



Addis Ababa University
School of Graduate Studies

**An Evaluation of Psychosocial Care and Support
Provided to Children Affected by the
Ethio-Eritrean War: The case of Ayder Primary school.**

By
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June 2006

**An Evaluation of Psychosocial Care
and Support Provided to Children
Affected by the Ethio-Eritrean War:
(The case of Ayder Primary school.)**

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**Thesis submitted in Partial Fulfillment of the
Requirements for the Degree of Masters of
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ABSTRACT

The purpose of this study was to find out the impact of a war-induced traumatizing experience upon the academic, health and behavioral status of children and provision of psychosocial provision to victims. The Ayder Primary School was the research site. The school was bombed on June 5, 1998 at the brink of Ethio- Eritrian boarder conflict. Sample was drawn from students, parents, teachers and also NGOs participating in the provision of care and support.

Questionnaires, Focus Group Discussions and Interviews were used as tools for collecting primary data. Moreover, compiled report on Ayder School bombing, news papers, video clips, and photo collections were used as secondary sources of data. The method used to analyze the data was Reflective analysis.

The study has shown that the bombing incident of the Ayder Primary School and students was followed by sever physical, behavioral, academic and social problems upon the students. Regarding the provision of psychosocial care and support to the students, it was found that except the tireless parental support other forms of supports were unsatisfactory and unorganized due to budgetary and organizational problems.

Concerning the recovery of the students after the traumatic experience, smilingly majority of the students seem to recover from its impact. Some of the factors for this possible recovery included the reason was observed to be the natural decrease in symptoms of traumatic stress over time, personal and family history, cultural background, experience and more importantly crucial parental care and support.

Acronyms

AACAP: - American Academy of Child and Adolescent Psychiatry.

APA: - American Psychiatric Association.

FGD: - Focus Group Discussion.

GOs: - Governmental Organizations

ICRC: - International Committee of the Red Cross.

NGO: - Non-Governmental Organization

PTSD: - Post Traumatic Stress Disorder

UN:-United Nations

UNICEF:-United Nations Children's Fund

WIC: - Walta Information Center

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CHAPTER I

INTRODUCTION

1.1 Background

Although the United Nation's Convention on the Right of the Child (UNCRC) in Article 19 as well as African Charter on the Rights and Welfare of the Child has clearly articulated the nations responsibility to protect children form all forms of violence, it is now widely acknowledged that very little of that obligation has been translated in to practice. Children are particularly vulnerable to the ravages of war. A United Nations study on children in war by (Michael, 1998) states.

The physical, sexual and emotional violence to which they are exposed shatters their world. War undermines the very foundations of children's lives, destroying their homes, splintering their communities, breaking down their trust in adults.

According to the United Nations Children's Fund (UNICEF) two survey, million children have been killed by conflict over the last decade; six million children have been made homeless; twelve million have been injured or disabled (Garmezy, 1983).

It is the rare child that escapes childhood without some cruelty threat, pain or loss. And far too many children experience more severe chronic or traumatic stress. Millions of children each year experience discreet traumatic events, natural disasters, physical abuse, sexual assault and a host of other specific terrorizing experiences. Millions of other children live in the traumatizing maelstrom of domestic or community violence (Drell, Siegel, Gaen, 1993). These experiences can wound and scar the vulnerable developing child, both emotionally and physically.

Psychologists, educationists and others agree that the physical, cognitive, social and emotional development of children lay the foundation for the more complex later life, personality development, abilities and problems (Habtamu, 1996).

Children are easily traumatized and if these needs are not addressed properly at early stage, they will continue to disturb the child throughout his /her lifetime, thus affecting the quality of his/her life. (Rusalem H., 1972).

There is a proverb in Amharic that says «ህይወት በቅጠል». It is an advice; you have to put the fire off before it spoils a lot. This saying can make analogy to the situation of a developing child exposed to chaotic, threatening and traumatizing experience, and can be considered like that of the fire capable of negatively affecting the socio-emotional wellbeing of the child. So, providing essential psycho-social support and care to children who are exposed to life threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assault, like rape can be seen as protecting or reducing the disaster before it spoils the child's healthy socio-emotional growth as well as his positive contribution to his social environment. Therefore, early stage care and support efforts provided to children are at paramount importance in reducing unwanted later-day results.

Furthermore, these sort of early intervention activities are organized to prevent or ameliorate developmental or behavioral problems resulting from chaotic experience of the environment. Children need particular care with regard to health, physical, mental moral and social development within the framework of legal environment for their proper growth in all dimensions. Nevertheless, it is unfortunate that a large number of children are deprived of these indispensable elements due to natural and man-made calamities (Tedla, 1996).

The demographic trends and the accompanying socio-economic situation characterizing most of the developing countries today have

contributed to the mounting social problems of children and youth which constitute the majority of their population. The magnitude of the problem is larger in Sub-saharan African countries where literacy rate is low, and access to education, health and employment opportunities are very much limited. The situation of children in Ethiopia is similar, if not worse than those in the Region, as the country has suffered from effects of civil war, drought, and unfavorable development policies (Assefa and Dilnesaw, 1996).

This study is geared to study the adverse effects of armed conflict on socio-emotional wellbeing of children living under the shadow of this problem, and the importance of a timely, and an organized and sustainable psychosocial care and support. To be specific, the study evaluates the care and support provided to the Ayder Primary School children in Tigray who were victims of armed conflict, which happened on June 5, 1998 as part of Ethio-Eritrean border conflict.

Ayder primary school was attacked by Eritrean Air Force on June 5, 1998. Ayder primary school is located at the outskirts and poor neighborhood of Mekele Town, the capital city of Tigray Regional State. Tigray is the northern state of Ethiopia that shares a long border with neighboring Eritrea.

1.2. Statement of the Problem

Wars have always victimized children and other non-combatants but modern wars are exploiting, maiming and killing children more callously and more systematically than ever, despite these stark facts children during and after wars seldom receive the attention and assistance required to cope with what they have experienced and to support healing and further development (Machel 1996).

There are few local studies conducted on the phenomena of conflict and its effect on children. In fact most of the studies were geared towards war displaced persons, and were initiated by NGOs, supporting the displaced such as PROGYNIST (2001) and FSCE (2001).

According to PROGYNIST sponsored study (in 2001) on children and families displaced to the Ethio-Eritrea war, pointed out that the families went through a drastic decline in their economic status to an extent that they were not in a position to meet the basic needs of their children, the children were found to manifest different signs of distress (Gilenesh & Weldekidan, 2001). Another study assessed the situation of the returnees in general and children in particular benefiting from the programs of EFCE (2001). in Dessie Town. The displaced persons have experienced economic problem. Accordingly, they manifest sense of inferiority complex, hopelessness, and lack of vision.

Another investigation of the special vulnerabilities of deportee /returnee women and children in Tigray identified the following findings, difficulties in ensuring that all children go to school, especially in some areas, the lack of adequate food for children (Buffoni and Ehetemariam, 2001).

Another study on coping with loss and bereavement in post-war Tigray, identified the coping strategies to be, diverted thinking, distraction, future investment and religious activities. As their main rationale for compliance with such coping strategies (Nordanger, 2005).

Furthermore, a baseline study on the psychosocial profile of displaced children in Woldiya and Tigray, identified the following main issues on displaced children, have gone through stressful experiences during displacement, experiencing of separation, shortage of material needs. Their emotional and behavioral health appears at risk, their perceptions of self; others, the environment and life at large do not seem positive and realistic for a great majority. School attendance is not on regular basis, children lacked access to information, only limited support for children (Hirut, 2003)

Against the backdrop of these bites of research, the present study makes a further attempt to throw light particularly on the evaluation

of psychosocial care and support provided to Ayder primary school students, whom their school was bombed on June 5, 1998 at the brink of Ethio-Eritrian border conflict.

- 1) What psychosocial problems did the students experience?
- 2) What kind of Parental support did the students receive at home after the incident?
- 3) What were the perceptions teachers had about the problem and what measures did they take to help the students?
- 4) What was the NGOs involvement and sustainability of the support they provided?
- 5) What are the impacts of the bombing and support received on the present condition of those victimized students?

1.3 Objectives

Specific objectives of this study look like:

1. Assess the overall damage inflicted by the bombing on the school community (students & teachers) and school premises (class rooms and other facilities).
2. Probe on the measures and actions taken in general and specific roles played by teachers, parents, and NGOs in particular during and after the incident.
3. Examine the psychosocial care and support provided in relation to its timeliness, organization, and sustainability.
4. Find out the current situation of the students in general, and their academic, health, and behavioral situations in particular.
5. Compile reflections of the students, parents, teachers, and NGOs regarding the lessons drawn from such a traumatizing experience.

6. Forward recommendations that would be of help to design an early intervention programs to prevent, if not to bring the students with special needs stemming from such a chaotic life experiences to integrate them in the mainstream.

1.4 Operational Definition

The excerpts of the following definitions are taken from various documents. Thus, the following terms are worth defining to better fit the study context.

- ❖ **Psychosocial problem:** It is a term used to describe problems caused by the impact of the school bombing that includes medical, psychological, behavioral and social problems occurred up on the students and their families.
- ❖ **Psychosocial support:** It is a term used to describe services that aim to restore the children's ability to function in the community. It does not only include the medical and psychosocial treatment but also ways to foster social interaction, to promote independent living (Cook et al.1996).
- ❖ **Parental Support:** It is a psychosocial care and support provided to the Ayder School bombing victim students by their parents or their care givers.
- ❖ **Teacher's Perception:** The over all teachers' evaluation of the Ayder School Bombing incident in general, and psychosocial damage it caused up on the students in particular.
- ❖ **Community Support:** It is a support provided to the Ayder school bombing victims and their families from the community and community based organizations (i.e. Ider, Kire,)
- ❖ **NGO Involvement:** An evaluation of NGOs that were working in and around Mekele Town, in the provision of timely, organized, and sustainable care and support programs to the Ayder school bombing victims and their families.

1.5 Significance

Children are our future, and what happens to children from the very earlier years affects their development and the development of the society and the world at large.

Although international humanitarian and human rights laws provide special protection to children, too many of them are caught up in armed conflict. Who, how, why and what started the conflict is irrelevant. What is relevant is how we give timely, humanly and professional support adapted to the special needs stemming from negative experiences in traumatic, suppressing and chaotic situations of children. Intertwined with its traditional role as a moderator of academic skills, a school has a responsibility for the pupil's socio-emotional well-being and growth while they are there. In accordance with these principles and ideas school is expected to be a safe haven from frightening and oppressive events, and should be able to create a healthy socio-emotional atmosphere, encourage positive learning, actively prevent socio-emotional barriers and support the pupils in overcoming or finding positive coping strategies against socio emotional blows. (Berit H. Johnsen 2003)

Therefore, significance of this study is hanged on an essential issue i.e. to call for an increased attention about the school's responsibility for socio-emotional well-being and growth of children, which are the futures of every nation.

1.6 Limitation

The Ayder School Bombing incident happened on June 5, 1998 Friday afternoon, approximately at about 4:30pm. This day, the school was preparing the class rooms (cleaning the classrooms and rearranging the desks) for the 8th grade national exam to be held on that next Monday, June 8, 1998. For this reason at the time of bombing almost all of the students and teachers were sent home

except few students playing in the school compound and attending a makeup class in one class room, on the other hand as this study is conducted eight years after the incident, finding the students who were in the school compound or in the makeup classroom during the accident in particular, data collection on this students in general was limited to a very few students.

Another limitation the researcher encountered is scarcity of financial resource. The finance provided from the University was far less from the proposed amount of money to carry out the study, mainly to reach as many parents as possible by staying more time in the research area, and employing more research assistants as well as a translator for the planned length of period, the fact that the study (The Ayder Primary School bombing) is in one way or another connected with Ethio - Eritrean border conflict and this issue is not yet resolved. Thus, it has put a limiting factor in the willingness of the subjects to participate in the interview.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Under this chapter, the theoretical background of the study is discussed impact of armed conflict on children, psychosocial aspects of children exposed to war, traumatic events and symptoms, role of parents in supporting traumatized children, role of Education in psychosocial interventions, psychosocial care and support: cultural perspective, healing of war affected children, the need for resilience: factors and strategies, importance of resilience are discussed. Moreover, the what and how of psychosocial care and support ,and its crucial role in the recovery of traumatized children will be discussed under the above major topics.

2.1 The Nature of the Problem

A learning process with in and towards a life in worth and dignity presupposes a fundament of socio-emotional security in addition to fulfillment of the most basic needs for physical security, food and shelter. However I, dare say that every life story shows that incidents where this security is threatened due to social blows and emotional wounds, differing in severity and duration (Berit, 2005).

In the past ten years approximately two million children have been killed in war zones and six million injured or permanently disabled (UNICEF 1998).

Children affected by armed conflict may exhibit both acute and chronic reactions, both of which are normal responses to highly stressful events. Prominent among the acute psychological disturbances is trauma, which is typically associated with problems of flash backs, nightmares and sleep disturbances, concentration problems, heightened alertness or hyper vigilance, and avoidance of people and situations that evoke memories of the traumatic events. In diverse Western culture acute trauma coupled with these symptoms often falls under the clinical diagnostic posttraumatic

stress disorder (PTSD). However, it has been noted that children in war situation often face chronic, on going stressors such as poverty and that categorizes such as PTSD cease to have meaning under this conditions. The chronic stresses associated with armed conflict may lead to problems such as aggression, depression, truncated moral and academic development, changed attitudes beliefs, and diminished hope for the future (Cairns 1998 Cited in Michal, 1998).

Each child reacts differently to the impact of armed conflict. Their response depends on their age, gender, personality type, personal and family history, cultural background and experience, as well as on the nature and duration of the event. Stress can reveal itself in a wide range of symptoms, including increased separation anxiety, developmental delays, sleep disturbances, nightmares, decreased appetite, withdrawn behavior, and a lack of interest in play. Younger children can have learning difficulties; older children and adolescents can show anxious or aggressive behavior and depression. (Rutter, 1987).

In general it is possible to see, the difficulties of children exposed to a traumatic life experience, as well as the vulnerability of children of sub Saharan Africa in general, children of Ethiopia in particular where conflict is a day-to-day phenomena. Thus, understanding the situation, find ways to mainstream children who have special needs stemming from the chaotic experiences of life under the shadow of war (conflict) has paramount importance, for it is possible to draw an important lesson, for related problems in our country.

Ayder Primary School is located at the out skirt of Mekele Town, which is the capital City of Tigray Federal State, The northern most part of Ethiopia. The name Ayder is a Tigrigna language word and it is to mean marshy area, according to Ato Ketsela Tarekegn assistant director for Ayder secondary School. The school was founded in 1993 with an initial student enrollment of 596 students in grades 1-3. In the current academic year student enrollment reached 1,950 and the number of teaching staff to 42, with 17 class room, 6 administrative

offices and other service facilities. (W.I.C.,1999). Presently, the school is a complete first cycle school (grades 1-8), has 1908 students and 40 teachers.

The Ayder School bombing was reported by some news papers as follows.

June 5, Friday there was nothing to protect the children when a small warplane from neighboring Eritrea appeared over the eucalyptus trees near the elementary school and dropped a cluster bomb, only to return from the opposite direction and drop another one. It was the deadliest incident.

But the school obviously has been bombed. The playground is riddled with holes, each a few inches across and a foot deep. They are sprinkled around the back of spigots where children line up for a drink. Classroom walls bear irregular punctures. The metal roofs, in shreds. Every class room window is shattered. (The Washington Post cited in W.I.C report 1999, pp.4).

Some local news papers has also reported the event as follows.

On June 5, 1998, the Eritrean authorities carried out an air raid with cluster bombs, over Mekele striking civilian areas twice, including an elementary school.(Addis Tribune Cited in W.I.C report 1999. pp.33).

According to the report compiled by Walta Information Center on October 1999 due to the air raids carried in two sorties, on Ayder Elementary school, where innocent school children were in the school. 53 civilians including children were killed, and 185 others

were wounded, the total victims, 34% comprise children of 14 years old and younger.

The bombing of Ayder School in Mekele on 5 June 1998, which provides educational services to 2,311 children, is an indication that children are the first victims of armed conflict. As a result, the children of this school have been deprived of continuing their normal education and are still subjected to the traumas of this experience. In Ethiopia, children have been victimized by shelling in civilian areas; they have been displaced from their homes (Ibrahim, 1999).

Any armed aggression and the witnessing of atrocities like bombing, resulting in destruction of both physical and human assets has a very deep impact on children. Children are especially vulnerable because of their physical and mental immaturity. Trauma among children witnessing violence is common. Children who experience such emotional and social traumas manifest their anxieties in various ways: nightmares, sleeplessness, excessive clinging to adults, crying for little or no cause withdrawal behaviors such as failure to interact or play with peers. To heal the pain, children need to be reassured by the adults that everything will be fine again, and actions will be taken to recreate a normal growing environment for them. (Almaz, 1999).

Ayder primary school students out of its first batch of 403 students who sat for the Elementary School Leaving Exams in the 1997/1998 school year, 209 or 51.80% passed the examination that enabled them to join to secondary school. The low level of performance according to Walta Information Center report was attributed to the fact that the students had to sit for the exam under intense shock and trauma as a result of the air-raid on their school only five days earlier.

To sum up, the nature of the problem focuses on armed conflict (war) on children's lives and mental states, and ways of intervention.

2.2. Impact of Armed Conflict on Children

Wars have always victimized children and other non-combatants, but modern wars are exploiting, maiming and killing children more callously and more systematically than ever. Children today find themselves caught up in complex and confusing conflicts that have multiple causes and that lack clear prospects for resolution children are being sucked into seemingly endless endemic struggles for power and resources. (Bryce and Armenian, 1986).

Over the last decade, war and armed civil conflicts have raged in more than 40 countries world wide (UNECF 1986). Children's exposure to war varies dramatically from country to country, as does the ability of families and communities to protect their children from the overwhelming consequences of war.

Some children bear arms, others are kidnapped and tortured; some witness the killing of family members, others are separated from their parents and communities. Some children come under direct fire, others learn about the conflict from the television or stories on the play ground (Mona &. Lawrence, 1996).

There is no doubt that war has tremendous impact on the psychosocial development of children, their attitudes towards society , their relationships with others, and their out look on life in general. Some war experiences seem to increase the mental health problems of children, such as depression, stress disorders and aggression (Dyregrov & Raundalen 1993), while others, paradoxically under supported, protected conditions seem to affect children positively (Garbarino, Kostelny, & Dubrow, 1991).

Children's reaction to acute war traumas differ from their response to chronic violence. Although the specific symptom presentation of children's initial reactions to a trauma may vary somewhat according to the age of the child and the nature of the trauma (Furman, 1986) the general features of the reactions are the same and fall under the clinical syndrome of Post-Traumatic Stress Disorder (PTSD), the

symptoms of PTSD consist essentially of disturbed sleep and night mares, difficulty concentrating or remembering things (especially in school work), repetitive and unsatisfying play involving traumatic themes, diminished interest in enjoyable activities emotional detachment from parents or friends, and an increased state of alertness (APA, 1987).

These symptoms represent a "normal" reaction to highly stressful experiences, and if the trauma is experienced and processed in the presence of parents or close family members, the symptoms can disappear after a short period of time. Unfortunately, most children continue to suffer for a long time after the occurrence of the trauma (Terr, 1983).

Each child reacts differently to the impact of armed conflict. Their response depends on their age, gender, personality type, personal and family history, cultural background and experience, as well as on the nature of the event. Stress can reveal itself in a wide range of symptoms, including increased separation anxiety, developmental delays, sleep disturbances, nightmares, decreased appetite, withdrawn behaviors, and a lack of interest in play. Younger children can have learning difficulties; older children and adolescents can show anxious or aggressive behaviors and depression.

Chronic armed conflicts accompanied by political, social and economic deprivation can have more far-reaching effects on children's psychological development. Profound alternations in patterns of behaviors such as aggressive or depressive behaviors, changes in attitudes and beliefs, personality and stunted moral development have been reported among victims of chronic armed conflicts. (Ayalon, 1982)

Over the last two decades, the dominant form of war has become intrastate war (Wallensteen & Sollenberg, 1997), which has profound physical, psychological and social effects on civilian populations. Increasingly, fighting occurs not on well-defined battle fields but in

and around communities and often involves personalized acts of violence, atrocities committed by former neighbors, and genocide. As a result, the civilian death toll has risen sharply compared with previous centuries and to earlier in this century (Garfield & Neugut, 1997). It is estimated that by the 1990s, civilians comprised nearly 90% of war-related casualties (Sivard, 1996).

Contemporary ethno-political conflicts devastate local infrastructures, shatter bonds of social trust, and inflict collective psychological wounds that invite future armed conflict. Traditionally, children have been regarded as innocents or unfortunate victims of war, not as actors. In contemporary ethno-political conflicts, however, children are increasingly political actors and are victimized on a massive scale on attacks, loss of parents, landmines, displacement, and sexual violence (UNICEF 1996). Without addressing psychological problems associated with victimization and soldiering, it will be very difficult to break on going cycles of violence, to engage in effective post-conflict or to create a positive future for millions of children (Micheal 1998).

Since World War II, a growing literature has examined the psychological impact of war on children and the connections between children, armed conflict, and peace. Reports from the field have suggested that armed conflict impacting on an unprecedented scale (UNICEF 1996). To fill the need for a global study aimed at discerning the larger picture of how armed conflict impacts children, the UN commissioned the first global study of the impact of armed conflict on children – the ‘Graca Machel Study’ or the ‘Machel study’. A powerful document that has far-reaching implications for human rights, social reconstruction, and peace, the Machel Study is a landmark intended to reshape thinking about the intervention on behalf of children (Micheal 1998).

A growing worldwide movement to protect children from the worst aspects of war has achieved some notable progress in recent years. Action by concerned organizations and individuals has led to a ban

on anti-personnel landmines, new standards to prevent the use of child soldiers, and agreement on the statute for an international criminal court. Governments have pledged to protect children in times of war, to curb the illicit trade in light weapons and natural resources (such as diamonds) that fuel conflicts, and to end impunity for those who violate children's rights in war time. Despite these advances, millions of children still live in zones of conflict, and are the main victims of those conflicts. In the last decade alone, more than 2 million children have died as a result of war and some 15 million children have been displaced within their countries or made refugees. (Micheal 1998).

In view of the urgency of protecting children, the UN General Assembly took the unprecedented step of commissioning a global study on children and armed conflict. Led by Ms Graca Machel, former first lady and secretary of Education of Mozambique, the study was as much a call to action as it was a research project. It was asked to examine five key issues pertaining to armed conflict. Children's participation.

1. Preventive measures
2. Measures to improve protection of children
3. The promotion of children's physical and psychological recovery
4. Social integration of children.
5. The adequacy of existing standards.

Finally the study documented impacts in eight key areas. For the sake of this literature the focus is geared to the following two important points.

- **Psychological effects:** conflicts create extensive emotional, psychological stress associated with attacks, loss of loved ones, separation from parents and destruction of home and community. Many children developed problems such as flash backs, nightmares, social isolation, heightened aggression, depression, and diminished future orientation. These problems

of mental health and psychosocial functioning persist long after the fighting has ceased and make it difficult for children, who may comprise half the population to benefit fully from education or to participate in post conflict reconstruction.

- **Education:** Millions of children are deprived of education, which armed conflict disrupts and damage. Many conflicts destroy large number of schools, devastate formal systems of schools and devastated formal systems of education: In the case of the 1994 Rwandan genocide, approximately two-thirds of teachers were killed or fled. In the post conflict era, grinding poverty and inability to pay teachers make it very difficult to restart education, which is one of the most precious resources of any society. (Michael 1998).

In the above extract it is possible to study the true global picture of the impact of armed conflict on children. Children in war zones experience multiple chronic stressors, and damage increases exponentially as a function of the number, frequency, and severity of the risk factors to which a child has been exposed. The study presents a highly contextualized picture of life under very difficult circumstances including the poverty that contributes to and, in turn is amplified by armed conflict. It shows linkage between children's development and their culture and situation, between individual and community health, between children's wellbeing and the wellbeing of primary care givers. (Michael 1998).

2.3. The Psychosocial Aspects of Children Exposed to War

The word "psychosocial" simply underlines the dynamic relationship between psychological and social effects, each continually influencing the other. 'Psychological effects' are those which affect emotion, behavior, thoughts, memory, learning ability perceptions and understanding. 'Social effects' refers to altered relationships due to death, separation, arrangement and other loses, family and

community breakdown, damage to social values and customary practices and the destruction of social facilities and services. Social effects also extend to the economic dimension, as many individuals and families become destitute through the material and economic devastation of conflict, losing social status and place in their familiar social net work (Hurlock.1974).

Despite increasing discussion in recent years, the impact of armed conflict on children's lives and mental states has too often been minimally addressed or even unrecognized. (Michael 1996 cited in Joshua B. 2004). Children under war time duress are largely a voiceless population whose rights and needs are often subordinate to those of soldiers, and the necessities of war. Children have been murdered, raped, maimed, starved, exposed to brutality, and subject to lack of control and chaos (Machel, 2001).

Between 80-90% of those who die or are injured in conflicts are civilians mostly children or their mothers. Of war-exposed survivors, one million children have been orphaned (Bellamy, 2002) some contemporary ethnic struggles have employed techniques of ethnic cleansing and genocide specifically targeted towards children. (UNICEF, 1996).

In war time children may be exposed to a large number of traumatic events, including bombing, shelling, and sniper fire, that often result in the loss of family members, friend, community and social support structures (Mechel, 1996). Beyond the risk of physical injury, and direct threats of life, these traumas are often multiple, severe and chronic. Despite these stark facts, children during and after wars seldom receive the attention and assistance required to cope with what they have experienced and to support healing and further development (Mechel 1996).

There is a growing need to increase public awareness of child exposure to atrocities, to understand the impact of such atrocities on mental health and development, and most importantly, to develop

programs to curb and head the effects of war experiences on children and youth.

In this discussion, it is the interest of the researcher to direct the reader to focus on the major areas that require specific attention, including assessment, culturally sensitive approaches to prevention issues, consideration of the psychological aspects of healing, the role of special needs professionals in working with children exposed to war (conflict).

2.3.1. Traumatic Events and Symptoms

Understanding the effects of war trauma on children has been complicated by the use of different approaches to the assessment of war events themselves, although the most commonly used measure is the Child War Trauma Questionnaire (CWTQ) which was developed by Macksoud and Colleagues (Macksoud, Aber 1996 cited in Joshua B. 2004) for the use in Lebanon after the war with Israel, and then subsequently used with some modification, across different settings. This measure uses a list of different events and the number of times the child encountered them. Which are then, summed together to produce a total score for predicting the impact of war on child mental health. Such an approach is understandable, as the atrocities of war may differ from place to place: also several studies have demonstrated the existence of higher level of exposure producing more severe reactions.

However, while the number of PTSD symptoms, and other mental problems. Some events may have only moderate, if any, effects on child mental health, whereas the effects of others may be devastating. To date, however, only a few studies have attempted to assess the impact of any specific event on child symptomatology and adjustment. (Macksoud & Aber 1996, as cited in Joshua B. 2004).

An additional issue is that the effect of any particular event may differ in its degree of impact on any particular individual, and it is related both to emotional and physical proximity, and to individual

factors such as premorbid personality or preexisting psychopathology (Machel, 1996).

The first literature on the effects of war on children dates largely from World War II. Not until the 1980 was more systematic enquiry conducted, but during the past two decades a number of relief agencies and researchers alike have noted the marked presence of psychopathology in war-exposed child populations (Gibson 1996).

In addition to other non-traumatic types of psychopathology, Post Traumatic Stress Disorder (PTSD) has increasingly emerged as a common psychological problem for individuals who have experienced war-like circumstances. (Gibson, 1996).

It is generally accepted now that children represent a highly vulnerable population, for whom levels of symptoms may often be higher than for adults. Recent literature also suggests that childhood trauma can have a lasting impact on child cognitive, moral and personality development, interpersonal relationship and coping abilities (Terr, 1983).

An initial screening for traumatic symptoms and psychological impairment is essential when planning for therapeutic interventions. It is crucially important to carefully separate those in urgent need of intervention from those whose needs are less pressing, as there is some evidence that children who do not experience post traumatic symptoms may be negatively affected by involvement in therapeutic intervention along with more traumatized children (Laor, 2002).

Considering the wide range of potential psychological manifestations associated with severe distress, a better understanding of the dynamics of trauma-related symptoms in war exposed children is crucial. While it is clear that not all children develop psychopathological symptoms, conclusions regarding the magnitude of traumatization reported in the recent studies tend to vary with estimates prevalence of symptoms ranging from 22% in Israeli children after Scud missile attacks to 93.8% in children displaced

during Bosnian (Goldstein, Wampler, & Nise, 1997 cited in Joshua et al. 2004). It has also been suggested that once the conflict is over, there is a natural decrease in symptoms of post-traumatic stress, thus the number of children needing professional help may diminish markedly with successful promotion of psychosocial healing at family, community and institutional levels.

The issue of duration of symptoms is also quite controversial. Some authors contend that the effects of war experiences are enduring. In fact, significant levels of psychological dysfunction and post traumatic stress have been documented even years after the traumatic events were occurred. In a study of Iraqi children conducted often the Gulf war, the prevalence of post traumatic stress symptoms remained fairly stable at 80% over a two year period. Not all studies support this perspective, however. In various studies from different geographic areas the majority of children exposed to war and/or political violence exhibited no signs of clinical disorder or their symptoms were fleeting or short lived. Surprisingly, low rates of post traumatic stress have been documented in adolescents who have experienced massive psychic trauma. (Gyregrov et. al., 2002).

In general, young children are assumed to be more vulnerable than adolescents due to their less-developed cognitive capacities for remembering, processing, and coping with trauma. On the other hand, there is also a strong belief that the youngest children experience some protection from the severity of trauma because they do not understand the full measure of its negative consequences. Many studies tend to agree about the greater vulnerability of children between 5 and 9 years, whose ability to be aware of and to process real events is expanding, but who still lack consolidated identities and higher order defense mechanisms. Finally, the degree of available social support appears to diminish the psycho-social impact of war over time (Miller 1996 cited in Joshua B. 2004).

The impact of war on child mental health is determined by psychological and social effects, including altered relationships due to death, separation, estrangement, other losses, and family and community break down, damage to social values and customary practices, and the distraction of social facilities and services. These factors mutually interact and affect a child's perceptions and understanding, as well as lead to specific symptom expression.

To reconstitute psychosocial health and stability, children need caring adults, security, education and opportunities to exercise and play. Due to increasing awareness of these aspects of recovery process, many NGOs have implemented programs of psychosocial support that specifically address the needs of families and children. Some of these programs focus on educating and supporting parents and teachers, so that they in turn can support the children, whereas other programs involve direct work with children to help them process their traumatic memories through drawings, play or talking about what has happened. Although restoration initiatives have utilized both population based and individualized approaches, they may necessarily involve simple and direct approaches due to limited resources and the large number of individuals.

These may include, for example training programs and initiatives aimed at educating the community leaders to help in the psychosocial healing process. Individualized interventions are usually introduced after population-based ones, because of emergency conditions and the sheer numbers in need (Joshua B., et al 2004).

In fact, greater severity of symptoms in children is associated with having a mother with poor psychological functioning and living in a family with inadequate cohesion. Parents or other caregivers who suffer often have difficulties interacting with their children and may become less sensitive, less tolerant and less able to feel and express love for their children; they may also be less able to maintain normal rules and boundaries for their children.

Thus important goals of family interventions are the reduction of family distress and the promotion of strategies to support parental calm and stability, which in turn serves to promote child well-being (Mechel, 1996).

2.3.2. Role of Parents in Supporting Traumatized Children

Every parent at one time has worried about harm befalling their children. When trauma to children occurs, the territory of everyday life becomes frightening and unfamiliar not only for children but parents as well. Parents may find themselves overcome with anxiety and fear. Trauma may send a shockwave to the system and parents may respond with a wide range of feelings. These feelings may include a sense of disbelief, helplessness, isolation, despair, or horror. Parents may try to make sense out of a senseless act. Who can prepare for their children being physically or sexually assaulted, kidnapped, mugged, terrorized or involved in a severe accident? Who can prepare for children being diagnosed with a life threatening illness or experiencing a natural or man-made disaster? Traumas typically occur suddenly, often leaving children little or no time to prepare physically or emotionally. Traumas are unpredictable and outside what are to be expected in children's lives. During a trauma, children experience intense fear, horror or helplessness. Typical methods of coping no longer work. Following trauma, children require extra support and need to learn new coping strategies. (Brooks 1997).

Helping children recover from trauma is a family matter. It is important to maintain an open discussion of the trauma and recognize the feelings of all family members. Focus on the immediate needs of the children, and take a 'one-day-at-a-time' approach. Find and use support systems outside of the family. Always maintain a positive image of your children as healers and survivors. Parents can be instrumental in their children's recovery. Therefore, helping children recover from a trauma is a family

matter. Parents need to take the lead and model in positive coping. Yet, parents themselves may require extra information, support and resources to assist their children. Some first steps that parents can take are to understand the impact and symptoms of trauma and how to help in the aftermath. (Brooks 1997)

2.3.3. The Role of Education in Psychosocial Interventions

It has been widely recognized that education is an inalienable right, which all children including those caught in natural and human made emergencies, should be able to access and that it is central to human and national development (Pigozzi, 1999). In emergency situations, educational activities must be established or restored as soon as possible, and where education systems have been rendered non-functional, the rebuilding of the system provides an opportunity for transforming education so that it meets the needs of the population.

Education can also have serve as a mechanisms for contributing to the prevention of emergencies. In many countries it is necessary to have an emergency preparedness plan and it is essential to know what to do to support education in the event of emergency (Pigozzi, 1999). Restoring structured education helps to restore the normalization, stability and continuity of children's lives and importantly promotes resumption of the social role of student, thus fostering community cohesion. Classroom settings provide predictable routines, clear expectations, consistent rules, and immediate feedback for children with questions or concerns as well as social interactions and friendship with possibilities for reciprocal affection, attachment and emotional security. At school children also have working tasks, functions and responsibilities.

Success in school enhances self-esteem and improves coping abilities, while countering tendencies toward isolation and withdrawal. In school-based interventions, the initial goal is to create

an emotional safe and friendly environment while incorporating mental health interventions. In addition, schools and other public services can help in monitoring children's adjustment and level of coping and can facilitate the provision of professionals help when it is needed (Yule 2002 cited in Jeshua b. et. al 2004).

2.4. Psychological Care and Support: Cultural Perspective

The focus of war- affected people is not mainly directed inwards to trauma. It is rather directed outwards to their disrupted social world. It is clear to them that their future existence heavily relies on what they do in relation to that world. Any intervention that fails to realize this are bound to fail being considered as irrelevant and imposed. The social world, thus, holds a central place, as it represents the ability of survivors to deal with their suffering, adjust and recover as a group. Therefore, priority should be given to re-strengthening of local capacities. It is not easy to detach the fate of children from their immediate environment, as what is nurturing to the family and community ought to address the trauma the children went through due to the war (Braken, 1998).

Despite the pervasive status of symptoms of trauma particularly in instances where the trauma is sever, Ehrensaft 1995, emphasizes the need to take into account the role of "ethno-cultural factors" in determining the extent to which a person is prone to PTSD, the manners in which PTSD is manifested ,and the relevance of treatment of PTSD Fozzard (1995) forwarded the following issues in relation to recovery programs initiated to support children and families. They include perspectives that are gaining a lot of acceptance today and they directly or indirectly imply psychological intervention.

- The success of program can be brought about taking into account the views, aspirations, needs and strengths of the community in which the program is to be implemented. A

of children's lives disarranging their homes splintering their communities and breaking down their trust in adults.

Psychosocial support is essential to children's recovery, growth and development and should be included from the outset in relief programs. Psychosocial support consists of structured activities designed to restore children's psychological & social development and to mitigate the adverse effects of armed conflicts. (Bryce & Armenian, 1986). Stress, its effects and the socially appropriate means of responding to it are powerfully influenced by culture. (Di Nicola 1996).

As Cairns, 1996 in Michael notes; psychologists have tended to embrace Western models of stress as a socially constructed construct that exhibits considerable variation across cultures. In countries such as Angola, where life is colored by spiritual cosmology, a child soldier who has killed may present symptoms such as guilt & sleeplessness, but the deeper problem may be his belief that he is haunted by the unarranged spirits of those he killed. Whereas Western trained psychologists might allow this individual to express his feelings about what he had done, this approach might not address the spiritual contamination issues. Failure to restore spiritual harmony can lead to the youth's rejection by the community. Local people often prefer the use of traditional methods of healing in forms such as ritual purification ceremonies conducted by a community-designed healer or spiritualism, and talking openly about one's experience following such a ceremony may be viewed as an invitation for harmful spirits to return. Excessive reliance on western methods can prematurely marginalize locally used methods. While these local methods should not be romanticized one should also recognize that they might be the most culturally relevant, sustainable, and effective methods available. (Dawes, Cited in Michael G, 1998).

A related problem is individual focus of Western analyses and intervention. Typically, trauma is viewed as an individual phenomenon, whereas in zones of armed conflict, trauma is better

viewed as communal and as a manifestation of social disorder (Rachenberg & Frcedman cited in Michael G, 1998).

To focus on individuals and to talk about the child may violate the norms and world views of collectivist societies. Excessive focus on individuals may detract attention from the communal healing that is needed. In many situations this healing is best accomplished not through the use of psychological centers or individual counseling, but through community-based projects in which adults arrange activities to assist children (Gibbs, 1994).

Two major ideologies have emerged concerning the role of culture in assessing and treating war-affected individuals. Concerning the lack of good studies on cultural aspects of psychopathology in children and adolescents, some of the references that follow come from studies on adults. Some studies maintain that signs of emotional distress are expressed simply by children of different cultures and that PTSD resulting from war trauma passes the barriers of culture and language such proposal have demonstrated the cross-cultural applicability of western therapeutic programs in non-western cultures and maintain that western therapy regimes can offer valid modes of treatment in supporting psychosocial programs and services for divers populations of children affected by war (Lowry, 2000).

The alternative view maintains that there is a broader view of post traumatic responses to war situations, and notes the limitations of present models and the need of expansions or revision Lowry, (2000). notes that cultural factors influence the expression of PTSD symptoms, and question whether any particular symptoms are predictive of the full syndrome cross-culturally. He notes that distress can't be homogenized to adequately address local forms of response and that Western professionals risk imposing culturally alien assessment assumptions, some of which breakdown when applied cross-culturally (Krener and Sabin, 1985).

The way individuals deal with suffering is determined by the social, cultural and political aspects of their unique situations and mental health professionals with different backgrounds must help local care givers work from within their explanations of distress and trauma. In order to provide culturally sensitive assessment and treatment, it is essential to understand cultural practices and to have local knowledge of the community. Delivery of interventions in non-Western settings needs to incorporate prevailing cultural norms, including spiritual, or religions involvement, beliefs and related issues. In cross-cultural consultation, important aspects of communication include the use of interpreters who are proficient in explaining linguistic nuances during the consultation and also are acceptable to the child and family.

Local needs and resources and the possibility of culture-specific ways of understanding, expressing and healing trauma should be recognized (Lowry, 2000). In some cultures adults may require children to be well-behaved and emotionally constrained which potentially may complicate the process of identifying symptomatic youth. In some settings individuals may preferentially access help from local healers, whose help may be especially valuable and valued because they know local realities, hold shared beliefs and can utilize those much more effectively than new comers.

Thus, it may be that optimal approaches to understanding and treating war-exposed children draw both on principles of cultural specificity, and cross-cultural universality. Recognition of cultural differences in social support systems is important as they carry direct implications for intervention strategies (Krener and Sabin, 1985).

2.5. Healing of War Affected Children, Indigenous Perspective

Children in war-torn countries of Africa and elsewhere are often direct or indirect victims of violence, and/or witness. In conflicts where terrorizing civilians has become a routine means to political and military ends, women and children are deliberately targeted for torture and death. (Aguiler & Ratamal, 1998).

In recent years some NGOs and various private, voluntary organizations such as Save the Children have developed various types of so called psychological programs to assist war-affected children. Yet, therapeutic techniques for war affected children remain at a very preliminary stage of development. It is not known to what extent Western psychotherapeutic techniques for PTSD which were originally develop to treat American veterans of the Vietnam war would be appropriate and effective for children in African and other less-developed areas.

One of the concerns with the PTSD is the very notion of Post-traumatic stress disorder. In these contexts, it is problematic to talk about trauma as the past (Post), if one understands the notion of violence to be broader than direct exposure to war situations (military attacks, landmines, etc), and to encompass spheres like poverty, hunger, displacement and the like. Another concern with the PTSD lies in its therapeutic techniques which are centered on the individual patient. Such focus ignores local beliefs in the role that ancestral and malevolent spiritual forces play in the causation and healing of the affliction.

It also undermines family and community involvement and active participation in the healing process. During early psychological programs for war affected children in Mozambique and Angola, community Leaders, traditional healers and families showed tremendous knowledge of how to heal the social wounds of war affected children and adults. Such disorders are in fact quite

treatable by traditional healers, based on indigenous understandings of how war affects the minds and behavior of individuals, and on shared beliefs of how spiritual forces intervene in such processes. There is evidence from throughout Africa that mental or psychiatric disorders are among the conditions for which modern or Western medical help is least likely to be sought.

African people in general most of Ethiopians in particular turn to indigenous forms of therapy in case of mental health. Empirical studies of the relative effectiveness of different forms of western psychotherapy in fact show that virtually all psychotherapies do the patient some good and all are potentially effective when embedded within social and cultural specificities. This may suggest that as psychotherapists, indigenous African healers may be at least as effective as modern medical specialists, especially among those who share a common culture (Graham, 1991)

In 1994, during the first project in Angola specifically to help war-traumatized children, it was found that children were already being helped by indigenous psychotherapy, provided by indigenous healers in the form of ritual purification ceremonies. This was provided for both ex-combatants and children who had either participated in or witnessed bloodshed. The earlier children and war project in Mozambique found similar treatments for children. In both countries, these therapies appeared to be effective, at least in the short-term. These healing rituals bring together a series of symbolic meanings aimed at cutting the child's link with the past (the war). While modern psychotherapeutic practices emphasize verbal exteriorization of the affliction, here through symbolic meanings the past is locked away. This is seen in the burning of the hut and the clothes and the cleaning of the body. Therefore, the approach of donor organization, NGO and other organizations involved in humanitarian aid for war affected children should take into account local understandings of war trauma and indigenous strategies for dealing with it. They should work towards promoting

stable, secure ,culturally-familiar environments in which children can gain a sense of competence and security in a more predictable world by encouraging self-reliance through reliable community development projects ,their families ,or with appropriate foster families if necessary. (Graham, 1991).

2.6. The Need for Resilience, Factors and Strategies

How do people deal with difficult events that change their lives? The death of a loved one, loss of a job, serous illness, terrorist attacks and other traumatic events: these are all examples of very challenging life experiences. Many people react to such circumstances with a flood of strong emotions and sense of uncertainty. Yet people generally adapt well over-time to life changing situation and stressful conditions. What enables them to do so? It involves resilience, an on going process that requires time and effort and engages people in taking a number of steps.

Resilience is the process of adapting well in the fact of adversity, trauma, tragedy, threats or even significant source of stress. It means "bouncing back" from difficult experiences. Research has shown that resilience is ordinary, not extraordinary people commonly demonstrate resilience. Being resilient doesn't mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives.

In fact the road to resilience is likely to involve considerable emotional distress. Resilience is not a trait that people either have or do not have. It involves behaviors, thought, and actions that can be learned and developed in anyone (APA, 2004).

The concept of resilience is not a new one, although defining precisely remains a problem. A number of researchers' have identified specific factors such as trusting relationships, emotional support outside the family, self-esteem, encouragement of

autonomy, hope, responsible risk taking, a sense of being lovable, school achievement, belief in God and morality unconditional love for someone. But there is insufficient understanding on the dynamic interaction of these factors, their roles, in different contexts, their expression and their sources. A child's own genetic make-up and temperament is fundamental to whether he or she will be resilient.

That is, a child's vulnerability to anxiety, challenges, stress or unfamiliarly determines his or her self-perception, how he or she interacts with others, and how he or she address adversities. (Grotberg, 1995).

Resilience is a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity. Thus, it is clear to understand that there are relationships between culture and resilience factors. Some cultures relay more on faith than on problem solving in facing adversity.

Some cultures are more concerned with punishment and guilt while others discipline and reconcile. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. The parents in some countries maintain a close relationship with their children while others 'cut off' their children at about age five. The resilient children manage this kind of rejection; non resilient children withdraw, submit and are depressed (Grotberg, 1995).

Day-in and day-out children all over the world face situations that can influence their socio-emotional growth. It is the rare child that escapes childhood without some cruelty, threat, pain or loss. And far too many children experience more severe chronic traumatic stress. Millions of children each year experience discreet traumatic events, natural disasters, physical abuse, sexual assault and a host of other specific terrorizing experiences. Millions of other children live in the traumatizing maelstrom of domestic or community violence (Drell, 1993).

Some children face stresses such as divorce or illness while others confront catastrophic-war, poverty, disease, famine, floods. Whether such experiences crush or strengthen, an individual child depends, in part on his or her resilience. Resilience is important because it is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life. Everyone faces adversities; no one is exceptional.

While outside help is essential in times of trouble, it is insufficient. Along with food and shelter, children need love and trust, hope and autonomy. Along with safe havens, they need safe relationships that can foster friendships and commitment. They need the loving support and self- confidence, the faith in themselves and their world, all of which builds resilience (Grutberg, 1995).

A combination of factors contributes to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships with-in and outside the family.

Relationships that create love and trust provide role models, and offer encouragement and reassurance help bolster a person's resilience. Several additional factors are associated with resilience, including:

- The capacity to make realistic plans and take steps to carry them out.
- A positive view of yourself and confidence in your strengths and abilities
- Skills in communication and problem solving
- The capacity to manage strong feelings and impulses.

All of these are factors that people can develop in themselves.

Developing reliance is a personal journey. People doesn't react the same to traumatic and stressful events. An approach to building

resilience that works for one person might not work for another, people use varying strategies. Some variation may reflect cultural differences. A child's culture might have an impact on how he or she communicates feelings and deals with adversity for example, whether and how a person connects with significant others, including extended family members and community resources. With growing cultural diversity, the public has greater access to a number of different approaches to building resilience (APA, 2004).

CHAPTER III

METHODS AND PROCEDURES

This research is aimed at conducting an evaluative study concerning the psychosocial care and support provided to those students of the Ayder Primary School, who were in the school compound at the time the Eritrean Air Force bombed the school on June 5, 1998.

3.1. Data Source

3.1.1 The Research Site

The research site is the Ayder Primary School. The school is located at the outskirts of Mekele Town (777km far from Addis Ababa,) the administrative center of the Tigray National Regional State. The Tigray Administrative region shares a longer border with neighboring Eritrea. Even though Eritrea became independent in May 28, 1993, the boundary between Ethiopia and Eritrea is not yet clearly demarcated and this appears to be the cause of the border conflict between the two neighbors.

As modern wars always victimize the civilian population mainly children and mothers, the Ayder Primary School children were the victims of this conflict. The bombing has killed 53 and wounded 183. Among the dead, eleven of them were 14 years of age and below (W.I.C 1999).

3.1.2. Population

For reasons to be explained later, the researcher opted to minimize the risk of taking irrelevant participants by limiting the large population to the manageable size as follows:

- ❖ Students who were in Ayder Primary School compound during school bombing on June 5, 1998 (those in the school play ground or in the make up class)

- ❖ Ayder Primary School teachers, presently teaching in the Ayder Primary School.
- ❖ Teachers who were staff members of Ayder Primary School during the school bombing on June 5, 1998 and still now working in the Ayder Primary School.
- ❖ NGOs that provided care and support to the students during and after school bombing.
- ❖ Parents of students whose children were in the school compound during the school bombing.

3.1.3 Participants and Sampling

The population involved students and teachers of both the Ayder Primary and Secondary Schools, parents of the students and relevant NGOs which in one or another have played a part providing care and support for the students. However, the researcher had to sort out some relevant but conflicting information before fixing the target population.

Initially, the researcher attempted to get general information about the event from available literature and relevant persons. The main sources of information the researcher managed to secure were a report compiled by Walta Information Center (W.I.C 1999) and an eyewitness written declaration of ato Girmay Gebru, a reporter who is now working for Voice of America (Tigreña Service) but was a camera man for Sustainable Agriculture and Environmental Rehabilitation in Tigray (SAERT) during the bombing. Reportedly, he was also the producer and presenter of SAERT's monthly article in Woyen Newspaper (TPLF's Organ) by then, as he indicated on the declaration. The specific time of the bombing was not stated in both reports but it can be inferred from these reports that the bombing occurred during working hours, while both teachers and students were in the classes. (see Appendix 7).

On the other hand, after the researcher submitted the proposal traveled to the research site and made a lot of interviews and focus group discussions, he found a slightly different version of the incident. For example, in one focus group discussion, the Ayder Primary School teachers explained that the bombing started towards the end of the day's lessons (i.e. Friday June, 5, 1998). On this day, the School was preparing the classrooms and desks for the 8th Grade National Examination to be conducted on Monday June 8, 1998, and hence classes were terminated a little earlier. Students and teachers were off campus, except few students who were playing on the school ground and few others attending makeup class in one classroom.

Due to this contradicting information it was difficult to decide from which perspective sample could be drawn. In any case, it was believed useful to rule out the possibility of sampling participants who did not witness the bombing. Hence, the sampling involved those students who were in the school compound, playing or learning, at the time of the bombing.

Regarding the actual participants to be sampled, the researcher used a snowball or chain sampling method, which involves asking well-situated people to recommend cases to study (Meredith.D,et.al 1996). To begin with, a thorough discussion with Ayder Primary School Director and reviewing of documents were done to list teachers who were thought to have better information about the incident. Accordingly, eight teachers (six female, and two male) were selected, then a short clarification was given to them about the aim of the research and finally they were advised to list down the name of students whom they know were in the school compound during June 5, 1998 bombing.

Based on this request, 42 students were listed, and all of them were taken as a sample, using purposeful sampling technique. Not only that, six of these teachers participated in the focus group discussion.

Similarly, the School Director and these selected teachers were consulted to help select parents for interview, and hence a total of 10 parents were selected, based on two assumptions.

- ❖ Parents whose children are considered to have proximity to the bombing site and some of them were brutally wounded or shocked.
- ❖ Parents living in the areas closer to the school (accessible area).

From the listed ten parents, it is unfortunate that only four were willing for the interview. Four others felt that interviewing may remind them of the shocking memory they bear of the event. In fact the remaining two indicated that they were previously interviewed many times and photographed by different parties but did not get any assistance and hence are tired of being asked about the issue.

On the other hand, selecting of teachers who were teaching at Ayder Primary School at the time of bombing was done by the help of the Deputy Director of the Ayder Secondary School(Ato Tarekegn Ketsela) located in the vicinity of the primary School. Hence, six of such teachers were selected to participate in the focus group discussion. Of all NGOs presently active in Mekele Town only two confirmed that they have participated in assisting the students during and after the bombing. Based on these information representatives of the Ethiopian Red Cross, Tigray branch and Relief Society of Tigray were approached for interview.

A total of 40 students participated in filling the questionnaire. Just to mention the major characteristics of the participants, 48% of them were male and 52% of them were female; more than 93% of the students were between the age of 16-18, and about 95% of them were between grade 9 and 10. Thus, it is possible to deduce that, majority of the participants were between the ages of 8-9 during the school bombing.

Table 1: characteristics of students

	Sex			Age					Grade level				
	M	F	Total	16	17	18	19	Total	9 th	10 th	11 th	12 th	Total
Frequency	19	21	40	10	17	10	3	40	13	25	-	2	40
Percent	48%	52%	100%	25%	43%	25%	7%	100%	32%	63%	-	5%	100%

As it is shown on Table 1 above forty students (19 male, 21 female) has participated in filling out the questionnaire. Out of these six students (all of them girls) were selected to participate in the focus group discussion. The selection of this six students was done by their teachers, based on their closeness to the bombing spot during the school bombing and some of them are known to have been brutally wounded and lost bodily parts during the bombing.

Table 2: Distribution of respondents by status of parents, siblings and socio economic status.

No	Item	Responses	Frequency	Percentage
1	With whom do you live presently?	a) Living with both parents	22	55%
		b) Living with father	12	30%
		c) Living with mother	2	5%
		d) Living with relatives (not parents)	3	8%
		e) Living with non-relative	1	2%
		Total	40	100%
2	What about your siblings?	a) I have both brother and sister	31	78%
		b) I have brother only	2	5%
		c) I have sister only	6	15%
		d) I have no siblings	1	2%
		Total	40	100%
3	Monthly income of your family	a) Is more than enough for living	2	5%
		b) Is enough for living	4	10%
		c) Is not enough for living	21	53%
		d) Is very small for living	13	32%
		Total	40	100%

From the above table it is possible to infer that 55% of the respondents are living with both parents, and 35% of them are living with one of their parents and only 10% of them are not living with their parents.

Regarding siblings 78% of them have both brother and sister, 20% of them have at least one sibling and only 2% of them have neither brother nor sister. Furthermore, the socio economic status of the respondents is also categorized as follows: 85% of the respondents have indicated that the monthly income of their family is less than enough for living; only 15% of them indicated that their caregiver's income is enough for living.

Table 3: Summary of the participants by role and sex.

Group	Total Population												Remarks
	During Bombing			Total Population			Target Population			Sample			
	M	F	T	M	F	T	M	F	T	M	F	T	
Students	*	*	*	19	23	42	19	23	42	19	21	40	* No Record
Teachers (primary School)	*	*	47	21	19	40	2	6	8	-	6	6	* No Record
Teachers (Secondary School)	*	*	*	26	9	35	5	1	6	5	1	6	The school was not opened.
Parents	-	-	-	-	-	-	5	5	10	1	3	4	* No Record
NGOs	-	-	-	-	-	-	-	-	2	-	-	2	*No Record

Six teachers from the primary school and another six from the secondary School were also selected to participate in the focus group discussions. For the interview, four parents (three mothers and one father) were used. Regarding NGOs, two representatives from NGOs (i.e. Head, Program and Planning Department of the Ethiopian Red Cross Society of Ethiopia, Mekele branch, and Head, Relief and Rehabilitation Department of the Relief Society of Tigray) has participated in the interview.

3.2 Instruments for Primary Data

Three types of instruments were employed for collecting primary data: questionnaire, structured interviews and focus group discussion guide (see Appendices 1-6). Moreover, secondary data instruments used were also to help supplement the primary data.

3.2.1 Questionnaire

One questionnaire was prepared for students. It consisted a total of thirty items. Out of these items, the first seven are related to the demographic characteristics of the participants (age, sex, grade, parents, SES, siblings ...). The other nine items focused on the overall situation of the bombing. The remaining fourteen items dealt with the post bombing situation: academic problems, behavioral problems, and the day to day life of the students. In addition to these 30 items one open-ended item was appended. This item was about the future wish of the student. Please refer to Table 2 for a summary presentation of the issue. (Please see Appendix A).

3.2.2 Interview

Two structured interview were separately prepared based on the research questions and administered to:

- ❖ Parents of selected students
- ❖ NGOs those were active in providing care and support to the students during and after the bombing incident.

A total of 28 items constituted the interview for parents, out of which, the first four items were about the demographic characteristics of the parents (age, sex, marital status, socio economic status, number of children,), the next seven items dealt with the conditions immediately after the bombing and experiences up until the present.

These interview guide items prepared for the parents were first prepared by the researcher using English language and then presented to two special need professionals for comments on the item's ability to investigate as to what kind of parental care and support were provided to the students. After receiving comments the guide was improved and made for use.

The language used for administering the interview with parents was Tigregna. The English version of the interview guide was therefore given to a Tigrigna language teacher in Addis Ababa University for proper translation.

Carefully selected research assistants from the locality served both as research assistant and translator mainly during administering the interviews with parents.

Interview guide for the NGOs were first prepared in English, then was presented to two special needs professionals for further comments after receiving constructive comments from them, the guide was translated to Amharic, by a professionals from the Department of Foreign Languages, Addis Ababa University.

Administration of the interview was done after initial contact with participants and briefings on the objective of the study. Four parents were interviewed, with the help of the research assistant and a translator after fixing an appointment, for the convenience of the participants and to make the setting natural. The interviews were conducted in the participant's residence and took on average one hour.

The interviews conducted with the two NGOs, followed the same procedure. First the researcher contacted the representatives by which time he explained objective of the research and fixed an appointment. Then after, the interview was conducted in their office. Each interview took forty-five minutes on average. (see Appendices E and F).

3.2.3 Focus Group Discussion

Focus group discussion guides were prepared and used for discussion conducted with:

- ❖ Selected Students
- ❖ Selected teachers

The Selected students are those who were thought to have been closer to the bombing sight and received greater causality. The focus group discussion guide contains eight main items each consisting four sub items totaling thirty sub-items. Regarding the contents of the items the first five main items deal with the situation during the bombing, such as the rate of damage the bomb caused on the students, teachers and the school as a whole, support provided to the students, and the role of teachers and parents. The remaining part contains three main items and four sub items under each item. This later part of the discussion winds on the aftermath of the bombing, its effects on the student's health, academic performance, and behavior. The guide was first drafted in English and given to a special needs professional for professional comments. Based on the comments received, the final version was prepared and then given for a professional person in Addis Ababa University, Department of Foreign Languages, to be translated to Amharic.

The final draft of the Amharic version of the focus group discussion guide was administered to the selected students. The process of selecting students for the focus group discussion was challenging, because of the following two reasons.

- As most of the teachers and students were off campus during the bombing, identifying students who were closer to the bombing spot was a difficult task. Somehow the Ayder Primary School director and teachers, made it possible to identify six students with careful examination of eye witness account.

- Eight years has elapsed after the incident. Due to the length of the time, most of the then time teachers of the Ayder Primary School were transferred to other schools, and hence identifying them was a difficult exercise , with the help of the Mekele town Education bureau such teachers were approached to supply the information

Selected teachers were those who were staff of the Ayder Primary School during 1998 academic year. Six teachers who are thought to have had closer relations as a teacher with the students during and after the bombing were selected to participate in the focus group discussion .The discussion guide was prepared based on the key questions of the research. The language used for the first draft was English, and then it was given to two special needs education specialists for comments. After receiving professional comments on the contents of the items, the final draft was produced, and was given for a professional translator to be translated to Amharic.

The Amharic version of the focus group discussion guides were administered to both group of teachers.(The then Ayder Primary School and present Ayder Secondary School teachers.)

The second focus group discussion presented to Ayder Primary School teachers contains a total of nine main items. Under these main items thirty-three sub items are incorporated. All the items deal with events during the bombing time, human damage it caused, the emergency support provided to the students during the bombing, and immediately after the bombing.

The discussion was conducted in the Ayder Primary School in the Director's office and was tape recorded. It took about two hours.

The third focus group discussion guide items presented to the Ayder Secondary School teachers focuses on the present situation of the students. The guide contains twenty-two sub items listed under six main items, all of which revolves around the present academic ,health, behavioral and social situation of the students. The

discussion was conducted in the Ayder Secondary School Director's office, for about one hour and twenty minutes. The discussion was tape recorded with the permission of the participants. (See Appendices B, C, and D).

Table 4: Instruments used for primary data collection by types, purpose & Language

No	Tools	Targets	Purpose	No of participants	No of Items	Language	Procedure	Time Taken	
1	Questionnaire	Students	To evaluate the impact of the bombing incident upon the students during and after the incident	40	30	Amharic	Snow ball (Chain) sampling	60 min	
2	Interviews	Parents	To evaluate the parental care and support provided	4	28	Tigrigna	Snow ball (Chain) sampling	90 min	
		NGOs	To examine the role of NGOs in the provision of sustainable care and support	2	25	Amharic	Purposive sampling	45 min	
3	Focus Group Discussions	Students	Understand the student's perspective of the over all impact of the bombing	One FGD with six members	5 main Items	Amahric	Snow ball (Chain) sampling	90 min	
		Teachers	Primary school Teachers	Examine the role teachers played during and after the bombing	One FGD with six members	9 main Items	Amahric	Snow ball (Chain) sampling	120 min.
			Secondary School Teachers	Examine the present condition of the student from their teachers' perspective.	One FGD with six members	6 main Items	Amahric	Purposive sampling	80 min.

3.3 Construction and Pretest of the Questionnaire

The draft questionnaire items were prepared based on the key questions. Then the draft was presented to two special needs professionals for comment, mainly on the questionnaire's ability of investigating the psychosocial problems the students experienced after the bombing incident. After valuable comments from the professionals were secured, the questionnaire was improved and prepared in a booklet form for pilot testing.

Regarding the language of the questionnaire, the researcher consulted the Head of the Education Bureau of Mekele town and learned that Amharic language can be used for the questionnaire.

Pre-testing was conducted only for the questionnaire prepared for the students. However, pre-testing of the interview guides and focus group discussion guides was found practically difficult due to the nature the participants and, financial constraints.

The pre-test conducted of the questionnaire has helped in determining the effectiveness of the questionnaire and in improving the limitations it had. It was conducted in Ayder Secondary School. One classroom was randomly selected. The selected classroom (i.e. 10G) was randomly selected from the total of 24 classrooms. As most of Ayder Secondary School students remember the June 5, 1998 bombing incident, 20 of them (12 males and 8 females) again selected randomly from the Attendance sheet that contains 79 students. On the basis of the responses of students two items were found ambiguous and hence removed from the final format. Three questions were modified because they seemed leading respondents. And two new items were added, instead.

Table 5: Modifications done up on the questionnaires after the pilot study

No	Problems observed	Items having these problems	Modification Made
1	Ambiguous Items	3) Your grade?	3) Your Grade : A)During the bombing b) Present.
		6)The income of your Family: a)Very High b)High c)Low d)Very Low	6) Is the monthly income of your family enough for living? a) It is more than Enough b) Enough c) Below enough d) Far below enough
2	Leading Items	9) Because they bombed your school do you hate Eritrean? a) Yes b) No	9) Do you think people are cruel up on Children? a)yes, they are very cruel. b) They are cruel. c) It is difficult to know.
		29) Do you think there will be such an incident in the future, when you see the condition between the two neighbors? a) Yes b) No	29) What do you do in case such incident happen in the future ? a) I have learned how to save my self and others. b) There will never be such a problem in the future. c) If such an incident happen ,God will take care of me.

3.4 Secondary Data Analysis

The secondary data sources included video clips, news papers, an eyewitness written declaration, and a Compiled Report on the Bombing (W.I.C 1999). These sources were used to get information on the nature of the problem, and the overall damage it caused. Table 6 presents more information about the data sources.

Table 6: Secondary data sources, by types, source and content.

	Type	Title	Prepared by	year prepared	Length	Purpose	Source
1	Video clip	No Title	Ato Girmay Gebru (Journalist)	June 1998	5 minutes	Unknown.	Ato Girmay Gebru
2	Complied Report on Ayder School Bombing	Ayder	Walta Information Center (W.I.C)	October 1999	36 pages	To Commemorate the Anniversary of Aydre School Bombing..	Institute of Ethiopian Studies (A.A.U)
3	Eye witness's written declaration	Personal Declaration of Girmay Gebru	Girmay Gebru	October,2003	2 pages	School bombing written for UN	Ato Girmay Gebru
4	News Papers	Addis Zemen and Ethiopia Heralds.	Ethiopian Press Agency	June 1998	3 pages	News	Institute of Ethiopia studies (A.A.U)
5	Photograph.	Ayder School Bombing.-	Un known	1998	24 Pieces	In Memory of the Bombing	Ayder Primary School

3.5 Data Collection.

The actual data collection was made using the instruments mentioned above. The instruments used to collect the data for the study was snowball (chain) and purposive sampling methods. Before administering the instruments the participants were informed about the purpose of the research, and the aim of each instrument.

The interviews and focus group discussions were tape recorded, with the permission of the participants and a log book was used to jot down the key points of the interviews. In addition to the primary data sources secondary data sources were used to strengthen the primary data.

3.6 Data Analysis

The data for the study was collected using the instruments mentioned. Then the collected data was organized and processed both quantitatively and qualitatively in a way that enable to answer the questions mentioned in the research problems. In particular, the findings were organized according to the following framework concepts.

- ❖ Reaction of the school community (students, students' parents and teachers) in particular during the bombing incident
- ❖ Crucial role played by parents in the recovery of the students' traumatic events.
- ❖ Role played by NGOs in providing necessary and systematically organized psychosocial care and support during and after the bombing, so as to help the families in general, traumatized students in particular.
- ❖ Understand problems of the schools and NGOs, especially in such a challenging event, and recommend methods of curbing the problems.
- ❖ Advocate the idea where schools should be safe haven for all types of students (schools should be inclusive).

The findings obtained from different sources were presented against each of the above concepts. Then the data were analyzed and discussed in relation to the related literature reviewed. Finally, conclusion and recommendations based on the findings were made.

CHAPTER IV

RESULTS

The Ayder Primary School was founded in 1993 as a first to third grade school from the World Bank Development Fund. The name "Ayder" is a Tigregna word which means marshy area. It got its name because; according to the present Vice Director of Ayder Secondary school, the area where the school is built was marshy by then. The school is located at the out skirt of the Mekele town. Presently, the school hosts students from first to eighth grade with a total number of 1980 students (926 male and 982 female), 40 teachers (21 male,19 female), and 17 classrooms.

The school is surrounded with big institutions, like the newly built Mekele Referral and Teaching Hospital, and in few hundred meters is Mesobo Cement Factory, and a huge grain depot.

As briefly highlighted in Chapter Three of this research, the researcher have come across conflicting information about the bombing

A report compiled by Walta Information Center on the Ayder School bombing (W.I.C. 1999)states the bombing incident as follows.

Sometime during the day, as students were in their classes, a loud noise interrupted them. Then, the students saw the bombs coming into their classes, and shattering their windows. (p.2)

From the above it easy to understand that, there was business as usually, students and teachers were at their School during the bombing.

Contrary to this information is the one obtained from the focus group discussions conducted with the students and Ayder Primary School teachers.In the FGD conducted with the students, as one student explained:

The Eritrean jets bombed the area two times, the school was bombed during the first bombing. It was about 11:30 (local time) when the school was

bombed, where almost all the students and teachers were out of the school. (Discussant, FGD with students)

Similar information was obtained from teachers' focus group discussion. For example, one discussant said:

The school was bombed after most of the students and teachers were off campus ... if it were not, for most of the students and teachers have been sent home, at the last period of the day's classes... it would have been worst (Discussant, FGD With Ayder Primary School Teachers).

In the face of such contradictory information, it would be safer to entertain the second position for fixing the target population because the research basically focuses on students witnessing of the bombing. The researcher's analysis now is, therefore, based on information obtained from a sample of students who were in the school compound during the bombing. Please refer to table 1 under chapter three for information on background characteristics, and table 2 for their family profile. We shall begin with general experience of the students during and immediately after the bombing.

4.1. General Experience of Students during and Immediately after the Bombing

The first source of information on the general experience of students during and immediately after the bombing incident was the questionnaire administered to the students. This information is summarized on Table 6 particularly for during bombing experience.

Table 7: Summary of Response of Students about the incident

No	Item	Responses	Frequency	Percentage
1	What do you remember during the bombing?	a) I don't remember the situation, because I was so numbed.	16	40%
		b) I have run to one direction in order to save my self	22	55%
		c) I was searching for a help, because I was injured	2	5%
		d) I have tried to help injured friends	-	-
		Total	40	100%
2	Have you seen people hurt (injured) by the bombing?	a) Yes	34	85%
		b) No	6	15%
		Total	40	100%
3	If you have seen people hurt by the bombing what was that?		Frequency	Rank
		a) Dead bodies	21	3rd
		b) People who lost parts of their bodies	22	2nd
		c) Severely injured people	23	1st
		Total	⊛	⊛

⊛ Most of the respondents have indicated two or more responses.

As shown in Table 7, during the bombing, 55% of the students indicated that they run to one direction to save their lives, 40% of them don't remember what happened, because they were numbed, and 5% of them were searching for a help, because they were injured.

Asked if they have seen people hurt due to the bombing, 85% of them responded positively, only 15% say they didn't. When they briefly answered what they saw immediately after the bombing 52% of the respondents indicated to have seen dead bodies, 55% of them witnessed

people who lost their bodily parts and 57% of them seen severely wounded individuals.

In fact, some of these respondents indicated that they have seen more than one of these happenings; that are dead bodies as well as severely wounded persons. The response to this item clearly indicates the severity of the traumatic experience that the children were exposed to during the bombing of their school. Table 8 presents summary of there response about happenings immediately after the bombing; particularly the perception children had about the reasons of the bombing and the effect the unexpected bombing brought on their attitude towards people.

Table 8: Summary of Reflection of the Students about the incident immediately after the bombing. (N=40)

No	Item	Response	Frequency	Percentage
	What do you think the reason for the school bombing?	a) Thought it is an army barrack	3	7%
		b) Purposely wanted to attack students	19	48%
		c) I can't understand the reason	18	45%
		Total	40	100%
2	Do you think people are cruel upon children?	a) Yes they are very cruel	9	22%
		b) They are cruel	9	22%
		c) It is difficult to know	22	56%
		Total	40	100%

Their response for the item, "what do you think the reasons for the Eritrean to bombard the school?" 48% of the respondents indicated that, it is purposely to attack students, 45% the respondents replied they can't understand why they did such things, and only 3% of them agreed it is because the Eritrean thought it is an army barracks.

The next item is intended to know; their feelings towards humans after the bombing. In regard to this 44% of them indicated that they have

understood the cruelty of mankind to children, 56% of them replied that it is difficult to know about people.

4.2 General Experiences of Children, Parents, Teachers and NGOs after the Bombing

In this sub section issues after the bombing are analyzed. Responses are categorized into four themes: Health, Academic, Behavioral and General issue about life and society.

Health Issues

Table 9: Health Condition of the Students

No	Item	Responses	Frequency	Percentage
1	Your health condition after the bombing incident	a) Loss of appetite and stomach ache.	4	10%
		b) Repeated headache.	6	15%
		c) I have faced no health problem.	11	27%
		d) Unhealthy for few days, but presently I am in a good health.	19	48%
		Total	40	100%
2	Do you have faced sleeping problem after the incident	a) My sleeping problem lasted only few days.	21	52%
		b) I was having a fearful nightmare.	17	43%
		c) No problems associated with sleeping.	2	5%
		Total	40	100%
3	What do you think about your mental health after the incident?	a) I still fear that the same incident may happen again and I am living in a fear.	19	48%
		b) I have no mental problems.	13	32%
		c) I have a problem of concentration and forgetfulness.	8	20%
		Total	40	100%
4	Have you lost your bodily parts incident?	a) yes	4	10%
		b) no	36	90%
		Total	40	100%
5	Where do you think the right place for faster healing?	a) Going to the hospitals.	19	48%
		b) It is the support of parents.	13	32%
		c) It is prayer, Holy water, and visiting cultural healer	4	10%
		d) It is the support of my teachers.	4	10%
		Total	40	100%

Data obtained from other respondents seem to give support to the above problems. For example, in the interviews held with parents, one mother explained as follows:

for some months after the incident, my daughter was having bad night mare, headache and other health problems (Interviewee, Mother, Age 45)

In the interview conducted with the representatives of the NGOs, one respondent also reminded:

I know a student who is still suffering from the wounds caused by the bombing. (Interviewee. Head, Relief and Rehabilitation Department of Relief Society of Tigray. Age 60)

Similarly, in the focus group discussion one teacher said

I know a student, who lost her one leg during the bombing. This time she has health problem when using prosthesis leg. (Discussant, FGD with Ayder Primary School Teachers.)

So, it is possible to understand from the above responses that most students have faced health problems because of the horrifying experience and the injuries caused by the school bombing or due to closeness to the incident site.

Academic Condition.

Table 10: Academic Condition of Students

No	Item	Response	Frequency	Percentage
1	What happened to your schooling after the incident?	a) I found it difficult to readjust my condition before the bombing.	21	52%
		b) Because of the support provided to them by their parents and teachers they started classes few days after the incident	19	48%
		Total	40	100%

Regarding the resumption of schooling, after the school bombing 52% of the respondents reported that though they have tried hard to attend classes few days after the incident, they found it difficult for them, to readjust back to their condition before the bombing, 48% of the respondents indicated that because of the appropriate support provided to them by their parents and teachers, they started attending classes properly few days after the incident, and their academic performance was not as good as that of the before the incident.

In the focus group discussion conducted with the Ayder Primary School teachers, one teacher explained

Because the 8th Grade National Examination was conducted two days after the school bombing, which I feel may have tremendous effect up on the student's academic performance was followed with unsatisfactory results. (Discussant, FGD with Ayder Primary School Teachers.)

During the interview with parents, one mother explained:

One of my daughters, the one who lost one of her legs, during the bombing has failed three times in grade 6th; the bombing had totally affected her mind .(Interviewee, Mother, Age 45).

Generally, it seems from the findings the school bombing had some negative impact on students' school attendance and performance at least immediately after the bombing.

❖ **Behavioral Issues**

Concerning the behavioral problems observed after the bombing about 68% of the respondents indicated that, they have developed love and respect for people because of the assistance people provided them with, during the incident. Whereas 22% of the respondents have indicated that they have learnt the cruelty of mankind, and 8% of them responded that because of the loss of their bodily parts, they don't feel happy to mix with others, and the rest 2% of the respondents indicated that, because people reject them they don't enjoy mixing with others. (See also Item 2 on Table 8).

Table 11: Respondents Evaluation of their own Behavioral Change.

No	Item	Response	Frequency	Percentage
1	Do you feel any behavioral al change after the incident?	a)I have developed love and respect for people ,because of the support and care they provided me during and after the incident	27	68%
		b) I have learnt the cruelty of mankind.	9	22%
		c) Because of the loss of my bodily parts due to the incident, I don't feel happy to mix with others.	3	8%
		d) Because people reject me ,I don't like to mix with others.	1	2%
		Total	40	100%
2	Your relation with others when compared with that before the incident.	a) Presently I don't have many friends compared to the number of friends I had before the incident.	9	23%
		b) My parents, my brothers and sisters do care and love me.	9	22%
		c) I have a lot of friends when compared with the number of friends I have before the incident.	8	20%
		d) I like playing and staying with peers in similar fashion before the incident.	8	20%
		e) Playing with peers and others doesn't make me happy like it did before the incident.	6	15%
		Total	40	100%

In the second item, asked about their own evaluation of changes in their behavior vis-à-vis their behavior before the bombing, 23% of them indicated that this time they don't have many friends compared to the number of friends they had before the incident. 22% of them indicated that they have developed love and respect with their family because they have been loved and cared for during their recovery, while 20% indicated that they have a lot of friends, when compared with friends they had before the incident, and 20% of them indicated that they like playing and staying with their peers, in similar fashion as it was before the incident, and the rest 15% indicated that playing with peers and others doesn't make them happy like it did before the incident.

The responses obtained from other data source (Interview) about the behavioral problems observed after the bombing, one mother explained:

My daughter's behavior has changed after the incident. She has become so fearful and anguished... her relation with her friends and peers have been changed, and she gets angry with silly things. (Interviewee Mother, Age 40).

Similarly, in the focus group discussion conducted with the Ayder Primary School teachers one of the participants said:

I remember one girl, who lost her leg by the bombing, she always fall and bang her body on to the ground, whenever she hears an aero plane passing by. (Discussant, FGD, Ayder Primary School Teachers.)

In contrary, another participant explained:

I haven't observed an exaggerated behavioral problem. (Discussant, FGD, Ayder Primary School Teachers.)

In addition to this, in the focus group discussion conducted with the Ayder Secondary School Teachers, a participant explained about one of his students, who lost one of her legs during the bombing goes to say:

Academically, she is an average student, when it comes to her behavior, she is so sensitive and gets angry and disturbed, whenever she is corrected for her wrong answers for the class work or tests; and angrily reacts to her teachers. (Discussant, FGD, Ayder Secondary School Teachers.)

To summarize the responses about the health conditions, the researcher may generally say that students witnessed the bombing has shown behavioral problems of one kind or another mainly up until some months after the bombing incident.

4.3 Psychosocial Care and Support Provided

Psychosocial care and supports are the key components in healing the distress caused by the bombing.

Therefore, we shall now examine how timely, organized and sustainable were the care and support that was provided to the victims

4.3.1. Support Provided during the Emergency

Table 12: Support Provided during the Emergency

No	Item	Responses	Frequency	Percentage
1	Who provided you help immediately after the bombing?	a) My teacher/My teachers	6	15%
		b) People who were around the school compound	18	45%
		c) Ambulance men .	2	5%
		d) My parents	14	35%
		Total	40	100%
2	Arrival of the assistance to school was	a) Fast	22	55%
		b) slow	18	45%
		Total	40	100%
3	Arrival of your parents to the school was	a) Fast	25	62%
		b) Slow	15	38%
		Total	40	100%
4	What kind of support, you received from your parents?	Item	Number	Rank
		a) They have provided me love and care, to help me recover fast.	16	1st
		b) They have taken me to a Holy water and to a header.	7	2nd
		c) Because they haven't understood my problem they didn't helped me.	2	3rd
		d) Because my parents are poor, they have no time to care for me.	4	4th
		e) Because, I was not hurt, I didn't wanted care.	16	1st
Total	✳	✳		

* Some respondents have indicated more than one answer thus the total sum exceed from the total number.

As regards the rescue operation, indicated on Table 12 majority of the respondents 45% indicated that emergency support was provided to them by the people who were working in a project next to their school. About 35% indicated that support came from their parents and 15% indicated it was from there teachers. The remaining 5% indicated it was from ambulance men.

As is indicated in the 2nd item of Table 12, provision of assistance at the bombing site was fast for 55% of the participants and slow for 45% of the respondents. When the students were asked about the arrival of parents to the incident site, 62% indicated as was fast while 38% of them indicated that they were slow.

Obviously, parents are the ones with the primary responsibility to care for and support their children and that was why they were in the forefront to rescue their children. For item four, when respondents were asked to indicate the type of support they received from their parents about 16 of them indicated that they have been provided with love and care that helped them recover fast. While a corresponding number of students (16) indicated that they didn't need care because they were not hurt (note; here the belief that the psychological aspect is not given emphasis) the remaining others emphasized receiving either a traditional type of help or no help at all:

- Parents took me to Holy water and a traditional healer.
- Parents are poor and didn't have time to care for me.

When looking into the response of parents in the interview, one mother said:

It is the community in general that, who helped my daughter in getting her first aid. I don't forget the assistance from the construction workers of the Mekele Referral Hospital Project, which is located next to the school. (Interviewee, Mother, Age 45)

Similarly, in the focus group discussion conducted with the Ayder Primary School Teachers, one participant put it like this:

It was the construction workers of the Hospital under construction near the school

who reached first to provide emergency service. Ambulance and health workers arrived later. (Discussant, FGD with Ayder Primary School Teachers).

Furthermore, in the interview conducted, with the Ethiopian Red Cross Society, Tigray branch, the representative explained.

As is known, Red Cross is always ready to provide first aid assistance during emergencies. In line with this, as soon as we heard the information, we sent ambulance and young Red Cross Volunteers to the bombing site to provide first aid and ambulance service. (Interviewee, Head, Plan and Program Department of Ethiopian Red Cross Society, Tigray Branch.)

In his interview with Walta Information Center (WIC 1999). The then medical director of the Mekele Hospital, Dr Iyasu Habtu, is to have declared:

Thanks to the extraordinary commitment, initiative and mobilization of the entire medical personnel in the town, we managed to ease the extremely daunting task. (Dr. Iyasu Habtu, cited in Interview Report Walta Information Center, 1999... (WIC pp.20)

To sum up, even though the incident was un expected, and was during the final minutes of the day's working hours, it is possible to infer that the entire community, the Ethiopian Red Cross, and the Mekele Hospital have done their best to provide the most possible emergency services for the victims.

4.3.2. Care and Support Provided to the Students and their Family after the Incident

In the focus group discussion conducted with the students, as one participant put it:

During the first instance of the accident, we were taken to the hospital and got medical treatment for free, but after few days we were forgotten;no one has followed our recovery except our parents (Discussant, FGD, Ayder Student, and Age17)

Similarly, in the same discussion one participant explained:

Due to the lose of my right leg below the knee, I need a medical follow up every six month, but no one properly attends my medical problem even in the hospital. (Discussant, FGD, Ayder Student, and Age15)

Another participant added:

My family is poor, It is only my mother who supports our family, during my stay in the hospital. As my mother stays with me in the hospital. the problem of our family was aggravated, there was no one else to support our family. (Discussant, FGD, Ayder Student, and Age17)

Similarly, one mother complained during the interview:

Except the free medical support provision for my daughter, no one has tried to support us. We heard that some people in the country and abroad have donated some money to the

victims of the school bombing, but we have received nothing. (Interviewee, Mother, Age 40).

Furthermore, in the interviews conducted with the representatives of NGOs (Ethiopian Red Cross and Relief Society of Tigray), the responses didn't show a difference. They too admitted that they were not in a position to provide sustainable care and support to the students and their families.

For instance, Ato Kiros Yabiyo, Head, plan and program department, the Ethiopian Red Cross Society, Tigray branch asserted as follows:

In addition to the scarce resources of manpower and budget, the prevailing condition around the boarder forced us to shift our resource and attention to the war displaced ... still we feel that we haven't done enough to support the children. (Interviewee, Head, Plan and Program Department of Ethiopian Red Cross Society, Tigray Branch.)

In a similar view, Ato Tsegaye Assefa, Head, of the Relief and Rehabilitation Department of the Relief Society of Tigray said:

One week after this incident Adigrat was bombed, and the war broke out. Our organization then was seriously engaged in rehabilitating the displace there. Our organization collects financial support from external donor organizations, this fund however can only be used for the proposed project..., I feel, we haven't done enough due to shortage of resources and the shift of focus to the rehabilitation of more than 300,000 people displaced by the Ethio-Eritria boarder conflict. But our organization hasn't ignored the over all

situation of students hurt by the war altogether. Recently we have organized a child unit in our organization to follow up the over all situation of children in the region. (Interviewee. Head, Relief and Rehabilitation Department of Relief Society of Tigray. Age 60)

4.4. Evaluation of the Present Condition of the Students.

Table 13: Present Feeling and condition of the Students

No	Item	Response	Frequency	Percent
1	What do you think the reason that the incident happened to you?	a) It is a matter of chance.	16	40%
		b) It is a punishment from God.	2	5%
		c) It is because of the cruelty and arrogance of people.	22	55%
		Total	40	100%
2	What is your present situation when compared with your situation immediately after the incident?	a) I have totally recovered and become stronger than before.	27	68%
		b) I feel that I have improved but, it can't be as it was before the incident..	8	19%
		c) I feel that I am hopeless & my future life is spoiled.	3	8%
		d) It is difficult for me to compare my present situation to that of my situation before the bombing.	2	5%
		Total	40	100%

The present condition of the students is analyzed based on the data gathered.

To item 1, when the respondents were asked as to, what do they think the reason, this incident happen to you? about 55% of them believe it is because of the cruelty and arrogance of people, 40% said it is a matter of chance, and 5% said it is a punishment from God.

In the second item, when respondents are asked to indicated their present situation when compared to the situation immediately after the bombing, 68% of them indicated that they have totally recovered from the effects of the traumatic incident and that they have emerged stronger, 19% are in the process of improving. Yet 8% feel that, they are hopeless, and their future life is spoiled, and 5% pointed out that, it is difficult to compare their present situation with the one before the bombing.

In her responses to an interview question, one mother explained about the present condition of her daughter sadly by saying:

The bombing has darkened the futurity of my daughter, presently she is not healthy, and has become handicapped. She is not good in her academic performance. In general the incident has spoiled the life of my daughter and my family. (Interviewee, Mother, Age 45).

Similarly, in the other interview with father of a student, who lost some of her figures in the right hand, explained:

This problem has brought about a pain in our family. I can't forget the painful memories of the incident, it feels me like a fire in my body, my daughter has lost some of her right hand figures, and due to this she is not happy in her day to day life. (Interviewee, Father, Age 48).

It is to be remembered that, in the focus group discussion conducted with the Ayder Primary School teachers, one FGD participant affirmed

that he has seen a girl student who lost a leg and got problems in using prosthetic limb.

Similarly, in the interview conducted with the representative of the Ethiopian Red Cross Society, Tigray branch, Ato Kiross Yabiyo said:

we don't have data on the present situation of the students, but I know one student who, is presently attending his university education in Mekele University, came to our office for financial assistance to attend further medication abroad. (Interviewee, Head, Plan and Program Department of the Ethiopian Red Cross Society, Tigray branch).

In the interview conducted with the representative of the Relief Society of Tigray, ato Tsegay Assefa said.

I know that some students still haven't recovered from the problems caused by the bombing. (Interviewee, Head, of Relief and Rehabilitation Department of the Relief Society of Tigray. Age 60)

To summarize the points, the study has indicated that, presently most of the students are thought to have recovered from different problems caused by the bombing incident. But it is impossible to deny that, some are still suffering from the physical and psychosocial damages caused by the horrifying incident.

CHAPTER V

DISCUSSION

The Primary purpose of this study was to evaluate the psychosocial problems accompanying the bombing of the Ayder Primary School and the psychosocial care and support provided to students in their recovery from the distress caused by the traumatic experience of the bombing incident. To be specific, it attempted to sketch general experiences of students during and after the bombing. Second, it examine the psychosocial care and support provided to the victim students vis-à-vis its timeliness, organization and sustainability. The third objective is to probe on the measures and actions taken in general and specific roles played by parents, teachers and NGOs, during and after the incident. The fourth attempt of the study was to find out the current situation of the students, in general, and their academic, health, and behavioral conditions in particular. In pursuant to these issues are discussed in this section.

5.1. The Traumatic Experience and its Impact on the Students

The result of the study revealed manifestations of distress associated with health, academic and behavioral problems. Many respondents indicated to experience problems during and after the incident. Data obtained from students themselves, their parents, teachers, and related sources still suggest the persistence of these problems in some students. Finding out the effects of war trauma on children is in fact a complex task as noted by Aber (1996 :) It is difficult to understand the effects of war trauma on children, for it is a complicated task. Nevertheless, many studies have disclosed that higher level of exposure to traumatizing event can causes more sever reaction, as is evidenced among some of the students in this study who happened to have persistent effects due to the bombing so far. The effects of the traumatic experience were even sever among some of the students, not only because of higher level of exposure, and physical proximity to the incident but also because of age of the

children. Age as factor of vulnerability, Miller (1996) argues that young children are more vulnerable than adolescents due to their less developed cognitive capacities of remembering, processing and coping with trauma. Other studies also tend to agree about the greater vulnerability of children between the age range of 5- 9 years whose ability to be aware of and process real events is expanding, but who still lack consolidated identities and higher order defense mechanism.

In this study too, the student participants were between 6 and 10 years of age at the time of the incident. This may be one of the reasons for the clearly observed post traumatic problems among them. The students who suffered sever distress were the ones who were physically closer to the incident site, and some of them were severely wounded. Other than despite physical proximity and age, naturally each student tend to react differently to the impact of the bombing incident. The reasons for this could be attributed to such factors as personality type, as well as personal and family history of the victims, in addition to this timely provided Psychosocial care and support could also make a difference.

5.2 Psychosocial Care and support Provided to the students

Psychosocial care and support is operationally described in this study as the provision of services that aimed at restoring the students' ability to normally function in the community. It doesn't only accommodate the medical and psychological treatment but also fostering social interaction for future independent living.

Findings of the study, on psychosocial care and support are tuned in accordance with the above mentioned concept. Furthermore, in the study, psychosocial care and support provision were deliberately categorized in two aspects based on the time frame; the first being the care and support provided during the emergency and up to few days after the emergency while the second was sustainability of the care and support provision until satisfactory recovery of the victims.

It is learnt from the findings that, during the emergency, the community, NGOs, as well as governmental organization has been swift to provide emergency services, like taking the wounded to the hospital and alarming people to scatter from the bombing site, and to take care if there be another air raid. In addition to this, free medication was provided for all victims of the incident, it is possible to draw a conclusion from this findings that the community in general and Governmental as well as NGOs in particular, were swift to provide an emergency services, the reason being according to the findings of the study, there is a heightened alertness or hyper vigilance in the society, due to the history and experience of the community.

On the other hand, few days after the incident, care and support provisions diminished rapidly. It was only the parents of the victim students' who continued to carry the burden. Government, NGOs as well as teachers were not satisfactorily involved the provision of psychosocial care and support services. According to the findings of this study it is possible to suggest that, there were no timely, organized and sustainable provision of psychosocial care and support provided to the victims of the bombing in general, and the Ayder Primary School students in particular.

As is pointed out by Mechel (1996); despite all the known facts children during and after the wars seldom receive the attention and assistance required to cope with what they have experienced and to support healing and further development. From the findings of the study do agree with what (Michael's) evaluation regarding the lack of attention and assistance the children.

Governmental institutions as well as NGOs, in the area, were found to have had no specific plans, budget and manpower to provide timely, organized and sustainable support services to children in case of such incidents. The findings of this study have showed that the public awareness of the impacts of children exposure to atrocities seems to be minimal.

Unlike others, parents were the ones who provided almost all possible psychosocial care and support, to their children. Basically, this is a key factor in the faster recovery of traumatized children.

As per Terr (1983), post traumatic symptoms are a 'normal' reaction to a highly stressful experiences, and if the trauma is experienced and processed in the presence of parents or close family members the symptoms can disappear after a short period of time. This point substantiates the crucial role of parental care and support in the process of faster recovery from the impacts and the choice of experience of life in general.

5.3 Present Recovery Status of Student Victims of the School Bombing

Among student victims of the school bombing some has showed high degree of distress after the incident, where as majority of them have satisfactorily recovered from the impacts of the trauma, the reasons being the vital care and support provided by the parents.

To reconstitute psychosocial, health and stability, children need caring adults, security, education and opportunities to exercise and play. Likewise, the study provided that those who received sufficient psychosocial care and support, has shown a series of recovery through time.

By the same token, as trauma has the ability to cause lasting impact on the cognitive, moral and personality development, interpersonal relationship and coping abilities, some are still living with relapsing sever medical and psychosocial problems while it is evident that not all children recover from the impact of a traumatic experiences with equal pace. Age, gender, personality, personal and family history, cultural background and experiences, have a role play important role in the individuals' recovery. Students who showed a stunted recovery were the ones who are having parents with poor psychological functioning and very low socio economic status. This is so, because they often have difficulties interacting with their children, and became less sensitive, less

tolerant and less able to feel and express love for their children. (Mechael, 1996).

Additionally the study has indicated that, an increased aspects of the recovery process, can depend on the implemented program of psychosocial support that specifically address the needs of families and children.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1. Summary

The main objective of the study was to investigate the impact of a traumatic experience happened upon young students, and the extent of role of psychosocial care and support provided in the recovery of the students victimized in the event of Ayder Primary School Bombing.

In line with this objective five basic questions were set for investigation. What are the psychological problems the students experienced? What are the kinds of parental support the students received at home? Teachers' perception of the problem and measures they took? Community and NGOs involvement and sustainability of the support they provided.

The Ayder Primary school is located in Tigray regional state, Mekele town. The study site was selected for the reason that, it can be a good example to study the situation of young children exposed to war related trauma.

Participants were selected using purposive sampling (Snow ball) technique to respond to the questionnaire interviews and focus group discussions.

The collected data was analyzed using a reflective analysis approach, which is mostly used to analyze data gathered for case study.

Except the data collected from the questionnaire, which was analyzed using percentage, the other data was analyzed using a reflective analysis method, which is a common approach in analyzing data related to a case study.

Analysis of the data indicated the following:

1. It is evident from the findings of the study that, in addition to the physical injury and threat of life, tremendous psychological problems resulted from war related traumas such as disturbed sleeps, night mares, difficulty concentrating or remembering things (especially in school work), change of attitude towards society, unhealthy relationship with others, and pessimistic outlook on life in general.]
2. It is observed that, parental support is a key factor in the recovery of the students. Parents have been providing the at most possible care and support they can so as to help the faster recovery of their children.
3. Teachers' observation of the students problem is limited to the physical injury of the students, as is explained by themselves where as their understanding of the psychosocial effects of the traumatic experience of the students, is very minimal. Few teachers have in fact shown their sympathy to their students only during the first few days after the accident. Thereafter no teacher has seriously taken the matter sensitively to conduct a sustainable follow up.
4. The community is found to have been very swift in providing emergency services, but little in the provision of a sustainable support for the students as well as the families of the victims.
5. Similarly, the role of the NGOs in the provision of psychosocial care and support was proved to be unsatisfactory, the reason being:
 - Shift of focus, to the rehabilitation of the displaced at Ethio-Eretrian boarder.
 - Lack of organizational readiness for such problems and financial as well as man power shortage.

6.2. Conclusion

From the findings, it can easily be concluded that the Ayder Primary School bombing, which is a traumatic life experience for the young students, has proved to have caused post traumatic problems to the students. Beyond the physical injury and direct threats of life, these problems were multiple, several and chronic.

In agreement with suggestion of Terr (1983) "These symptoms represent a "normal" reaction to a highly stressful experiences, and if the trauma is experienced and processed in the presence of parents and close family members, the symptoms can disappear after a short period of time. Unfortunately, most children continue to suffer for a long time after the occurrence of the trauma, "the various data produced through the different instruments indicated that most of the students have shown recovery through despite unsatisfactory care and support is provided from governmental and non-governmental institutions.

Parents are found to be the main actors in the provision of care and support to the victim students. This is without forgetting the fact that some of the students haven't still recovered, because of the health and very low socio economic status of their parents. Therefore, if parents as well as the whole family were to receive a sustainable support, the recovery of the students would have been better.

The above findings seem to agree with Mechel (1996) explanation when he suggests: "In fact greater severity of symptoms in children is associated with having a mother with poor psychological functioning and living in a family with in adequate cohesion parents or other care givers who suffer often have difficulties interacting with their children and may become less sensitive, less tolerant and less able to feel and express love for their children..."

Finally, it is possible to infer from the findings of the study that, the school bombing, in addition to physical injury, lose of bodily parts, and direct threats of life it caused, was associated with problems of

flashbacks, night mares and sleep disturbances, concentration problems and avoidance of situations that evoke memories of the traumatic events.

On the other hand, most students has shown recovery, the main reason being parental support provided. Most parents were providing love and care for their victimized children, ranging from taking to the hospitals during the emergency to the day to day caring and supporting until to date: even some parents have attempted to take their children to Holy water sights so as to fasten the recovery of the their victimized children .

The teacher's perception of the problem and measures they have taken seem to be insignificant. Despite the fact that teachers consider the problem, as a very traumatizing problem, that caused a lot of harm up on the students as well as the school infrastructure, most of them believe that they haven't played, much role expected of them, the reason being.

- The week immediately after the bombing, they were engaged in the 2nd Semester exam task
- Such experiences are known to be common in the area during the extended civil war earlier. Hence, the attention paid for problems was negligible.

Regarding the support provided by the community, it was discovered that the community was alert during the emergencies, in faster exchange of information. The findings had shown that, with in few minutes of the bombing a lot of people who were around school were swiftly moving to the school to provide emergency support. However after the event of emergency the support doesn't last. The possible reasons identified were, socio economic and people are preoccupied with their daily matters, the time that, they can spent to support other families has to declined. Similarly, as bombing and shelling is a common phenomenon in the last two decades in their area, most community members do not take it, as an exaggerated issue.

The involvement of the NGOs in the provision of sustainable care and support were found to be very weak. The organizations claim that, they were fully engaged in the rehabilitation of war displaced people in the Ethio-Eriterian war. The other reason being lack of financial fund and organizational problems, man power scarcity.

4. In countries like Ethiopia, citizens are living in a poverty stricken communities, Given that, poverty and conflict are somewhat interlinked, governmental as well as non-governmental institutions need to have an emergency preparedness plan and it is imperative to identify what to do to support schools in the event of emergency. As Pigozzi (1999) explained it, restoring educational structures helps to restore normalization, stability, and continuity of children's life.
5. It is the rare child that escapes childhood without some cruelty, threat pain or loss. And far to many children experience more series chronic traumatic stress. In this case while outside help is essential in times of trouble, it can't be sufficient. Children need resilience it is a capacity of adapting well in the face of adversity, trauma, tragedy, threats or even significance source of stress. It means "bouncing back" from difficult experience that can be learned and developed in anyone. So schools should work hard in helping students participate in co-curricular activities like scout clubs and other activities which are advocated to be useful in helping the further development of their resilience to stressful events.

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ሐ) ወንድም ብቻ አለኝ

መ) ብቸኛ ነኝ

6. የቤተሰባችሁ የወር ገቢ ለኑሮ:-

ሀ) በጣም በቂ ነው

ለ) በቂ ነው

ሐ) አነስተኛ ነው

መ) በጣም አነስተኛ ነው

7. የቤተሰባችሁ የወር ገቢ ከጎረቤቶቻችሁ ጋር ሲነጻጸር:-

ሀ) በጣም ይበልጣል

ለ) ይበልጣል

ሐ) ያንሳል

መ) በጣም ያንሳል

II- የአውሮፕላን አደጋ በደረሰበት ዕለት ስለነበረው ሁኔታ

8. ት/ ቤታችሁን በአውሮፕላን በምብ የደበደቡት:-

ሀ) የወታደሮች ካምፕ መስሎአቸው ነው

ለ) ሆን ብለው ተማሪዎች ላይ አደጋ ለመጣል ነው

ሐ) እስካሁን ምክንያቱን አላውቀውም

መ) ሌላ ካለ ይገለጽ _____

9. አንዳንድ ሰዎች በልጆች ላይ ጭካኔ አላቸው:-

ሀ) አዎን በጣም ይጨክናሉ

ለ) ይጨክናሉ

ሐ) ለማወቅ ይቸግራል

10. የአውሮፕላን በምብ በት/ቤቱ ላይ በተጣለበት ወቅት ምን ታስታውሳለህ/ታስታውሻለሽ?

ሀ) በጣም ስለደነገገኩ የሆነውን አላስታውስም

ለ) አደጋ የደረሰባቸውን ለመርዳት ምክራክለሁ

ሐ) ራሴን ለማዳን ወደ አንድ አቅጣጫ ሮጫለሁ

መ) አደጋ ደርሶብኝ ስለነበረ ለራሴ እርዳታ እየፈለግሁ ነበር

11. በወቅቱ ጉዳት የደረሰባቸው ሰዎች አይተሃል/አይተሻል?

ሀ) አዎ

ለ) አላየሁም

12. መልስሽ/ መልስህ አዎ ከሆነ ያየሽው/ያየሺው ምን ነበር?

ሀ) በአደጋው የሞተ/የሞቱ ሰዎች

ለ) በአደጋው አካላቸው የጎደለ ሰዎች

ሐ) በአደጋው በአስታቂ ሁኔታ የቆሰሉ ሰዎች

መ) ሌላ ካለ ብትገልጩ/ ብትገልፅ _____

13. በአደጋው ሰአት ማነው ቀድሞ የደረሰልሽ/የደረሰልህ?

ሀ) የክፍል መምህራ/ የት/ቤት ሃላፊዎች

ለ) ከት/ቤቱ ግቢ ውጪ በአካባቢው የነበሩ ሰዎች

ሐ) ሐኪሞችና አምቡላንስ

መ) ወላጆቹ

ሠ) ሌላ ካለ ግለጫ/ ግለፅ

14. በወቅቱ ወደ ት/ቤታችሁ ርዳታ የደረሰላችሁ:-

ሀ) ፈጥሮ ነው

ለ) ዘግይቶ ነው

15. ወላጆችሽ/ ወላጆችህ ት/ቤት የደረሱት:-

ሀ) ፈጥነው በቶሎ ነው

ለ) ዘግይተው ነው

16. ወላጆችሽ/ ወላጆችህ ምን ድጋፍ አደረጉልህ:-

ሀ) ከጭንቀቱ (ከጉዳቱ) እንዳገግም ፍቅርና ድጋፍ አድርገውልኛል

ለ) ወደ ጸበል (የባህል መድኃኒት አዋቂ ዘንድ) ወስደውኛል

ሐ) ችግራን ብዙ ባለመረዳታቸው ሊረዱኝ አልቻሉም

መ) ብዙ ቤተሰብ ስላለን ለኔ ማንም ትኩረት አልሰጡኝም

ሠ) ቤተሰቦቼ ድሆች በመሆናቸው ለኔ ችግር ብዙ ትኩረት አላገኘሁም

ረ) ብዙ ጉዳት ስላልደረሰብኝ ድጋፍ አላስፈለገኝም ነበር

ሸ) ሌላ ካለ ይገለፅ

III. ጤናን በተመለከተ

17. አደጋው ከደረሰ በኋላ:-

ሀ) የሆድ ህመም ተፈጥሮብኛል

ለ) የምግብ ፍላጎት አጥቻለሁ

ሐ) ራስ ምታት በተደጋጋሚ ያመኛል

መ) የጤና ችግር አላጋጠመኝም

ሠ) ለጥቂት ቀናት ቢያመኝም አሁን ሙሉ ጤነኛ ነኝ

18. ከአደጋው በኋላ መኝታን በተመለከተ:-

ሀ) ሰላማዊ እንቅልፍ እተኛለሁ

ለ) እንቅልፍ አጥቻለሁ

ሐ) ቅዠትና ድንጋጤ ያስቸግረኛል

መ) በአደጋው ሰሞን ጥቂት ብቸገርም አሁን ደህና ነኝ

19. አደጋው ከደረሰብኝ በኋላ የአእምሮህን/ሽን ጤንነት በተመለከተ:-

ሀ) በተደጋጋሚ ራስ ምታት ያመኛል

ለ) ነገሮችን የመርሳት ሁኔታ ተፈጥሮብኛል

ሐ) አደጋው በድጋሚ የሚመጣ እየመሰለኝ በድንገት እደነግጣለሁ

መ) በአንድ ጉዳይ ላይ ለማተኮር ይሳነኛል

ሠ) ብዙ ህመምም ሆነ የጤና ችግር የለብኝም

20. በአደጋው ምክንያት የአካል ጉድለት፣ ደርሶብሻል/ደርሶብሃል?

ሀ) አዎ

ለ) አልደረሰብኝም

21. መልስሽ/መልስህ አዎ ከሆነ:-

ሀ) ተገቢውን ህክምና በማግኘቴ ከጉዳቴ አገግሜአለሁ

ለ) አጥጋቢ ህክምና ባለማግኘቴ አሁንም ህመሜ ይሰማኛል

ሐ) በቂ ህክምና ባገኝ ልድን ስቸል በቂ ህክምና ባለማግኘቴ ዘላቂ ጉዳት ደርሶብኛል

መ) ቀጣይነት ያለው ድጋፍ ወደፊትም ሲደረግልኝ ካልቻለ ራሴን ችዬ ለመኖር አልቻልኩም

ሠ) ሌላ አስተያየት ካለ ይገለፅ

22. እንደዚህ ያለ ክፍተኛ አደጋ በሰዎች ላይ ሲደርስ ሰዎች ከችግሩ የሚያገግሙት:-

ሀ) በፀሎት፣ በጠበልና አዋቂዎች ዘንድ በመሄድ ነው

ለ) ወደ ሀኪም ቤት በመሄድ ነው

ሐ) የወላጆች ድጋፍ በማግኘት ነው

መ) የመምህራንን ድጋፍ በማግኘት

ሠ) ሌላ ካለ ይገለጽ

IV- ትምህትን በተመለከተ

23. አደጋው ከተከሰተ በኋላ የትምህርት ሁኔታህ/ ሁኔታሽ ምን መልክ ነበረው:-

ሀ) ወደ ት/ቤት የመሄድ ፍራቻና ጥላቻ ተፈጠረብኝ

ለ) በደረሰብኝ ጉዳት ምክንያት ትምህርቴን አቋረጥኩኝ

ሐ) ት/ቤት ለመቀየር ወይም ለማቋረጥ ወሰንኩኝ

መ) ሁኔታዎች ሲረጋጉ ወደ ትምህርት ብመለስም ወጤቴ እንደቀድሞው ሲሆን አልቻለኩም

ሠ) ተገቢው ድጋፍ ከመምህራኖቼና ወላጆቼ ስለተደረገልኝ እንደቀድሞው በጥሩ ሁኔታ ትምህርቴን እከታተላለሁ

መ) ሌላ ካለ ይገለፅ

24. አደጋው ከደረሰብሽ/ ከደረሰብህ በኋላ ምን ዓይነት ስሜት አደረብሽ/ አደረብህ?

ሀ) ትምህርት ቤት መሄድ ለአደጋ ያጋልጣል የሚል እምነት አደረብኝ፣ ፈራሁ

ለ) ራሴን አበርትቼ መማር አለብኝ ብዬ ወሰንኩ

ሐ) የደረሰብኝ አደጋ በስፖርት፣ በክበባትና በት/ቤት ጨዋታዎች እንዳልሳተፍ

አደናቅፎኛል

መ) ወላጆቹና መምህራኖቹ ብርታት ስለፈጠሩልኝ ትምህርቱን በጥንካሬ ገጭቻለሁ

ሠ) ሌላ ካለ ይገለፅ _____

V- ባህሪን በተመለከተ

25. ከአደጋው በኋላ ምን የባህሪ ለውጥ ይሰማሻል/ይሰማሃል?

ሀ) የሰዎችን ክፉነት ተረድቻለሁ (በሰዎች ላይ ጥላቻ ተፈጥሮብኛል)

ለ) አካሌ በመገደሉ ወደሰዎች መቅረብ አያስደስተኝም

ሐ) ሰዎች ስለሚያገሉኝ እኔም አልፈልጋቸውም

መ) በአደጋው ወቅት ሰዎች ርዳታ ስላደረጉልን ለሰዎች ፍቅር አለኝ

ሠ) ሌላ አስተያየት ካለ _____

26. ከአደጋው በፊት ከነበረው ሁኔታ ሰነጻጸር አሁን:-

ሀ) አሁን ብዙ ጓደኞች አሉኝ

ለ) ከበፊቱ ይልቅ አሁን ከጓደኞቼ ጋር መጫወት ያስደስተኛል

ሐ) ወላጆቼ፣ ወንድሞቼና እህቶቼ ይንከባከቡኛል፣ ይወዱኛል

መ) አሁን ብዙ ጓደኞች የሉኝም

ሠ) እንደቀድሞው ከጓደኞቼ ጋር መጫወት አያስደስተኝም

ረ) ወላጆቼ፣ ወንድሞቼና እህቶቼ ችላ ይሉኛል (አይወዱኝም)

ሸ) ሌላ አስተያየት ካለ ይገለጽ _____

VI- አጠቃላይ አስተያየት

27. ይህ አደጋ ለምን ደረሰብኝ ብለሽ/ብለህ ታስቢያለሽ/ታስባለህ?

ሀ) የአጋጣሚ ጉዳይ ነው

ለ) የፈጣሪ ቁጣ ነው

ሐ) በሰዎች ክፋትና አለመግባባት ነው

መ) ሌላ ካለ ይገለፅ _____

28. ይህ አደጋ ከደረሰ በኋላ ስለራስህ/ስለራስሽ ምን ይሰማሻል/ ይሰማሃል?

ሀ) ራሴን አበረታታትቼ ከቀድሞው የበለጠ ጠንካራ መሆኔን ይሰማኛል

ለ) ምንም ህይወቴ እንደቀድሞው ሊስተካከል አለመቻሉ

ሐ) በህይወቴ ተስፋ ቆርጫለሁ ህይወቴ ተበላሽቷል

መ) እንደ ቀድሞው ባልሆንም ህይወቴ እየተስተካከለ ነው

ሠ) ሌላ አስተያየት ካለ _____

29. ወደፊት የዚህ አይነት አደጋ በመጣ ምን ታደርገደለሽ/ ታደርጋለህ

ሀ) ራሴን እንዴት ማዳን እንዳለብኝ ስለተማርኩና ስላወቅሁ ሌሎችን ረዳለሁ

- ለ) የዚህ አይነት ችግር ዳግም አይፈጠርም ብዬ አምናለሁ
 - ሐ) የዚህ አይነት ችግር በፈጠር ፈጣሪ እንዳደረገኝ አምናለሁ
 - መ) ሌላ አስተያየት ካለ ይገለጽ
30. የወደፊት ምኞትሽን/ ምኞትህን በአጭሩ ግለጽ/ ግለጩ
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-
-

Appendix B

**አዲስ አበባ ዮኒቨርሲቲ
ሥነ ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል**

ማሳሰቢያ

ይህ የተሳታፊዎች ውይይት (Focus Group Discussion) ግንቦት 28 ቀን 1990 ዓ/ም በአይደር ፩ኛ ደረጃ ት/ቤት (መቀሌ) ላይ የአወሮፕላን ቦምብ ድብደባ በተካሄደበት ወቅት በትምህርት ገበታቸው ላይ ከነበሩ ተማሪዎች ስለአደጋው ሁኔታ መረጃ ለመሰብሰብ የተዘጋጀ ነው።

I. የአወያይ ማስታወሻ

- ወይይቱ የተጀመረበት ሰዓት ----- ተፈጸመበት ሰዓት -----
- የተወያይ ተማሪዎች ብዛት ----- ወንድ ----- ሴት -----
- ተሳታፊዎች የመጡበት አካባቢ ----- (ት/ቤት)

II. መተዋወቅ

ስሜ ተኮላ ታጠቅ ይባላል። በአዲስ አበባ ዮኒቨርሲቲ የሳይኮሎጂ ትምህርት ክፍል የድህረ ምረቃ ተማሪ ነኝ። በዚህ ጥናት ስትሳተፉ የምትሰጡት መረጃ በችግሩ ዙሪያ እውነታውን ለመረዳትና ለወደፊት መፍትሔ ለመሻት ይረዳል ብዬ አምናለሁ።

በዚህ ጥናት ስትሳተፉ የምትሰጡት መረጃ ለማንም ተላልፎ የሚሰጥ አይደለም (ሚስጥርነቱ የተጠበቀ ነው።)

ውይይቱን በተሟላ ሁኔታ ለመስታተል በቴፕ መቅረፁ አስፈላጊ በመሆኑ ውይይቱ በቴፕ ይቀረጻል።

3. በውይይቱ ተሳታፊ ተማሪዎች ሁኔታ መግለጫ

ተ/ቁ (ኮድ)	የተማሪው(ዋ) ስም	ፆታ	ዕድሜ	የክፍል ደረጃ	የቤተሰብ ሁኔታ				
					ወንድም	እህት	አባት	እናት	ሌሎች
1									
2									
3									
4									
5									
6									
7									

የመወያያ ነጥቦች

1. አደጋው በደረሰበት ወቅት ስለአደጋው የተማሪዎቹ ትዝታ

1.1. በት/ቤታችሁ ላይ ሰምብ ሊጣለ ይችላል ብላች አስባችሁ ነበር?

- በት/ቤታችሁ ላይ ሰምብ መጣሉን እንዴት አወቃችሁ?
- የሰምብ አደጋ የደረሰበት ሰዓት በግምት ስንት ሰዓት ይሆናል?
- ምን ያህል ጊዜ ነው ሰምብ የተጣለው?
- የዚህ አይነት አስደንጋጭ አደጋ ከዚህ ቀደም አጋጥሞአችሁ ያውቃል?

1.2. በሰምብ ድብደባ ምክንያት ምን አደጋ ደረሰ?

- አደጋ የደረሰበት ተማሪ ወይም መምህር አይታችኋል? ምን ያህል ነበሩ?
- አካል ጉድለት የደረሰበት ተማሪ ወይም መምህር አይታችኋል? ምን ያክል ነበሩ?
- በአደጋው የሞተ የት/ቤቱ ማህበረሰብ አባልስ አይታችኋል?
- በናንተ ላይስ የደረሰ አደጋ ነበር? ምን ደረሰባችሁ?
- በመምሪያ ክፍሎች በአጠቃላይ በት/ቤቱ ግንባታ ላይ ምን ጥፋት ደረሰ?

1.3. አደጋው እንደደረሰ ማን ምን ርዳታ አደረጋላችሁ?

- መምህራኖቻችሁ ምን ርዳታ አደረጉላችሁ? ምን ማድረግ ይገባቸው ነበር?
- በት/ቤቱ አካባቢ የነበሩ ሰዎችስ ለእርዳታ መጥተው ነበር?
- ሃኪሞችና አምቡላንስ በቶሎ መጥተው ነበር?
- ሌላ ርዳታ ያደረገላችሁ ማን ነበር?

1.4. ከአደጋው በኋላ ወላጆች ምን አደረጉ? ምን ማድረግ ነበረባቸው?

- ወላጆቻችሁ በቤት ውስጥ ምን ድጋፍ አደረጉላችሁ?
- ስለደረሰው አደጋ በማንሳት ከቤተሰቦቻችሁ ጋር ተነጋግራችኋል?
- ወላጆቻችሁ አደጋውን እንዴት ተመለከቱት?
- በአደጋው ምክንያት የደረሰባችሁን ድንጋጤና መረበሽ ለማስወገድ ወላጆቻችሁ ምን ዓይነት ባህላዊ ዘዴ ተጠቀሙ?

1.5. አደጋው ከደረሰ በኋላ በራሳችሁ ላይ ያያችሁ ለውጥ ነበር?

- ትምህርትን በተመለከተ
- የእንቅልፍና ቅዠት ሁኔታን በተመለከተ
- የጤናን ሁኔታን በተመለከተ
- ሌሎች ለውጦች ካሉ?

1.-1 በአሁኑ ወቅት ተማሪዎች ስለአደጋው ያላቸው ትዝታ

2.1. ተመሳሳይ አደጋ አሁን ሊከሰት ይችላል ብላችሁ ታስባላችሁ/

- ሰዎች ለምን እንዲህ አይነት ድርጊት ያደርጋሉ ትላላችሁ?
- ተመሳሳይ አደጋ ቢከሰት አሁን ከቀድሞው የተሻለ ራሳችሁንና ሌሎችን ለመርዳት ትችላላችሁ?
- በአደጋ ጊዜ ምን ማድርግ እንዳለባችሁ ምክር አግኝታችኋል?
- በእንዲህ አይነት አደጋ ወቅት ፈጥኖ ርዳታ የሚሰጥ ማነው? ማን መሆን አለበት?

2.2. አደጋው ምን አይነት ዘላቂ ጉዳት አደረሰባችሁ?

- ምን አይነት የአካል ጉዳት ደረሰባችሁ?
- አደጋው በትምህርታችሁ ላይ ያደረሰባችሁ ጉዳት አለ? ካለ ምን?
- በባህሪያችሁ ላይ ለውጥ አድርጏል? ካለ ምን አይነት?
- በጤንነታችሁ ላይስ?
- በዚህ አደጋ ከደረሰባችሁ ጉዳት ሁሉ የትኛው የከበደ ነው ትላላችሁ?

2.3. እንደዚህ ያሉ አደጋዎች በአካል ላይ ከሚያደርሱት ጉዳት ውጪ ምን ያስከትላሉ ትላላችሁ?

- ስለሰዎች ያለንን አመለካከት በተመለከተ
- ስለ ህይወትና ስለወደፊት ተስፋ በተመለከተ
- ስለ ጤና በተመለከተ
- ስለ ትምህርት በተመለከተ

7				
6				
5				
4				
3				
2				
1				
ተ.ቁ	የመግቢያ ቁጥር	ጾታ	የዕድሜ	የትምህርት ደረጃ

3. በውይይት ውስጥ የተሳተፉት የሥራ ስራዎች

ውይይት በትንሹ ይቀረጻል።

ውይይት በተጨማሪም ለሥራ ስራዎች ለመከታተል በትንሹ መቀረጫ ላይ ሊሰጥ ይችላል።

አይደለም (ማንኛውም የተጠቀሰው)።

በዚህ ጥያቄ ስለተሳተፉት የሥራ ስራዎች መረጃ ለማግኘት ተላልፎ የሚገኝ

ይረጋገጣል።

መረጃ በጥንቃቄ ይሰጣል። ይህ ደግሞ ለሥራ ስራዎች ለመረጃ ለመግኘት መጠቀም ይቻላል።

ትምህርት ክፍል የሥራ ስራዎች ለመረጃ ለመግኘት ሲያገለግል። በዚህ ጥያቄ የሥራ ስራዎች

ስለ ተከታታይ ሥራዎች ይገለጻል። በአዲስ አበባ የኢንፎርሜሽን ቴክኖሎጂ

IV. መተቃባዎ

- ተሳታፊዎች የመጠቀሱ ስልጠና (ት/ቤት)
- የተወያዩ የሥራ ስራዎች ወጪ ስራ
- ወይም የተጀመሩት ስራዎች ተፈጻሚነት ስራ

III. የአወያዎ ማስታወሻ

ለመሰብሰብ የተዘጋጀ ነው።

አስመልክቶ በአደጋው ወቅት ተጠቃሚዎችን ለማስተዳደር ከነበሩ የሥራ ስራዎች

ዓ/ም በአደጋ ጅምር ደረጃ ት/ቤት (መቀላ) ላይ በደረሰው የአወያዎ ስራዎች ስራዎች

ይህ የተሳተፉት ውይይት (Focus Group Discussion) ግንቦት 28 ቀን 1990

ማሳሰቢያ

የላይካው ስራዎች ክፍል

ሥራ ትምህርት ክፍል

አዲስ አበባ የኢንፎርሜሽን

- በአጠቃላይ ስለደረሰው አውሮፕላን በምብ ድብደባ ምን አስተያየት አለዎት/
- ወደፊት ምን መደረግ አለበት ብለው ይላሉ?

1.7. ከአደጋው በኋላ ተማሪዎቹን ለማረጋገጥ ምን አደረጋችሁ?

- ተማሪዎች ስለአደጋው እንዲወያዩ አበረታታችሁ?
- ከተማሪዎቹ ወላጆች ጋር በመገናኘት እንዴት መርዳት እንደሚቻል ተነጋግረዋል?
- የተማሪዎቹን ሁኔታ በቅርበት ተከታትለዋል?

1.8. አደጋው ከተከሰተ በኋላ በተጠቂ ተማሪዎቹ ላይ የታየ ለውጥ ነበረ?

- ጤናን በሚመለከት?
- የባህሪ ለውጥ በሚመለከት?
- በትምህርት ፍላጎትን በሚመለከት?

1.9. ከተማሪዎች ከወላጆቻቸው የተገለጸላችሁ ለውጥ ካለ?

- የተማሪዎቹን ጤንነት በተመለከተ?
- የተማሪዎቹን የትምህርት ሁኔታ በተመለከተ?
- የባህሪ ለውጥን በተመለከተ?
- ሌሎች ለውጦች ካሉ?

1. የመወያያ ነጥቦች

1.1. በአይደር 1ኛ ደረጃ ት/ቤት ላይ የአውሮፕላን በምብ አደጋ መድረስን ታስታውሳላችሁ?

- በወቅቱ ምን ዓይነት ጥፋት ደረሰ?
- እንዲህ ዓይነት ድንገተኛ አደጋ ከአካልና ከንብረት ጥፋት ውጪ ምን ዓይነት ጉዳት ያስከትላል?
- የአደጋውን ት/ቤት ላይ መድረስ ምን የተለየ ያደርገዋል?

1.2. የቀድሞው አይደር ት/ቤት ተማሪዎች በት/ቤታች ይገኛሉ?

- እንዴት ልታውቁቸው ቻላችሁ?
- ግልፅ የሆነ የአካል ጉዳት ያላቸውን ብቻ ነው የሚያውቁት?
- ት/ቤታችሁ እንድታውቁቸውና እንደታበረታቷቸው አድርጓል?
- የባህሪያቸው ሁኔታ ምን ይመስላል?
- በትምህርት አፈፃፀማቸው እንዴት ናቸው?

1.3. ከሌሎች ተማሪዎች ጋር ሲነፃፅሯቸው እንዴት ናቸው?

- በክበቦች፣ በክፍል ውስጥ ያላቸው ተሳትፎ ምን ይመስላል?
- ከጓደኞቻቸው ጋር ያላቸው ግንኙነት ምን ይመስላል?
- ከመምህራናቸው ጋር ያላቸው ግንኙነት ምን ይመስላል?

1.4. እነዚህን ተማሪዎች ሁኔታ ት/ቤቱ በቅርብ ይከታተላል?

- አደጋው ከደረሰ አመታት በማለፋቸው ችግሩ ተቃላል ?
- አመታት በማለፋቸውና አስፈላጊው ድጋፍ ለተማሪዎች በመደረጉ ተማሪዎቹ ከችግሩ ተፅእኖ ተላቀዋል?
- ተገቢው ድጋፍ አልተደረገላቸውም የሚሉ ከሆነ ባለመደረጉ ምን ተከስተ?
- ከተማሪዎች ወላጆች ጋር በቅርብ ይገናኛሉ?

1.5. አደጋው ፈጥሮት ያለውና ያልተወገደ ችግር ነው የምትሉት? ምንድን ነው?

- አስቸፋሪ ባህሪ ያላቸው ተማሪዎች መታየት?
- ደካማ የትምህርት አቀባበልና ውጤት ሁኔታ?
- ብቸኝነት፣ ዝምተኝነት፣ ... ወዘተ ተመልክቷችኋል?

1.6. ወደፊት ተመሳሳይ ችግር ቢፈጠር ምን መደረግ አለበት?

- ተማሪዎች ለሚያጋጥሟቸው ችግሮች ዝግጁ እንዲሆኑ መርዳት ይጠቅማል?
- የመምህራን ሚና ምን መሆን አለበት?
- ተማሪዎች ስለአጋጣሟቸው አስፈሪ አጋጣሚዎች እንዲወያዩ መደረግ አለበት ትላላችሁ?
- የተማሪዎች የወደፊት ህይወት የተሻለ እንዲሆን ምን መደረግ አለበት ትላላችሁ?
- በአጠቃላይ ስለደረሰው አውሮፕላን ቦምብ ድብደባ ምን አስተያየት አለዎት/ ወደፊት ምን መደረግ አለበት ብለው ይላሉ?

Appendix E

አዲስ አበባ ዮኒቨርሲቲ
ሥነ - ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል

በአይደር ፩ኛ ደረጃ ት/ቤት ላይ የአውሮፕላን ቦምብ አደጋ በደረሰበት ዕለት በትምህርት ላይ የነበሩ ተማሪዎች ወላጆች የቀረበ ቃለ መጠይቅ መሪ ጥያቄዎች።

የቃለ መጠይቁ ዓላማ

የዚህ ቃለ መጠይቅ ዋና ዓላማ በአይደር ፩ኛ ደረጃ ት/ቤት ላይ በደረሰው የአውሮፕላን ቦምብ አደጋ እለት በትምህርት ገበታቸው ላይ የነበሩ ተማሪዎች ላይ የደረሰውን ጉዳትና መረበሽ እንዲሁም ከአደጋው በኋላና በአሁኑ ወቅት ያሉበትን ሁኔታ ለመገምገም የሚረዳ መረጃ ለመስጠት ነው።

- 1. መተዋወቅ
- 2. በቴፕ እንደሚቀረጽ መግለፅ (ማሳወቅ)

1. የወላጆች የግል ሁኔታ

- 1.1. የወላጅ (አሳዳጊ) ሥም? _____ ዕድሜ _____ ያታ _____
- 1.2. የትምህርት ደረጃ _____
- 1.3. የገቢ መጠን (በወር) _____
- 1.4. የቤተሰብ ሁኔታ
 - የትዳር ሁኔታ _____
 - ልጆች ወንድ፣ ሴት፣ _____

2. በአደጋው ወቅት የነበረ ሁኔታ

- 2.1. በት/ቤቱ ላይ አደጋ መድረሱን እንዴት ሰሙ? ማን ነገርዎት?
- 2.2. እንደሰሙ ምን አደርጉ?
- 2.3. በወቅቱ ት/ቤት ሄደው ከሆኑ ምን አዩ ያዩትን ቢዘረዝሩልኝ?
- 2.4. ልጆዎን ወዲያው አገኙ? ልጅዎ ላይ ምን ደረሰበት? ደረሰባት?
- 2.5. በቦምብ ድብደባው ምክንያት በአጠቃላይ በሰውና በንብረት ላይ የደረሰውን ጉዳት

ቢገልፁልኝ?

- 2.6. ልጅዎ በምን ሁኔታ ላይ ነበር/ነበረች?
- 2.7. ከዚህ ቀደም የዚህ ዓይነት አስደንጋጭ ሁኔታ አጋጥሞት ያውቃል?
- 2.8. የልጅዎን ሁኔታ ካዩ በኋላ ምን አደረጉ?
- 2.9. ልጅዎን ይዘው ወደ ሃኪም ሄደዋል? ካልሄዱ ለምን?
- 2.10. ማነው ፈጣን ድጋፍ ያደርገላችሁ?
- 2.11. በልጅዎ ላይ ያዩት ችግር ካለ ቢገልፁልኝ?
 - የጤና
 - የእንቅልፍ (ቅዠት)
 - የትምህርት
 - የፀባይ
- 2.12. ከልጅዎ መምህራኖች ጋር ግንኙነት አላችሁ?
- 2.13. ልጅዎን ለመርዳት ምን አደረጉ?
- 2.14. ይህንን አይነት ሁኔታ ችግር ሲገጥም በአካባቢያችሁ ምን ታደርጋላች?
- 2.15. ርዳታ ለማግኘት ወዴት ሄዱ?
- 2.16. በልጅዎ ላይ ይህ ሁኔታ መፈጠሩ በኑሮዎ ላይ ምን ፈጠረብዎ?
- 2.17. ስለ አደጋው ቤት ውስጥ በተደጋጋሚ ተነጋግራችሁ ታውቃለችሁ?

3. አሁን ወላጆች ስለአደጋው ያላቸው ትዝታ

- 3.1. ስለ አውሮፕላኑ ቦምብ ድብደባ የማይረሳዎ ጉዳይ ምንድነው?
- 3.2. ልጅዎ አሁን አደጋው ካስከተለው ሁኔታ ድናለች/ድኗል?
- 3.3. ስለልጅዎ የወደፊት ተስፋ ምን ያስባሉ?
- 3.4. የዚህ ዓይነት ችግር ዳግም ቢመጣ ልጆችዎ ምን ማድረግ እንዳለባቸው ምክር ሰጥተዋል?
- 3.5. አደጋው ትቶት ያለፈው የማይሸር ችግር ምንድን ነው?
- 3.6. አሁን የልጅዎ የጤና፣ የትምህርት፣ የባህሪ ሁኔታ ሙሉ ለሙሉ ወደ ቀድሞ (ከአደጋው በፊት) ወደ ነበረው ተመልሷል? ካልተመለሰ ለምን?
- 3.7. አደጋው ካለፋ ዓመታት ቢያልፋትም አሁን ስለልጆች ሁኔታ የሚከታተልና የሚደግፋቸው ማን ነው?

- አበቃ -

Appendix F

አዲስ አበባ ዮኒቨርሲቲ ሥነ ትምህርት ኮሌጅ የሳይኮሎጂ ትምህርት ክፍል

በአይደር ፩ኛ ደረጃ ት/ቤት ላይ የአውሮፕላን ሰምብ አደጋ በደረሰበት ወቅት በአካባቢው የነበሩ ምግባረ ሠናይ ድርጅቶች ያደረጉትን እንቅስቃሴ ለመገምገም የቀረበ ቃለ መጠይቅ መሪ ጥያቄዎች።

ማሳሰቢያ፡- በዚህ ቃለ መጠይቅ የሚሰጡት መረጃ ሚስጥርነቱ የተጠበቀና ለሌላ አካል ተላልፎ የሚሰጥ አይደለም።

1. የግል ሁኔታ

- 1.1. ሥም
- 1.2. ያታ
- 1.3. ዕድሜ
- 1.4. የት/ደረጃ
- 1.5. የሚሰሩበት ድርጅት ስም
- 1.6. በድርጅትዎ ውስጥ ያለዎት የስራ ድርሻ
- 1.7. በዚህ አካባቢ ግብረ ሰናይ ድርጅቱ ቢሮ የከፈተበት ዓ.ም

2. አደጋው በደረሰበት ወቅት የድርጅቱ እንቅስቃሴን በተመለከተ

- 2.1. አደጋው መድረሱን እንዴት ሰማችሁ?
- 2.2. መጀመሪያ ምን ርምጃ ወሰዳችሁ? በምን ያህል ጊዜ በሥፍራው ደረሳችሁ?
- 2.3. በወቅቱ በሰውና በንብረት ላይ የደረሰው በዝርዝር ቢያስረዱኝ?
- 2.4. በወቅቱ ያደረጋችሁትን ድጋፍ በዝርዝር ቢያስረዱኝ?
- 2.5. ተገቢውን ድጋፍ ለማድረግ የሰው ሃይልና የባጀት ችግር ገጥሟችኋል?
- 2.6. ቀጣይነት ያለው ድጋፍ አድርጋችኋል?
- 2.7. አደጋው ከደረሰባቸው ልጆች መምህራንና ወላጆች ጋር የነበራችሁ ግንኙነት እንዴት ነበር?
- 2.8. በአደጋው ወቅት ለተጎጂዎቹ ያደረጋችሁት ድጋፍ አጥጋቢ ነበር?
- 2.9. ከአቅማችሁ በላይ የሆኑ ሁኔታዎችን ምን አደረጋችሁ?

3. አሁን ያለው ሁኔታ

- 3.1. በአደጋው ተጠቂ የነበሩ ተማሪዎች አሁን ስላሉበት ሁኔታ መረጃ አላችሁ? ካላችሁ

ዝርዝርን ቢነግሩኝ?

- 3.2. አሁን ተማሪዎች ስላሉብት ሁኔታ ክትትል ታደርጋላችሁ? ከወላጆቻቸውና መምህራኖቻቸውስ ጋር?
- 3.3. ዘለቂ የአካል፣ የአእምሮ፣ የጤና የባህሪ ችግር የተከሰተባቸው ልጆች አሉ? ካሉ ቢዘረዝሩልኝ?
- 3.4. ተማሪዎች በአደጋ ጊዜ ምን ማድረግ እንዳለባቸው ትምህርት ትሰጣላችሁ?
- 3.5. ወደፊት የዚህ አይነት አደጋ ቢከሰት ካለፈው የበለጠ ዝግጅት አላችሁ?
- 3.6. በአጠቃላይ የተቀናጀ ድጋፍ ማድረግ ምን ውጤት አለው ይላሉ?
- 3.7. በዚህ አይነት አደጋ የተጠቁ ህፃናት ተገቢውና ወቅታዊ ድጋፍ ካልተደረገላቸው ምን ጉዳት ሊያጋጥማቸው ይችላል ይላሉ?
- 3.8. አሁን የአደጋው ተጠቂ የነበሩት ልጆች አደጋው ካደረሰባቸው የተለያዩ ችግር ተላቀዋል ብለው ይገምታሉ?
- 3.9. በዚህ አደጋ ዙሪያ የሚሰጡት የማጠቃለያ ሃሳብ ካለ?

አመሰግናለሁ!

Declaration of Girmay Gebru

1. My name is Girmay Gebru. I am a journalist and work for the Tigray Bureau of Information and Culture where I am the editor-in-chief of a newspaper and a magazine pertaining to political, social, and economic issues. During the conflict between Ethiopia and Eritrea, I worked as a cameraman for Sustainable Agriculture and Environmental Rehabilitation in Tigray ("SAERT") in Mekele. I was also the producer and presenter of SAERT's weekly program on Voice of Tigray Radio and producer of SAERT's monthly article in *Woyen* Newspaper.
2. During the afternoon of June 5, 1998, I was in my office at SAERT, which is located approximately 500 meters from the Ayder Elementary School, preparing to go and take some video footage of a micro-dam project in Samre outside of Mekele the following day. While I was in my office, I heard an airplane and an explosion. I could also see through my door a lot of dust around the Ayder Elementary School. I took my camera and immediately went by car to the area around the school. I started to take video footage of people who were wounded or killed in the houses around the school. I then entered the compound of the Ayder Elementary School and took video footage of more people who had been wounded or killed within the compound. I also took some video footage of damage that was done to the school buildings. The school buildings can be seen on the videotape with shattered windows and other damage.
3. After taking video footage at the school, I went to the Mekele Hospital where the bombing victims were being treated. The Mekele Hospital is located approximately four kilometers from the Ayder Elementary School and should not be confused with the hospital located right across the street from the Ayder Elementary School that appears on the videotape that I made. This hospital was under construction at the time of the bombing.
4. While I was at the Mekele Hospital, I took additional video footage of the victims who were there. Some of these victims were receiving medical treatment, but some of them had died, and I took video footage of their corpses.
5. After I took the video footage at the hospital, I started to go back to my office because the battery for my camera was running low. After leaving the hospital, I saw people taking more victims to the hospital. I concluded that a second bombing had occurred. This second bombing occurred approximately one hour after the first bombing.
6. On my way to the office, I dropped off the first videotape at a video shop so that it could be copied. I then proceeded to my office to get a new battery and another videotape. I then went back to the vicinity of the Ayder Elementary School where I took some video footage of the houses around the school that had sustained damage as a result of the bombings. I took this video footage on the second videotape that I had just picked up at my office. I then returned to the Mekele Hospital where I took some more footage of the victims. After taking this footage, I returned to the video shop and picked up my first videotape and the copy. I then returned to my home.
7. The day after the bombings occurred, I provided a copy of my first videotape, which I had made the day before on my way to the office to get new batteries, and the original copy of the second videotape to an individual from Ethiopian Television who had arrived in Mekele. I did not have time to make a copy of the second videotape.

Unfortunately, I never received a copy of the second videotape back from Ethiopian Television. As such, I am not able to provide a copy of that videotape with this declaration.

8. However, a copy of the first videotape on which I recorded the scenes at the school and at the hospital following the first bombing is attached to this declaration. The original videotape has always been in my possession except for the brief period of time that it was at the video shop being copied. I had the copy of the videotape that is attached to this declaration made in the editing room of my office.
9. Approximately one month after the bombings, I was interviewed in Mekele by *Efoita*, a political magazine published in Addis Ababa, regarding the video footage that I took at the Ayder Elementary School and Mekele Hospital on June 5, 1998. A copy of the original article that appeared in Amharic in *Efoita* following this interview and a translation of that article are attached to this declaration.
10. I, Girmay Gebru, make this oath that on 26 Meskerem 1996, E.C. [7 October 2003, G.C.], I have read this statement and understand its contents. I make an oath that the contents of this statement are true and accurate.



Girmay Gebru