ASSESSMENT OF ADEQUACY OF YOUTH PSYCHOSOCIAL SUPPORT: A CASE OF 3 SELECTED COMPASSION ASSISTED PROJECTS IN ADDIS ABABA

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ABSTRACT

The purpose of this qualitative study was to explore the psychosocial support given at three compassion assisted projects found in Addis Ababa. There were three main criteria considered during this evaluation; if the PSS contains all the three PSS domains, if service providers meet all PSS principles, if PSS given under these projects meet youth psychosocial needs. Exploratory methodology was used to explore the meaning that the transition from student to professional counselor had for three last semester counseling interns. Content data analysis was used to sort out, categorize and analyze the data gathered from both research participants; youth project beneficiaries and project service providers.

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List of Acronyms

AIDS – Acquired Immuno Deficiency Syndrome

CDC – Center for Disease Control

CSA – Charities and Societies Agency

ECA – Economic Commission for Africa

EQ – Emotional Quotient

ES – Economic Support

FGD – Focus Group Discussion

HIV– Human Immuno Virus

IQ – Intelligent Quotient

MYSC – Ministry of Youth, Sports and Culture

NGO – Non- governmental Organization

PSS – Psychosocial Support

PYD – Positive Youth Development

SDT – Self Determination Theory

Six Cs – Competence, Confidence, Connection, Character, Caring/Compassion and Contribution

STD – Sexually Transmitted Diseases

UNESCO – United Nations Educational, Scientific and Cultural Organization

UNICEF – United Nations Children's Fund

UNFPA – United Nations Fund for Population

UNHCR – United Nations High Commissionaire for Refugee

USAID – United States Agency for International Development

WHO – World Health Organization

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Chapter One: Introduction

As developmental psychologists agree, a person goes through different biological, mental, psychological, social, moral and spiritual changes throughout their life time; which could be both exciting and daunting. Geldard and Geldard (2006) explained that the adolescence is a period where a lot of biological, psychological and social changes happen driving a young person to seek more independence, autonomy and maturity, which will eventually lead a young person to stand alone as an adult. But the general public negatively perceived these young people by as problematic, challenging, emotionally hot, adventures, and unpredictable groups (Yusuf, 1998).

The changes during adolescence created a new person, seeking increased independence and freedom, then rules from parents, community and legal perspective get changed by bringing more responsibilities and accountability and laying certain behavior standards from. As adolescents continued their journey of self-discovery, they continually have to adjust to new experiences and changes happening externally as well as internally. These changes resulted a new set of concerns that can be both stressful and anxiety provoking.

The lives of young people is getting increasingly complex and a couple of factors including an uncertain socio-economic climate and new developments in technology have changed the developmental context for adolescents (Kehily, 2007) and made the lives of young people more complex than ever and more mental health concerns are diagnosed amongst young people today, and suicide rates are high (Pelkonen & Marttunen, 2003; Shaw, Fernandes, & Rao, 2005). The Development progression of the adolescence stage involves shifts in expected behaviors, change in social network and forming an identity; known with

its rapid change in the physiological, psychological and social world of young people. Though these changes widens a world of opportunities for them but too often this widening world also exposes young people to serious risks before they have adequate information, skills and experience on how to properly manage, avoid or counteract them. Their level of maturity and social status do not match for some challenges.

Young person is fundamentally the product of experiences and social interactions, within and across a range of contexts, from the immediate setting to larger institutions to cultural norms and the transition to healthy adulthood is dependent on these experiences and social interactions in which adolescents live (Neal & Neal, 2013). Their level of maturity and social status do not match for some challenges, unless they are provided with support, information and access to resources (WHO, 2007). As the analysis of data from six cross-national studies shows, families, peers, schools and communities play essential roles in determining individual adolescent health outcomes; sexual initiation, substance use and depression; including their relationships with parents (WHO, 2001; WHO, 2007).

More than one-third of the total population of the sub-Saharan Africa is aged 10 to 24 and the development of the region is closely linked to the wellbeing of its young people. As per a recent estimate, 34% of Ethiopian's population consisted of young people between 10-24 years of age (ECA, 2010) and these young people have a key role in the development of the country and they are at the heart of today's great strategic opportunities and challenges, from building the economy, reducing poverty to strengthening democracy. This large number of young people represents an opportunity to accelerate economic growth and reduce poverty, if nations make strategic investments on these future young generations.

The Ethiopian National Youth Policy issued in 2004 aimed to address the institutional and policy gaps by recognizing the different problems Ethiopian youth are facing. There is also an effort at the national level envisioned to see holistically developed youth who could transform Ethiopia from backwardness and poverty into prosperous and democratic nation; led by the Federal Ministry of Youth, Sports and Culture (MYSC). In addition to the Government actors there are a number of Non-Government actors that are directly engaged in children and youth activities; among these compassion International can be mentioned as one of the leading organization in Ethiopia since 1993; where the research mainly focused on. Since its launching, Compassion International has been giving a great relief for more than 96,500 families by providing long term support for children and their families starting from age four until they complete higher education or get technical skills training that enable them to be economically independent by generating their own income.

Considering the large coverage and representation of its project offices throughout the country, its long term work experience and knowledge in the children and youth support and credibility of the organization, the organization became selected for this research study. The study was conducted in three compassion assisted projects found in Addis Ababa; purposefully selected based on their good performance and reputation.

As many research works indicated, promoting and strengthening adolescent positive functioning contribute to the reduction of negative and high risk taking behaviors that expose them for various reproductive health problems, substance and alcohol abuse, smoking, violence, juvenile delinquency, drug and internet addiction, and antisocial behaviors (Barber, 2005; Ashenafi, 2015). This study explored and assessed the quality of psychosocial support

given under the three selected compassion assisted projects in Addis Ababa using the PSS standards and semi-structured interviews with project beneficiaries, identified the existing gaps of the support and to magnify the key role psychosocial support plays in terms of y bringing positive youth development and minimizing the number and magnitude of psychosocial problems among youth beneficiaries.

It is when young people strive to fulfil their physical, intellectual, emotional, spiritual, social and artistic potential that they contribute enormously to societal progress. At the same time, the future economic development largely depends upon having increasing proportions of the population that are reasonably well educated, healthy and economically productive. To use youths' energies and capabilities into fruitful action and to prepare them for meaningful and productive futures, coordinated efforts and intentional practices by adults are required across the many settings youth inhabit on a daily basis—whether in school, at home, or in organized community programs. Youth need to be understood correctly and fully by their family members specially parents, rest of the community especially by those who are very close to them; including parents, teachers, friends, and neighborhood. If not, they can immediately fall into the abyss of desperation, neglect everything and can become passive observers of the activities undertaken in the society and get exposed to social evils.

1.1 Statement of the Problem

Adolescence is a transition from childhood to adulthood and during this time, some adolescents might engage in high-risk behaviors, adopt risky life styles, experiment drugs,

engage in unprotected sex, drop out of school, or commit violent acts. Because of this, adolescents are more vulnerable for homicide than the average member of the population as a whole. The situation is not different for our country and as the information from Ethiopian Ministry of Youth and Sports revealed, the number of youth who are exposed to juvenile delinquency, addiction to dangerous narcotics, prostitution, beggary, street life and to other similar social evils are getting increased and because of this the nation is suffering from ample economic and social problems.

About 50% of the Ethiopian population is estimated to be found within 15-24 years of age A factsheet produced by UNESCO in 2014 stated that the development index of Ethiopia's youth is 0.47(Commonwealth Youth Program, 2013); the youth literacy rate for both sexes is 69.48% (UNESCO, 2015); the HIV prevalence rate among youth is 0.4% and 0.5% for male and female respectively (World Bank, 2013).

There are three psychosocial factors that are identified as central to the maturity of judgment exercised by individuals; responsibility (independence, self-reliance), temperance (evaluating consequences of actions, limiting impulsivity and risk taking) and perspective (considering views of others and understanding wider context) (Yodit Girma, 2015). In order to ensure this maturity, children need a safe environment and loving parents. But to the contrary, too many children and adolescents are highly threatening by a socially disorganized families where parents got divorced and lack adequate love, care and support from their parents that are exposing them to involve in violence (Girma Deressu, 2016). Though the figures were not very recent, some of the statistics presented as follow: - 143,169 juvenile delinquents were registered between July 2000 and June 2001, significant number of sex workers and beggars in Addis Ababa are below the age of 30 years.

According to the World Health Organization report, (WHO, 2007) a great number of youth do not spend their most active years in positive engagements that are useful for their personal and nation's development rather in activities that expose them to health problems and criminal offenses and they are more vulnerable for depression, illness, diseases and suicide. Especially young people living in the urban setting are more vulnerable for suicides and factors that can increase the risk of developing mental health problems; delinquent behaviors, HIV/AIDS, depression, drug addiction, risk taking behaviors, alcohol abuse, etc. (WHO factsheet, 2016; CDC Fact Sheet, 2015).

Most researches proved that age appropriate life skills training and quality psychosocial support is mandatory for positive youth development and youth need to learn how to cope with social and psychological challenges that came along with the biological and hormonal changes occur during transition period. Therefore, this study was conducted to showcase the degree of attention given for adequate psychosocial support by taking three compassion assisted projects as a sample. The reason why the researcher took compassion assisted projects is because it is the biggest children and youth support run throughout the country.

1.2 Objective

The objective of this study is to explore the youth psychosocial support given under compassion assisted projects and evaluate its effectiveness. The specific objectives of the study are:-

- To explore the type of support given by the projects and check the degree of attention given for psychosocial support

- To identify topics included in the psychosocial/health education manual and check its comprehensiveness to address all psychosocial domains
- To examine service providers' competence to provide adequate psychosocial support keeping the PSS principles
- To assess satisfaction of youth project beneficiaries in terms of meeting their psychosocial needs
- To identify existing psychosocial support gaps within the projects and recommend ways of improving the service

1.3 Research Questions

- What are the types of support given by compassion assisted projects?
- What are the topics included in the health/ psychosocial education manual and does it cover all psychosocial domains?
- Are service providers competent enough to provide adequate and quality psychosocial support by keeping the PSS principles?
- Does the psychosocial support given by these projects meet youth's psychosocial needs and satisfy them?
- What are major gaps seen in the psychosocial support and key recommendations that help to improve the service?

1.4 Significance of the study

As WHO definition, wellness includes physical, mental, emotional, social and spiritual aspects of human being. The importance of investing on holistic and positive youth development, in order to bring the desired development as a nation, is undisputable especially

for the developing country like Ethiopia; where the proportion of young people took a major share of the total population. In doing so, youth plays a key role.

As a gigantic children and youth support program, with 418 project centers throughout Ethiopia and long term experience in the field since 1993 G.C, this research work have a big significance to improve the quality of support provided to current project beneficiaries. The research work will also create awareness about PSS among project service providers and at the leadership level, if they arrange time for findings presentation. It is also assumed that the findings of the research work will help NGOs working on children and youth issues to identify gaps by evaluating their own projects and devise appropriate strategy to incorporate PSS component in their intervention.

It is also believed that the research findings could have further importance at the national level; if Government actors and policy makers engaged in children and youth field gave due attention for the matter.

1.5 Organization of the Study

This research paper is organized in five chapters aside from pages dedicated for the title, abstract, declaration, table of contents, list of acronyms and acknowledgements. The first chapter covered background of the study, problem statement, research objectives significance of the study, delimitations of the study and operational definitions. The second chapter covered all literature reviews of selected topics related with youth psychosocial support. The third chapter deals with the methodology; which included the research design, study area, etc. and chapter four presented and discussed the findings of the study using content qualitative data analysis method. Then the final chapter, chapter five, presented conclusions and recommendations of the researcher based on the findings of the study followed by an the

Annexes section; Annex 1 included the consent form, Annex 2 contained English and Amharic versions of the guiding questions used for both; focus group discussion and semi-structured interview used to gather data for t the study. Annex 3 is my personal drive to conduct this study; which partly talks about my personal family experiences.

1.6 Delimitation of the study

There are 418 compassion assisted projects throughout the country and out of which we have focused only 3 projects found in Addis Ababa. To see the psychosocial program in-depth and get a more detailed overview of the program content and how it is practiced in each project, the qualitative research study is believed to be the best to serve its purpose.

Since all compassion assisted projects are autonomous and strength of projects are highly dependent on the good governance and context of local faith-based institutions that runs these projects, taking three projects only from Addis Ababa may not exactly showcase the general picture and it very hard to make a generalization. But good thing is all projects get similar kind of technical and financial support by the donor organization which minimizes the bias.

1.7 Operational Definition of Key Terms

Youth. Perhaps United Nations defines ‘youth’, as those persons between the ages of 15 and 24 years for statistical purposes. The definition of youth changes with circumstances, especially with the changes in demographic, financial, economic and socio-cultural settings. Hence, for this particular study, project beneficiaries between ages 15-20 are considered as youth.

Positive Youth Development. PYD is an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed

Psycho-social Support. A general term for any non-therapeutic intervention that helps a person cope with stressors in the home, at work or in life.

Compassion International. An International Non-Governmental and Non-profit organization that works to support holistic development of children worldwide. The organization closely works and partner with local Christian faith-based organizations to enable them implement the project directly.

Compassion Assisted Projects. Children support projects based in local faith-based institutions that give long-term and holistic support; economic, education, psychosocial, spiritual; for children growth using the financial and technical support given from Compassion International. The children leave the project when they achieve economic independence either through formal education or vocational trainings.

Youth Psychosocial Needs. Need for competence, need for Autonomy and need for Connection. The fulfillment of these needs will directly relate with youth self-esteem; those youth whose needs are fulfilled will have high self-esteem.

Chapter Two: Literature Review

Majority of the existing literatures published on psychosocial support focus on services given to a particular group of people, orphans, migrants, people living with cancer, who have been traumatized by certain social, natural or man-made problems like HIV/AIDS, post- traumatic stress disorder due to displacement, civil war, political unrest, disease, etc. The majority of the psychosocial support was directed towards people who have been already affected by one or more psychosocial problems as a remedial action. As a review of the literature conducted by world Health Organization (WHO, 2009) concluded, little of the existing published research works on psychosocial support interventions focuses specifically on young people aged 10–24. Even among the existing literatures that purely focus on youth, those that talks about psychosocial support as a preventive tool, discussing positive and holistic development intervention, are very few. The researcher tried to exhaustively explore most of the available published literatures on the topic and structured by sub-topics important for the study.

2.1 Definition of Psychosocial Support

The term "psychosocial" was defined by different people and most of the definitions agree that the word is a combination of two terms "Psycho" and "social" and it emphasizes the link between an individual's inner world of experience and the society; economic, political, social and cultural conditions; (Nicolai, 2003). The definition given by psychosocial working group (2003), psychosocial wellbeing of an individual refers to three core domains: human capacity, social ecology and culture and values and it is dependent upon the capacity to deploy resources from these domains. The psychosocial support (PSS)

is a means to achieve psychosocial health through encouraging better connections between people, and building a better sense of self and community. PSS is expressed through caring and respectful relationships that communicate understanding, tolerance and acceptance and it can be delivered at higher or lower levels (SADC, 2011).

In providing PSS, the most important thing is that children and communities are treated with dignity and respect, and acknowledged as agents of their own decisions and future. Psychosocial support givers can be ordered hierarchically starting from immediate family members and care givers to specialized and trained counseling or psychotherapy service providers. Under normal conditions, most children and young people do not require additional psychosocial support above and beyond the care and support offered by their families and households for their healthy development. But when this first circle of support is not giving adequate support for various reasons, other community members might have to step in. It is where and when this second circle of support is not functional that external agencies have a role to play by offering programmatic psychosocial support or interventions. The aim of any psychosocial intervention is to address issues and needs in a holistic manner and to place psychosocial interventions inside wider developmental contexts such as education or health care will create an integrated developmental approach to promoting psychosocial wellbeing.

2.2 Domains of Psychosocial Support

Psychosocial services should consist of three core areas, technically referred to as ‘psychosocial domains’ that impact children, youth, their families and communities. These

include i) skills and knowledge, ii) emotional and spiritual well-being and iii) social well-being. In different cultures these domains may be reflected in different ways but they represent a common core as shown in the table below.

Table 1: Domains of Psychosocial Support Service (SADC, 2011)

Psychosocial Domain	**Description**
Skills and knowledge (Cognitive)	Skills and knowledge lead to competencies and capacities to cope with life's demands and stresses and to manage relationships well. This includes problem solving, planning and decision making, stress management, negotiation, assertiveness, using culturally appropriate coping mechanisms, ability to assess own abilities and strengths in relation to needs. This also includes the capacity to detect, refer and manage mental illness alongside specialized mental health services.
Emotional and spiritual well-being (Intrapersonal)	Emotional well-being is an individual's capacity to live a full and creative life and the flexibility to deal with life's inevitable challenges. The intrapersonal area concerns the individual's ability to know and to manage him/her. It determines how in touch with his or her feelings somebody is, how somebody feels about himself or herself and what he or she represents or is doing in their life. This includes self-awareness and a sense of self-worth, control over one's behavior, realistic beliefs, spiritual appreciation or belief of one's purpose, independence, feeling safe and happy, appreciation of others and hope for the future.

Social well-being (Interpersonal)	The interpersonal area concerns the ability to interact and to get along with others. Social well-being refers to the extent and quality of social interactions of vulnerable children and youth. This includes relationships with caregivers, family members and peer groups, developing social networks, sense of belonging to a community, ability to communicate, social responsibility, empathy and participation in social and cultural activities.

2.3 Principles of Psychosocial Support

There are five psychosocial support principles which require psychosocial service providers to be abide by; these are:-

Attitudes. This implies promoting respectful ways of interacting with children, families and communities. Building a sense of dignity is important in developing a sense of wellbeing.

Participation. This involves consulting and speaking to children and families about what types of support would be appropriate and helpful, and asking them how they could be involved.

Social Support. This means that existing cultural, social and spiritual ways of coping need to be drawn on and enhanced. It means fostering connections and building a sense of self and community.

Family Support. This principle suggests drawing on and enhancing existing family relationships and ties, instead of bringing in external help. For children it could mean enhancing one caring relationship with an adult who is able to provide consistent care in the children's life. It aims to promote within the child and the family a sense of control (as opposed to helplessness) during difficult times.

Emotional Support. This involves promoting stability and routine in the child and caregiver's life, especially during difficult times. It can also involve promoting the use of safe spaces for reflection on past experiences, as a way of learning from and growing from these experiences. It could mean focusing on positive achievements to build a sense of self. In relation to children, it could be achieved through giving children enough time to play and participate in sport, as this contributes to children's social integration and emotional and cognitive development.

2.4 Youth Psychosocial Needs and Problems

Youth Psychosocial Needs

Needs by definition are essential and universal and they are basic ingredients without which peoples psychological health will not flourish. It is important to note that when a need is fulfilled, it promotes integration and well-being, and when thwarted, fosters fragmentation and ill-being. As one research thesis stated, Sheldon, Ryan and Reiss (1996) see psychological needs as particular qualities of experience that all people require to thrive. The more social and emotional changes seen in a child during adolescence stage, the more various needs came along in the lives of youth (Ashenafi, 2015). The thesis also mentioned that

humans have at least three types of needs; that are identified highly essential during adolescence year; these are need for competence, need for autonomy and need for relatedness. The need for competence is fulfilled by the experience that one can effectively bring about desired effects and outcomes. The need for autonomy involves perceiving that one's activities are endorsed by or congruent with the self, and the need for relatedness pertains to the feeling that one is close and connected to significant others. It has been assumed that fulfillment of all these basic needs is essential and necessary for growth, integrity and well-being (Deci, Ryan, Gagne, Leone, Usonor & Kornazhava, 2000).

According to Self Determination Theory (SDT), the satisfaction of these three needs is required for development and maintenance of intrinsic motivation, facilitating the integration of extrinsic motivation, fostering intrinsic aspirations, and becoming integrated with respect to the regulation of one's emotion. But when young people lack competence, they develop low self-esteem that exposes them to various forms of crime and violence and no treatment given by rehabilitation centers and correction programs could help them unless they develop high self-esteem (Peasoner, 1994). Hence, the need for high self-esteem is recognized as the most important indicator for future success and to cope more effectively with the demands of life (McKay & Fanning, 2001). Self-esteem is correlated with the three basic psychological needs of autonomy, competence and relatedness (Ryan, 1995).

Though all the findings of these research works indicated that a combination of the satisfaction of autonomy, competence and relatedness needs could enhance adolescents' self-esteem, it was obvious that the satisfaction of autonomy needs contributed most significantly to adolescents' self-esteem above all the three basic needs However,.

Youth Psychosocial Problems

Youth of present day are having several psychological problems and most often these problems are not their own creation. Even though they are not completely responsible for their problems, they are often mistakenly accused to the psychological defects visible in their life. Research shows that teenagers are at increased risk of poor mental health, antisocial behaviour and risk-taking behaviour such as substance misuse. Psychosocial problems youth are facing so many psychosocial problems which are mainly categorised into internalizing and externalizing problems.

Internalizing problems. These are problems which are inside the individual and they are related with emotions, feelings, thinking, and attitudes; for instance, need for acceptance, emotional imbalances, suicidal tendencies, inferiority/superiority complexes, mental health problems. Youth always like to attract others by their appearance and various other means and in order to get attention from others, they use whatever possible means. But they may not get the level of attention they aspired which creates negative feelings, unwontedness, depression and loneliness. They are very moody and sometimes negative feelings may lead them to depression and anti-social behavior. Hence, they may prefer to watch TV or follow other Medias rather than relating with people around them.

Externalizing problems. Problems that are visible to others which are today's youth major life challenges like alcoholism and drugs and criminal tendencies. Youth who take alcohol and drugs are vulnerable to do criminal activities, unhappy at their home, become week in their studies, a lot of tension and anxiety which make them unsuccessful in life. (Ashenafi, 2015)

2.5 Conceptual Framework for Youth Psychosocial Support

The first phase of scientific study of adolescent development was marked by Granville Stanley Hall, who is the founder of scientific study of adolescent development. In 1904, hall published the first text on adolescence that introduced the theory that saw the period as one marked by "storm and stress". For about the first 85 years of the scientific study of adolescent development, the field was mainly framed by a deficit perspective that characterized youth as "broken" or "in danger of becoming broken" (Benson, Scales, Hamilton, & Sesma, 2006), as both dangerous and endangered (Anthony, 1969), or as "problems to be managed" (Roth, Brooks-Gunn, Murray, & Foster, 1998). During this period, psychosocial support was needed only for those people who are experiencing life difficulty or disturbing events like exposure to violence, disaster, loss of or separation from family members and friends, deterioration in living conditions and lack of access to services; which all can bring immediate as well as long term problems.

Some 15 years back, a theoretical shift has occurred and the previous perception of well-being as the absence of negative or undesirable behaviors (Bornstein et al. 2002b; K. A. Moore and Halle 2001) has been replaced by understanding the development of children and adolescents − their needs and behaviors and how to support optimal development and address a broader range of competencies (Rychen and Salganik 2003; Larson, 2000; Lerner and Benson 2004; Lerner and Steinberg 2004; Peter C. Scales and Benson 2005; P. C. Scales et al. 2001). Together with the concept of healthy child development, theories of human development comes along because they serve as sources by describing how a child develops

over time in a supportive environment though they lack a single unifying theory (Lerner 2002). Erikson's Psychosocial Theory (1968; 1985) and Bronfenbrenner's ecological theory (1979; 1995) are the two major theories to provide a useful time-space structure for integrating the several theories and concepts that explain positive child development.

The new conceptual approach does not support the idea of seeing childhood and adolescence as a period of "storm and stress" (Hall, 1904), of inevitable conflict and crisis (Erikson, 1968), though the period is filled with a lot of changes across many domains of functioning; biological, social and psychological; the new approach considered adolescent period as a time of exploration, learning, making choices, identity consolidation, and relationship building. It is a new asset-based approach focusing on cultivating children's assets, positive relationships, beliefs, morals, behaviors, and capacities to give children the resources they need to grow successfully across the life course. There are four major domains under this approach; Physical development, Intellectual development, Psychological and Emotional development, Social development; which young people need to cope with and adapt to the tasks they face as they move into adulthood (Eccles and Gootman 2002).

A lot of youth psychosocial support models have been emerged under this new thinking. For instance, researchers in the positive youth development (PYD) movement have developed a "six Cs"; Confidence, Competence, Connection, Character, Caring and Contribution; framework of positive youth development (Lerner, 2005; Lerner, Lerner, Phelps and Colleagues 2008) based on the idea that if young people manifest the characteristics represented by the six Cs across time, they was on a trajectory toward an "idealized adulthood" (Lerner 2005; Lerner et al. 2008). Developing mental and psychosocial

competencies like self-awareness and connections with others lay basic foundation for later development. The PYD approach takes into account the hierarchy of needs which all human beings develop at different stages of life; unless these needs are met, smooth transition to the next step is impossible and growth can be set back (Abraham Maslow's hierarchy of needs theory). Hence, the need for autonomy, relatedness and competence, directly influence young people's self-esteem, should be given due emphasis in all psychosocial support services given at different levels.

Thus, the hypothesis arising from this new positive focus in developmental science is that optimizing good experiences and strengths, fostering exploration and development of socially valued skills will help children and adolescents have the skills to cope with challenging experiences as they arise, and to understand how they interact with negative behaviors. Based on these theoretical frameworks, we have chosen the positive youth development model, to assess the psychosocial support given under the three selected compassion assisted projects. Before we started the assessment of the projects, we have tried to look in more detail about the PYD psychosocial model in the section below.

In the late 1990s and early 2000s psychological science has paid increasing attention to the concept of "Positive Psychology" (Seligman, 1998a, 1998b, 2002) and a growing number of researchers viewed adolescence through the lens of systems theories that look at development throughout the life span a s a product of relations between individuals and their word (Lerner, 2005). One key aspect of this new focus was plasticity; the potential that individuals have for systematic change across life. This potential is critically important, for it tells us that adolescents' trajectories of development are not fixed, and can be significantly

influenced by factors in their homes, schools and communities (Lerner, 2006); that finally led to the development of Positive Youth Development framework. In this framework youth are seen as resources to be developed rather than problems to be managed (Damon, 2004; Larson, 2000; Lerner, 2005).

One key approach to understand PYD has focused on the "Five Cs"; Competence, Confidence, Connection, Character and Caring (Lerner, et al, 2005). Researchers theorized that young people whose lives incorporated these "Five Cs" would be on a developmental path that results in the development of a Sixth C; Contributions to self, family, community and to the institutions of a civil society (Lerner, 2004). When a young person manifests the five Cs across time, he or she was on a life trajectory towards an "idealized adulthood" which is marked by integrated and mutually reinforcing contribution to self and to family, community and the institutions of civil society (Lerner, 2004).

The positive functioning can be achieved when the strength of youth are aligned with resources for healthy growth present in the key contexts of adolescent development; home, school and community. The social and ecological resources that help the growth of healthy youth are termed as "developmental assets" (Benson et. al, 2006) and they are important to understand what needs to be marshaled in home, classrooms and community based programs to foster PYD. There is also a research showing that community based youth programs, especially those that aim positive youth development, are sources of developmental assets comprised of three big features; adult-youth relationship, skill building activities and opportunity to use these skills in participating and leading community based youth programs (Rhodes, 2002).

In sum, PYD perspective sees all adolescents as having strengths and it suggests that increases in well-being and thriving are possible for all youth through aligning the strengths of young people with the developmental assets present in their social and physical ecology.

Table 2: The Six Cs for Positive Youth Development

The Six Cs	**Definition**
Competence	Positive view of one's actions in specific areas, including social, academic, cognitive, health and vocational. **Social competence** refers to interpersonal skills (e.g., conflict resolution, Cognitive competence refers to cognitive abilities like decision making. Academic competence refers to school performance; Health competence involves using nutrition, exercise and rest to keep oneself fit.
Confidence	An internal sense of overal positive self worth and self efficacy.
Connection	Positive bonds with people and institutions that are reflected in exchanges between individuals and their peers, family, school and community and in which both parties contribute to the relationship.
Character	Respect for societal and cultural norms, possession of standards for correct behaviors, a sense of right and wrong (morality) and integrity.
Caring/Compassion	A sense of sympathy and empathy for others.

Contribution	Contributions to self, family, community and to the institutions of a civil society.

2.6 Major Stakeholders for Youth Psychosocial Health; Parents

There are many stakeholders involved in youth psychosocial health. Among all, parents play a key role in supporting social and emotional development of youth and promoting adolescent health and development. Many cross-cultural studies have shown that perception of adolescents towards their parents play significant role for their psychosocial health and their involvement in risky behaviors, like substance abuse (Barber BK, 2005). Different literatures identified different parental roles based on cross-cultural studies made in both developed and developing countries; these are: 1) Connectedness, 2) Behavior Control, 3) Provision and Guidance 4) Respect for Individuality and 5) Modeling Appropriate Behavior (WHO, 2001).

Researches of Mr. Admasu Tsegaye, 2010; Goldman, Sulus, Wolcoot and Kenedy indicated that physical and sexual abuse, neglect and emotional maltreatments from parents affect a child's emotional and psychological well-being and lead them to behavioral problem and later age problems like low self-esteem, depression, anxiety, attachment difficulties, lasting disorder, poor peer relation, difficulty in understanding others' emotion. To the opposite, when parents show unconditional love and support for their children it helps to develop self-esteem and get more confidence to discover who they are and what they want to do in their lives.

Positive and stable emotional bond between parent and child plays a critical role in adolescent health. In order to be connected with their children, parents need to spend adequate time with children; which is really helpful for their developmental process. (Blum RW, Halcon L, Beuhring T; 2003). During the transition from late childhood to adolescence, significant changes are seen in the parent-child relationship. Therefore, parental support and supervision, in particular, appears to be crucial in preventing a range of adolescent risk behaviors. Among the various ways that parents shape or restrict adolescents' behavior, supervising and monitoring their activities, conveying clear expectations for behavior, and establishing rules are the major ones. Parents' knowledge of their children's whereabouts and activities directly associated with decreased risk behaviors in adolescent, including reduced drug and alcohol use and reduced early age pregnancy. Parents also need to give gentle and consistent guidance for their youth, especially while choosing friends, for decreased exposure to substance abuse and misbehavior and increased self-esteem and confidence. (Berber B, 2007).

Therefore, for a child to become independent and capable adult, parents need to support and allow their child to less depend on them and take more responsibility by their own, make decisions and solve problems by their own and form their own value and identity. Parents should know that children need to make some mistakes in order to explore and get new experiences which help them learn life's lessons and continue to shape their brain development. Hence, youth interventions that aim to positive development should actively engage parents as part of their comprehensive strategy.

Chapter Three: Research Method

3.1 Research Design

The research has a qualitative nature and it is categorized under exploratory research with the use of focus group discussion questions and semi structured interview questions which provides participants the opportunity to respond with their own words. The researcher made close consultation with program coordinators at the head office level; who have close working relation with projects; to make proper project selection to better showcase the psychosocial support of projects. Three projects with good performance was considered for the study and the researcher used is a purposeful sampling technique.

After projects has been identified, the researcher applied the same rule to select youth beneficiaries involved in the focus group discussion but all the 6 service providers in the three projects were interviewed. Finally, the analysis was made based on the findings from the 3 focus group discussions and interviews conducted with youth project beneficiaries and project service providers particularly; which was followed by conclusion and recommendations by the researcher.

3.2 Study Area

Compassion assisted projects are found worldwide and the donor organization, Compassion International, started its work here in Ethiopia in 1993 G.C and used to support the holistic development of children as a direct project implementer until the new NGO legislation by the Charities and Societies Agency/CSA/ is launched. Then the donor transferred project implementation to the local faith-based organization, with full autonomous power, by purely providing financial and technical support. Throughout the country, there

are 418 compassion assisted projects but the focus of this research was on a few selected projects found in Addis Ababa. This research is focused in three targeted projects; found in Kotebe, Meskel Flower and Weha-Limat areas which were recommended by supervisors based on their overall performance.

3.3 Study Population

The study was conducted in 3 purposefully selected compassion assisted projects found in Addis Ababa. 30 youth project beneficiaries were selected for the focus group discussion; one group consists of -10 youth beneficiaries and 6 psychosocial service providers and project coordinators; two from each project; formed the study population in order to gather enough information which helped me to deeply and truly understand the real practice of the psychosocial support given by compassion assisted projects.

3.4 Sampling Techniques

The sampling technique that was used to collect data is a Judgmental or purposive and convenience sampling which is a Non-probability sampling method where the researcher chooses the particular NGO where it would be relevant, appropriate and meaningful to conduct this research study based. There are two rationales behind choosing this sampling technique; the first is that there are limited numbers of people/organs who can serve as primary data sources due to the nature and objectives of the study. Secondly, it demands the willingness of people who are engaged in the data collection process. Since the sampling technique is cost and time effective, it was assumed that the data collection was could be managed within minimal effort if all the relevant stakeholders are willing and supportive of this research study and provide their genuine input.

3.5 Data Collection Means

In order to fully assess the psychosocial support given under compassion assisted projects, both primary and secondary data sources was used in this study. The primary data sources were project staff who are employed full time by the projects and semi-structured interview guide was used to gather information from 6 service providers, focus-group discussions employed to extract data from youth project beneficiaries. The other major tool used for the data collection is desk review of the curriculum that is used as a guide to give all support throughout all compassion assisted projects. Review of secondary data sources; mainly the health education manual; which is considered for psychosocial education was made to gather basic and relevant information regarding the psychosocial support given under these projects.

3.6 Procedures of Data Collection

Primary data sources like semi-structured interview, focus group discussions were used to collect relevant data from project beneficiaries and project workers; who have direct connection with the project. We had selected three compassion assisted projects for the primary data collection. The interview guide was developed in English and reviewed by psychosocial technical experts before using it for the actual data collection.

Initially, participants were asked their consent for the interview as well as for tape recording. All interviews were conducted in a private space and at a time of choice by the respondents to ensure privacy and convenience. And all the interviews were conducted by the principal investigator using tape recorder. The data was transcribed and then properly grouped as per the stated objectives and documented for analysis purpose.

3.7 Procedure of Data Analysis

Qualitative data shall be transcribed verbatim in Amharic and then translated into English for analysis. I used content analysis method and tried to present and describe all the major findings and responses as well as what it implies; meaning of each data by analyzing the content in terms of the theories and concepts mentioned under the literature review.

Content analysis was applied and the content was analyzed at two levels; to describe and to interpret and find meaning for the data gathered grouped under major research objectives. Data analysis was guided by the core psychosocial support domains, principles and the conceptual framework; which were discussed in detail under the literature review section.

3.8 Ethical Issues

Prior to conducting interview with service providers and focus group discussion with project beneficiaries, informed consent was obtained from all study participants. The participation in the study was based on willingness and the study participants were openly informed about the purpose of the study. They were also told that they are free to refuse to answer any question and even they can withdraw at any time.

To ensure confidentiality, personal information were not presented for public use. Access to interview responses was limited to research participants only. All interviews with the service providers were conducted individually to ensure privacy and avoid interference of other people and their opinion. Focus Group Discussions were made for project beneficiaries since all the topics raised were common for all the participants and they share similar project

setting. , issues. The study did not cause any harm to the study subjects and it did not incur any additional cost to the study subjects.

The purpose of this qualitative study was to explore the psychosocial support under compassion assisted projects taken three selected projects found in Addis Ababa as a show case. I collected primary data from project beneficiaries, project service providers and coordinators and did a desk review of documents related to the subject matter. I used two data collection methods for different groups; focused group discussion for project beneficiaries, semi-structured interview for service providers and coordinators. The data collection was conducted in August and September 2016 followed by the transcription.

The interview tapes together with the notes taken by the researcher were listed with a hard copy of the transcription to make sure that all the essence of the interview had been fully captured and the transcript accurately reflect participants' thoughts. This allowed me to develop a deeper understanding about the projects and what the psychosocial support under each project looks like.

The qualitative analysis method used by the researcher is directed content analysis which used deductive approach for data analysis. The researcher presented and analyzed the data based on the existing theories and knowledge about psychosocial support. Hence the PSS support given by the three projects were analyzed compared with the existing PSS standards; mainly taking into consideration PSS domains and principles.

Chapter Four: Findings, Discussion and Interpretation

4.1 Data Findings and Discussion

Background of Compassion International

Compassion International is a child advocacy ministry that pairs compassionate people with those who are suffering from poverty. The ministry releases children from spiritual, economic, social, and physical poverty. The goal is for each child to become a responsible and fulfilled adult. Compassion's work has grown from modest beginnings in South Korea in 1952 when American evangelist Rev. Everett Swanson felt compelled to help 35 children orphaned by the Korean conflict. Today it is a worldwide ministry where millions of children are now reaping the benefits of one man's clear, God-given vision.

Compassion International began working in Ethiopia in 1993 G.C and currently it is supporting more than 96,500 children registered in 418 child development centers; which are based in local protestant churches. The organization is grounded with “love thy neighbor” value and its mission is to look after the health, education and welfare of impoverished children. The project has a Child Survival Program, which provided service to 1,625 mothers and their babies and its service was extended to 170 university and graduate students using its Leadership Development Program.

Profile of the Projects

Project No. 1. The project is found in Kotebe area and it is established in 1996 with the aim to support needy children of poor families in the area. Project beneficiaries were selected together with the local government officials found at the kebele level and the minimum age of beneficiaries to join the project was 3 years old. During the time of the research, there

were 235 total number of beneficiaries and among them 120 are between ages 15-19 years. There were 4 project service providers and 2 of them; the social worker and health worker; are directly engaged in providing support for beneficiary students and the rest 2 are support staff. The number of students participated in the focus group discussion were 10; 8 female and 2 were male were included.

Project No. 2. The second project is found in Kirkos sub-city, Addis Ababa, around the area locally known as Meskel Flower. The researcher did not find an exact information about its year of establishment but the project is well known by the local community and it has a good recognition by the local government. The total numbers of project beneficiaries under this project are 240 and out of which 150 are between ages 15 to 19. The number of service providers across projects is similar and as per the standard set by the donor, there is one social worker, one health worker, project coordinator and admin/accountant. Here also the researcher included. 10 students for the FGD; with equal proportion between male and female youth beneficiaries.

Project No. 3. The third project included in this research is found in bole sub-city, Addis Ababa; located around the area traditionally known as Weha-Lemat. The project consisted of 227 total number of beneficiary students and out of which 100 beneficiaries fall under the age category of 15 to 19 years. The project was established in 1999 G.C and since then it is continuously providing support for needy children identified and selected by the local government officials; who are proved to be the neediest ones within the community. The special characteristics of this project is most of the beneficiary students are living far from the project center due to relocation; previously who used to live near the project area but now they moved to far places. This was mentioned as a major limitation for the big connection

gap between the project beneficiaries and their service providers; which the researcher observed during the time spent in the project compound. The researcher took similar number of project beneficiaries from this project for the focus group discussion and their gender composition was 6 female and 4 male.

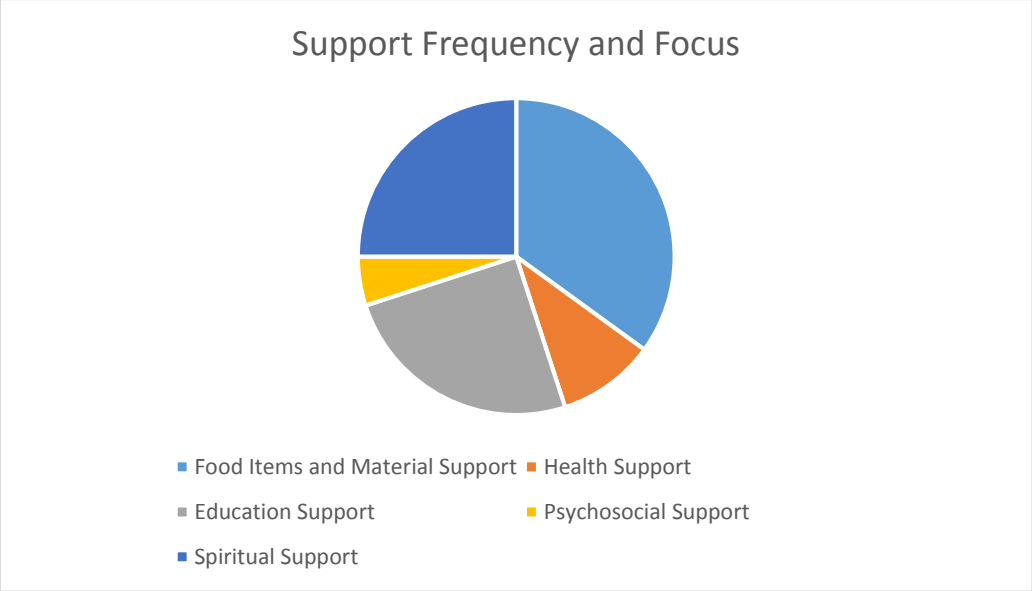
Table 3: Demographic Summary of Youth Participated in the FGD

Demographic Variables	**Project 1**	**Project 2**	**Project 3**
Family Status			
Married	4	4	2
Single Parents	4	6	6
Other/Relatives	2		2

Among the total number of youth project beneficiaries taken for the FGD, only 33.3% were living with both their parents, 53.3% of them were living with one of their parent, mainly with their mothers and the rest 13.3% were living with other relatives. Their family status data was presented to showcase the context where these youth project beneficiaries were living and to consider its implication on their overall psychosocial wellness.

1. What are the types of support given by compassion assisted projects?

Figure 1: Summary of Support Types given by the Projects



The above graph summarized the types of support given by compassion assisted projects and the proportion of their share considering the budget allocation for each and the frequency of support. In all the three projects, clothes, shoes, food and sanitary items are distributed twice a year and it takes a major share of the total support. The next big shares are taken by education and spiritual supports; each with a 25% from the total. Though spiritual support doesn't require finance, spiritual classes are organized once in a week for project beneficiaries based on their age level. The education support includes provision of school material; school uniform, school bag, lunch box, exercise books, pen, pencil, eraser, sharpener, tuition reimbursement, after school tutor services, follow up and record keeping of students' performance. Health support is basically includes two things; the reimbursement made for medical treatments and the health education prepared once or maximum twice a year. The only thing considered as a social support is the annual retreat or vacation arranged for beneficiary students; which sometimes could be cancelled due to budget limitation.

2. What are the topics included in the health/ psychosocial education manual?

The researcher conducted a desk review to identify the topics covered by the health education manual; which is also considered as a psychosocial support. The researcher reviewed the manual that was designed for the age group between 15 to 19 years old. The researcher checked not only the inclusiveness of the topics but also their relevance for the age group and how the contents were delivered to ensure it was well understood by the project beneficiaries. Below are the list of topics included in the manual:

- Entrepreneurial skills
- Family and community roles
- First Aid
- Getting and keeping a job
- HIV/AIDS
- Hygiene
- Inner beauty
- Marriage
- Problem Solving
- Project management
- Study skills
- The Bible and its authority
- Time management
- Understanding my world
- Bible study skills
- Critical thinking

3. Are service providers competent enough to provide adequate and quality psychosocial support?

This question was presented for both service providers and youth project beneficiaries and their responses were cross checked for validity purpose.

The table below presented the aggregate response gathered from all service providers across all the three projects. The questions assess service providers' competence as per the PSS

principles. The five PSS principles that were assesses were; Attitude, Participation, Social Support, Family Support and Emotional Support. There were list of questions under each principle and the summary is presented as follows.

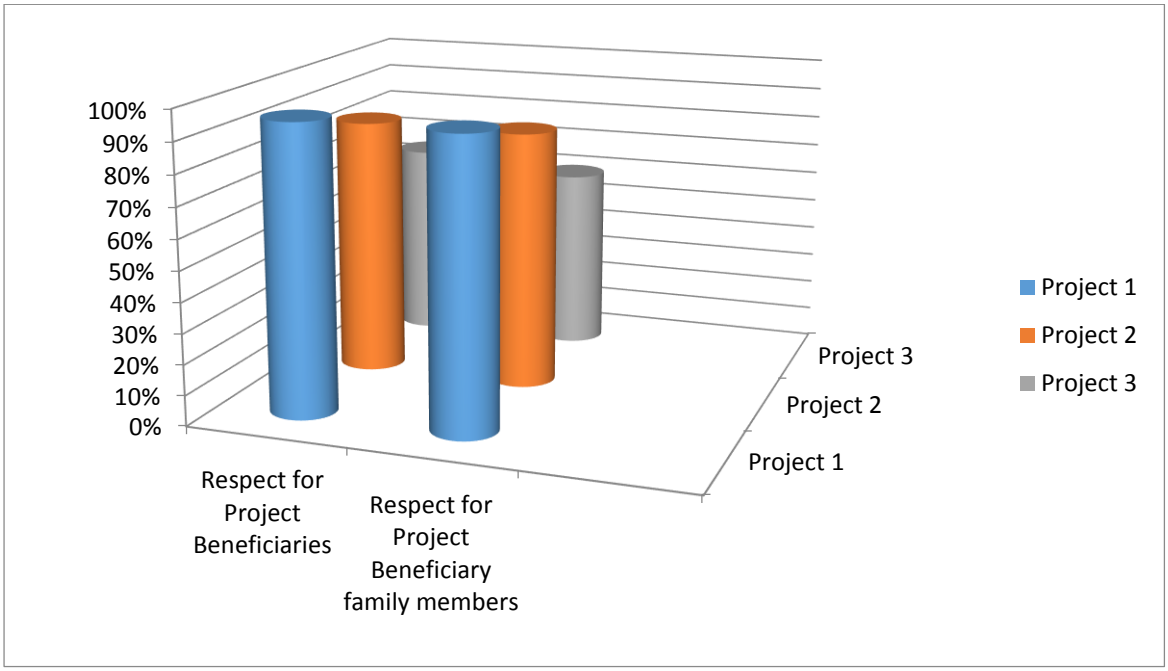
Table 4: Response Summary of Service Providers against PSS Principles

PSS Principles	**Yes**	**No**
Attitudes		
1.1	100%	0
1.2	100%	0
Participation		
2.1	33%	67%
2.2	100%	0%
2.3	33%	67%
2.4	0%	100%
Social Support		
3.1	33%	67%
3.2	33%	67%
3.3	33%	67%
3.4	33%	67%
Family Support		
4.1	33%	67%
4.2	33%	67%
Emotional Support		
5.1	33%	67%

5.2 5.3	33% 67%	67% 33%

Youth project beneficiaries were also given an opportunity to evaluate qualities of their service providers using the five PSS principles. The figure below summarized the responses of youth project beneficiaries' regarding the attitude of their project service providers considering the respect and dignity they and their families received from these service providers. Accordingly, all the respondents acknowledged that the attitude of their service providers is very good considering the respect and dignity given for them and their families.

Figure 2: Response of Project Beneficiaries about Service Providers' Attitude



The graphs below presented the aggregate response from project beneficiaries regarding their participation on project planning, activities and decision making. The responses for each question were categorized under each project.

Figure 3: Response Summary of Youth Beneficiaries Participation

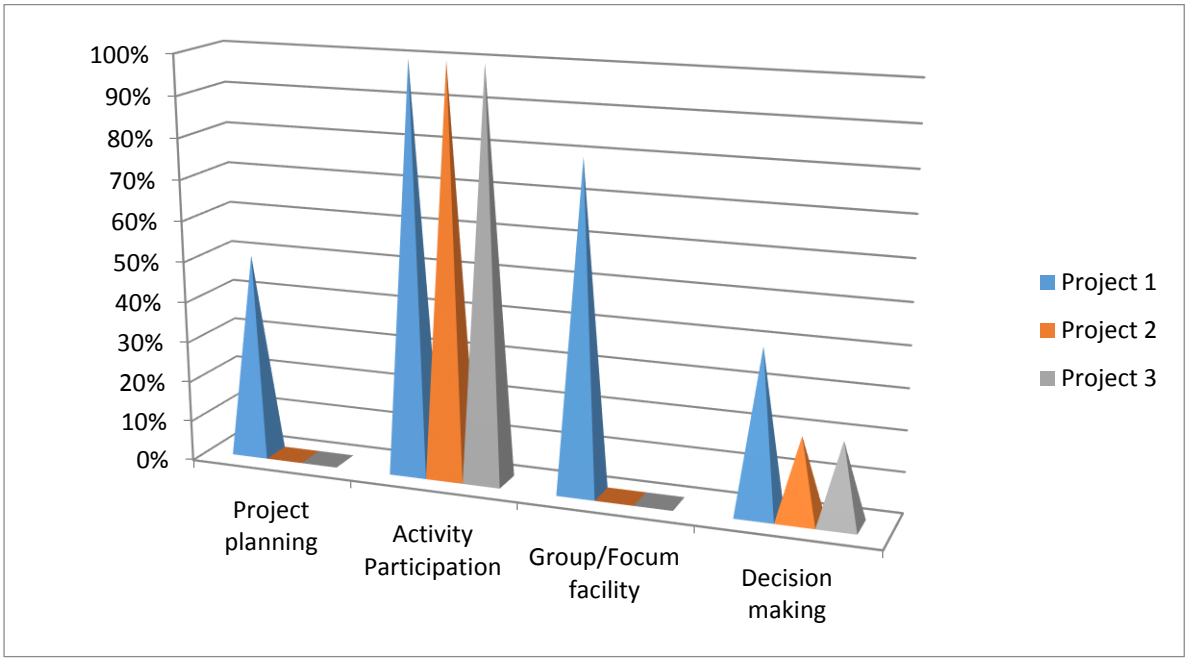


Table 5: Demographic Summary of Service Providers

Bio-Data Variables	Project 1	Project 2	Project 3
Sex			
Male	3	1	4
Female	1	3	0
Educational Background			
Related to the job	2	4	2
None related to the job	2	0	2

In project 1 and 3, only the health professional/nurse and the accountants are the ones who are engaged in their field of studies but the social worker and the project coordinator or manager are assigned without having proper theoretical knowledge and practical experience about what the position requires. It is only in project 2 the researcher identified that all

project service providers are assigned according to their education background and they know well what is expected from them to bring the desired change in the lives of the project beneficiaries.

When we look at the level of participation in terms of the four dimensions in each project, there was equal activity participation in all the three projects; because access is equally given for all project beneficiaries. But when we see beneficiaries' involvement in terms of project planning, group/forum facility and decision making, generally we have observed that there is a huge room for improvement though there is better freedom for participation under project number 1.

The table presented below summarized the response from project beneficiaries for the three questions raised to assess how much service providers support project beneficiaries' social, family and emotional wellbeing. The reason why the researcher asked similar questions for both groups; service providers and youth project beneficiaries; is to validate the information.

- Do service providers bring together major stakeholders in your life to improve the social environment around you? (Social Support)
- Were there any effort made by the project and service providers to build the capacity of your family and other stakeholders to support you better? (Family Support)
- Do service providers give you safe space and time to help you open up yourself and feel emotionally well? (Emotional Support)

Table 6: Aggregate Response about Service Providers' Competence

PSS Principles	Yes	No
Social Support	30%	70%
Family Support	40%	60%
Emotional Support	20%	80%

The researcher asked service providers how often they communicate with parents/families of project beneficiaries and project 1 and 3 mentioned it is only once in a year for formal gathering. Project 2 uniquely mentioned that they conduct home to home visit once in a quarter to each and every one of their project beneficiaries and they made regularly visits whenever situations demand like during sickness. The social worker working at project 2 said the following:-

we also conduct a regular monthly meeting with beneficiary parents/families to discuss common issues and problems, identify needs, and explore complaints and concerns and to provide spiritual teaching. In addition to this, whenever parents face difficulty concerning beneficiary children, they are always welcome to consult with us.

When it comes to service providers' connection with schools, service providers under project 1 and 3 told the researcher that they only collect report cards and reimburse tuition fees. To the contrary, service provider under project 2 informed the following to the researcher.

The local church assigned extra budget to provide tutor service for our project beneficiaries and we hire the good teachers from their school in consultation with the school which gave us a good connection both with their school and their teachers.

The answer from one project service provider was also read as follow.

I do not have any direct contact with the school and their teachers but I do collect informal information from class leads and check their academic performance every six months through their report cards I also conduct home to home visit once a year to see how the whole family is doing and the way they live.

As the response indicated, except project beneficiaries from one project, the response for most questions that checked service providers' awareness and implementation of PSS principles is NO. Among all the PSS principles, "Attitude"; is proven to have a greater applicability in all the projects and one project beneficiary witnessed that" *the dignity and respect we receive from our service providers gives mental comfort for us and for our family members".* To the opposite the PSS principle that is highly neglected with little application is "Emotional Support". Though the project facility and other external factors play their role to facilitate safe space that help beneficiaries to open up themselves and provide the necessary emotional support, there is less awareness among service providers about this type of support.

4. Does the psychosocial support given by these projects meet youth's psychosocial needs and satisfy them?

The researcher asked youth project beneficiaries to evaluate the relevance of psychosocial services offered by the projects and to what extent the support meets their

psychosocial need. The researcher presented the responses by categorizing it using their basic needs; need for competence, need for autonomy and relatedness.

Does the projects' PSS support meet Youth's PSS Needs?

Table 7: Response Summary of How Much PSS Meets their Psychosocial Needs

FGD Response	Yes	No
Need for Competence	33%	67%
Need for Autonomy	33%	67%
Need for Relatedness	33%	67%

This overall evaluation question was raised during the FGD for youth project beneficiaries and only beneficiaries from project 2 said that the PSS support meets their need for competence, autonomy and relatedness; which composed of 33% of the total respondents. But the rest 67% informed the researcher that the PSS did not meet their psychosocial need.

Are you satisfied by the psychosocial support given by the project?

Table 8: Aggregate Response of Youth Satisfaction by the PSS

FGD Response	Yes	No
Project No. 1	40%	60%
Project No. 2	85%	15%
Project No. 3	20%	80%

When the researcher evaluated project beneficiaries' level of satisfaction, beneficiaries under the two projects are not satisfied at all whereas the project beneficiaries of project 2 are satisfied by the psychosocial support given by the project.

5. What are major gaps seen in the psychosocial support and key recommendations that help to improve the service?

This question was raised for both project beneficiaries and service providers to give their comments on the major gaps they observed to suggest what should be done to improve the PSS service. Project beneficiaries, especially those found in project 1 and 3 mentioned a couple of points and only the researcher presented only the main ones as follow. They mentioned that service providers are busy with their routine tasks and they don't give us proper attention, and try to create a loving and welcoming atmosphere which help us to get close with them. Beneficiaries also commented that the limited number of service providers are not adequate to provide adequate and quality services for project beneficiaries. Moreover, beneficiaries complained about the separate eyes given for project beneficiaries and the other children and youth found in the local church since they attend these groups attend spiritual services separately; which created a big discomfort among them. They recommended these situations to be corrected from the project side and they advised service providers to see things from their perspective and to understand the overall situation of their life rather than labeling them.

The service providers also mentioned a couple of gaps about the project along with their recommendations. Some of the major issues raised from the service providers' side are there is no adequate fund to plan extra support and organize PSS trainings since the amount of money we receive per child is getting decreased through time, the project needs to hire more number of staff to provide quality PSS since we are very much busy with the routine project works and regular on-job training on PSS to help them better understand youth project beneficiaries and deliver adequate and quality service for project beneficiaries.

4.2 Discussion and Interpretation

In this section, the data presented in the above section was discussed against the theories and information under the literature review. The researcher categorized and presented the data according to the research objectives in order to facilitate the content analysis. Hence the PSS under each project is evaluated based on the contents included in the PSS teaching manual, the competence of service providers in terms of meeting PSS principles and in terms of meeting the desired end goal; positive youth development by ensuring competence, autonomy and relatedness.

The list of topics included in the health education manual are very fragmented and the contents of each topics were not purposefully designed to address the three main domains of the psychosocial support; Cognitive (Skills and knowledge), Intrapersonal (Emotional and spiritual well-being) and Interpersonal (Social well-being) and the end goal that is needed to be achieved. The cognitive component is about the skills and knowledge that are important to lead life with competence and capacities to cope with life's demands and stresses and to manage relationships well; such as problem solving, planning and decision making, stress management, negotiation, assertiveness, using culturally appropriate coping mechanisms, ability to assess own abilities and strengths. From the topics included in the manual Entrepreneurial skills, Problem solving, Project management, Study skills, Critical thinking, First Aid and Time management considered as topics that could promote the cognitive intelligence of youth beneficiaries. When the researcher evaluate the manual from PSS domain of Interpersonal intelligence; an intelligence that deals with the soft skills that help people to live a happy and healthy personal and social life; it didn't incorporate basic topics like self-awareness and a sense of self-worth, self-control, conflict management,

communication skill. Hence, youth beneficiaries did not receive any education on how to control their behavior, how to develop realistic beliefs, how to practice independence, how to feel safe and happy, how to properly communicate with other people and how to peacefully solve conflicts and lead healthy life with bright future.

The data about service providers' competence revealed that most service providers don't know what PSS mean, the domains included under PSS and PSS principles one service provider should keep. Therefore, it clearly shows service providers do not have enough awareness about the issue and what is expected from them; except their positive attitude shown with their respect and dignity for project beneficiaries and their families. Lack of proper awareness, education and training from service providers' side affected the PSS given by the project and youth project beneficiaries were affected with all these shortcomings.

As PSS theories indicated, youth have three basic psychosocial needs; Need for Competence, Need for Autonomy and Need for Relatedness and if these needs are not fulfilled, they bring negative consequences like low self-esteem, lack of trust. Since these three needs are highly linked and complementary to one another, the existence of autonomy and relatedness plays important role for competence and competence is basis for future academic and work opportunities as well as an indicator for successful future life as an adult. Accordingly, the researcher made a general observation about the understanding level of the youth during the FGD sessions. Though further research is required to assess the competence of youth using the Six Cs, youth beneficiaries did not seem to have adequate understanding about the topic of discussion and psychosocial challenges related to their age. Overall, the

PSS given under the three compassion assisted projects did not meet youth PSS need which hinder their positive development and instead could lead them to develop low self-esteem, negative feelings, anti-social attitude, inferiority complex which may create so many psychosocial problems within the community.

Chapter Five: Conclusion and Recommendation

5.1 Conclusion

Here below were presented the main findings and conclusions of the research study:-

- There was no separate psychosocial education or training manual developed or adopted by all the three projects; which highly affected the adequacy and quality of the PSS.
- The PSS was find to be remedial whenever the support is required instead of being preventive that foster the positive and holistic development of youth project beneficiaries.
- There was less attention given to the PSS in the two projects but one of the project had a better performance by creating a conducive environment where youth could get positive and holistic support by allocating extra resources and give due attention
- There was no standard set to hire service providers and education background of 4 of the project service providers out of the 6 doesn't match with their current job. The PSS issue was not given due emphasis and no on-job trainings and skill transfer were organized for the last 5 years to address the gap from service providers' side.
- The qualification of project service providers is key factor for the PSS service since their knowledge about the PSS itself; the domains PSS should contain and the principles service providers should consider in providing PSS; matters most to provide the service up to the standard. Literatures identified that service providers should meet 5 principles; attitude, participation, family support, social support and emotional support.

- The health education manual which comprised of some psychosocial topics was considered enough to provide the psychosocial education as well but the researcher found out that the manual was not comprehensive; not adequately incorporated major topics to address the three PSS domains of cognitive skills, intrapersonal and interpersonal/social skills that youth need to develop during their adolescence period in order to protect themselves from psychosocial problems and face life challenges positively.
- Youth have three basic needs; need for competence, need for autonomy and need for relatedness. These needs are highly interrelated to one another and the need for competence depends on the degree of autonomy and relatedness youth secured from their care givers and social environment. But youth project beneficiaries found in kotebe and weha limat projects disclosed that they were not as such related with their service providers.
- 67% of youth project beneficiaries indicated that they are not satisfied by the PSS given by the projects; after they got enough explanation from the researcher about what PSS mean since they were not familiar with the term.

5.2 Recommendations

The following recommendations have been given by the researcher considering the findings of the research, needs of youth project beneficiaries and the principles that project service providers need to meet to standardize the PSS given under compassion assisted projects.

- It is mandatory to develop a separate psychosocial manual comprised of topics that help youth beneficiaries to be competent in all the three domains.
- Proper education background and experience should be considered and standard should be set to hire project service providers who closely work with children. Moreover, Addressing knowledge and skill gaps of service providers through relevant on job trainings is mandatory
- It is highly recommended to give due attention for the PSS because youth psychosocial health affect their academic performance and their physical health as well.
- Major stakeholders should work together for the betterment of youth project beneficiaries; hence close connection among parents, service providers and school community is crucial to achieve the desired goal and nurture positive and holistically developed youth.
- The number of project service providers per project should get increased to minimize the burden of assignment given to one service provider and to increase the adequacy and quality of the PSS services given for youth project beneficiaries.
- Specific PSS needs of youth project beneficiaries should be clearly identified per project and appropriate strategies should be devised and resources should be assigned to meet these needs to foster positive youth development.

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Appendix 1. Consent Form

My name is **Etsegenet Berhanu** and I am a prospective MA student in Counseling Psychology at Addis Ababa University. Currently, I am doing my thesis work in order to successfully complete the course and graduate. The title of the study is ***"ASSESSMENT OF ADEQUACY OF YOUTH PSYCHOSOCIAL SUPPORT; A STUDY IN 3 SELECTED COMPASSION ASSISTED PROJECTS".*** The purpose of this study is to assess the current practice of the psychosocial support provided under few selected compassion assisted projects found in Addis Ababa and to identify the existing gaps in the services provided; to recommend ideas and points that could improve the services. The people who are expected to participate in this study are youth project beneficiaries, psychosocial service providers and those who are in a leadership position. Hence, your answers and genuine feedback is crucial to realize this study as well as a means to improve the psychosocial support given under compassion assisted projects. I guarantee you that all your answers will remain confidential and no personal information was disclosed in the study other than considering it for analysing the situation (problem). I would greatly appreciate your help in responding to this study and if you face any inconvenience and see any problem, you can quit any time since it is voluntary.

May I proceed with the interview? Yes ☐ No ☐

_____
Name of Interviewee

_____
Signature

_____
Date

Appendix 2. Focused Group Discussion with Youth Project Beneficiaries

1. Background Information (Ask everyone in the group to introduce themselves with guided questions)

- Sex:
- Parents' Marital Status:

2. What kinds of support do you get from the project? And how often?
3. What are the topics included in your health education? How often do you get the education?
4. How do you evaluate project service providers in terms of the following criteria
    a. Do they respect you and your family?
    b. Do they allow you to participate in project related works like planning, activity engagement, decision making?
    c. Do they provide any support families in order to take care of their children properly?
    d. Do they give you any emotional support
    e. Do they make any effort to positively influence your social environment?
5. Are you satisfied with the psychosocial support given by the project?
6. What kinds of gaps did you observe in the project which require correction?

Appendix 3. **Questionnaire to Evaluate Service Providers' Awareness about PSS principles*: (Interview with Project Service providers)***

Focus Area **የትኩረት አካባቢ**	**Question about PSS Support** **የስነ ልቦና እና ማህበራዊ ድጋፍ ጥያቄዎች**	**Yes/No** **አዎን/አይደለም**
Attitudes **ዝንባሌዎች**	Do you deal with project beneficiaries in a respectful way that builds their dignity? ከፕሮጀክቱ ተጠቃሚዎች ጋር በአክብሮት እና ሰብአዊ ክብራቸውን በሚገነባ መልኩ ትሰራላችሁ	
	Do you deal with beneficiary family members in a respectful way that builds their dignity? ከፕሮጀክቱ ተጠቃሚ የቤተሰብ አባላት ጋር በአክብሮት እና ሰብአዊ ክብራቸውን በሚገነባ መልኩ ትሰራላችሁ	
Participation **ተሳትፎ**	Do you involve project beneficiaries in planning and feedback about project activities? የፕሮጀክቱ ተጠቃሚዎች የፕሮጀክቱን እንቅስቃሴዎች በማቀድ እና ምላሽ በመስጠት እንዲሳተፉ ያደርጋሉ	
	Do you facilitate child or youth participation activities in your program? በፕሮግራምዎ ውስጥ የልጆች ወይም የወጣቶች ተሳትፎ እንቅስቃሴዎችን ያመቻቻሉ	
	Do you facilitate family/caregiver groups or forum in your program? በፕሮግራምዎ ውስጥ የተንከባካቢ ቡድኖች ወይም ፎረም በማመቻቸት ይረዳሉ	

	Do children get the opportunity to make decisions about activities or other aspects of their life through your program? በፕሮግራምዎ ውስጥ ስለሚያደርጓቸው እንቅስቃሴዎች እና ሌሎች የህይወታቸው ጉዳዮች ዙሪያ ልጆች ውሳኔ እንዲሰጡ ዕድል ያገኛሉ	
Social Support **ማህበራዊ ድጋፍ**	Does your approach bring together major stakeholders to improve the social environment of children's lives? የሚከተሉት ዘይቤ ዋና ዋና ባለድርሻ አካላት በአንድ ላይ እንዲመጡ እና የልጆችን ማህበራዊ አካባቢ እንዲሻሻል የሚያደርግ ነው	
	Do you work to build the capacity of family and other stakeholders to support children better? ቤተሰብ እና ሌሎች ባለድርሻ አካላት ለልጆች የተሻለ ድጋፍ እንዲሰጡ የአቅም ግንባታ ስራዎችን ይሰራሉ	
	Does your work involve schools? ስራዎ ትምህርት ቤቶችን ያካትታል	
	Do you encourage children and youth to support one another? ልጆች እና ወጣቶች እርስ በእርስ እንዲደጋገፉ ያበረታታሉ	
Family Support **የቤተሰብ ድጋፍ**	Does your support focus on strengthening the capacity of families to care for their children? እርስዎ የሚሰጡት ድጋፍ ቤተሰቦች ልጆቻቸውን የመንከባከብ አቅም በማጠናከር ላይ ያተኩራል	
	Is your approach encourage families to keep together and strengthen closeness between children and families?	

	የሚከተሉት ዘይቤ ልጆች ከቤተሰቦቻቸው ጋር አንድ ላይ እንዲሆኑ እና ቅርርባቸው እንዲጠናከር ያበረታታል	
Emotional Support **የስሜት ድጋፍ**	Do you provide opportunities and safe space for children to talk about their experiences, thoughts and feelings? ልጆቹ ስለልምምዶቻቸው፣ ሀሳቦቻቸው እና ስሜቶቻቸው እንዲያወሩ እድል እና ምቹ ስፍራ ትሰጣላችሁ	
	Do you focus on children's and families' strengths and positive assets? በልጆቹ እና በቤተሰቦቻቸው ጥንካሬ እና እሴቶች ላይ ትኩረት ያደርጋሉ	
	Do you give opportunity, space and materials for children to play? ልጆች እንዲጫወቱ እድል, ቦታ እና ቁሳቁሶች ይሰጣሉ	

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis have been duly acknowledged.

Name: Etsegenet Berhanu

Signature: _____

Date of Submission: _____

I, the undersigned, declare that as a university advisor, this thesis was undertaken with my supervision.

Name: Tigist Wuhib (PhD)

Signature: _____

Date of Submission: _____