements of the clients in similar business activities which could not them to earn as expected due to business competition.

Current high living costs and price increments on each and every items became major economic problems and challenges to nurture ECCMSC.

Attitude of clients towards NGOs as basic need providers is one of the deficiency and this become facilitated by the situation of weak coordination and lack of networking system among NGOs reside in the same catchment area. This create double registration and redundancy of supports for the same clients which results dependency syndrome on the clients. Lastly, weak collaburations with lower level government administrations is the others challenge that the organisation has faced.

5.2. Conclusion

The aim of this paper is to assess the contribution and challenges of the services of the organisation, ECCMSC, to OVCs. To conduct this research, the researcher raised and try to answer the following research questions: what services are being provided by ECCMSC to OVCs; what practice models are employed by the organisation to deliver the services to OVCs; what values, principles and intervention procedures used in the provision of the services given to OVCs, what are the contribution of the services and What are the challenges faced by ECCMSC in the provision of the intended services.

To conduct this research, the researcher used qualitative methods which is supposed to be more appropriate for this kinds of research even if it has its own limitations of subjectivity, diffusion of personal feelings and opinions from the respondents and as well as fear of staff to express their feeling freely. This fearing also seen from the side of OVCs' caretakers due to their own assumption that the organisation may cutting of its supports as retaliation act. To minimize these challenges, the researcher had tried to be far from any biasness and personal opinions of himself and the respondents' as well. And had tried conduct sampling using purposive sampling method by putting inclusion criteria. In addition, appropriate data collection tools such as, key informant interview, in-depth interview, focus group discussion and observation, were used for this study to increase the reliability and validity of the data and its results.

During interviews as well as in focus group discussions beyond the interviews the researcher can observe and understand feelings, gestures, facial expressions and other personal situations of participants beyond direct conversations, these were valuable inputs for this research.

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In order to get reliable and valuable information, the researcher used key informant interviews, in-depth interview, focused group discussions and observation as data collection instruments. These instruments have their own strongest and limitations. Key informant interview is flexible and can be used to collect large amounts of information through putting inclusive criteria for instance in this research case, all the key informants are supposed to have higher exposure to the services that are provided to OVCs, have OVCs' related experience and by considering their organisational position. Regarding FGD, group members have many information and better understand about their own problems than anybody else and the overall situations regarding the services provided to them. On the last tool, observation, it was going to be employed to enrich the information gathered through other methods. Also it assisted the researcher to understand and obtain information for the study.

During analysis of data, the researcher also challenging subjectivity through avoiding biasness and personal opinions of himself and the respondents' as well. And also through triangulating data that have been acquired from interviews, FGDs and observation. The other limitation is that the research is conducted only focusing on one organisation which couldn't necessary show the whole situations of the study matter,

When we come to the services that the organisation provided to OVCs, there are seven core service areas which are considered critical components of a set of services for targeted children. The seven service areas include the following: food and nutrition provision, shelter and care, economic strengthening, social and legal protections, health care, educational supports and psychosocial support. Among these, ECCMSC provide food and nutrition provision, clothing, shelter and care, house facilities provision, health services, educational supports, counselling and

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psychosocial services and family economic strengthening through its IGA programme are the main services.

Among all such services, there are some services that are satisfactorily being provided by ECCMSC and have some impacts on the life of OVCs. Among them, food and nutrition provision, provision of clothing, educational supports and health service are the main.

However, there are some services which are not satisfactorily provided and their contribution have no visible impacts on the life of OVCs. Among such services, Psychosocial support is the first unsatisfactory services in addressing OVCs' problems. According to the finding of this research, this limitation is due to lack of professional counsellor and inadequate skilled social workers and well trained home-based caregivers who are not well equipped with diversified skills due to less opportunity of trainings in the organisation.

Among the challenges that are faced by ECCMSC, the clients have only interested on receiving a direct basic need support instead of to involve in economic empowerment programmes which results dependency-syndrome. Most of the time originated from the attitude of the community towards the NGOs in that the NGOs are direct basic need provider's/cash givers not an entity which stand to empower clients to be self-sufficient economically. There are double registrations of the same clients in the same catchment area which results duplications of services for the same clients from two or more NGOs also another problem. There are also weak coordination and collaboration with stakeholders especially from lower level government offices, the woredas and kebeles administrations. There is school dropout due to deferent reasons that result from loosed monitoring and follow up systems of the organisation. Turnover of skilled human resource due to

low salary, shortage of office rooms and office facilities and lastly, organisation's fund constraints are the main challenges faced by ECCMSC.

The different practical approaches followed by the organization are strength-based approaches, holistic approach, family and community-based approaches, ABCD approach and wrap round approach.

5.3. Implications of Social work

Based on the findings of this research, recognizing the particular strength and character of ECCMSC, the following implications for social work are suggested. Thus implications for Policy/Programme, Practice, Education and further study are recommended as follows.

5.3.1. Implications for Policy/Programme

- **Strengthening the care and coping capacities of families and communities**
Strengthening the capacity of communities to fill the widening gaps in the safety net traditionally provided by the extended family may be the most efficient, cost effective, and sustainable way of assisting orphans and other vulnerable children. This has to be strengthened through financial and training of various sorts. Families and communities also play a crucial role in identifying children who are most in need. In the culture of the majority of the population, upbringing children of relatives is common practice. Strengthening this practice allows children to be better integrated into society than they would be had they placed in an institution.

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- **Providing Psychosocial support to affected children and their caregivers:** The psychological needs of children and their care givers continue to be one of the most neglected areas of support. On psychosocial service, ECCMSC has faced a big challenge and the current service is not adequate as compare to sever psychosocial problems of its OVCs. The organisation faced this challenge due to lack of professional counsellor and inadequate skilled social workers and trained home-based caregivers who are equipped with diversified skills including counselling. This is due to unavailability of trainings opportunities in the organisation. Thus the organization has to work in depth as considering it as one of the major problem. Hired professional counselor, prepare training opportunities to staff in different skills including counselling and establish joint- work with universities to gain interns, volunteers, graduate youngsters and also to get training facilities are some of my proposed solutions.
- **Including the issue of OVC as a development Agenda:** The implication of having many orphans and vulnerable children is obvious for those involved in implementation of various development agenda. The government offices found at each level, community based organizations, local NGOs should be incorporated the issue of OVC as part of their development program.
- The organisation should work in collaboration and coordination with nearby NGOs who are involved in the same service provisions for the same clients. This is very important to avoid redundancies of the supports. This redundancies of supports to the same clients, create dependency-syndrome among on clients. To avoid the problem, it would be good if MSC communicates and create network with the other nearby NGOs and agree on avoiding such problems through setting a common ground.

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- Among the problematic practices, the services that are provided to Single-orphans is misuse by their own mother or father/ caretakers (use the provided resources for their own needs) seems difficult for the organization to control it. However, it would be much better if the organization analyses all the costs incurred by the children and manage by its own staff, for example by Home-based caregivers.
- To avoid the problem that there are OVCs students who have no interest to attend/ interrupt their tutorial classes, it is better to consider the problems that stated by students and proposed optional solutions like revised the curriculum and methodology of tutorial classes by taking in to account the grade levels and include all the subjects that they are learning in their formal education system, cover transportation cost for distant students and make the class entertaining.
- It is good to have development and training center which focus on ICT for OVCs and youths, and provide training facilities for their targeted community including OVCs' caretakers which regarding on awareness raising on economic empowerment through IGA, parenting system, HIVAIDS and ART adherence, personal hygiene and environmental sanitation, health prevention systems, protection from harassment, abuse, exploitation and trafficking and also children social and legal rights and other related affairs..
- Client participation in her/his case is very important that the organization should work further.
- The result of this study showed that the orphans particularly the double OVCs are supposed to have no protection for 18 hours a day since the rest of 8 hours are covered with home-based caregivers (even this 8 hour is not in a full time base, they visit them

not more than once in a week) which shows that there is loosed 24/7 protection and follow up systems for orphans especially for the double one. Only the surrounding community share this responsibility in line with its own private busy life situations. It is recommended that the organization need to establish 24/7 follow up system to monitor OVCS and working on awareness raising to participate the surrounding community more to protect OVCs as much as they can.

- The fund constraints could be avoided if the organization asses domestic/local donors and encourage community participation on matters of OVCs.
- The organization should also invite previous successful OVCs which were passed through the organization's supports to work as volunteers.

5.3.2. Implications for Practice

- Working with the most marginalized, disadvantaged and vulnerable groups like our case OVCs, is a concern of social work profession. It is found out that OVCs in ECCMSC are facing many challenges which need skilled professional interventions. Well trained home-based caregivers, skilled social workers and professional counselors are compulsory in order to assist the OVCs.
- In my study result, I can found that most of the clients are interested in receiving immediate supports instead of enhance and empower them to be economically self-sufficient. The proposed solution to such a problem is to work more on attitude change of clients on understand the long run advantage of economic empowerment over immediate support based on a strength-based approach which need professional social worker.

5.3.3. Implication for Social Work Education

- To fill the organisation's skilled manpower gaps, it would be much better if the organization works in its best effort to gain such inputs through creating cooperation and jointly work in collaboration with universities to gain interns, volunteers, graduate youngsters and also to get training facilities to upgrade its own staff especially from schools of social work and psychology.
- On the other side, students from universities should serve such places in their leisure time and this should be incorporated in their curriculum to voluntarily serve such organizations. And universities should be willing to take such activities and give to their students as a part of their project.

5.3.4. Implication for Further Study

- The findings of this study can serve as the basis for further research in several directions. And it gives better understanding on the core services provision towards OVCs and the contribution of the services and the challenges that faced in providing the intended services.
- Further studies have to be conducted which should be given a better emphasis particularly on psychosocial services, social and legal protections, emotional and social needs and other related services and propose some practical solutions to improve the services in which the organisation has not achieved yet.

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Annexes

A. Key informant Interview Questions

1. Key informant 1 (Director of the Organization)

Part I: Personal Information

- 1) Age: _____
- 2) Sex: _____
- 3) Educational status _____
- 4) Your position in the organization _____
- 5) Related Experience _____

Part II: Main Questions

- 2.1. What are the criteria to select an orphan to be included in the service?
- 2.2. What practice models are employed to deliver the services to OVCs? (probe: how you identify the OVCs, how you communicate with them, procedures and guidelines to follow; assessment, care plan, intervention, evaluation, graduation/ service termination with a case etc.)
- 2.3. What values and principles are used in the provision of the services given to OVCs?
(probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).
- 2.4. What scientific/social work principles that you are using as a base line for your services towards OVCs?
- 2.5. How do you see the contribution of ECCMSC is in addressing the problems of OVCs?
(Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)

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- 2.6. In providing your services for OVCS, do you have any system for integrated your services with Community Coalition/ sharing the responsibilities with focused community?
- 2.7. How much you work on awareness creation to your focused community regarding OVCs?
- 2.8. What are the major challenges faced by the service provider, ECCMSC in serving the OVCs? / What are the factors that affect the Service?
- 2.9. What are the policy related challenges faced by the service provider ECCMSC in serving the OVC?
- 2.10. Do you have legal constraints to provide these services? Please explain?
- 2.11. Do you have financial constraints to provide these services? Please explain?
- 2.12. What are the socio-economic problems hindering the service provider, ECCMSC?
- 2.13. Do you have shortage of skilled human resource? Especially on trained Social Workers?
Describe the situation, please. Tell me about the use of social work profession in the organization?
- 1.14. Need of training and capacity building
- 1.14. What other challenges you want to add?
- 2.15. What do you suggest in eradicating the challenges on the way of solving the problems?
- 2.16. What are your recommendations for better improvements of the services towards OVCs?
- 2.17. How do you explain the Successes or achievements of the services towards OVCs?
- 2.18. What plan do you have for the future for expanding the services towards OVCs?

2. Key informant 2 (Project Officer)

Part: I: Personal Information

- 1) Age: _____
- 2) Sex: _____
- 3) Educational status _____
- 4) Your position in the organization _____
- 5) Related Experience _____

Part II: Main Questions

- 2.1. What are the criteria to select an orphan to be included in the service?
- 2.2. What practice models are employed to deliver the services to OVCs? (probe: how you identify the OVCs, how you communicate with them, procedures and guidelines to follow; assessment, care plan, intervention, evaluation, graduation/ service termination with a case etc.)
- 2.3. What values and principles are used in the provision of the services given to OVCs?
(probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).
- 2.4. What scientific/social work principles that you are using as a base line for your services towards OVCs?
- 2.5. How do you see the contribution of ECCMSC is in addressing the problems of OVCs?
(Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)
- 2.6. In providing your services for OVCS, do you have any system for integrated your

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services with Community Coalition/ sharing the responsibilities with focused community?

2.7. How much you work on awareness creation to your focused community regarding

OVCs?

2.8. What are the major challenges faced by the service provider, ECCMSC in serving the

OVCs? / What are the factors that affect the Service?

2.9. What are the policy related challenges faced by the service provider ECCMSC in serving

the OVC?

2.10. Do you have legal constraints to provide these services? Please explain?

2.11. Do you have financial constraints to provide these services? Please explain?

2.12. What are the socio-economic problems hindering the service provider, ECCMSC?

2.13. Do you have shortage of skilled human resource? Especially on trained Social Workers?

Describe the situation, please. Tell me about the use of social work profession in the organization?

1.14. What other challenges you want to add?

2.15. What do you suggest in eradicating the challenges on the way of solving the problems?

2.16. What are your recommendations for better improvements of the services towards OVCs?

2.17. How do you explain the Successes or achievements of the services towards OVCs?

2.18. What plan do you have for the future for expanding the services towards OVCs?

3. Key informant 3 (Social Service Coordinator)

Part: I: Personal Information

1) Age: _____

2) Sex: _____

- 3) **Educational status** _____
- 4) **Your position in the organization** _____
- 5) **Related Experience** _____

Part II: Main Questions

- 2.1. What are the criteria to select an orphan to be included in the service?
- 2.2. What practice models are employed to deliver the services to OVCs? (probe: how you identify the OVCs, how you communicate with them, procedures and guidelines to follow; assessment, care plan, intervention, evaluation, graduation/ service termination with a case etc.)
- 2.3. What values and principles are used in the provision of the services given to OVCs?
(probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).
- 2.4. What scientific/social work principles that you are using as a base line for your services towards OVCs?
- 2.5. How do you see the contribution of ECCMSC is in addressing the problems of OVCs?
(Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)
- 2.6. In providing your services for OVCS, do you have any system for integrated your services with Community Coalition/ sharing the responsibilities with focused community?
- 2.7. How much you work on awareness creation to your focused community regarding OVCs?
- 2.8. What are the major challenges faced by the service provider, ECCMSC in serving the OVCs? / What are the factors that affect the Service?

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2.9. What are the policy related challenges faced by the service provider ECCMSC in serving the OVC?

2.10. Do you have legal constraints to provide these services? Please explain?

2.11. Do you have financial constraints to provide these services? Please explain?

2.12. What are the socio-economic problems hindering the service provider, ECCMSC?

2.13. Do you have shortage of skilled human resource? Especially on trained Social Workers?

Describe the situation, please. Tell me about the use of social work profession in the organization?

1.14. What other challenges you want to add?

2.15. What do you suggest in eradicating the challenges on the way of solving the problems?

2.16. What are your recommendations for better improvements of the services towards OVCs?

2.17. How do you explain the Successes or achievements of the services towards OVCs?

2.18. What plan do you have for the future for expanding the services towards OVCs?

4. Key informant 4 (Head of OVCs Section)

Part: I: Personal Information

1) **Age:** _____

2) **Sex:** _____

3) **Educational status** _____

4) **Your position in the organization** _____

5) **Related Experience** _____

Part II: Main Questions

- 2.1. What are the criteria to select an orphan to be included in the service?
- 2.2. What practice models are employed to deliver the services to OVCs? (probe: how you identify the OVCs, how you communicate with them, procedures and guidelines to follow; assessment, care plan, intervention, evaluation, graduation/ service termination with a case etc.)
- 2.3. What values and principles are used in the provision of the services given to OVCs?
(probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).
- 2.4. What scientific/social work principles that you are using as a base line for your services towards OVCs?
- 2.5. How do you see the contribution of ECCMSC is in addressing the problems of OVCs?
(Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)
- 2.6. In providing your services for OVCS, do you have any system for integrated your services with Community Coalition/ sharing the responsibilities with focused community?
- 2.7. How much you work on awareness creation to your focused community regarding OVCs?
- 2.8. What are the major challenges faced by the service provider, ECCMSC in serving the OVCs? / What are the factors that affect the Service?
- 2.9. What are the policy related challenges faced by the service provider ECCMSC in serving the OVC?
- 2.10. Do you have legal constraints to provide these services? Please explain?
- 2.11. Do you have financial constraints to provide these services? Please explain?

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2.12. What are the socio-economic problems hindering the service provider, ECCMSC?

2.13. Do you have shortage of skilled human resource? Especially on trained Social Workers?

Describe the situation, please. Tell me about the use of social work profession in the organization?

1.14. What other challenges you want to add?

2.15. What do you suggest in eradicating the challenges on the way of solving the problems?

2.16. What are your recommendations for better improvements of the services towards OVCs?

2.17. How do you explain the Successes or achievements of the services towards OVCs?

2.18. What plan do you have for the future for expanding the services towards OVCs?

5. Key informant 5 (Social Worker in OVC Section)

Part: I: Personal Information

1) Age: _____

2) Sex: _____

3) Educational status _____

4) Your position in the organization _____

5) Related Experience _____

Part II: Main Questions

2.1. What are the criteria to select an orphan to be included in the service?

2.2. What practice models are employed to deliver the services to OVCs? (probe: how you identify the OVCs, how you communicate with them, procedures and guidelines to follow; assessment, care plan, intervention, evaluation, graduation/ service termination with a case etc.)

AN ASSESSMENT ON THE CONTRIBUTION AND CHALLENGES...

2.3. What values and principles are used in the provision of the services given to OVCs?

(probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).

2.4. What scientific/social work principles that you are using as a base line for your services towards OVCs?

2.5. How do you see the contribution of ECCMSC is in addressing the problems of OVCs?

(Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)

2.6. In providing your services for OVCS, do you have any system for integrated your services with Community Coalition/ sharing the responsibilities with focused community?

2.7. How much you work on awareness creation to your focused community regarding OVCs?

2.8. What are the major challenges faced by the service provider, ECCMSC in serving the OVCs? / What are the factors that affect the Service?

2.9. What are the policy related challenges faced by the service provider ECCMSC in serving the OVC?

2.10. Do you have legal constraints to provide these services? Please explain?

2.11. Do you have financial constraints to provide these services? Please explain?

2.12. What are the socio-economic problems hindering the service provider, ECCMSC?

2.13. Do you have shortage of skilled human resource? Especially on trained Social Workers?

Describe the situation, please. Tell me about the use of social work profession in the organization?

1.14. What other challenges you want to add?

AN ASSESSMENT ON THE CONTRIBUTION AND CHALLENGES...

- 2.15. What do you suggest in eradicating the challenges on the way of solving the problems?
- 2.16. What are your recommendations for better improvements of the services towards OVCs?
- 2.17. How do you explain the Successes or achievements of the services towards OVCs?
- 2.18. What plan do you have for the future for expanding the services towards OVCs?

4. Key informant 6 (Social Worker in OVC Section)

Part: I: Personal Information

- 1) **Age:** _____
- 2) **Sex:** _____
- 3) **Educational status** _____
- 4) **Your position in the organization** _____
- 5) **Related Experience** _____

Part II: Main Questions

- 2.1. What are the criteria to select an orphan to be included in the service?
- 2.2. What practice models are employed to deliver the services to OVCs? (probe: how you identify the OVCs, how you communicate with them, procedures and guidelines to follow; assessment, care plan, intervention, evaluation, graduation/ service termination with a case etc.)
- 2.3. What values and principles are used in the provision of the services given to OVCs?
(probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).
- 2.4. What scientific/social work principles that you are using as a base line for your services towards OVCs?

AN ASSESSMENT ON THE CONTRIBUTION AND CHALLENGES...

- 2.5. How do you see the contribution of ECCMSC is in addressing the problems of OVCs?
(Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)
- 2.6. In providing your services for OVCS, do you have any system for integrated your services with Community Coalition/ sharing the responsibilities with focused community?
- 2.7. How much you work on awareness creation to your focused community regarding OVCs?
- 2.8. What are the major challenges faced by the service provider, ECCMSC in serving the OVCs? / What are the factors that affect the Service?
- 2.9. What are the policy related challenges faced by the service provider ECCMSC in serving the OVC?
- 2.10. Do you have legal constraints to provide these services? Please explain?
- 2.11. Do you have financial constraints to provide these services? Please explain?
- 2.12. What are the socio-economic problems hindering the service provider, ECCMSC?
- 2.13. Do you have shortage of skilled human resource? Especially on trained Social Workers? Describe the situation, please. Tell me about the use of social work profession in the organization?
- 1.14. What other challenges you want to add?
- 2.15. What do you suggest in eradicating the challenges on the way of solving the problems?
- 2.16. What are your recommendations for better improvements of the services towards OVCs?
- 2.17. How do you explain the Successes or achievements of the services towards OVCs?
- 2.18. What plan do you have for the future for expanding the services towards OVCs?

7. Key informant 7 (Health Officer for OVC and other Sections)

Part: I: Personal Information

- 1) Age: _____
- 2) Sex: _____
- 3) Educational status _____
- 4) Your position in the organization _____
- 5) Related Experience _____

Part II: Main Questions

- 2.1. What are the criteria to select an orphan to be included in the service?
- 2.2. What practice models are employed to deliver the services to OVCs? (probe: how you identify the OVCs, how you communicate with them, procedures and guidelines to follow; assessment, care plan, intervention, evaluation, graduation/ service termination with a case etc.)
- 2.3. What values and principles are used in the provision of the services given to OVCs?
(probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).
- 2.4. What scientific/social work principles that you are using as a base line for your services towards OVCs?
- 2.5. How do you see the contribution of ECCMSC is in addressing the problems of OVCs?
(Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)
- 2.6. In providing your services for OVCS, do you have any system for integrated your

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services with Community Coalition/ sharing the responsibilities with focused community?

2.7. How much you work on awareness creation to your focused community regarding OVCs?

2.8. What are the major challenges faced by the service provider, ECCMSC in serving the OVCs? / What are the factors that affect the Service?

2.9. What are the policy related challenges faced by the service provider ECCMSC in serving the OVC?

2.10. Do you have legal constraints to provide these services? Please explain?

2.11. Do you have financial constraints to provide these services? Please explain?

2.12. What are the socio-economic problems hindering the service provider, ECCMSC?

2.13. Do you have shortage of skilled human resource? Especially on trained Social Workers?

Describe the situation, please. Tell me about the use of social work profession in the organization?

1.14. What other challenges you want to add?

2.15. What do you suggest in eradicating the challenges on the way of solving the problems?

2.16. What are your recommendations for better improvements of the services towards OVCs?

2.17. How do you explain the Successes or achievements of the services towards OVCs?

2.18. What plan do you have for the future for expanding the services towards OVCs?

B. In-depth Interview with Former OVC'S Staff, Home-based Caregivers and Storekeeper

Part: I: Personal Information

- 1) Age: _____
- 2) Sex: _____
- 3) Educational status _____
- 4) Your position in the organization _____
- 5) Related Experience _____

Part II: Main Questions

1.1. What are the services being provided by ECCMSC to OVCs? Probe

- Food and Nutrition provision
- Clothes and shoes provision
- Shelter provision
- Care Services
- Health and Counselling and other Psychosocial Services
- Educational (Formal and Non-Formal) supports, trainings, tutorials and provision of educational support materials and resources
- Recreational and Sport Facilities
- Social Protection Services such as Protection of Legal Rights-birth certificates, civil registration, guardianship and inheritance.

1.2. Which services are provided as major services?

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- 1.3. Please list down the services provided by ECCMSC which are satisfactorily and/or non-satisfactorily provided to the OVCs? And why?
- 1.4. What are the major needs assessment of OVCs that are addressed by the service provider, ECCMSC?
- 1.5. What are the major needs of orphan children that are not yet addressed by the service provider, ECCMSC?
- 1.6. What are your views towards the services provided to OVCs?
- 1.7. How do you see the contribution of ECCMSC is in addressing the problems of OVCs? (Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)
- 1.8. On your observation through providing these services, what are the major challenges faced by the organization?
- 1.9. What are the factors that affect these Services?
- 1.10. What are your recommendations for better improvements of the services towards OVCs?

C. Focused Group Discussion Questions

- 1. Focus Group 1- Mother/Father/other relatives of the Orphan who take responsibility as caretaker (8 group members)**
 - 2. Focus Group 2- OVCs above 10 years (10 group members)**
- 1. Main Points of Discussions for Focus Group 1- Mother/Father/Other relatives of the Orphans who take responsibility as caretaker (8 group members)**
 - 1) What services are provided to your child? Describe them?
 - Food and Nutrition provision
 - Clothes and shoes provision

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- Shelter provision
- Care Services
- Health and Counselling and other Psychosocial Services
- Educational (Formal and Non-Formal) supports, trainings, tutorials and provision of educational support materials and resources
- Recreational and Sport Facilities
- Social Protection Services such as Protection of Legal Rights-birth certificates, civil registration, guardianship and inheritance.

- 2) Which services provided are satisfactory for your child? Explain?
- 3) Which services provided to you needed further improvement? Explain?
- 4) What kinds of problems have you observed in providing services to your child?
- 5) How do you see the contribution of the organization in addressing your child problems?
- 6) Can you mention some of them?
- 7) What additional things you want to add?

2. Main Points of Discussions for Focus Group 2- OVCs above 10 years

(10 group members)

- 1) What services are provided to you?
 - Food and Nutrition provision
 - Clothes and shoes provision
 - Shelter provision
 - Care Services

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- Health and Counselling and other Psychosocial Services
- Educational (Formal and Non-Formal) supports, trainings, tutorials and provision of educational support materials and resources
- Recreational and Sport Facilities
- Social Protection Services such as Protection of Legal Rights-birth certificates, civil registration, guardianship and inheritance.

- 2) Which services provided are satisfactory for you? Describe.
- 3) Which services provided to you are in need of improvement?
- 4) What kinds of problems have you observe in providing services to you?
- 5) How do you see the contribution of the organization in addressing yours and your friends' problems?
- 6) Can you mention some of them?
- 7) What additional things you want to add on behalf of your friends, that is, what other things you heard from your friends regarding services that provided to you and that you didn't mention yet?

D. Observation Checklist**Table 0.1: Food and Nutrition Provision****Date of Observation 12-20/03/2019 (DD/MM/YYYY)**

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	Food and Nutrition Provision in kinds				X			-The provision of food and nutrition is in kinds. -The distribution program is per a month
2	Milk Provision					X		It is a special provision by placing some criteria- underweight Orphans, HIV Positive Orphans and Orphans with Severe Diseases. Not to all orphan and vulnerable children
3	Vegetables and fruits Provision						X	
	Meats and Fish products						X	
4	Home visit, home management training, coaching and monitoring by home-based care givers				X			awareness raising and some home management trainings are given to caretakers and sometimes to the orphans themselves by home-based caregivers of the organization

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Table 0.2: Clothing, shoes and underwear provision

Date of Observation 12 and 13/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	Clothing, shoes and under-wear provision			X				
2	Program of distributions			X				twice per a year

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Table 0.3: Shelter and Care Services

Date of Observation 22-25/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	Shelter condition					X		Very slam
2	A roof, Walls, doors and windows conditions					X		
3	House Maintenance (if it is Kebele House owned by themselves)			X				
4	House Maintenance (if it is private rented House)						X	Most of the House are rented from owners
5	Adequate hygiene and sanitation					X		
6	Latrine facilities					X		Even if it is available it is public and common use and vulnerable for contamination diseases
7	Utilities like clean water, electric power,					X		
8	Ventilation/ Natural ventilation/ not polluted air					X		There is bad smile around
9	Funding house rent fee			X				Average 700 Birr per month

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Table 0.4: House Facilities

Date of Observation 22-25/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	A separate bed						X	Minimum two/three children sleep together
3	Kitchen Materials					X		Such as Electric stove, dishes, glass, mattress, casserole, bucket ,pan , knife, spoon, fork, washing dish,
4	Bed Room Materials					X		Such as bed, pillow, blanket and other related materials
	House furniture						X	table, chairs, cup board
5	First Aid Kits and awareness raising training						X	
6	OVCs Section office facility status					X		

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Table 0.5: Health and Counselling and other Psychosocial Services

Date of Observation 21 and 22/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	Clinical service/ Medical treatment				X			No clinic inside only funds the medical treatment through referral system to outside health centers
2	Medication provision/ pharmacy				X			No pharmacy, only cover medication fees
3	Referral System				X			Alert hospital and other hospitals and Health centers
4	Vaccination					X		In Health Center but the organization has low follow up system
5	Home Visiting				X			In average once in two weeks. This is due to shortage of home-based caregivers. they are few in numbers in relative to with the number of OVCs
6	Awareness raising for orphans and their caretakers regarding health prevention such as personal hygiene and sanitation					X		
7	HIV Prevention awareness raising and ART Adherence follow up					X		
8	Psychosocial Services- Counseling					X		-A professional counselor is not available in the

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	Services							<p>organization</p> <p>-Counselling service is given by the OVCs staff or other staffs</p> <p>-They have two ways of counselling</p> <p>1. Individual Counselling given by OVCs staff or other staff</p> <p>2. Group Counselling given by OVCs staff or other staff through different systems like...</p> <p>1. Memory Book program once in a week on Saturday. They call it “Mahidere Tiwesta”</p> <p>2. Summer Camp</p> <p>3. Parent Day</p> <p>4. X-mass Celebration</p> <p>5. ‘Ye Buhie’ Celebration</p>
9	Life Skills trainings				X			Given by the social workers but not adequate

Table 0.6: Educational (Formal and Non-Formal) Supports, trainings, tutorials and educational support materials, resources provision, Life skill training and

Date of Observation 23-26/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	Formal Education				X			<p>-Schools around the area</p> <p>--most of them are public school.</p> <p>-The organization has close contact and follow up system with the schools</p>
2	Early Childhood development				X			-have KG school with the support of new

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	and Education							<i>teaching methodology called Montosery class which is understand the environment through touching and feeling (bemenekakate ena bemedabese akbabine yemeredate timihere).</i>
4	Technical and Vocational Skills Trainings			X				
5	Tutorials and Homework/Assignment Monitoring /Follow-up system		X					They give tutorial class in the evening and weekends at the center It is very supportive for OVCs' formal education
6	Provision of Uniform, Bag, text books and stationary materials				X			
7	Library and Resource Center					X		
8	Science Laboratory						X	
9	Workshop and practical demonstration						X	
10	IT Laboratory and internet access					X		It is use only for Basic Skills, Very old computers, No internet access,
11	Disable friendly					X		

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Table 0.7: Recreational and Sport Services

Date of Observation 23/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	Sport fields					X		Small football field, Vole ball field and table tennis
2	TV and radio						X	
3	Playground and games						X	
4	Vacation					X		There is vacation trip once in a year

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Table 0.8: Emotional and Social Needs Services

Date of Observation 26/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	-Love and treatment -Emotional treatments like hanging, kissing and other showing of Love, -Listening their ideas					X		The organization gives Parenting Skills training to home-based caregivers and to mother/father/other relatives of the Orphans who take responsibility as caretaker
2	Social Interactions Like- Civic work like Weekends group working to clean their environment and tutorial classes and other community activities.					X		Adjacent with Tutorials which administered by committee from the community, there are community participation especially on environments sanitations, Job Creating's and greening the environment
3	OVCs relations with caregivers and Staffs				X			

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Table 0.11: Social Protection Services

Date of Observation 26/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	Protection of Legal Rights- Such as birth certificates, civil registration, guardianship and inheritance					X		As facilitators and only on awareness raising due to government policy regarding NGOs.
2	Protection from risk and abuse (Sexual abuse)					X		Sex education/ training-for orphans and Awareness raising training for parents/caretakers
3	Legal support to children's legal right					X		
4	Awareness raising on child rights					X		

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Table 0.9: Spiritual Support

Date of Observation 23/03/2019 (DD/MM/YYYY)

	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Other
1	advise to go to Church/mosque					X		Awareness creating on the importance of worship
2	Advise them to give time for Praying, song, listening preaching and reading holly books					X		Awareness creating on the importance of worship

Consent Form for Participants of the Study

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF SOCIAL WORK POST GRADUATE STUDY PROGRAM

My name is Fisseha Tefera. I am student from the School of Social Work at Addis Ababa University. I am currently gathering data for my Thesis entitled ““ An Assessment on the Contribution and Challenges of the Services provided to Orphans and Vulnerable Children: The Case of Ethiopian Catholic Church Medhin Social Center, Addis Ababa””. As part of my assessment, I will ask clients, staff members, and director of the organization issues related to the subject of my study. I will use the information for the fulfillment of the thesis requirement.

Terms and Conditions of the Study

- There shall be no financial or benefits to be gained from participating in this study.
- Anonymity and confidentiality shall be ensured with utmost good faith.
- Participants are free to withdraw from the study.
- Photographs and recording interviews will be based on participant’s willingness and the information given will be written as notes.
- Giving information doesn’t harm respondents and pseudo name will be used.
- Respondent’s honest answers to these interview guides will help me better to understand
- Participating to answer questions in this study would greatly appreciate.

I agree (“yes”) that I have read and understood the terms and conditions accompanying this research. I therefore, participate freely in this study.

“Yes” ----- “NO” -----

Signature _____ Date _____

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ስሜ ፍስሀ ተፈራ የተባልኩ በአዲስ አበባ የንቮርስቲ የሶሻል ወርክ የድረ ምረቃ ተማሪ ስሆን በአሁኑ ወቅት የመመረቂያ ፅሁፌን “An Assessment on the contribution and challenges of the services provided to Orphans and Vulnerable Children: The Case Of Ethiopian Catholic Church Medhin Social Center. “ በሚል ዕርእስ ላይ እየሰራሁ እገኛለሁ።

ለዚህ ጥናት ይረዳኝ ዘንድ የድርጅቱን ተገልጋዮች ፤ሰራተኞች እና የአስተዳደር ክፍሎች አባላትን በቃለ መጠይቅ እና በምልከታ መረጃ የመሰብሰቢያ ዘዴ እጠቀማለሁ።

ለዚህም አገልግሎት የእርስዎን ፍቃደኝነት እና ተባባሪነት በመጠየቅ ይህንን የመግባቢያ ሰነድ እንዲፈረመልኝ በትህትና አመለካከታለሁ።

እኔ ስሜ ከታች የተጠቀሰው መረጃ ሰጪ ከላይ የተሰጠውን ሀሳብ በመረዳት ለጥናት አድራጊዬ ለአቶ ፍስሀ ተፈራ በእኔም ይሁን በማሳድጋቸው ልጆች በእኩል በቂ መረጃ እንድንሰጥ ተስማምቻለሁ።

ስም..... ፊርማ..... ቀን.....