

**ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES  
DEPARTMENT OF PSYCHOLOGY**

**STUDY ON PERCEIVED INSTITUTIONAL CARE FOR  
ORPHAN CHILDREN: THE CASE OF SOS  
CHILDREN'S VILLAGE, MEKELLE**

**BY  
Kiros Lakew Wubie**



**Advisor: Dr. Sintayehu Tadesse**

**A thesis submitted to the Department of Psychology in partial  
fulfillment of the requirement for the Degree of Masters of Arts in  
Counseling Psychology**

**July, 2008**

**ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES  
DEPARTMENT OF PSYCHOLOGY**

**Study On Perceived Institutional Care for Orphan  
Children: The Case of SOS Children's Village,  
Mekelle**

**By  
Kiros Lakew**

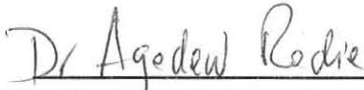
**Approval By Board Of Examiners**



**Chair Person, Department  
Graduate Committee**



**Signature**



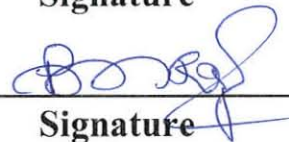
**External Examiner (Name)**



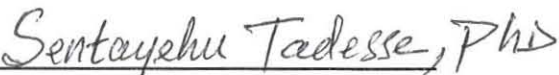
**Signature**



**Internal Examiner (Name)**



**Signature**



**Advisor's (Name)**



**Signature**

## Acknowledgement

First and for most I would like to thank God for his abundant care provision he made upon me.

My sincere thanks go to my advisor, Dr Sintayehu Taddesse for his constructive comments and guidance. With out his continuous follow up and guidance, the completion of this work would have been impossible.

I am also thankful to the SOS Children's Village Mekelle and other participants of the study. Without their cooperation accesses to the data collection would have been difficult or impossible. Ethiopian Evangelical Church Mekane Yesus, Norwegian Church AID, Ethiopian Evangelical Church Mekane Yesus Northern Area Work Tigray, are acknowledged for allowing me to continue my MA level study.

My deep appreciation and thanks also go to SOS Children's Village Particularly to the National Director, Ato Zenebe Tesfaye, Communication Officer, W/ro Nardos Berhanu, and Village Director, Ato Nigusse Eshete for their cooperation in the provision of information about the village children.

I feel happy to express my special felt thanks to Ato Yonas Mekonnen and whose interest and unreserved comment was very constructive and make these thesis successes.

I would like to express my gratitude to Ato Daniel Turago who sacrificed his leisure time in editing and typing this draft and helped me to submit it on time.

Last, but not least, I extend my deepest gratitude to my beloved wife Nigist Alemu for her conscious moral support, and taking care of my daughters Jedidiah, Deborah, and my son Samuel on her own during my absence for the study.

# Table of Content

	Page
Acknowledgement-----	i
Table of contents-----	ii
Abbreviations and Acronyms-----	vi
List of Tables-----	vii
Abstract-----	viii
 <b>CHAPTER ONE</b>	
1. Introduction-----	1
1.1 Background-----	1
1.2. Statement of the problem-----	3
1.3. Objective of the study-----	4
1.3.1 General objective-----	4
1.3.2. Specific objectives-----	4
1.4 .Significance of the study-----	5
1.5. Delimitation of the study-----	5
1.6. Limitation of the study-----	5
1.7. Operational Definition of Terms-----	6
 <b>CHAPTER TWO</b>	
2. Review of Related Literature -----	7
2.1. The Situation of Children under Especially Difficult Circumstances in the World -----	7

2.2. Orphan Children in the world -----	8
2.3. Orphaned Children in Sub- Saharan Africa-----	10
2.4. Orphaned Children in Ethiopia -----	12
2.5. The Situation of Children under Especially Difficult Circumstances in Ethiopia -----	12
2.6. Historical Development of Social Welfare in the world -----	14
2.7. Social Welfare in Ethiopia -----	16
2.8. Ethiopian Political Commitment and Legal Encouragement, Implementation of Convention on the Right of the Child -----	19
2.9. Governmental Polices and Strategies for Orphan Children in Ethiopia -----	21
2.9.1 Program Component 1: Health-----	21
2.9.2 Program Component 2: Providing Quality Education-----	22
2.10 Institutional Care Service for Orphan Children in the World -----	23
2.11. Institutional Care Service for Orphan Children in Ethiopia -----	24
2.12. The Origin and Historical Development of SOS Children’s Village -----	25
2.13. SOS Children’s Village, in Ethiopia -----	29
2.14. SOS Children’s Village, Mekelle-----	29

2.14.1. Objective of SOS Children Village Mekelle-----	30
2.14.2. Admission Criteria-----	30
2.15. Institutional Care service at SOS Children’s Village in Mekelle -----	31
2.15.1 SOS Children Village Meklle Food Service to the Orphan Children -----	32
2.15.2. SOS Children Village Meklle Housing Service to the Orphan Children -----	32
2.15.3. SOS Children Village Meklle Clothing Service to the Orphan Children -----	33
2.15.4. SOS Children Village Meklle Health Service to the Orphan Children -----	34
2.15.5 SOS Children Village Meklle Educational Facilities Service to the Orphan Children -----	37
2.15. 6 SOS Children Village Meklle Counseling Service to the Orphan Children Counseling-----	38
2.16. Problems in Counter in the Institution -----	43
2.16.1. Limit Capacity to admit children-----	43
2.16.2. Lack of employment opportunity-----	43
2.16.3. The Community attitude towards Orphan Children is wrong -----	44

### **CHAPTER THREE**

3. METHOD AND DESIGN OF THE STUDY-----	45
3.1. Participants -----	45
3.2. Sampling -----	45

3.3. Instruments -----	45
3.4. Procedures-----	47
<b>CHAPTER FOUR</b>	
4. RESULTS-----	50
<b>CHAPTER FIVE</b>	
5. DISCUSSION-----	67
5.1 Food Service of SOS Children’s Village, Mekelle-----	67
5.2 Housing Service of SOS Children’s Village, Mekelle-----	67
5.3 Clothing Service of SOS Children’s Village , Mekelle-----	68
5.4 Health Services of SOS Children’s Village, Mekelle-----	68
5.5 Education Facilities Services of SOS Children’s Village, Mekelle-----	69
5.6 Counseling Service of SOS Children’s Village, Mekelle-----	70
5.7 Counseling Skill employed by the Counselor-----	70
5.8. The major Problem encounter the children -----	71
<b>CHAPTER SIX</b>	
6. Summary, Conclusions and Recommendations-----	72
6.1 Summary-----	72
6.2 Conclusions-----	75
6.3 Recommendations-----	76
<b>References-----</b>	<b>77</b>
<b>Appendix</b>	

## List of Tables

	<b>page</b>
Table 1 Socio Demographic Characteristics of participants-----	51
Table 2 Response of children regarding food service provided by SOS-----	52
Table 3 SOS Children responses regarding the Housing service provide-----	53
Table 4 Response of children regarding clothing services provided by SOS-----	55
Table 5 Response of children regarding Health services provided by SOS-----	57
Table 6 Response of children regarding Educational Facilities provided by SOS-----	58
Table 7.1. Response of children regarding Counseling provided by SOS -----	60
Table 7.2. Response of children regarding counseling skill provided by the counselor-----	62
Table7.3. What are the major problems encounter the children-----	64
Table 8. Result of expected counseling skill of the counselor -----	65

## Acronyms

<b>AAU-</b>	Addis Ababa University
<b>ANPPCAN-</b>	African Network for the Prevention and Protection against Child Abuse and Neglect
<b>BOE-</b>	Bureau of Education
<b>BOH-</b>	Bureau of Health
<b>BOLSA-</b>	Bureau of Labour and Social Affairs
<b>CEDCs-</b>	Children under Especially Difficult Circumstance
<b>CYFWO-</b>	Children, Youth and Family Welfare Organization
<b>DPPFS-</b>	Disaster Prevention Preparedness and Food Security
<b>EFA-</b>	Education for All.
<b>EPRDF-</b>	Ethiopian People's Revolutionary Democratic Front
<b>HFA-</b>	Health for All
<b>MOLSA-</b>	Ministry of Labor and Social Affairs
<b>NCC-</b>	National Children's Commission
<b>NGO-</b>	Non-Governmental Organization
<b>OAU-</b>	Organization of African Unity
<b>SOS-</b>	Save Our Souls
<b>SSP-</b>	Self Support Program.
<b>TGE-</b>	Transitional Government of Ethiopia
<b>UNICEF-</b>	United Nations International Children's Emergency Fund

## **Abstract**

The main purpose of this study was to assess the services Save Our Souls Children's Village, Mekelle (SOS) provide for orphan children namely: - food, housing, clothing, health, education, and counseling service as per the objective of the organization and the agreement signed between SOS Children's Village(SOS) and Bureau of Labor and Social Affaire(BOLSA).

A total of 113 purposefully selected participants (104 SOS village children, 5 project implementers and 4 governmental officials) were participated in the study.

Different instruments (questionnaire, interview and focus group discussion) were employed to collect data. Percentage was used to analysis the data.

According to the results of the study majority of the participants (75.0 %, 77.9%, 76.9%, 88.5%) indicated that food, housing, clothing, and health services provided by the institution are sufficient. Moreover, the majority of the respondents (78.8%) reported that the education services (education material, school uniform, school fee) rendered by SOS are adequate.

According to the findings of the study many respondents (64.4%) claimed that the counseling service offered by the institution is inadequate. The study showed that the majority of children respondents (62.5%, 79.8%, 55.8 %.) encountered psychological, social, and personal problem respectively.

Thus, according to the study results food, housing, clothing, health, and education services are adequate and in line with the agreement signed among SOS Children's Village and Bureau of Labour and Social Affaire. However, the counseling service provided is not enough to the orphan children in the institution. That is why many children participants experienced psychological, social and personal problems.

The study recommends the provision adequate counseling services, psychosocial support for orphan children in the institution.

# CHAPTER ONE

## 1. Introduction

### 1.1 Background

The types of care children get in early period of their life have an important impact on their later life. The care which children need is both complex and different from that needed by grown ups and poses a challenge to people concerned. This is so, because children, in their early life are defenseless and totally dependent up on adults. Moreover, they are more susceptible to physical and mental trauma in their environment than adults. The effect of the trauma on children may be far reaching and in some cases irreversible (Tizard & Tizard, 1974). Furthermore, since they are developing, their rapidly changing needs as their age advances have to be taken into consideration. Under normal circumstances, these varied needs of children are shouldered by parents. However, due to various reasons children may be brought up by residential child care institutions.

Residential child care institutions have been with us for relatively longer period of time. There are various types of child care institutions that serve different kinds of children. One of these, according to ( Professor Kadushin, 1967), is the residential care institution for children who are normal but dependent and neglected, a case in point in this study.

The primary aim of this kind of establishments is to offer sufficient parenting for these children who are destitute, exposed to physical and mental danger or deprived of normal family life. Thus, from social stand point, residential establishment are important institutions (Tizared and Tizared, 1974).

Since, children are citizens of tomorrow's world, their survival, protection and development is prerequisite for the future development of humanity. In order to bring them up with proper physical, social, psychological and emotional care there is a need to invest in children basic needs. Although it is wished that children, be provided with food, cloth, shelter, health care, education and love in their families, it is unfortunate that there are many of them in various parts of the world who find themselves in vulnerable condition of not being able to have the access to such privileges.

Especially in the under developed countries, there are millions of children suffering from the absence of basic human provisions due to natural and man made calamities like famine and drought, Poverty in general, wars, and HIV/AIDS, that lead them into separation from their parents by serious illness/disability or by death.

The capacity of the governments of the under developing countries, including Ethiopia, to alleviate the problems is very minimal due to the over all poor socio economic conditions of their countries. It has been, thus, inevitable for voluntary indigenous and foreign non-governmental organizations to be involved in the care and services program for orphan children.

In this regard, SOS Children's Village Mekelle has a long experience in providing care and services in the area of food, housing, clothing, health, education, and counseling services.

Hence the study attempts to assess the service adequacy, the challenges and obstacles associated in relation to the service rendered.

## **1.2 Statement of the problem**

There is so much poverty and misery in the world, that we could complain and moan endlessly, and we have fear in the face of the pleasant circumstance suffering of human existence. There is no end to wars, terror, natural disaster accidents, and disease especially HIV/ AIDS.

In the history of Ethiopia drought and famines, war and HIV/AIDS are described as the worst episodes that claimed thousands of lives, and they led the country into social and economy loss and mass population displacement. The most affected group of the society were children. In 1986, it was estimated that in drought stricken area alone there were 5.8million affected people in need, of which half were children under 14 (UNICEF,1990).

To this effect, there were humanitarian organizations rescuing many of these lives. These institutions have created special programs for these children to help them succeed academically, and offer them access to social services, and safe and stress free environment.

According to a report by UNICIF, 1991, the number of children who were being cared for in various establishments was estimated to be over 24,000. The report indicated that this number constitutes a small portion of the children in especially difficult circumstance in Ethiopia.

This study is important because there have been no comprehensive studies as to the knowledge of this researcher.Regarding the existing care services rendered by SOS Children's Village, Mekelle. This study therefore attempts assess the institutional care services of the children village, Mekelle. Especially this research will attempt to answer the following research questions.

1. Does the institution provide adequate food service in accordance the menu prepared to orphan children?
2. Does the institution provide sufficient housing service to the orphan children?
3. Does the institution provide sufficient clothe to the orphan children?
4. Does the institution provide sufficient health services to orphan children?
5. Does the institution provide all necessary educational facilities to the orphan children?
6. Does the institution provide counseling services to the orphan children?
7. Does the counselor implement the skills of the counselors?

### **1.3 Objective of the Study**

#### **1.3.1 General Objective**

The major objective of this study is to assess the institutional care services provided by SOS Children's Village, Mekelle for orphaned children and evaluate whether the services are in accordance to the organization objective and with the agreed upon documents with the concerned body.

#### **1.3. 2 Specific Objectives**

This study is specifically intends to:

- assess whether the institution provide adequate food service in accordance the menu.
- assess the sufficiency of housing service offered by the institution to the orphan children.
- assess the sufficiency of clothing service provided for the orphan children.
- assess the adequacy health service provided to the orphan children.
- assess the educational facilities provided for the orphan.
- assess the counseling service provide to the orphan children

- assess whether the counselors skill is implemented in the institution.

#### **1.4 Significance of the study**

The study will assess the institutional care services provided for orphan children by SOS Children's Village, Mekelle. Therefore this study will be considered to be significant for the following reasons.

- The study will serve the institution and other similar care service provider to make some change in their program.
- No research has been done so far on assessment of institutional care service for orphan children SOS Children's Village, Mekelle. Therefore it will be a base for others to undertake further research in the area.

#### **1.5 Delimitation of the study**

The study should have encompassed in all Ethiopia institutional care service for orphan children at large. But for the very fact of financial and time constraints the scope of the study is geographically delimited, to the town of Mekelle SOS Children's Village. Thus, the conclusion drawn, the suggestion and recommendations made will reflect the services provided in SOS Children's Village, Mekelle only.

#### **1.6 Limitation of the Study**

Due to shortage of locally produced reference materials related to this study, the researcher has been forced to rely on certain sources abroad. Unwillingness of some informants to participate in the study and repeated visit of offices of some others to meet them, were also other problems imposed limitation on data collection by reducing the number of the

participants and producing time pressure. In spite of these problems the researcher attempted to make the study as complete as possible.

## **1.7 Operational Definition of Terms**

**Orphan children** -A child under age 18,in Ethiopian context who lost one or both parents.

**Institutional care for orphans** - refers to housing, food, health, education, and counseling service rendered by voluntary organizations for orphan children based on residential bases.

**Double orphan children** - Children who have lost both parents.

**Self supporting program** - According to SOS Children's Village this is a program where youth handle their financial support by themselves living out side the compound shelter of SOS Children's Village.

**Counseling** - Counseling is defined as assisting an individual to make optimum use of his/ or her potential so that he/she is able to develop a consistent philosophical out look and cultivate his/or talents and potentialities to minimize his/her human and material resource both for the benefit of the individual and the society.

**The mother** -The SOS mother builds a close relation ship with every child entrusted to her, and provides the security, love and stability that each child needs.

**The house**- The house is the family's home with its own unique filling, rhythm and routine. Under its roof, children enjoy a real sense of security and belonging.

**The Village** - SOS families live together, forming a supportive village environment where children enjoy a happy childhood.

**Brother and sister** – boys and girls of different ages live together as brothers and sisters, with natural brothers and sisters always staying with in the same SOS family

## **CHAPTER TWO**

### **2. Review of Related Literature**

This chapter focuses on reviewing of related literature and research findings upon which the present study is based on.

#### **2.1 The Situation of Children under Especially Difficult Circumstances in the World**

To day most people are aware of hunger, poverty, political instability and other forms of deep human suffering. These features are widely observed in the so- called developing nations. This is largely the result of the under development of these countries. As a result, these countries are under going sever economical and political crisis.

It is unfortunate that there are many of these in various parts of the world who find themselves in vulnerable conditions of not being able to have access to the privileges. Especially in under developed countries there are millions of people suffering from absence of basic human provisions and children are the most vulnerable segments bearing the brunt.

The children under development, natural and man made disasters; exploitation and abuse need special care with regard to health, physical, mental, moral and social development within a conducive environment for their normal growth in all aspects.

However, it is unfortunate that large number of children in the world is deprived of what they should deserve from their families. Such deprived children are categorized as Children under Especially Difficult Circumstance CEDCs.

According to UNICEF (1990) the number of CEDC's in the developing countries was estimated to be one in every five children under 15 year age. CEDC's on the other hand is manifesting some common behavioral characteristics. Those include emotional disturbance (anxiety, unhappiness; excessive; shyness; fear and phobias) aggressive; tendency (violent behavior, quarrelsomeness, uncooperativeness, defiant to regulation); inferiority; inconsistency of behavior; hopelessness; irresponsibility; carelessness; dependency syndrome; confusion; frustration; defective socialization and low-esteem (ANPPCAN, 1998).

In view of these facts such children suffer torments from various problems and cause problems on the society. It has been inevitable to give especial attention, protection and assistance for children in general and for CEDC's in particular. Accordingly, many countries in the world have been seeking various ways and means of intervention to ensure the welfare of children and to rehabilitate those whose lives have already been endangered.

## **2.2 Orphan Children in the world**

Children may be made vulnerable by a number of factors. One of the most obvious is being orphaned, and by the end of 2003 there were an estimated 143 million orphaned children world wide. The HIV/AIDS pandemic is a major factor in growing crisis of orphans and vulnerable children; a child loses a parent to HIV/AIDS every 14 seconds. But malaria, tuberculosis, water born illnesses, maternal mortalities, malnutrition, lack of education, poverty, economic exploitation and armed conflict also make children vulnerable ((UNICEF,2004)

The HIV/AIDS pandemic and the responses to it raise increasingly complex issues as the patters of HIV spread become more diverse within and across countries. In many low and

middle income countries, the pandemic continues to grow, unabated, despite the efforts that are being made by nations to bring it under control (Joint United Nations Programme on HIV/AIDS 2002).

According to AIDS epidemic update report, the total number of people living with HIV/AIDS was estimated to be 42 million. When this figure is broken down, the share of adults, women and children under 15 years was 38.6 million, 19.2 million, and 3.2 million respectively. Likewise, people newly infected with the virus in the years 2002 were estimated to be 5 million. total AIDS death in the same year was 3.1 million UNAIDS and WHO (2002). Moreover, an estimated 14 million orphaned children have lost their mother or both parent to AIDS (UNAIDS, 2002).

Even though the AIDS pandemic is most serious in Africa, it is increasing its propagation in other regions of the world with few exceptions. For instance, in South and South East Asia an estimated 6 million people are infected with the virus. In Eastern Europe and Central Asia, 1.2 million people are living with the virus, In East Asia and Pacific 1.2 million, Western Europe- 570,000, North America 980,000, Caribbean 440,000, Latin America 1.5 million, Australia and New Zealand 15,000 people were infected up to the end of 2002 UNAIDS and WHO(2002).

According to UNAID, UNICEF (2004) in 2003, 2.9 millions people died of AIDS and 4.8 million people were infected With HIV. AIDS is the leading cause of death of people age 15 to 49. By the end of 2003, there were an estimated 143 million orphans from all cases age 0-17 in 93 developing countries. More than 16 million children were orphaned in 2003 alone. In just two years (2001-2003), the global number of orphans due to AIDS increased from 11.5 million to 15 million. Some 5.2 million children in Sub-Saharan Africa have

become orphans in 2003. In five countries in southern Africa, 15 percent of all orphans lost one or both parents in that year (UNICEF, 2004).

### **2.3 Orphaned Children in Sub-Saharan Africa**

According to UNAID, UNICEF Sub-Saharan Africa is home to 24 of the 25 countries with the worlds highest level of HIV prevalence, and the fastest growing proportion and absolute numbers of orphaned children. Between 1990 and 2003, the number of children orphaned by AIDS increased from less than one million to an estimated 12.6 million. Nine out of ten children living with HIV/AIDS are African, as are eight of every ten children who have lost parents to AIDS (UNAID, UNICEF 2004).

The AIDS burden falls more heavily on Africa than any other part of the world. Within Africa, it falls more heavily on countries in Eastern and Southern Africa. In Fifteen countries of the Eastern and Southern Africa, the average prevalence rate for 15-49 age groups is about 19% and for Sub-Saharan Africa as a whole is 9.0% in 2001. Infected adults in these fifteen countries accounted for 66% of those infected in Sub-Saharan Africa; while more than half of the global total of infected adult's lives in these countries. Furthermore, these countries are home to more than 67% of the African children aged 0-14 who are HIV infected, or more than 58% of the children infected worldwide. Almost 71% of the AIDS deaths in Africa and 52% of those in the world have occurred in these 15 countries (UNAIDS 2002).

AIDS in Africa has orphaned children than any where else. The challenge posed by the increase in orphans is already being encountered on a massive scale across the continent.

Equally, the problem seems set to expand almost without limit, with no in sight. There are no well-elaborated paradigms exist for guidance in coping with it (M.J.Kelly 2001).

A study done about the economic impact of AIDS in Congo indicated that at household level the impact begin as the member of the household starts to suffer from HIV- related illnesses (Bollinger Lori and Stover John, 1999). Losses of income of the patient, expenditures for medical care greatly hamper the live hood of the family, and finally the death of the victims result in a permanent loss of income (Bollinger Lori and Stover John, 1999).

Even with out the impact of HIV/AIDS, Sub-Saharan Africa already had the largest proportion of orphaned children. In 2003, 12.3 percent (43 million) of all children in the region were orphans, nearly double the 7.3 percent of children in Asia, and 6.2 percent of children in Latin America and the Caribbean, who were orphans. Botswana has the highest rate of orphan (20%). In 11 of the 43 countries in the region, more than 15 percent of children are orphans. Of these 11 countries, AIDS is the cause of parental death between 11 and 78 percent of the time. The impact of HIV/AIDS on mortality and the number of children orphaned by AIDS in Sub- Saharan Africa will continue to increase through 2010. By then, more than one in five children will be orphaned in Botswana, Lesotho, Swaziland and Zimbabwe (UNICEF, 2004).

Double orphan AIDS is more likely than other causes of death to create double orphan children who have lost both parents. Sub-Saharan African had almost as double orphan in 2003 as Asia although Asia has about four times more children. Of the 7.7 million double orphans in sub- Saharan Africa, over 60 percent lost one or both parents due to AIDS. (UNICEF, 2004).

Maternal orphans in Sub- Saharan Africa, Where women have higher rates of HIV than men, maternal orphans now outnumber paternal orphans in five of the most affected countries. In the most affected countries of Southern Africa, 60 percent of the orphans have lost their

mother, compared with 40 percent in Asia, Latin America and the Caribbean (UNICEF, 2004).

The number of orphans in some Sub-Saharan Africa countries exceeds half million, and, in some countries, children who have been orphaned by AIDS comprise half or more of all orphans nationally South Africa 1,200,000, Tanzania 1,100,000, Zimbabwe 1,100,000, Kenya 1,100,000, Uganda 1,000,000, Nigeria 930,000, Zambia 710,000, DR Congo 680,000, Malawi 550,000 respectively (UNICEF, 2006)

## **2.4 Orphan Children in Ethiopia**

Ethiopia counts one of the largest populations of orphan in the world: 13 percent of children through out the country are missing one or both parents. This represents an estimated 4.6 million children 800,000 of whom were orphaned by HIV/AIDS. The country has seen a steady increase in the number of children becoming orphan because of AIDS. Ethiopia is one of the most seriously affected countries in the world. HIV/AIDS is more widely spread in urban areas than in rural settings. According to Ministry of Health Report, the total number of AIDS orphans was estimated to reach 1.2 million by the end of 2001. This figure is estimated to increase to 1.8 million by 2007 and to 2.5 million by the year 2014 (Ethiopian Ministry of Health, 2002).

## **2.5 The Situation of Children under Especially Difficult Circumstances in Ethiopia.**

The problems, affecting Ethiopian children are not different from those of many other developing countries, especially that of Africa. In this regard, Ethiopia is characterized by poor socio-economic conditions, lack of capable institutions (at the family, community or government level) to provide proper child welfare services. Other factors are the recurrent

drought and famine, environmental degradation, family disruption, political stress, plague and epidemic disease etc. (EAIS Pvt.Ltd.Co.1995), (MOLSA, 1986) and (TGE, 1994). As a result, there are many children under especially difficult circumstances who find themselves in vulnerable conditions of being unable to get adequate family support.

According to (TGE, 1994) report, there are Children under Especially Difficult Circumstances these include:

- Children with insufficient family support;
- Street children;
- Unaccompanied children;
- Children traumatized by war,
- drought and famine situation;
- Children displaced by war drought and famine situation;
- Delinquents,
- Disabled Children; Abuses Children, and
- Orphans

According to the result of the national survey conducted by MOLSA ITALIAN Cooperation on AIDS orphans (Unpublished Source), the prevalence rate of AIDS orphans for major towns (Cities) in the country is indicated to be 14%.The study has also outlined the problems of AIDS orphans with regard to availability of facilities, educational status, child maltreatment, and psychological adjustments(Ministry of Labor and Social Affairs, 2002).

## **2.6 Historical Development of Social Welfare in the World.**

Modern Anthropology and Sociology have shown that with the beginning of the human society the feeling of belonging and readiness to provide mutual protection were influenced by the selfish desire to dominate weaker human beings. Dating from this early phase of human development, mutual assistance can be called one of the fundamental drives which, compensates for destroying or enslaving fellow human beings. Mutual aid served as the means of protection for the family or tribe against hostile world (Friedlander, 1968).

The function which we generally consider as social welfare today have evolved over many years through responsibilities handled by the family, the tribe or clan or religious institutions, country, state and Federal governments and by international agencies (Encyclopedia America 1892).

A survey of hunting and gathering societies leads to conclusion that “the most primitive societies are at the same time the most egalitarians.” These kinds of societies depend on cooperation. Food in primitive societies functions to enhance sociability rather than to be a cause of friction and competition. The act of sharing is so frequently a matter of polity as well as etiquette that even when food is scarce and hunger is acute generosity, is more likely to prevail (Johnson and Shewarts, 1988).

An ancient Babylonian as early as (2000 BC) the Sumerian, an ancient culture that settled in the Euphrates river valley placed a positive value on protection of the widow, orphans, and the poor (William, 1967).

Religious and religious institutions also have had an important role in the development of social welfare services in many different cultures. The biblical doctrines of the golden rule

have been of key importance in the establishment of private and public programs to alleviate poverty and suffering and to provide services and public programs to alleviate poverty and suffering and to provide services to the children, aged, blind, disabled, and the sick. A powerful influence in the development of public and private social policies has been the interpretation and importance given to the statement made by Jesus "you will always have poor people with you" Matthew, (1994).

With the spread of Christianity, an important new variable entered the scene with profound implications for social welfare. The themes were introduced that influenced social welfare and remain with us even today are charity and the near sanctification of the poor, which assume great importance in societies, influenced by Christian thought. A second theme also derived from Christian thought was the denigration of conspicuous consumption. Thus, the two Christian themes charity and sanctification of the poor and a denigration of conspicuous consumption influenced the development of social welfare, as we know it today.

The modern development of social welfare responsibilities grew out of the establishment of the poor law in England in 1601. By taxing all householders of a parish for relief of the destitute among them, established a principle of secular public responsibility for care of the poor Encyclopedia of America, (1892).

The poor law of 1601 set the pattern of public relief under governmental responsibility. It established the principle that the local community/ the parish had had to organize and finance poor relief for its residents, provide sustenance to the unemployed, and orphaned children (Friedlander, 1968).

Later colonialists transported the English poor law legislation to America. In the course of time, various social welfare services began to be provided by local volunteer groups,

religious associations, and local communities particularly to deal with the problem of beggary, the mentally ill, orphans or neglected children. However, exclusive voluntary responsibility proved to have many difficulties as the nation expanded; an urban-industrial society superseded an agricultural economy. As people moved in to cities, and when industries developed on multistage basis, voluntary groups and even states found it increasingly difficult to cope with the welfare problem. Concerning about the responsibility of the poor becomes a major issue with the growth of Industry-urbanization Encyclopedia of America, (1892).

## **2.7 Social Welfare Service in Ethiopia**

In less developed societies, the extended family structured usually provides for needs than more developed society where ties to the extended family have been lessened. There is more need to provide social welfare service. In Ethiopia the care for the poor, orphans and for the afflicted has always been the responsibility first of all the extended family system and secondly of the community at large. Religious and social customs have also encouraged charity and alms giving. In fact, the Ethiopian Orthodox church preaches the renunciation of worldly wealth as a virtue and demands that its church members be generous to those who give up worldly desire and lead to a life of poverty as well as to those who have become poor through various circumstances of natural and man made calamities.

Charity and the support of the needy are not limited to the Christian population alone. The Muslims have had their own system whereby the poor and the affected are maintained at a sustainable level. The fact that the church and the mosques, through out Ethiopia, are crowded with poor people with all kinds of affliction and infirmities is a good testimony to the strong but unrecognized social system that has maintained the poor and the needy within the community (Andargachew, 1980).

However, with the growth of modernization and urbanization neither extended family nor religious institutions could not meet the social needs and problems which kept growing in type and magnitude. Hence, an organized and professionally based social welfare emerged during the second half of the 20<sup>th</sup> century (MOLSA, 1983).

During this time the first charity organization, the Ethiopian women welfare Association (EWWA) was established. EWWA founded the Tensae Berhan Orphanage (1936) to care for those left unaccompanied during the Italian occupation. The organization was active in sponsoring various projects in the field of institutional child care, adult education and community development. Later come the Ethiopian Red Cross Society whose general objective was to provide immediate relief assistance and improve the health standard of the general population (AAU, 1962).

The conceptual transformation of social welfare from a charitable act under religious organization to a civic responsibility took place in the 1960s. It was in late 1950s and early 1960's the Ministry of Community and Development and Social Affairs was created professional social workers trained abroad and at home started organizing and running non governmental social welfare societies and agencies. Social Work education was introduced to the country through the establishment of the Community Development Training Institute at Awassa and School of Social Work in Addis Ababa (MOLSA, 1983). Such organic and legislative development in the imperial regime culminated at the establishment of a giant welfare association, the Hail Sellassie Foundation 1954.

The foundation provides a variety of programs for mothers and children. Under this organization there are a number of there are a number of hospitals and clinics that give

medical services for mothers and children that suffer from after birth complications and nutritional disease. The foundation run two orphanages each has the capacity of the 150 to 200 children for both sexes (Andargachew, 1973).

With the coming of Dergue almost all- private welfare organization including the HailSelassie foundation were nationalized. By decree, the ministry of labor and Social Affaires (MOLSA) was given the highest responsibility for the advancement of child welfare (pro.No 8/1987). It is the major governmental organization mandated to plan, coordinate and excite various social welfare programs related to children, social problems, the disabled women's affairs and social security (MOLS1989).

Children who were victims of natural and mane made catastrophes were taken care under the auspices of the then Relief and Rehabilitation Commission (RRC). During the great famine, RRC was active in providing shelters, establishing children's home and running family reunification services, trying to locate missing parents and relatives.

Later the National Children Commission (NCC) has been established and responsible for improving the child's upbringing, administering modern nurseries, Kindergartens and child care centers.

The government also founded the Revolutionary Ethiopia Children's Amba (1979) hoping to meet the physical, mental, emotional and social needs of orphans whose parents died during the Ethio- Somalia war. With regard to acceptance priority was given to children of members of the armed force and the militia who sacrificed their lies in defending the country. Second priority was given to children who lost their parents as a result of the drought and famine. Also it accepts orphan, abandoned children and children of disabled families (MOLSA, 1989).

The EPRDF government created a favorable policy environment to encourage the involvement of NON Governmental organization (NGO) in the challenge to alleviate the plight of children. Especially the government in cooperation with NGOs is concerned with children in difficult circumstances to improve their legal protection, to integrate them into the Social, economic and cultural life of their communities. In the response to the broad mandate of the world summit for the children (1992) the governments plan of action running from 1996-2000. It provides synopsis of national development goals, policies, strategies and the situation of children and women in Ethiopia ( MOLSA, 1995).

The Christian Relief and Development Association (CRDA) serve as an umbrella organization where members NGOs hold frequent meetings to discuss operational and policy issues. And SOS is one of the member organization engaged in giving services to orphan and destitute children. It provides a home for 214 children.

## **2.8 Ethiopian Political Commitment and Legal Encouragement,**

### **Implementation of Convention on the right of child.**

Children and young people are not a minority group to be given right by the majority group as and when it wishes. They are part of society and should have the same rights of others. If they are different, it is because they are not yet wholly integrated into society but are preparing to be in it....in fact the child is a producer because he/she is creating the adult of the future (Lela B.Costin, 1972).

The 1930 White House Conference adopted the children's charter, which enumerated nineteen separate aims for every child regardless of race, color, or situation like:-

- ✓ For every child understanding and the guarding of his personality as his most precious right.
- ✓ For every child a dwelling place safe, sanitary and wholesome, with reasonable provision for privacy.

The general assembly of the United Nation, on November 20, 1951, proclaimed that man kind owes to the child the best that it has to give and adopted an inspiring document, “Declaration of the Right of the Child”. A children’s charter for the seventies was presented at the White House conference, on children in December 1970. This statement again called attention to the right and unmet needs of children in such areas as economic security, education, health, and social services. (Lela B. Costin, 1972).

The United Nation Convention on the Right of the Child (UN, 1989) is most widely and rapidly accepted document in human right history. Now days, it has been ratified by the whole world except Somalia and USA

The OAU adopted the African Charter on the Right and Welfare of the Child 1999 to exercise it in accordance with the African tradition and development trends. Consequently, the state parties committed themselves to take all the necessary steps and legislative measures for ensuring the protection of African child rights. Amara Essay, the OAU secretary general commented that the charter covers some specific, which are peculiar to Africa. In this regard it supplements the UN Conventions on the right of child. The OAU secretary general forwarded the spirit of the charter as follows:

*In the African society a child occupies a unique and privileged place and is expected to live and grow up in a family atmosphere of*

*happiness and love. We all have a role to play to ensure that the right of a child are respected and protected at all times. It is also important for children themselves to know what they should expect and demand for their government and communities, and families (OAU Charter, 2002).*

Ethiopia has fully embraced child rights since 1991 and the convention has become part of the legal system of the country (CYFWO, 1992). In this respect the present constitution on food, health, education, shelter policies of the Ethiopian are some of the main policies and laws that ensure human right protection.

## **2.9 Governmental Polices and Strategies for Children in Ethiopia.**

The Government of Federal Democratic Republic of Ethiopia has developed and ratified a National Social Policy in 1994 assuring to create conducive conditions for the protection, survival and development of children in general and to make efforts for the protection and care of orphaned and destitute children (TGE, 1994).

The Ethiopian government has some programs to wards the children under especially difficult circumstances and Institutional care and service for orphaned children is one. One of the greatest efforts made to implement the UNCRC is the Ethiopia's National Plan of Action for Children (2003-2010 and beyond). In this document the priority targets and the strategies of two major services to be provided for children, health and education are emphasized.

### **2.9.1 Program component 1: Health**

#### *Improvement of Child Health Service*

Children have the right to better health care, and other basic social services. Organizing and delivering of selected preventive, promotion and minimum essential medical and rehabilitative services with effective referral system.

**Strategies:**

Advocacy, Social mobilization and communication for child immunization as a right;

- Improve the expanded program on immunization Logistics through provision of critical inputs;
- Expanding, strengthening and sustaining static and outreach immunization services by increasing government's share of allocation for expanded program on immunization.

***Improvement in Nutrition Service***

One of the factors that affect the health of children is malnutrition. Nutritional deficiencies are widely prevalent among population. The persistent food insecurity and poor nutritional status is greatly impeding the physical, mental and psychosocial development of children, requiring serious attention.

**Strategies:**

- Dietary diversification through promotion of appropriate breastfeeding practices and timely introduction of complementary feeding.
- Improve micronutrient status through supplementation and targeted feeding programs,
- Promote consumption of iodized salt by ensuring that the salt produced and/or imported is iodized.
- Nutrition education and communication.

**2.9.2 Program component 2: providing quality education**

The provision of quality education to children is given priority and has five different sub-components. This will ensure the step by step move of children to reach their career destination in education. The five program goals include: expansion of pre-school education, increasing access to primary education, increasing access to secondary education and TEVT,

expansion of special needs education, and expansion of adult and non-formal education. The following are the strategies set for the implementation:

- Raise the awareness of the communities about the benefits of child education in general and preprimary and primary education in specific;
- Issuing appropriate policies concerning better investments in education;
- Upgrade the qualification of primary and secondary education teachers from 60 and 40% to 100 and 80% respectively;
- Eliminate gender and regional disparities in primary and secondary education;
- Provide some/special assistance to the children of pastoralists to attend school
- Reduce pupil/section and pupil/teacher ratios to about 50 in primary and secondary schools;
- Offering distance education (by TV and radio) programs with wider coverage;
- Construct new and strengthen existing integrated and inclusive educational programs;
- Promote out of school children and youth to participate in adult and NFE and alternative route programs;
- Design and offer diversified and need based skills training programs to thousands of youth and adults.

The secondary education 9-10 will be expanded in line with the expansion of the primary education. The completers of the 10<sup>th</sup> grade will be continuing either in the preparatory program or in various vocational technical programs. (MOLSA,2004).

## **2.10 Institutional Care and Service for Orphan Children in the World**

Child-care institution is a system in which society provides substitute care to those children who are forced by different factors to live outside normal family settings. According to

(Minty, 1987), there are two main motives behind the provision of this care. The first is the concern to protect and assist those children who experience parental loss, neglect, abuse, and rejection. The second motive arises from the anxiety that if children are brought up in a hostile environment, they may suffer long-lasting emotional damage and may grow in to antisocial adults with severe behavioral problems.

Voluntary agencies which give services to children have a long history. To a large extent they had their beginnings in the desire of people to fulfill neighborly obligations. Many of the earliest institutions for children were established before 1850, grew out of some specific cause of epidemics of cholera or yellow fever, or war between Indians and early settlers, which left children orphaned and destitute.

In 1729 ten sisters undertook the care of ten girls who had been orphaned by Indian massacres; an asylum for the care and education of destitute girls established in Baltimore. In 1799 by St. Paul's Church; Institutions in various states called Protestant Orphan Asylum, which came into being to care for children orphaned in the cholera epidemic of the 1830's.

By 1800, eight institutions had been founded; by 1824; eighteen more had come into being, and by 1850 an additional ninety had been established (Costin, 1972).

## **2.11 Institutional Care Service for Orphan Children in Ethiopia**

Historically, the responsibility to take care for orphaned, abandoned, and destitute children was that of the extended family or relatives in Ethiopia. Besides, charitable institutions especially religious institutions used to assist such children. However, with the emergence of modernization, urbanization, and industrialization accompanied with cash economy, neither the extended family nor the religious charitable institutions could meet the needs of such kind of children. (CYFWO, 1992)

Apart from this the recurrent draught and famine, conflicts and external interventions have been accelerating the number of children remaining without supporters. As a result, institutional child care was sought as one of the ways and means to alleviate the problem of such children.

In Ethiopia, the first institutional child care home was established in Addis Ababa by the Ethiopian Charitable Women's Association in 1935 to assist those children who remained without parents or any other supporter due to the then Italian intervention (translated from 1986:10). Among others the 1972/73 and 1984/85 draught and famine have remarkably increased the number of CEDCs in need of immediate service (CYWO,1992).

To indicate the magnitude of the problem, it is worth noting the following. Due to the 1984/85 draught and famine, 400,000 people were resettled and more than 5,000 children were separated from their parents or guardians during the resettlement process CRDA, (1993). Owing to the 1987/88 draught, 250,000 children became homeless out of whom 37,000 were registered as orphans in need of immediate assistance TGE, (1994). A 1995 report, based on the 1994 census, gave the total number of orphan children 1.2 million, and stated only 32,000 or 2.7 % of them received from the existing 106 child care institutions or other community based programs (EAIS Pvt. Ltd. Co.,1995)

Another report reveals that the number of orphaned children getting institutional service in 112 governmental and non governmental organizations was about 24,000 (CYFWO,1997).

## **2.12. The Origin and Historical Development of SOS Children's Village in World.**

Hermann Gmeiner was born in the Austrian province of Vorarlberg in 1919. He came from a farming family lost his mother at a very young age. When he was studying medicine, he was

confronted with the suffering of so many orphaned and homeless children after the Second World War. What he saw in the faces of these orphans was the distress sign: this man was convinced that help cannot be effective where a child has no home, he established the very first SOS Children's Village in Imst, Austria in 1949. (SOS Kinderdorf,2002).

SOS Children's Villages is an independent, non-governmental social development organization which has been working to meet the needs and protect the interests and rights of children for more than 58 years. Abandoned children requiring care and support and disadvantaged families are the focus of the organization.

SOS Children's Villages and Youth Facilities are now home to over 60,000 children and adolescents all over the continent. Hundreds of thousands of people benefit from SOS educational, social and medical programs and emergency relief campaign.

Millions of children worldwide live apart from their biological families for different reasons, including parental separation, family violence and neglect from the social and economic needs; or because they have lost their parents due to war, natural catastrophes or disease-including AIDS. Children without a family net work are not only emotionally traumatized, but are also in real danger of being isolated, abused, exploited and deprived of their rights. Those children who can not remain with their biological families nevertheless, have a right to family care, protection and a fair chance in life. Every child should be given love, protection and respect as well as access to education and medical care (SOS, kinderdorf 2007).

The child care approach developed by Hermann Gmeiner as the founder of SOS Children's Villages is based on four principles and on the simple fact that children need a sustainable family network in order to grow up as healthy individuals in every aspect.

The emotional heart of an SOS Children's Village family is the SOS mother. It is mainly women more than 4600 across the world who work as professional care givers living in a house of their own with up to ten children.

Biological siblings always live together in the same family. An average of eight to fifteen houses make up a village community as a supportive social environment for the children in which to grow up.

SOS children's villages are found in 132 countries and territories, where they operate through national associations. The local staff of these independent associations support and co-ordinate the work of the facilities concerned in close collaboration with the authorities, national institutions, partners and friends.

SOS-Kinderdorf international, with its head quarters in Innsbruck (Austria), is the umbrella organization for all SOS Children's Village associations. The highest decision-making body is the General Assembly while the General Secretariats is responsible for the day-to-day running of the central organization.

SOS Children's Village's has 1,799 facilities worldwide and can be divided in to eight groups.

Type of facilities	Projects	Beneficiaries
SOS Children's Villages	444	48,345
SOS Youth facilities	354	12,395
SOS Kindergartens	261	24,380
SOS Hermann Gmeiner schools	190	98,045
SOS Vocational training centers	115	9,100
SOS Social centers	359	230,170
SOS Medical centers	56	384,245
SOS Emergency aid programs	20	210,745

*Source: SOS Kinderdorf international facts & figures, 2007.*

The primary goal of SOS Children's Village is to offer orphaned and destitute children regardless of race, nationality or creed a permanent home and to prepare them for an independent life. A further goal of the village is to help improve the quality of life in the communities in which their facilities are located. SOS also operates a variety of education, social and medical programs. These are built where schools and medical facilities are in the vicinity of SOS Children's Villages are lacking or inadequate (SOS Kinderdorf, 2002).

SOS Children's Villages concept, SOS pioneered a family approach to the long-term care of orphaned and abandoned children. This concept is based on four principles namely, the Mother, Brothers and Sisters, the House, and the Village.

**The mother:** - the SOS mother builds a close relationship with every child entrusted to her, and provides the security, love and stability that each child needs. As a child-care professional, she lives together with the children, guides their development, and runs her household independently. She recognizes and respects each child's family background, cultural roots and religion.

**Brother and Sister** – boys and girls of different ages live together as brothers and sisters, with natural brothers and sisters always staying within the same SOS family. These children and their SOS mother build emotional ties that last a lifetime.

**The house-** the house is the family's home with its own unique feeling, rhythm and routine. Under its roof, children enjoy a real sense of security and belonging. Children grow and learn together, sharing responsibilities and all the joys and sorrows of daily life.

**The Village-** SOS families live together, forming a supportive village environment where children enjoy a happy childhood. The families share experiences and offer one another a helping hand. They also live as integrated and contributing members of the local community. Through his or her family, village and community, each child learns to participate actively in society.

### **2.13 SOS Children's Village In Ethiopia**

It has been thirty years since SOS children's village is established in Ethiopia. It has its own background for the establishment.

For the past three decades man-made and natural calamities affected the Northern part of the country. The people suffered from drought, famine, and the war. Especially the famine and drought which occurred in 1974 was the sever one. And the most affected segment of the society were children.

### **2.14 SOS Children's Village in Mekelle**

SOS children's Village Mekelle was established in 1974. It was established to help children who were victims of the 1974 drought and famine and the civil war between the TPLF and the Derge regime. SOS Children's Village, Mekelle has a total of 214 (170 in family house and girls youth home program, 28 in boys youth home program, 16 in self support program) in the 2006 to 2010 project year agreement. SOS Children's Village, Mekelle has the following facilities:

- Village consists of 17 family house each with a mother and six to ten children
- Kindergarten admits children from the age three and half from both the village and the community

- Primary and secondary school admits student both from the village and the community. Scholarship is given to children from disadvantaged families. The school is where the children integrate with the outside world/ community.
- Clinic performs medical check ups, provides vaccination and treatment for in and out patients, and offers education HIV/AIDS, Nutrition and First aid.
- Youth facility-provide a home for youngsters who have moved from the village at the age 15 to 16.They received continued support and access to a range of education and vocational training. Lives in the youth hostel help the young people achieve the goal of independent living.

#### **2.14.1 Objective of SOS Children's Village Mekelle**

1. Provision of safe and healthy, loving home for the children's Physical, Psychological and Economic Well- being
2. Provide access to food and nutrition and safe drinking water.
3. Provision health service where by both preventive and care are placed with e context of environmental policy.
4. Provide village children with useful knowledge, Reasoning ability, skill and the ethical and social values required to develop their full capacities, Participate fully in social, economic and political process of development.

#### **2.14.2 Admission Criteria and Upbringing**

All SOS Children's Villages admission criteria are the same. And the criteria are:

- Children should no exceed age six,
- Children should be accredited as orphans(no parents or no close relatives,
- Siblings are not separated; they are brought together and live in the same family house (SOS Children's village, 1999).

Above all the children should be mentally and physically healthy; at least the disease should not be chronic and debilitating. Because the village thought that these children could get better service in other places targeted to help children with similar cases.

These will be practical when it is accredited and supported by the Kebele, Ministry of Labor and Social Affairs, Disaster Prevention and Preparedness Commission and the institution provides the following services:

This disaster was broadcasted to the international society and hence much humanitarian organization came to Ethiopia. One of these international humanitarian organizations was SOS children's village. The organization launched the first SOS children's village at Mekelle town (with tents) to rescue many lives.

At that time it was difficult to distinguish orphan children's with non-orphans. So as usual its first action was to save the souls. Gradually when things become better, it started reunification program for children who have not lost their parents. And the orphan children continue to live within the village (SOS Children's village, 1999).

Today in Ethiopia there are six SOS Children's Villages under work: Mekelle, Harrar, Addis Ababa, Awassa and BahirDar, and Gode.

### **2.15 Institutional care Service at SOS Children's Village, Mekelle.**

In here, institutional care and service refers to food, housing, clothing, health, education, and counseling rendered by the SOS Children's Village, Mekelle. According to the project agreement, the food, housing clothing, health, education and counseling services are provided by the institution. In the following section, these services are provided by the institution will be discussed

### **2.15.1 SOS Children's Village, Mekelle Food Service to the Orphan Children**

Human body is one of the most wonderful creations of God. The human body is made up of no less than 60 trillion cells, more than 200 bones, at least 600 muscles and a brain that is the most powerful one in the entire animal and plant kingdom. For the well-being of our body we need the nutrition food. Food is the fuel that powers the cells in our body.

To survive, and for proper physical and mental development the human body needs many nutrients including vitamins, minerals, amino acids and essential fatty acids, plus air and water. The growing children need more nutritional food for their full development.

One of the major activities of the village is to provide the children with adequate and nutritional food. The food is rich in protein, carbohydrates and minerals. The village nurse checks the quantity and quality of the food. The village shop provides different kind of packed and unpacked food items at lower price. Since the necessary food items from the shop for their respective families. In order to provide the children with balanced diet, the mothers are given menus, which the children are supposed to get. The children have four meals a day and special care is given to children who are below age six (SOS, Mekelle 1995).

### **2.15.2 SOS Children's Village, Mekelle Housing Service to the Orphan Children**

Housing is one of basic necessity for human. Living with out permanent place to call home is certainly a deficiency in our society.

When Hermann Gmeiner established his home principle, he develops the conviction that helps for the children can never be effective as long as they are left to grow up with out home. So the village as a principle and as a basic necessity provides shelter for the children.

SOS Children's Village, Mekelle has 17 family houses and each family house consists a mother and 10 children of both sexes and of different age. Each family house is clean, well furnished, facilitated and well built. The house consists dining room, salon, two large bed rooms with two pair of beds one small room with two beds, one small room for the mother, and three bath rooms, and well facilitated kitchen and mini store for food stuff. There is a closet in each room and each child has his or her bed with neat blanket and bed sheet.

Children after age 15 will be transfer to youth home. The girls for girl's youth home, and the boys for boy's youth home. The homes for youth have a necessary facility. The youth stay in the youth home until they finished grade twelve. After high school graduation the children are encouraged to rent a house.

### **2.15.3 SOS Children's Village, Mekelle Clothing Service to the Orphan Children**

The term The term dress encompasses not only such familiar garments as shirt, skirts, trousers, jackets, and coats but also footwear, caps and hats, sleepwear, sport clothes, corsets and glove, hairstyles and the wearing of beards, mustaches and the wigs at different time and in various forms are all linked to the history of fashion and dress. The same is true of the use of cosmetics and jewelry and other forms of body decoration. (encyclopedia 2005,222).

Dress functions and fashion- one of the most basic function of dress are to provide warmth and protection, to beauty or enhance sexual appeals and to supply information about the wearer (i.e. age, sex, Social status, occupation).

Cloth is one of the basic needs provided by the village. There are two sources for the children's clothes. The first is the budget allocated for the clothing by the village. The second is the gift from individual sponsors (in kind or money).For the cloth purchase the SOS

mothers are responsible according to the child choice. The children have enough extra cloth for change, including their school uniform.

#### **2.15.4 SOS Children's Village and Health Service to the Orphan Children**

Children are our most precious asset, and their well-being reflects the future of the nation. Children differ from adults in two important aspects they are growing and developing, and they are dependent on others for sustenance and protection. In order to grow, develop and thrive, children require adequate nutrition, protection from the environment essential health care and an emotionally nurturing family setting. Deficiencies in one or more of these components are why millions of children around the world still die unnecessarily every year, and why untold millions fail to reach their genetically endowed potential.

Children have always been seen as vulnerable and in need of protection, but only recently have attempts been made to entrench this. The Declaration on the Rights of the Child in 1959, which was adopted by the United Nations. But declarations are statements of general principles; no government is compelled to carry out principles. A convention, on the other hand, is a detailed international agreement, and its ratification means that a country commits itself to the items listed in. Such a convention on the Rights of the Child was adopted by the United Nations in November 1989, and has been ratified by many nations.

The rights enshrined in the Convention apply equally to all children, with no regard to race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. Another fundamental principle is that the best interest of the child should be used as the touchstone for all decisions affecting children's health, well-being and dignity. (M.A.Kibel & L.A. 1996, 2)

The children of the world's rural and urban poor pose the major challenges in child health, but these are not the only sectors that should command our attention. Even modern, "rational-purposive" societies, which enjoy all the benefits that affluence and technology can bring, are prone to an anew set of ills consequent on unhealthy lifestyles which include the dangers of over nutrition.

Through the world, many millions of children are engaged in a daily fight for their survival under conditions of poverty and serious deprivation. It has been estimated that every day 40,000 children die from malnutrition and other preventable disorders, and those who survive are threatened by wars, environmental hazards, abuse, neglect and exploitation. (M.A.Kibel & L.A. 1996, 122)

There has been broad agreement that a global strategy is needed to overcome obstacles to the achievement of a reasonable state of health for all the world's children.

International consensus focuses on two broad approaches:

- The approach has to be rooted in a framework which embodies society's responsibilities to children and provides a set of standards for meeting the basic rights of children:
- Within that framework there have to be plans and strategies to meet needs of children in terms of survival, development and protection.

The United Nations Convention on the Rights of the child, adopted by the UN General Assembly in 1989, provides the societal framework through a detailed minimum set of standards against which to test the treatment of the worlds' two billion children. The revision of the Declaration of Geneva (1924) formed the basis of the ten point Declaration of the Rights of the child which was adopted by General Assembly of the United Nations in 1959. This Declaration heralded a period of international meetings and consultations which

culminated in the development and adoption of different approaches over the subsequent years.

A review of health service-initiated approaches to child health reveals that selective interventions based on disease control and treatment were predominate in the era preceding the 1970's. Adoption of the primary Health Care Philosophy by the international health community signaled a significant shift in this approach and has provided a key input for subsequent global strategies for child health.

The 1978 Alma Ata conference on primary health care, sponsored by the World Health Organization and UNICEF, synthesized the experiences of nearly all the countries around the world and formed a spring board for policy statement on action to achieve health for all by the year 2000 M.A.Kibel & L.A.( 1996, 123)

The declaration also stated that primary health care must involve all related sectors of natural development; that it requires maximum community participation; and that governments should formulate care as part to launch and sustain primary health care as part of a comprehensive health system. All the goals need political commitment.

During the year following the Alma Ata conference, designated the international year of the child, great enthusiasm for the well-being of children was generated nationally and internationally, with interest being focused on issues covering the survival, development and protection of children throughout the world. Discussions started during that year have resulted in an analysis of problems related to children's health and development, and to the formulation of plans to improve the health of children especially those in the under-developed world.

In 1981 WHO adopted the global strategy of health for all by the year 2000, with primary health care as the key approach for its achievement. This was strengthened by the inclusion of goals to form the core components for the achievement of health for all, covering policy formation, economic resources and their distribution, primary health care service components and improvements in nutrition, literacy, mortality and income.

SOS Children's Village provides medical care to all children and SOS community. The village has a clinic with the necessary medical equipments and nurse who checks the health condition of the children. If the child get seriously sick and if the case is beyond the control of the nurse the child will be take to any hospital that he/she can get help. All cases beyond the help of the national doctors and hospitals the will be taken abroad for further medical treatment. All SOS children are get health education in the area of how to keep personal hygiene and keep the environment clean for health.

#### **2.15.5 SOS Children's Village Mekelle Educational Facilities to the Orphan Children**

To keep getting the right education needs to guide them through the next stage of their life. This will help them to become an adult and decide what they may pursue in life. Education is the only means which liberates them from institutional life and prepare them for an independent life. Because education is the key to success.

To realize this goal the village provides educational opportunity to the children who grow up in the village. The village has built schools ranging from kindergarten to secondary schools. The primary and secondary schools are built in the vicinity of the village. The schools are recognized by the ministry of education. The schools are well built, facilitated and the classes are limited to a maximum of 30-40 pupils. The teachers are fully qualified and encouraged to

work hard. The school admits purple both from the village and the community and scholarship are available for children from the needy families (SOS Hermann Gminer school2008)

In SOS Children's Village, Mekelle there is an educator who assists the children with their education. The educator arranges study programs. Students at higher collages, at their long vacation, assist students with lower performances. The village provides scholarship for outstanding students. If the child is unable or refused to learn, he/she is encouraged to continue in vocational training. All the charge are covered by the village until the children Achieved self reliance SOS, Mekelle( 2008)

#### **2.15.6 SOS Children's Village Mekelle Counseling Service to the Orphan Children**

Before going further let us make it clear that counseling is not necessarily a better way of helping. It is different way of doing things. What way of helping is useful depends upon the need of the person. The time you could afford to spend for him and your relationship with him. Counseling can be defined as a way of helping somebody to explore their needs and discover their own strengths and resources. Here do some of the functions/definitions of counseling

1. a way of helping people to find and use their own resources for coping with difficult situations.
2. a way of helping somebody learn to live (a bit) more effectively
3. Rogers described counseling as the process by which the structure of the self is relaxed in the safety of clients relationship with the therapist and previously denied experiences are perceived and then integrated into an altered self.

According to Yusuf Gender sensitive counseling psychology (1998). It is to effect change in behavior which could enable the client to live a more productive, satisfying life as defined in one's socio economic context. Behavioral changes are needed in job experiences, occupational areas family institutions, and in relationship with peers and significant others. Decision making and personal effectiveness such as maximizing the clients possible freedom to attain "self actualization" and developing positive mental and physical and career counseling. In this respect, ultimately, every human being be it the so called "abnormal" normal and the subnormal "should benefit from professional counseling interaction. It is a service offered to all age (target) groups or individuals (children, programs), to the socially and economically disadvantaged, the minority, women, the disabled (physically, socially, psychologically and so on.

There of the main functions of counseling and therapy theories are:- providing conceptual frameworks, providing languages, and generating research.

Conceptual frameworks –therapist are decision-makers. They continually make choices about how to respond on a moment-by-moment basis during therapy sessions. Theories provide therapist with concepts that allow them to think systematically about human development and the therapeutic process. Counseling and therapy theoretical approaches may be viewed as possessing four main dimensions if they are to be stated adequately.

1. A statement of the basic concept or assumptions underlying the theory.
2. an explanation of the acquisition of helpful and unhelpful behavior;
3. an explanation of the maintenance of helpful and unhelpful behavior, consolidate their gains when therapy ends.

## **Language**

Languages are vocabularies and linguistic symbols that allow communication about phenomena. Like the major spoken language of English, French, Spanish, the different theorists develop languages for the phenomena they wish to describe: for instance, cognitive, psychoanalytic or person-centered languages.

Languages both unite and divide. It can encourage communication between people who speak the same language, but discourage communication if they do not. Each theoretical position has concepts described in unique language. However, the uniqueness of the language may make common elements among theories: for example, the meaning of conditions of worth in person-centered therapy overlaps, with that of super-ego in Freud's psychoanalytic therapy, though you would not know this from the language.

Clients are also theorists, though usually without the Sophistication of their therapists. Approaches like rational emotive behavior therapy and cognitive therapy actively try to influence the language in which clients talk to themselves so that its becomes helpful rather than harmful. These approaches educate clients to converse with themselves.

## **Research hypothesis**

The social psychologist Kurt Lewin is reported to have said that "Nothing is more scientific than a good theory. Theories can be both based on research and stimulate research. For example, cognitive-behavioral therapy is based on research into how people think and into how both people animals behave. Furthermore, cognitive-behavioral approaches, such as rational emotive behavior therapy and cognitive therapy, have stimulated research into their process and outcomes.

Theorists also provide therapists with frameworks with in which to make predictive hypotheses during their practice of therapy. Whether acknowledging it or not, all therapists are practitioner-researchers.

Clients are also practitioner-researchers who make predictions about how best to lead their lives. If valid theories of counseling and therapy are transmitted to clients, they may increase the accuracy with which clients can predict the consequences of their behaviors and, hence, gain more control over their lives.

Counseling is an applied social science with an interdisciplinary base composed of psychology, sociology, cultural anthropology, education, economics and philosophy. Each of these disciplines has made and continues to make its own unique contribution to counseling. From psychology we learn about human growth and structure and institutions; anthropology helps us understand the importance of culture, and from economics we learn about the dynamics involved in the world of work.

Counseling is a collaborative process which involves the development of a unique confidential helping relationship. In this relationship, the counselor acts as a facilitator in helping the client to understand more accurately himself and the world around him. Individuals are helped to understand their feelings and behaviors, their relationships with others, their particular situation, choices and decisions. Discussion of whatever is important and relevant enables individuals to grow towards greater freedom in making mature choices and taking responsible action with themselves, relationship, family, and studies.

The purpose of counseling is to provide for the individuals optimum development and well-being, but the individual function in social context not in isolation. Counseling as a means of helping people adjust to themselves and society.

Counseling is a therapeutic and growth process through which individuals are helped to define goals, make decisions, and solve problems related to personal, social, educational and career concerns, specialized counseling provides assistance with concerns related to physical and social rehabilitation, employment, mental health, substance abuse, marital and family problems, human sexuality, religious and value choices career development and other concern's Warner, (1980) counseling does not attempt to restructure personality but to develop what already exists, (Hanse, Rossberg and Cramer, 1994).

Behavior therapy view their practice as firmly rooted in experimentally derived principle of learning. However, behavioral theory is an over all theory as well as an experimentally based attempt to describe the specific laws or principles of human behavior. As an overall theory the distinctive emphasis is an over whelming role of environmental contingencies in influencing the acquisition and maintenance of behavior. In this most radical form the behavioral model sees human actions as derived solely from sources: biological deprivations, such as hunger and sexual tension, the individuals learning history, and the characteristics of and contingencies provided by environmental contexts. There is no place for concepts such as mind and free will (Richard Nelson- Jones, 2001).

Counseling is to effect change in behavior which could enable the client to live a more productive, satisfying life as defined in one's socio economic context. Behavioral changes are need in job experience, occupational areas family institutions and in relationship which peers and significant others. Decision making and personal effectiveness such as a maximizing the client's possible freedom to attain "self actualization" and developing positive mental and physical health.

Therefore, one could focus on personal, educational social and career counseling. In this respect, ultimately, every human being be it the so called “abnormal” “normal” and the “subnormal” should benefit from professional counseling interaction. It is a service offered to all age (target) groups or individuals ( children, adolescents, adults and the old) and at all levels of educational programs,) to the socially and economically disadvantaged, the minority, women the “disabled (physically, socially, psychologically and so on. (Yusuf Omer Abdi, 1998).

Counseling is another major activities of the SOS Children’s Village, Mekelle is to provide the children with psychological, academics, personal, social, economical, and etc The village Social worker/counselor and the village nurse and professionals from bureau of labor and (social affaires some times) are reasonable to deal with the above indicated problems. The village has a counseling room to secure the privacy of counseling.

## **2. 16 Problems in counter in the Institutions**

### **2.16.1. Limit capacity to admit children**

In different times various manmade and natural calamities occur in this country. Due to this parents are died and families are displaced and children are left alone. It’s hard to find organizations and benevolent to rescue the life of these children. The organization love to admit more children if it would not have been the matter of limited of capacity. The village has a space for 150 children only. And this is incompatible with the existing problem of the country.

### **2.16.2. Lack of employment opportunity**

Unemployment is on of the major problems in least developing country like Ethiopia. And the problem is growing in magnitude from time to time. SOS Children’s as a part of the larger community are suffering from this problem. Even if the children are qualified they are not

employed. Because the country have no enough work places. This creates a burden on the village and barrier in realizing or achieving the principle of the goal of SOS(i.e. to create self supporting citizens).

### **2.16.3 The community attitude towards orphan children is wrong**

The community lack awareness about the orphan children. They view the problem of orphans as their fault and fate rather than a natural cause. The community also views the orphans as dangerous, delinquents, and children who do not have care for the larger society. So, so problem occurs when the children are assimilated with the community.

## **CHAPTER THREE**

### **3. Method and Designs of the study**

The nature of the present assessment necessitated both quantitative and qualitative methods. The quantitative was used to measure the tendency of the children participants on the food, housing, clothing, health, education and counseling services provided by the institution and the qualitative method was used to collect data related to the above mentioned services that cannot be collected by quantitative methods.

#### **3.1 Participants**

A total of 113 (104 children, 5, project implementers, and 4, governmental officials) participants were purposely selected to take part in the study. Out of the total 113 participants, 104 were children aged from 12 up to 24, capable to provide information about the service rendered by the institution prepared in the form of questionnaire. Seven were selected for Focus Group Discussion three from project implementers, and four from governmental representatives. Two were selected from the institution the counselor to fill questionnaire and the village director for interview.

#### **3.2 Sampling**

Purposive and availability sampling technique were employed to select the participants as well as the project implementers from the institution and governmental organization.

#### **3.3 Instruments**

**3.3.1 Questionnaire:** was the primary instrument employed to gather information from the village children related to their housing, food, clothing, health, education, and counseling.

The first part dealt with 5 back ground items that all were close ended questions the children were supposed to tick the alternative that fits with them.

The second part is concerned with rating items on each type of institutional services. Primarily, 72 items under 6 major headings (i.e., housing, food, clothing, health, education, and counseling) were developed from the institutional manual and the signed agreement with the government. They were ‘yes’ or ‘no’ rating questions. Secondly, the items were given to Counseling second year students in order to maintain quality items. And after some modifications the items were rewritten and translated into Amharic language. Then, give to language experts to check up grammatical errors and phrasing problems. Here after the three last year counseling graduate students checked up the content parts and the 72 items were ready for pilot test.

A pilot test was undertaken with 30 children (age 12- 14, 10, age 15 – 24, 20) all were filled the questionnaire properly. Participants for the pilot test were chosen directly from the village children. During the pilot test long, complex, unclear items were improved. In line with the quantitative improvements, items were reduced from 72 to 61 which means 11 items were eliminated through inter item –to –total correlation procedure. From each set of items specific numbers of items were rejected (i.e., from housing service one item, from food service three items, from clothing service four items, from health service two items , from education service one items). Items with the correlation coefficient of 0.42 and above were maintained to the final data gathering instrument.

$$r = \frac{\sum X_1 X_2 X_3 \dots X_{62}}{N}$$

$$r = \frac{\sum (X_1 - \mu_{x1}) (X_2 - \mu_{x2}) (X_3 - \mu_{x3}) \dots (X_{62} - \mu_{x62})}{N \sigma_{x1} \sigma_{x2} \sigma_{x3} \dots \sigma_{x30}}$$

### Case processing summary

		N	%
Cases	Valid	30	96.8
	Excluded(a)	1	3.2
	Total	31	100

- a. List wise deletion based on all variables in the procedure

### Reliability statistics

Cronbach's Alpha	Cronbach's Alpha Based On Standardized Items	N of Item
.989	.989	62

**3.3.2 Semi-structure interview:** was conducted to obtain additional data from the village director. Initially there were seven back ground items and nine interview items on the area service rendered. After some modification for example, none practical questions were rejected, phrasing styles were improved. Non-visible but later consider as serious by the village director was included on the basis of his response.

**3.3.3 Focus group discussion:** Data collection was made to maintain further information through Focus Group Discussion. The FGD comprised of seven , three were from SOS children's village project implementers, and four were from governmental representative. There after, the main point of discussion came into view specific aspects (i.e., housing, food, clothing, health, education and guidance counseling service issues). Each member of the discussants was given chance to say something about the service provided by the institution.

### 3.4 Procedures

**Questionnaire:** was employed as main instrument to collect data from the village children and the village counselor. Hence it has been gone through certain steps to secure the necessary information from governmental officials. The following were involved under it:

- Strong working alliance was created with the institution as a stepping stone for further relationship. At the same time the purpose of the study briefed to the village director and consent had been secured. Moreover, the discussion times were set to distribute questionnaire to the concerned participants.
- Questionnaire was distributed to village children age 12 and above in the village tutorial class rooms. In addition, brief orientation made on the purpose of the study and procedures to fill questionnaire. Furthermore, the date and time to return the questionnaire was determined with the participants.
- The questionnaire was also distributed to the village social worker counselor at his working place with thorough discussion on the purpose and procedures to fill the questionnaire. Moreover, planning was made to collect the questionnaire form the participant.
- Finally, incompletes and unfilled questionnaire items were identified and other substituting questionnaire items were distributed to other village children with orientation and collected on the spot.

**Semi- structured interview** was the second device that had been utilized to obtain further information from the village director. Also here certain steps were undertaken to gather the necessary information from the village director:

- Establishing rapport with the village director was the first step.
- Then the interview format was delivered to the village director to help him prepared to deliver reliable information and to be ready with mentally and psychologically. During this session, the time and place that the interview would be conducted was determined. The time was working hour, and the village director office was the place where the interview undertakes.

- Gathering the data took place starting with brief introduction of self, the organization, and job responsibility. Tape recorder was employed to simplify analysis.

**Focus Group Discussion:** Focus group discussion was performed through the following procedure.

- Seven participants were involved in the focus group discussion (i.e., three from the village implementers, and four from governmental representatives).
- Planning was undertaken to determine the place, time, and procedure to collect the data. The group discussion was held at SOS Children's Village compound in one of the family house living room. Tape recorder was utilized since it could be difficult and time consuming to note ideas that flow during the discussion.

Data was analyzed through the following Steps:

1. Dichotomized the service scale into two. Items that were responded

0= I don't 1= yes I do. '0' value referring to the absence of service, while items with the response '1' referring to service presence.

2. For all the above responses qualitative and quantitative data analysis was employed.

## **CHAPTER FOUR**

### **4. RESULTS**

In this chapter, all data collected using the tools prepared are presented. The order of the presentation is that first the Socio demographic characteristics of the children is presented and then the data collected from the beneficiaries (children under institutional care, project implementers and governmental officials ) on the services provided including food, housing, clothing, health, education, and counseling are presented..

#### **The Socio-Demographic Data**

The following table describes certain background characteristics of children participants of SOS Children's Village, Mekelle.

**Table 1: Socio-Demographic Characteristics of participants (N=104)**

Items	Responses	
	Frequency	Percent
Sex		
Male	44	42.3
Female	60	57.7
<b>Total</b>	<b>104</b>	<b>100</b>
Age		
12-14	32	30.8
15- 20	68	65.4
21-24	4	3.8
<b>Total</b>	<b>104</b>	<b>100</b>
Educational status		
Grade 5-8	39	37.5
Grade 9-10	36	34.6
TVET	14	13.5
Collage preparatory	13	12.5
University	2	1.9
<b>Total</b>	<b>104</b>	<b>100</b>
Reason for parental death		
accident	0	0
war	0	0
Drought	0	0
Disease HIV/AIDS	65	62.5
I don't know	39	37.5
<b>Total</b>	<b>104</b>	<b>100</b>
No. of years you stayed here		
1-10 years	36	34.6
11-20 years	66	63.5
21-24 years	2	1.92
<b>Total</b>	<b>104</b>	<b>100</b>

As can be seen form table1 above, (57.7%) of the participants were female and (42.3%) of them were male. Regarding the participants age (30.8%) were 12-14 years, (65.4%) were 15-20 years, and (3.8%) were 21-24 years. Regarding their educational status, (37.5%) of the participants were attending primary school grades 5-8, (34.6 %) of them reported that they were in grades 9-10, (13.5%) in TVET, (12.5%) in college and preparatory, and (1.9%) in university respectively.

Regarding the reason for parental death (62.5%) of the participants reported that their parents died due to HIV/ AIDS, and (37.5 %) reported that they did not know the reason for parental death.

**Table 2: Responses of Children Regarding Food Services provided by SOS (N= 104)**

Items	Responses				Total	
	Yes	%	No	%	No	%
The institution provides me with sufficient food.	78	75.0	26	25	104	100
No discrimination in the food service.	75	72.2	29	27.8	104	100
I am served four times a day.	72	69.2	32	30.8	104	100
We have a daily menu for daily food preparation	62	59.6	42	40.4	104	100
In the weekly menu there is green vegetable food.	71	68.3	33	31.7	104	100
In the weekly menu there is meat, peas, eggs and beans	74	71.2	30	28.8	104	100
In the weekly menu there is food contains butter, cheese, oil and bread.	79	76.0	25	24	104	100
The (Mother) prepares the food is always clean	104	100	0	0	104	100

As indicated in table 2 above, (75.0%) of the participants reported that they were served with sufficient food, (72.2%) of the respondents said there was no discrimination of food service, (69.2 %) of them reported they were served four times a day, (59.6 %) of the respondents responded that they have menu for daily food preparation. (68.3%) of the respondents said that there was green vegetable food in their weekly menu. (71.2%) of the participants reported that there was meat, peas, eggs and beans in their weekly menu. (76.0%) of the respondents reported that they were served food that contain butter, cheese, oil and bread. (100 %) of the respondents reported the mothers who prepare the food were always clean.

According to the village director interview response each child in the village is provided meal for a minimum of 4 times a day, break fast, lunch, after school in the afternoon snack, and then supper. The children get their meal in accordance to the approved menu. The menu considers the nutritional values of the food protein, carbohydrate, fat, vitamins and minerals.

The overview obtained from the FGD indicates that the institution provides breakfast in the morning, lunch at noon, snack after school, and then dinner. The children get their daily meal according the approved menu. It is the responsibility of the village director, nurse, social worker to make follow up of the provision of food whether it is in accordance with the prepared menu.

**Table3: SOS Children’s Response Regarding the Housing Service Provided (N= 104)**

Items	Responses					
	Frequency				Total	
	Yes	%	No	%	No	%
The family houses, youth homes, and houses for self support children are sufficient	81	77.9	23	22.1	104	100
We live 10 children in the family house.	76	73.1	28	26.9	104	100
The rooms are ventilated.	74	71.2	30	28.8	104	100
The rooms have sufficient light.	70	67.3	34	26.7	104	100
The family houses, youth homes, and houses for self support children are always clean.	84	80.8	20	19.2	104	100
The living room, the kitchen, and bedrooms are well furnished.	85	81.7	19	10.3	104	100
The house we live is free from pests.	104	100	0	0	104	100
We have enough toilet and bathe room in the house and are always clean	80	76.9	24	23.1	104	100

As shown in table 3 above, regarding the housing service provided by the institution (77.9%) of the participants responded that the family house, youth home and houses for self support children are sufficient. (73.1) of the participants said that ten children live in one family house, and (71.2 %) of the participants reported that all the rooms were ventilated, and (67.3 %) respondents reported that their rooms have sufficient light. (80.8%) of the participants reported that the family houses, youth homes, and houses for self support children were always clean. (81.7%) of the respondents said all their living room, kitchen, bed rooms well furnished. (100 %) of respondents responded that the rooms were free from pests, and (76.9%) of the participants reported that they had enough toilets and bath rooms and were always clean.

An interview conducted with the village director is as that of children response. The village Director agrees that the children in the family houses, youth home program have clean and ventilated living room, bed rooms, toilet rooms and bath rooms. All the rooms were built so as they let sufficient light. There was a regular check up undertake by the village nurse and village social worker in order to keep the rooms free from pests. There was pesticide spray for the whole family houses. The discussants reported that the kitchen and the dining room

were also clean, and all rooms were facilitated with equipment and furniture needed for the service rendered.

The focus group discussion was interesting that many ideas were raised regarding whether the standard of the house is like a middle family standard or above. The housing service is provided in three stages; younger children of age day 1 to 14 live in the family houses. Each family house is arranged for only 10 children and the SOS mother lives with them. The children age 15 to 20 live in youth homes (boys home and girls home). Youth above 21 are classed under the self support and live in private rooms rented in the community. The younger children age day 1 to 14 and girls under youth home live in the village compound. The youth boys under boy's home program and the youth under the self support live outside the compound. The family houses and the youth homes have living room, bed rooms, toilets and bath rooms, kitchen, and a mini store for food items. As to the discussants comparison the family houses have higher quality, the youth homes have good quality and the houses for Self support is in the least quality in the context of SOS Children's Village, Mekelle. It was raised that in such big villa house only 10 children are living with their mother that is sufficient.

One of the discussants said,

*"For your surprise I love my family home to stay in it day and night. Night is not enough for me. Its neatness and comfort is always in my mind. I am longing it when I go to school, and go to visit my friends out of the village. The arrangement in my house invites me to work hard in my studies."*

Other discussants said,

*"When I think about my family house I have a worry that where and how I could get one like it when I leave SOS Children's Village Mekelle. This is because I used to visit my friends home both from well to do families and poor once in the community there is non like mine"*

Other discussants said,

*"The arrangement of my house is giving me insight that what kind of person I shall be in the future and give me enough knowledge of home management. In short SOS Children's village is not only care and service provider but also vision provider"*

**Table 4: Responses of Children Regarding Clothing Services provided by SOS (N= 104)**

Items	Responses					
	Frequency				Total	
	Yes	%	No	%	No	%
I have sufficient clothe to wear both (casual clothes and school uniforms)	80	76.9	24	23.1	104	100
My (mother) buys clothes according to my choice.	78	75.0	26	25.0	104	100
I do have more than one pairs of shoes.	68	65.4	36	34.6	104	100
I have sport wears.	70	67.3	34	32.7	104	100
I get school uniform and casual cloths before gets worn out	76	73.1	28	26.9	104	100
My clothes get laundry service every week	72	69.2	32	30.8	104	100
I have change able pairs of bed sheet and blankets	77	74	27	26.0	104	100

As indicated in table 4 above, (76.9%) of the respondents reported that they had sufficient clothes to wear both casual and school uniforms, (75.0%) of the participants said that their (mothers ) buy clothes according to the child's choice, (65.4 %) of the respondents reported that they have more than one pair of shoes. (67.3%) of them reported that they had sport wears,(73.1% ) of the participants were said they get casual and school uniform cloths before it gets worn out.( 69.2 %) of the respondents responded their clothes get laundry every week, and ( 74. 0%) of them said they have changeable pairs of bed sheets and blankets.

According to the village director, children are provided with sufficient clothes including school uniform, casual clothes, sport wears, changeable blankets, and bed sheets, and more than one pair of shoes for casual use. There are two clothing sources for the children. One is, the budget allocated to each child and the second is, the gift each child get from the individual sponsors. The clothes also get a laundry services every week. No dirty cloth is seen in the family homes.

In the case of adolescent girls, who have additional expenses for sanitary materials due to their biological nature, ointments, and hair dressing to keep their beauty the clothing budget is believed to be not sufficient. But for the majority of the children especially the boys the amount allocated is believed to be sufficient.

According Focus Group Discussants, the institution is providing sufficient cloth to the children. The children get their clothes from two known sources one is from the budget allocate, and the other source is the gift from the individual sponsors, which may actually not continue at higher ages. As to the discussants the clothes are always clean and attractive due to the regular laundry.

The discussants participated in the FGD raised that the children wear high quality of clothes and shoes. One of the participants said;

*“SOS children’s Village Mekelle is the place where you see children with quality clothes and shoes. The types of clothes they dress and shoes they wear are completely different from the cloths we see in the local shops. And I am not sure if the children will be happy with the clothes they buy in the local market”.*

**Table 5: Responses of Children Regarding Health Services Provided by SOS (N= 104)**

Items	Responses					
	Frequency				Total	
	Yes	%	No	%	No	%
The institution offers sufficient medical service.	92	88.5	12	11.5	104	100
The institution provides as with health education	89	85.6	15	14.4	104	100
I get general medical check up once in a year.	84	80.8	20	19.2	104	100
I get all prescribed medicines with out considering expense	91	87.5	13	12.5	104	100
I get medical service in SOS Clinic, governmental and privet hospital, and abroad when it is necessary.	87	83.6	17	16.4	104	100

As can be seen in table 4 above, the health service almost all (88.5%) of the respondents reported that they were get sufficient medical service, (85.6%) the respondents responded the institution provided them with health education. ( 80.8 %) of them reported they get general medical check up once a year, (87.5 %) of the respondents said they get all the prescribed medicine with out considering expenses., and ( 83.6%) of them reported that they get medical services in SOS Clinic, governmental and private hospitals, and abroad when necessary.

As to the village director the institution believes more in the preventive methods than curative methods. The village nurse gives health education regularly in the area of personal hygiene, and environmental protection which creates health problem.

The institution have a schedule for general medical check up to all children once a year, this program helps to investigate each child's health problem earlier as early as possible. Any child with health problem gets medical care in SOS Children's Village Clinic. The health problem beyond the village nurse will be handled by physicians in governmental and private hospitals and where necessary the child will be sent abroad up on the decision of medical board.

Regarding the health service the discussants approved that the children in the institution are found in good health states. The institution has served over three decades without any epidemic disease out break. The children get very high quality medical service in the institution clinic, governmental and privet hospital and abroad if the problem is beyond health professionals.

The health bureau provides technical advice and facilitates the way in which the institution obtains necessary clinical materials and exchanges important information on the health state of the town. Facilitates permission of obtaining certificate to purchase medicines. Facilitate the smooth implementation of the project and make a follow up project progress and evaluate the project jointly with the signatories.

**Table 6: Responses of Children Regarding Educational Facilities Provided by SOS**

(N= 104)

Items	Responses					
	Frequency				Total	
	Yes	%	No	%	No	%
I am supplied with sufficient necessary educational materials school, uniforms, school fee	82	78.8	22	21.2	104	100
The school I used to go is SOS Herman Gmeinner private school has carefully screened teachers.	80	76.9	24	23.1	104	100
I do have proper study place.	81	77.9	23	22.1	104	100
The village has library for study and get additional reference books.	78	75.0	26	25.0	104	100
I get additional tutorial support out of school time.	67	64.4	37	35.6	104	100

As indicated in table 5 above, (78.8 %) respondents reported that they were supplied with the sufficient necessary educational materials, (76.9 %) respondents reported that they were attending in SOS Hermann Gmeinner School. (77.9%) participants reported that they had proper study place, (75.0 %) of the participants said that the village had mini library to study and get additional reference materials, and (64.4%) of them reported that they get additional tutorial support out of school time.

According to the interview with the village director, all the children in the village attend in Hermann Gmmeiner School except those who joined in higher education and those few under the self support program. Hermann Gmmeiner School is well facilitated with library, laboratories and a computer lab. Though the village did not go further in identifying children with learning abilities there are children who are fast learners, average learners and low learners in learning identified in their academic performance. To enhance the children's academic performance the institution provides tutorial class to all children after school hours. The children also have proper study places.

SOS Children's Village goes to the maximum of helping the children complete college and university studies and many have indeed succeeded. Children who are not successful in their academic performance get skill training so that they can be self supporting citizens.

Regarding education the discussants said that the institution provide sufficient school materials. It sends children to SOS Herman Gmeiner School; a school with good library, laboratories and computer lab facilities. It provides tutorial classes to all children in the institution and the children have proper study place. Some of the FGD participants from the monitoring bodies have said that the teachers in the school are the best teachers in Mekelle town, it is a very good recruitment is done during the employment processes.

The Bureau of Education provides SOS Children's Village with the necessary technical support to run Herman Gmeiner Primary and Secondary School. It also assists to update Herman Gmeiner School with newly developed curriculum and changes in the educational policy of the country, facilitates the way in which the implementing party obtains the necessary materials and exchange of important information to enhance the activities in the

area of education and makes follow up of the project progress in the monitoring and evaluation activity as agreed jointly with other signatories

## 7. Counseling Service

**Table 7.1 .Responses of Children Regarding Counseling Service Provided by SOS**

(N=104)

Items	Responses		
		N	Percent
I am offered adequate counseling service by the village counselor	Yes	89	85.6
	No	15	14.4
	Total	104	100
There is a separate room at the village to ensure counseling sessions to be private	Yes	104	100
	No	0	0
	Total	104	100
The arrangement of the counseling room makes me feel at ease.	Yes	95	91.3
	No	9	8.7
	Total	0	100
I rate attempts counselors made to secure confidentiality,	Very good	0	0
	good	13	12.5
	Not good	82	78.8
	I don't know	9	8.7
	Total	104	100
Is there a waiting room.	Yes	0	0
	No	104	100
	Total	104	100

As presented in table 6 above, (85.6 %) of the participant reported that they were provided counseling service by the village counselor. Regarding the facility of separate counseling room at the village (100 %) of them said that there was a separate room to ensure counseling session to be private, and (91.3%) of the participants said that the arrangement of the counseling room made them feel at ease. According to the rating of the participant that attempts made by the counselors to secure confidentiality (78.8%) were said was not good . (100 %) of the participants reported that there is no waiting room at the village.

According the village director the institution has a well organized counseling room. The counseling room is a separate room and a distance far from the rest of the offices, so that the children as clients can feel free to go when they are in need of the service. The village

director reported that the service has its own short comings that guidance services in different areas are not provided to the children regularly. He believes that the provision of guidance service would have been very important for them in the future career and integrates to the society.

According to the focus group discussion discussants it was mentioned that there is 100 percent problem of confidentiality. In the world of SOS any case that was investigated has to be reported at all level from the village to the national office in no time. It is the same true with the secret between the counselor and the counselee. In this situation it is very difficult that to believe the counselor and it is a temptation to the counselor to secure confidentiality.

**Table 7.2: Responses of Children Regarding Counseling Skill Provide by the Counselor**

SOS (N= 104)

Function	Skills	Responses		
		Category	Frequency	Percentage
Interpersonal skills	Greeted and welcomed me warmly	Yes	91	87.5
		No	13	12.5
		<b>Total</b>	<b>104</b>	<b>100</b>
	Welcome me	Yes	91	87.5
		No	13	12.5
		<b>Total</b>	<b>104</b>	<b>100</b>
	Invited me to seat	Yes	87	83.6
		No	17	16.3
	<b>Total</b>	<b>104</b>	<b>100</b>	
Introduced himself first	Yes	68	65.4	
	No	36	34.6	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Asked me to introduce myself	Yes	87	83.7	
	No	17	16.3	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Established rapport which made me engage in conversation	Yes	95	91.3	
	No	9	8.7	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Listens actively	Yes	81	77.9	
	No	23	22.1	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Information gathering skills	Sought clarification about information given.	Yes	72	69.2
		No	32	30.8
		<b>Total</b>	<b>104</b>	<b>100</b>
	Probed appropriately	Yes	78	75.0
No		26	25.0	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Summarized issues discussed	Yes	82	78.8	
	No	22	21.2	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Ask for feed back	Yes	82	78.8	
	No	22	21.2	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Information giving skills	Gave me information in clear and simple terms.	Yes	89	85.6
		No	15	14.4
		<b>Total</b>	<b>104</b>	<b>100</b>
	Reinforced important information.	Yes	91	87.5
No		13	12.5	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Gave me time to absorb information and to respond.	Yes	79	75.7	
	No	25	24.3	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Checked for understanding/ misunderstanding.	Yes	90	86.5	
	No	14	13.5	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Handling special circumstances	Accommodated language difficulty	Yes	82	78.8
		No	22	21.2
		<b>Total</b>	<b>104</b>	<b>100</b>
	Talked about sensitive issues plainly and appropriate to the culture.	Yes	78	75.0
No		26	25.0	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Used silence well to deal with difficult emotions.	Yes	86	82.7	
	No	18	17.3	
	<b>Total</b>	<b>104</b>	<b>100</b>	
Managed client's reactions.	Yes	81	77.9	
	No	23	22.1	
	<b>Total</b>	<b>104</b>	<b>100</b>	
He refers	Yes	81	77.9	
	No	23	22.1	
	<b>Total</b>	<b>104</b>	<b>100</b>	

As shown in table 10 above, the respondents who responded to interpersonal skills employed by the counselor, (87.5%) of them reported that they were greeted and welcomed by the counselor as they come to the counseling room, (83.7%) of the respondents said that they were invited to sit by the counselor. (65.4%) of the respondents indicated that the counselor introduced himself, and (83.7%) of the respondents said that they were asked to introduce themselves. (91.4%) of the respondents assured that the counselor established rapport which made them engage in to conversation. (77.9 %) of the respondents said that the counselor listened to them actively.

To the skills employed by the counselor for gathering information, (69.2%) of the respondents said the counselors sought clarification about information given. (75.0%) of the respondents indicated that the counselor probed information appropriately, and (78.8%) of the respondents indicated that the counselor summarized the main issues discussed.

With regarded to information giving skills employed by the counselor (85.6 %) of the respondents said that the counselor has given them information in a clear and simple terms, (87.5%) respondents indicated that the counselor reinforced important information. (75.9%) reported the counselor give time to absorb information and to respond. (86.5%) of the respondents indicated that the counselor checks whether they had an understanding /misunderstanding of the information provided properly or not.

The response of the respondents to the skills that the counselor employed to handle special circumstances were as follows. (78.8%) of the respondents said that the counselor accommodated language difficulties, (75.0%) of the counselor talked about sensitive issues plainly and appropriate to the culture, (82.7%) of the respondents said that the counselor used

silence to deal with difficult emotions, (77.9 %) of the respondents assured that the counselor managed their reactions.

**Table 7.3 what are the major problems encounter the children (N=104)**

Items	Responses				Total	
	Yes	%	No	%	No	%
Psychological problem	65	62.5	39	37.5	104	100
Social problem	83	79.8	21	20.2	104	100
Personal problem	58	55.8	46	44.2	104	100
Economical problem.	0	0	0	0	0	0

As shown in table 7.3 above, problems presented to the counselor in the village were psychological problem (62.5%), Social problem (79.8%), Personal problem (55.8%) and Economical problem (0%)

According the village director interview response the children in the village show different behavior as they increase their ages. For example children aged 12-14 perform low academic performance and quarrelsomeness, children aged 15-20 show self isolation, and 21-24 reveal defective socialization and low-self esteem are some of the major ones.

In the focus group discussion some of the key issues raised were the psychological social, personal and academic problems the children encounter. Children are seen to manifest some common behavioral characteristics; this include, emotional disturbance, anxiety, unhappiness, shyness, fear, aggression, irresponsibility, carelessness, dependency syndrome, confusion, low self esteem, and defective socialization. In view of these facts such children suffer torment from various problems and are causing problem in the institution and the society (school). Some of the discussants said that the children need to get additional support in this area so that they will come out of their childhood trauma and strive to become productive citizens.

The discussants in who participated in the FGD indicated that, the institution has only one person working as social worker/counselor, and there is no career guidance, life skill, etc training services provided by the counselor as he is engaged in many psychosocial support activities and the counseling is an additional assignment to him.

**Table 8. Result of expected counseling skill of the counselor.**

No.	Topics Discussed	Option	
		Yes	No
	<b>Interpersonal</b>		
1	Greeting a client warmly	✓	
2	Invite him/her to seat	✓	
3	Introducing self	✓	
4	Asking clients to introduce him/her self	✓	
5	Establishing report which make clients engaged in conversation	✓	
6	Listening activity	✓	
	<b>Information gathering</b>		
7	Seeking clarification on the information given	✓	
8	Probing appropriately	✓	
9	Summarizing main issues discussed	✓	
10	Giving information in a clear and simple terms	✓	
11	Reinforcing important information	✓	
12	Giving time for the client to absorb information and to respond	✓	
13	Checking for understanding/misunderstanding	✓	
	<b>Handling Special Circumstances</b>		
14	Accommodating language difficulty	✓	
15	Discussing on sensitive plainly and appropriate to the culture	✓	
16	Using silent to deal with difficult emotions	✓	
17	Managing clients reaction	✓	

Regarding skills and contents of counseling sessions the following result was obtained from the counselor. He also reported that there is no waiting room for the counseling room. With regard to skills demonstrated in counseling sessions that refer to inter personal skills, the counselor reported that he greet clients warmly and invite them to sit. After welcoming them he introduces himself and he gives them the chance to introduce themselves. The counselor reported that he establish rapport to make the client engage into conversation and he listen to clients actively.

Regarding the skills employed for gathering information, the counselor indicated that he seek clarification on the information given by clients probe the information appropriately, and summarize the main issues discussed.

Concerning information giving skills he employ, the counselor said that he give information in clear and simple terms and reinforce the important ones. The counselor also said that he gives time for the client to absorb and to respond to the information. Finally he said that he checks for the client's understanding of the information provided.

Information obtained from the counselor on the skills he employ to handle special circumstances, he said that he accommodates language difficulties. The counselor said that he discuss on sensitive issues plainly and appropriate to the culture. He indicate that he use silence to deal with difficult emotions and also said that he mange clients' reaction.

## CHAPTER FIVE

### 5. DISCUSSION

In this chapter the discussion made on the major findings of the study are presented.

#### **5.1 Food Service of SOS Children's Village, Mekelle**

The study tried to see the sufficiency and regularity of the institutional food service that was provided to the children. Accordingly (75.0%) of the respondents were respond that they were served adequate food with nutritional value, containing protein, carbohydrate, fats, and minerals vitamin.

The responses reveled that SOS Children's Mekelle not only gives food but also cares for the nutritional contents for the normal development of the children. The menu developed by the village and professional nutritionist. It was reported that the children representatives are engaged in the preparation of the menu with SOS mothers, the village nurse, the village social worker, and the village director with a consultation of the nutritionist.

Very few children responded that they don't have menu and don't get nutritional food, these are adolescent youth who were living out side the family house and youth home program and lead their own lives by managing the monthly allowances given to them.

#### **5.2 Housing Service of SOS Children's Village, Mekelle**

House is one of the basic necessities for human being. However, it is serious challenge for men and women, adults and children how to secure it. For example according to the 1980's US, (conference of Mayors different urbanization researches identified homelessness as an extreme condition of poverty resulting from a lack of affordable housing and inadequate employment. Taking into account this serious issue, SOS Children's Village Mekelle has

taken a part to alleviate the housing problem of orphan children who and means of income have no relatives and means of income to have their own shelters. Thus, SOS Children's Village Mekelle has the children provided with family house, youth home and houses for self support programs.

The responses regarding housing service sufficiency (77.9%) of the participants indicated that they get sufficient housing service. Majority of the children were responded that the houses they live are all ventilated, clean, free from pests, and have sufficient light and have necessary facilities the children require.

### **5.3 Clothing Service of SOS Children's Village, Mekelle.**

According to the encyclopedia 2005, the term clothing encompasses not only such familiar garments as shirt, skirts, trousers, jackets, and coats, but also foot wear, capes, and hats, sleep wear, sport clothes, corsets, and glove, hairstyles and the wearing of beard, mustaches, and the wigs, at different time and in various forms are all linked to the history of fashion and dress. The same is true the use of cosmetics and jewelry and other forms of body decoration.

With regard to clothing service, majority of the respondents reported that they get sufficient school uniforms, casual clothes, sport wears, pairs of shoes, bed sheets, and blankets. They also reported their clothes get laundry every week. However, in the focus group discussion it was noted that the high school students the girls have same complaints about the sufficiency of the clothing budget for the fact they need extra money for their sanitary materials, jewelry, and cosmetics as these are part of clothing needs.

### **5.4 Health Services of SOS Children's Village Mekelle.**

SOS Children's Village, Mekelle as it is a child care institution has taken the responsibility of giving health care for children under its protection.

The result of the assessment of the quality of health care service in the institution revealed that (88.5%) of the respondents were provided with sufficient medical service even to the extent of sending abroad for further medical help. Majority of the respondents agreed that they get the best standard medical care.

### **5.5 Education Facilities Services of SOS Children's Village Mekelle**

The universal declaration of human rights 1948 emphasized one basic condition that each person has a right to education and it is also understood that access to education is what allows each person the opportunity to gain an understanding of the world and of the self.

Article 1, of the world declaration on education for all, 1990 states that, every person, child, youth and adult shall be able to benefit from educational opportunities designed to meet their basic learning needs.

When considering educational quality it is well known that it should not be compromised. The finding indicates that the SOS children's Village gives emphasis to this matter as well. The result of the assessment indicated that 78.8 % of the respondents revealed that the children get sufficient necessary educational materials, school uniforms, and school fee in time. It was observed from the FGD that the SOS owned school is of high standard in terms of both facility and teaching staff. This is made so to give quality education for the children so that they would become successful in their lives.

As most of the respondents additional tutorial programs were arranged in their out school time, (64.4 %) of the respondents reported that they have taken the benefit of this advantage. It was mentioned that such program have helped the program has helped to assist the children who were weak in their performance. To give quality educational service, the village has tried

to equip the facilities with conducive study environments. In this regard all the participants agreed that they have proper study place.

### **5.6 Counseling Service of SOS Children's Village, Mekelle.**

The result of the study revealed majority of the respondents were get the counseling service in separate counseling room to ensure counseling session to be private and feel at ease to them. (78.8%) respondents reported counselor made secure confidentiality was not good. This was happened due to the police of the organization, that any thing happened to the child has to be reported at all level of the organization for solution affects the counseling service in the institution.

### **5.7 Counseling Skill employed by the Counselor**

The result of this study, regarding the interpersonal skill of the counselors indicates that the client were greeted and welcomed by the counselor and also invited to sit. The counselor introduced himself first and then asked the clients to introduce themselves. The counselor established rapport which made clients engaged in conversation were as high as (91.4%). The counselor also listens the client actively.

Concerning information gathering skills that the counselor employed, the result of this study indicated that the counselor sought clarification about information given. The counselor probe appropriately. (78.8 %) of the client assured the counselor summarized issue discussed.

With regard to information receiving skills employed by the counselor, the result of the study is revealed that the counselor give information in clear and simple terms and reinforced important ones. It was also indicated that the counselor gave time for the clients to absorb

information and respond. (86.5 %) of the respondents revealed that the counselor checked for understanding/ misunderstanding of the information they provided.

With regard to the skill employed by the counselor to handle especial circumstances in counseling session, the counselor accommodate language difficulties and also talked about sensitive issues plainly and appropriate to the culture. (82.7%) of the participants indicate that the counselor used silence well to deal with difficult emotions, and the client said the counselor manage client's reactions.

This study indicated that the skills demonstrated by the SOS Children's village counselor under investigation go along with counseling skills procedure.

### **5.8. The major problems encounter the children**

The result of the study showed that the majority of children respondents (62.5 %,79.8%, 55.8%) encountered psychological, social, and personal problem respectively .According the village director interview response the children in the village show different behavior as they increase their ages. For example children aged 12-14 perform low academic performance and quarrelsomeness; children aged 15-20 show self isolation, and 21-24 reveal defective socialization and low-self esteem are same of the major once.

## CHAPTER SIX

### 6. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In this section of the study, the summary of the findings of the study, conclusions drawn on the basis of the findings and recommendations that are assumed to be useful to alleviate the problems are presented.

#### 6.1 Summary

The main purpose of this study was to assess the institutional care and services provided by SOS Children's Village Mekelle. To meet this purpose, the following research questions were raised.

1. Does the institution provide adequate food to the orphan children?
2. Does the institution provide sufficient housing service to the orphan children?
3. Does the institution provide adequate clothe to the orphan children?
4. Does the institution provide sufficient health services to the children?
5. Does the institution provide all necessary educational facilities to the orphan children?
6. Does the institution provide counseling services to the village children?
7. Skills of the counselor
8. Major problems encounter the village children

To answer these questions, survey research methodology was employed. A total of 113 (104 children, 5, project implementers, and 4, governmental officials) participants were purposely selected to take part in the study. Out of the total 113 participants, 104 were children aged from 12 up to 24, capable to provide information about the service rendered by the institution

prepared in the form of questionnaire. Seven were selected for Focus Group Discussion three from project implementers, and four from governmental representatives. Two were selected from the institution the counselor to fill questionnaire and the village director for interview.

The data was analyzed using the institutional objective and the agreement signed between and the DPPFS, BOSLA, BOE, BOH and SOS Children's village as a standard. The data was processed using SPSS 13. The major findings of the study are presented below

### **The Major findings of the study**

- ✚ The finding of this study indicated that the adequacy of food service provided by the institution under investigation was in line with the agreement signed among SOS Children's and Bureau of Labor and Social Affaires.
- ✚ The finding of the study indicates that the institution provides sufficient, clean, well facilitated housing service. Thus, the service was in accordance to the institutional objective and signed agreement with Bureau of Labor and Social Affairs.
- ✚ The finding of this study SOS Children's village, Mekelle provides sufficient clothing service to the children. Majority of the children participants, project implementers, and governmental officials agreed that the children get good clothing service and it is in line with the signed agreement.
- ✚ As the findings of the study revealed majority of the participants of the study (the village children, project implementers, governmental officials) reported that the medical service provided to the children is at good standard. Some participants of the FGD said that there were times they were requested a letter of cooperation to the Immigration Office for a child to get visa to go abroad for further medication.

- ✚ The finding of this study indicated that the educational facilities service provided to the children is at good quality. Majority of the participants confirmed that the children get enough educational materials, school uniform, and the school fee in due time.
  
- ✚ The findings of the study indicated that the counseling skill demonstrated by the counselor under investigation meets the standard of counseling service. Accordingly the majority of the participants indicated that the counselor demonstrated the interpersonal skills, information gathering skills, information giving skills and skills to handle special circumstances properly in helping them. However, the counseling service provided is not enough to the orphan children. That's why may participant children experienced Psychological, Social, and personal problems.

## 6.2 Conclusions

Based on the major findings of the study, the following conclusion can be drawn.

1. The food service given to the children is adequate and there is no complaint on the quality. The children do not have problems on the food service they are offered and are also enjoyed the service. The food service adequacy provided to the children under investigation goes in line with the signed agreement.
2. The houses in the three programs were neat, well furnished, with sufficient light and air, and sufficient space.
3. Majority of the participants reported they were provided with quality and sufficient clothes. However, the clothing budget shall consider gender demands. This means little more money should be allocated for girls. The additional money is to give them chances to fulfill their jewelry, cosmetics, and sanitary material needs. As it is seen from the responses of most of the youth it is a very good culture that every one is to make to know the amount of the money allocated for clothing.
4. The health service given to the children is confirmed that it was sufficient. Majority of the respondents were happy about it .
5. One of the key services for the children is the educational service. SOS Children's Village Mekelle is also providing the service to the level best.
6. Counseling service provided in the institution not enough to the children. That is way some Psychological, social, and personal problems were seen from the children's response.

### 6.3 Recommendations

Based on the major findings, the following recommendations are made

- SOS Children's Village Mekelle should sustain the existing food, housing, clothing, health, and educational provision without interruption.
- SOS Children's Village, Mekelle make an assessment and revise the amount of money to be allocated for the clothing of adolescent girls.
- To minimize the psychological, social, and personal problem that encounter children the counselor should be solely engage and need due attention to the counseling service at all level of the institution.
- SOS Children's Village, Mekelle should employ qualified and trained staff in relation to the child development courses since the children have multi dimensional problem.
- The institution should work the children social integration side by side to the services provided to thinking that the support stop one day.
- Further researches should be conducted in identifying the Psychological, Personal and Social problems of the children in order to minimize the psychosocial problem ( spoke in rough voice, afraid of strangers, sought out attention in inappropriate ways, pronounced fear of the future ) of the orphan children in the institution.

## REFERENCE

- Andargachew Tesfaye. (1987). **Social Welfare program and social work Education in Ethiopia.** The Indian Journal of social Work. Vol XLVII, No 4 Addis Ababa.
- ANPPCAN.(1998).**Children's Voice, Bi-Annual Publication,** Vol.4, No. 2. Addis Ababa
- Ashby, F.G. (1972) **Pre School Theories and strategies,** Melbourne.Melbourne University press.
- Austine, R. Gilbert.(1976) **Early Child Hood Education. An international Perspective;** New York: Academic press Inc.
- Bhaskar Chatterjee. (2006). **Education for All the Indian Saga.** New Delhi. Nisha Enterprises,Delhi,
- CWICA. (1964). **Children for whom institutionalized care.** Addis Ababa
- CYAO. (1997). **The Situation of Ethiopian Children.** Addis Ababa
- Decker, Anita, C. and Decker, 12. John. (1984) **Planning and Administering Early Childhood Programme.** USA A bell and Howell Company.
- EALS. P.Vt. Ltd. Co. (1995).**The Ethiopian Children Fund** (project Proposal)Addis Ababa
- Encyclopedia American. (1892).Chicago, Grolifer Incorporation.
- Encyclopedia American.(2005). Chicago, World Book,Inc.
- Encyclopedia Britannica. (1993) London, International of Copy Right Union
- Ethiopian Ministry of Health. (2002). **National HIV/AIDS Counseling Training Manual.** HIV/AIDS and other STDs Prevention and control team.
- Ethiopia Ministry of Health. (2002). **National HIV/AIDS Counseling Training Manual in Ethiopia.** (4<sup>th</sup> ed.) Addis Ababa, Ethiopia.

Ethiopia Ministry of Labour and Social Affairs.(1995). **National Program of Action for Children and Women in Ethiopia**. Addis Ababa.

Ethiopian Ministry of Labor and Social Affairs. (2002). **National Survey on the Prevalence and Characteristics of AIDS Orphan in Ethiopia**. Addis Ababa, Ethiopia.

(Unpublished source)

Ethiopia Ministry of Labour and Social Affairs. (2004).**Ethiopia's National Plan of Action For children** (2003-2010 and beyond). Addis Ababa Ethiopia.

Ethiopian Ministry of Labor and Social Affaires.(1986).**Proceeding for International Seminar on Children in Need**. Addis Ababa.

Ethiopian Ministry of Labor and Social Affaires.(1989). **Prospect of Social Welfare in Revolutionary Ethiopia**. Addis Ababa.

Ethiopian Ministry of Labor and Social Affaires.(2002) **National Survey on the Prevalence and Characteristics of AIDS Orphan in Ethiopia** (Executive Summary). Addis Ababa, Ethiopia.

Federal Democratic Republic of Ethiopia.(1995). **Negarit Gazeta**, (23<sup>rd</sup>) Addis Ababa

Federal Democratic Republic of Ethiopia.(1998).**Strategies for the Implementation of the National Development Social Welfare Policy for Ethiopia**. Addis Ababa.

Fredericksen, H. (1957).**The Child and His Welfare**. (2<sup>nd</sup> ed). San Francisco.

W.H. Freeman and company.

Friedlander, A. (1961). **Introduction to Social Welfare**.(3<sup>rd</sup> ed). New Jersey.

Gideon Arulmani .(2004).**Career Counseling**. New Delhi. Tata McGraw-Hill Publishing Company Limited.

Hansen, Rossberg, Cramer. (1994).**Counseling Theory and Progress**. (5<sup>th</sup> ed.)USA. Stage Publications Inc.

- Hildebrand, Verna. (1980). **Guiding Young Children**. (2<sup>nd</sup>.ed.) New York: Mcmillan Pub. Company.
- Johnson Louis G., Charles L. Sshewartz.( 1998). **Social Welfare a Response to Human Need**. Boston, Allyny and Bocon Inc.
- Joint United Nations Programme on HIV/AIDS. (2001). **Investing in Our Future- Psychosocial Support for Children Affected by HIV/AIDS** Geneva, Switzerland.
- Joint United Nations Programme on HIV/AIDS.(2002) **Monitoring the AIDS Pandemic- The Status and Trends of the HIV/AIDS Epidemic in the world** Review, Supplement 2, 1997 Volume 7.pp155-168.
- Joint United Nations Programme on HIV/AIDS.(2000). **Tools for Evaluating HIV Voluntary Counseling and Testing**. UNAIDS Best Practice Collection.Key Material
- Kadushin, A. (1967).**Child Welfare Service**. New York. The MaCmillan Company.
- Lela B., Costen. (1972).**Child Welfare Policies and Practice**. New York. Mc.graw-Hill Book Company.
- M, Carthy, A. M. and Houston, P.J.(1980). **Fundamentals of ECE, USA**, With group pub. Inc.
- M.A.Kibel & L.A. (1996). **Health for All a Manual for South Africa**. Cape Town. Oxford University Press.
- Matthew (1994). **Good News Bible**. (26 ed). USA. The United Bible Societies press.
- M.J.kelly. (2001). **Challenging the Challenger Understanding and Expanding the Response of Universities in Africa to HIV/AIDS**. *Association for the Development of Education Africa* (ADEA).Zambia.
- Minty,b(1987).**Child Care and Adult Crime**. Manchester: Manchester University press.

- Muhe Lulu (1997). **A Four-Year Cohort Study of HIV Sero – positive Ethiopian Infants and Children** : Clinical Course and Disease Patterns. *Ethiopian Medical Journal*. 35 (1):103-115.
- Mukoyogo Christian ,Jur. M. and William Glen. (1991). **AIDS Orphans A Community Perspective from Tanzania**. U.K. Oxford University press.
- NAP (1995).**National Program of Action for Children and Women in Ethiopia**.
- NCC (1985).**Family Reunification Program**, Addis Ababa.
- Pankhurst, E.S. Ethiopia (1959). **A Cultural History**. London. Hetcher and son Ltd.
- Richard Nelson-Jones (2001). **Theory and Practice of Counseling Therapy** (3<sup>rd</sup> ed.) London and New York. Continuum.
- Rohleder P. and Swartz, L. (2005), **What I have Noticed they Need is the Status:** lay HIV counselors reports of working in a task- oriented health care System. *AIDS care* 17 (3): 397-406. Taylor and Francis Group LTDS.
- Sedler,Rozahne F, (1968).**Social Welfare in a Developing Country**. The Ethiopian Experience.
- Sheltzer and Stone (1988).**Fundamental of Counseling**. Boston: Houghton Mifflian. Co
- SOS (2001) **FIFA for SOS Children’s Village**, Innsbruk.
- SOS (2002) **Kinderdorf International**. Facts and Figures.
- SOS (2007) **Kiderdorf International: SOS Journal** No.41
- Tanushree podder, (2006).**The Ultimate Food for Body, Mind and Soul**. New Delhi: UBS Publishers’ Distributors Pvt. Ltd.
- Teshome wagaw (1979). **Education in Ethiopia**. New York: Chicago. University press.
- TGE (1994).**Initial Report on the Implementation of the Convention on the Right of the Child**. Addis Ababa

- Tizard, B. and Tizard J.(1974). **Institution of Environment for Development**  
The integration of a child in to social world Martin P.M. London.Cambridge  
University Press.
- UN.(1989).**United Nations convention on the right of child.** [www.unicef.org/crc/](http://www.unicef.org/crc/)
- UN. (2000). **HIV/AIDS and Education in Eastern and Southern Africa.** African  
Development Form 2000. Addis Ababa, Ethiopia.
- UNAIDS. (1999). **A review of House Hold and Community Responses to the HIV/AIDS  
Epidemic in the Rural Areas of Sub- Saharan Africa.** UNAIDS Best Practice  
Collection.Geneva, Switzerland.
- UNAIDS. (2002). **Report on the Global HIV/AIDS.** Geneva, Switzerland.
- UNAIDS/UNICEF/USAID, (2004) **Children on the Brink: joint report of new orphan  
estimates and a framework for action. Fact sheet.** [http://www.unicef.org/medii  
/media\\_22247.html](http://www.unicef.org/medii/media_22247.html)
- UNAID. (2006). **Report on the Global AIDS Epidemic.** Chapter 4: the impact of AIDS  
On People.
- UNAIDS and WHO (2002).**AIDS Epidemic Update.** Geneva, Switzerland.
- UNHCR Canada. **The UN Refugee Agency the Urgent Need for Shelter.** [www.unhcr.ca](http://www.unhcr.ca)
- UNICEF. (1990). **First Call for Children.** New York USA
- UNICEF. (1990). **The impact of Famine on Displacement of Children in Ethiopia  
Situational report.** Addis Ababa.
- UNICEF (1991). **A situation Analysis of Children and Women in Ethiopia.**  
(Unpublished draft) Rev.1.
- UNICEF (1999).**Children Orphaned By AIDS.** Front Line Responses from Eastern and  
Southern Africa.

UNICE 2000) **Child Right Convention** <http://www.unicef.org/crcconvention.htm>

UNICEF.(2004).**Children on the Brink fact sheet.** [http://www.unicef.org/medii  
/media\\_22247.html](http://www.unicef.org/medii/media_22247.html)

UNICEF. (2006). **Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS**

William, Lady. (1967). **The Coming of the Welfare State.** London: Jarold and Sons,Norwich.

Wubitu. and Gezahegne (2002).**Coping Strategies of AIDS Orphan in Addis Ababa (Wereda 11 and 5).** Forum on Street Children –Ethiopia and Safe the Children-Sweden. Addis Ababa. (Unpublished source)

YusufO.Abdi (1998).**Gender Sensitive Counseling Psychology for Ethiopia High School Counselors:** Addis Ababa Department of Psychology.A.A.U

Zastrow Charles.(1986).**Introduction to Social Welfare Institution.** Dorsey, USA.



## 2. Food service

The following seven items are presented to assess the food services provided by the institution. You are kindly requested to read the questions carefully and give your response to each question by putting "✓" mark in the boxes provided.

No	Items	Possible responses	
2.1	The institution provides me with sufficient food.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.2	No discrimination in the food service.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.3	I am served four times a day.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.4	We have a daily menu for daily food preparation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.5	In the weekly menu there is green vegetable food.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.6	In the weekly menu there is meat ,egg, peas, and beans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.7	In the weekly menu there is food that contains butter, cheese, oil and bread.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.8	The (Mother) prepares the food is always clean		

## 3. Housing service

The following eight items are presented to assess the housing services provided by the institution. You are kindly requested to read the questions carefully and give your response to each question by putting "✓" mark in the boxes provided.

No	Items	Possible responses	
3.1	The family houses, youth homes, and houses for self support children are sufficient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2	We live 10 children in the family house	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3	The rooms are ventilated.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4	The rooms have sufficient light.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.5	The family houses, youth homes, and houses for self support children are always clean.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.6	The living room, the kitchen, and bedrooms are well furnished.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.7	The house we live is free from pests	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.8	We have enough toilet and bathe room in the house and are always clean	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### 4 Clothing service

The following seven items are presented to assess the clothing services provided by the institution. You are kindly requested to read the questions carefully and give your response to each question by putting "✓" mark in the boxes provided.

No	Items	Possible responses
4.1	I have sufficient clothe to wear both (casual clothes and school uniforms)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	My (mother) buys clothes according to my choice.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	I do have more than one pairs of shoes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4	I have sport wears.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4..5	I get school uniform and casual cloths before it gets worn out	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.6	My clothes get laundry service every week	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.7	I have change able pairs of bed sheet and blankets	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### 5. Health Service

The following five items are presented to assess the health services provided by the institution. You are kindly requested to read the questions carefully and give your response to each question by putting "✓" mark in the boxes provided.

No	Items	Possible responses
5.1	The institution offers sufficient medical service.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2	The institution provides as with health education	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.3	I get general medical check up once a year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.4	I get all prescribed medicines with out considering expense	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.5	I get medical service in SOS Clinic, governmental and privet hospital, and abroad when it is necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 6 Educational Service

The following five items are presented to assess the educational services provided by the institution. You are kindly requested to read the questions carefully and give your response to each question by putting "✓" mark in the boxes provided.

No	Items	Possible responses
6.1	I am supplied with the necessary educational materials.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.2	The school I used to go is SOS Herman Gmeinner private school	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.3	I do have proper study place.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.4	The village has library for study and get additional reference books.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.5	I get additional tutorial support out of school time.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 7. Counseling

### 7.1 Counseling Service

The following items are presented to assess the counseling service provided by the institution. You are kindly requested to read the questions carefully and give your response to each question by putting a circle in the given choices.

1. I am offered counseling service by the village counselor.

Yes  No

2. There is a separate room at the village to ensure counseling sessions to be private.

Yes  No

3. The arrangement of the counseling room makes me feel at ease.

Yes  No

4. I rate attempts counselors made to secure confidentiality?

Yes  No

5. Is there a waiting room?

Yes  No

7.2 Which of the following counseling skill were Done by the  
Counselor

No.	Topics Discussed	Option	
		Yes	No
	<b>Interpersonal</b>		
1	Greeting a client warmly		
2	Welcome me		
3	Invite him/her to seat		
4	Introducing self		
5	Asking clients to introduce him/her self		
6	Establishing report which make clients engaged in conversation		
7	Listening activity		
	<b>Information gathering</b>		
8	Seeking clarification on the information given		
9	Probing appropriately		
10	Summarizing main issues discussed		
11	Ask for feed back		
12	Giving information in a clear and simple terms		
13	Reinforcing important information		
14	Giving time for the client to absorb information and to respond		
15	Checking for understanding/misunderstanding		
	<b>Handling Special Circumstances</b>		
16	Accommodating language difficulty		
17	Discussing on sensitive plainly and appropriate to the culture		
18	Using silent to deal with difficult emotions		
19	Managing clients reaction		
20	He refers		

**7.3 which of the following problems you encounter more**

- a) Psychological problem
- b) Social problem
- d) Personal problem
- e) Economical problem

**APPENDIX II**  
**Addis Ababa University**  
**Collage of Education**  
**Department of Psychology**

**Questionnaire for counselor**

Dear Sir /Madam:

This study is mainly aimed at investigate whether there is significant practice of counselor counseling skill while undertaking counseling processes. Unquestionably, the study has paramount implications in behavioral modification, career, problems of socialization. As a result, worth mentioning that your honest response becomes the stepping stone for quality out put.

**Instruction:**

- Do not write your name.
- Put a tick (✓) mark or encircle the latter that represents your choice for items which have options.
- Write your answers in the space provided for those items which do not have options.

3. 1 personal data.

1. Age \_\_\_\_\_
2. Sex \_\_\_\_\_
3. What was your profession before you become Counselor? \_\_\_\_\_
4. Total years of work experience? \_\_\_\_\_
5. Years of service as a counselor? \_\_\_\_\_
6. Do you become a counselor by profession  
A. yes      B. No
7. Have you got additional training in relation child counseling?  
A. Yes      B. No
8. Have you got any counseling training apart from your study  
at AAU study.  
A. Yes      B. No
9. If yes, please list them down here including the name(s) of the  
organization
10. Do you feel that there is any area that you need more  
training on counseling?  
A. Yes      B. No
11. Which of the training manual was employed when you were  
Trained  
A. manual prepared by CRDA  
B. manual prepared by MOH  
C. manual prepared by WHO  
D. If any other mention \_\_\_\_\_.

3.2 Facilities of the SOS Children's Village Counseling Room.

1. Is there a separate room to ensure counseling sessions to be private?  
A. Yes                      B. No
2. Do you think that the arrangement of the counseling room make clients feel at ease?  
A. Yes                      B. No
3. Is there any table (desk) between you and client in the counseling room?  
A. yes                      B. No
4. Do attempt made to secure confidentiality?  
A. yes                      B. No

3.3 Lists of expected counseling skills are given here under.

Which of them are employed by you in counseling sessions

No.	Topics Discussed	Option	
		Yes	No
	<b>Interpersonal</b>		
1	Greeting a client warmly		
2	Invite him/her to seat		
3	Introducing self		
4	Asking clients to introduce him/her self		
5	Establishing rapport which make clients engaged in conversation		
6	Listening activity		
	<b>Information gathering</b>		
7	Seeking clarification on the information given		
8	Probing appropriately		
9	Summarizing main issues discussed		
10	Giving information in a clear and simple terms		
11	Reinforcing important information		
12	Giving time for the client to absorb information and to respond		
13	Checking for understanding/misunderstanding		
	<b>Handling Special Circumstances</b>		
14	Accommodating language difficulty		
15	Discussing on sensitive plainly and appropriate to the culture		
16	Using silent to deal with difficult emotions		
17	Managing clients reaction		

**APPENDIX III**  
**Addis Ababa University**  
**Collage of Education**  
**Department of Psychology**  
**Topic Guide for interview**

I am happy that you could make time to me for this interview, I came from AAU and I am carrying out a study entitled assessment of Institutional Care Services for Orphan Children, the case of SOS Children's Village Mekelle. The study is aimed to identify the strength and weakness of the institution and give constructive recommendations and suggestions. You have vital information and experience to share with me on this subject. You are free to decide on whether or not to participate in the interview. I would like to encourage you feel free to say any thing concerning the topics.

I appreciate your cooperation

3. 1 personal data.

1 Age \_\_\_\_\_

2 Sex \_\_\_\_\_

3. Marital status \_\_\_\_\_

3 What was your profession before you become village director?

4. Total years of work experience . \_\_\_\_\_

5. Years of service as a village director \_\_\_\_\_

7. Have you got additional training in relation child raring

A. Yes      B. No

3.2 Semi Structured interview guide for the Village Director

3.2.1 What is the date and reason for the establishment of the village?

---

---

---

3.2.2 What is the maximum capacity of the village?

---

---

3.2.3 What are the main objectives of the village?

---

---

3.2.4. What are the major services provided by the village?

---

---

---

3.2.5 Is there any written agreement between SOS children's Village mekelle and Bureau of social Affairs, Bureau of Health. and Bureau of Education and Disaster prevention, preparedness and food Security and to what extent is the relationship between you and governmental policy makers?

---

---

---

3.2.6. How do you explain the situation of housing, food, clothing, health, education, and counseling services provided for the orphan children in the institution?

---

---

---

3.2.7 Do you believe that the children are satisfied with your service

---

---

---

3.2.8 Is guidance and counseling service rendered in the institution? Who provides the counseling service?

---

---

---

3.2.9 What are the major obstacles the organization encounter while care and service provide?

**APPENDIX IV**  
**Addis Ababa University**  
**Collage of Education**  
**Department of Psychology**  
**Topic Guide for FGD (focus group discussion)**

I welcome you all to this FGD session. I am happy that you could make time to me. I came from Addis Ababa University Department of psychology. I came here to asses the services provided by SOS Children's Village Mekelle to the orphan children. Based on your knowledge and experiences I have no doubts that I will get important ideas for the study. The result could be useful to the community of Mekelle SOS Children's Village at large. You have been purposely selected to participate in this exercise because I believe that you are the concerned partners of the institution that could give vital information and experience on this subject. Individuals are free to decide on whether or not to participate in the discussion. I assure you that the responses on the issues raised during this discussion are always kept private and secret and does not mean to affect anyone's life. Therefore, I encourage the group members to feel free to say anything concerning the topics of discussion.

**Thank you very much**

No	Major Question	Probing Questions
1	How do you evaluate the institutional care and support services?	<ul style="list-style-type: none"> <li>☞ How is the food service</li> <li>☞ Is the purchase of clothing done based on the interests of the children?</li> <li>☞ Are there conditions or times that the children express their satisfaction about the services they get from the institution?</li> </ul>
2	From your perspective what do you think about educational performance of the children?	<ul style="list-style-type: none"> <li>☞ The chronological age of children goes with their school age.</li> <li>☞ Do students who have learning difficulties get the support they need from employees of the institution?</li> <li>☞ How far do the students use the support they are given by the staff of the institution?</li> <li>☞ Do children have a personally set study schedule?</li> <li>☞ Do they properly use the study time table they set?</li> <li>☞ Are there some children who have difficulty to get transfer from one grade level to another?</li> <li>☞ Are there ranking children at schools?</li> <li>☞ Is the number of children joining universities scoring best results in the high school national examinations as expected?</li> <li>☞ How is the population of children that graduate from higher educational institutions?</li> </ul>
3	How do you evaluate the success of the children at job places after they complete their higher education or training?	<ul style="list-style-type: none"> <li>☞ Do they secure jobs quickly?</li> <li>☞ Do the children show good efforts to secure jobs?</li> <li>☞ How is the socialization skill of the young children with their colleagues at work places?</li> </ul>
4	What does the healthy situation of the children look like?	<ul style="list-style-type: none"> <li>☞ Is there a good health service provision?</li> <li>☞ Do children get timely general medical checkup?</li> <li>☞ What is the frequency of the general medical checkup for the children?</li> <li>☞ After the child is diagnosed, is there a continuous follow up till the children get cured?</li> <li>☞ For medical problems that may not get solution in the country what is the measure taken by the institution?</li> </ul>
5	Do the children socialize easily with the communities in which they live?	<ul style="list-style-type: none"> <li>☞ Do the children live in harmony with a sense of brotherhood and sisterhood?</li> <li>☞ Do the children live in sincere family hood relations with the staff members of the village?</li> <li>☞ Do the children have friendly relations and live with respect to school friends and their teachers?</li> <li>☞ Are the children happy for being brought up in the institution?</li> <li>☞ If you think the children are not happy for being in SOS Children's Village, may this be taken as one of the causes which affect their socialization negatively?</li> </ul>
6	What are the major obstacles the organization encounters while offering care and support for the children in need?	<ul style="list-style-type: none"> <li>☞ Is there any financial shortage in implementing the programs?</li> <li>☞ Is the capacity of the staff fit the demands of the tasks in the Village?</li> <li>☞ How do you see the effects of staff turn over?</li> <li>☞ What about unemployment of the graduates?</li> </ul>

## Declaration

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

Name Kiros Lakew

Signature 

Date of Submission June 13 / 2008

Place: Department of Education Psychology

A.A.U

Addis Ababa

This Thesis has been submitted for examination with my approval as a University advisor.

Name Sentayehu Tadesse, PhD

Signature 

Date of submission June, 13/2008