

# Addis Ababa University

SCHOOL OF GRADUATE STUDIES

*EDUCATIONAL REHABILITATION FOR VULNERABLE  
ADOLESCENT MIGRANT GIRLS: THE CASE OF FOUR GIRLS  
IN ADDIS ABABA AND BAHIRDAR CITIES*

BY:

KEBEDE TEKLE



JUNE, 2011  
ADDIS ABABA

EDUCATIONAL REHABILITATION FOR VULNERABLE  
ADOLESCENT MIGRANT GIRLS: THE CASE OF FOUR  
GIRLS IN ADDIS ABABA AND BAHIRDAR CITIES

BY:

KEBEDE TEKLE

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE  
STUDIES OF ADDIS ABABA UNIVERISITY IN PARTIAL  
FULFULLMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF MASTER OF ARTS IN SPECIAL NEEDS  
EDUCATION



JUNE, 2011

ADDIS ABABA

**ADDIS ABABA UNIVERSITY**


**SCHOOL OF GRADUATE STUDIES**


**EDUCATIONAL REHABILITATION FOR VULNERABLE  
ADOLESCENT MIGRANT GIRLS: THE CASE OF FOUR  
GIRLS IN ADDIS ABABA AND BAHIRDAR CITIES**

*Kebede Tekle*

*Department of Special Needs Education*

*Approval of the Board of Examiners*

  
Chairman, Department  
Graduate Committee


  
Signature

23 June 2011  
Date

  
Advisor

  
Signature

23 June 2011  
Date

  
Examiner

  
Signature

21 June 2011  
Date

## **Acknowledgements**

My utmost acknowledgement and thanks is for the Almighty God that supported me to achieve this opportunity and directing me in all the processes of my activities.

My deepest gratitude is due to my advisor Dr.Alemayehu Teklemariam for his constructive and insightful comments and attentive follow-up of the progress of the study. Thus, his valuable support helped me to accomplish the study successfully.

My greatest appreciation is also extended to directors and respondents of the implementer organizations, project coordinators, who opened their door for the research, for their valuable participation in providing information and facilitation to reach the participants of study.

I am profoundly grateful to the Population Council, Ethiopia, directors and staff members for their facilitation, material support, handing-over literature evidences, and related documents of the Biruh Tcsfa program.

I am very thankful to the mentors, employers and the vulnerable migrant girls for their genuine cooperation in providing me their opinion, experiences and responses that are relevant to the purpose of the study.

I am most grateful to my families, brothers and friends for their encouragement and unreserved support.

I thank you all, who are not mentioned here but remain adamant for my worthwhile empowerment in every endeavour of this study.

# Table of Contents

<b>Title</b>	<b>Page</b>
Acknowledgements-----	i
Table of Contents-----	ii
List of Tables-----	v
Acronyms-----	vi
Abstract-----	vii

## Chapter One

<b>1. Introduction-----</b>	<b>1</b>
1.1. General Background-----	1
1.2. Statement of the problem-----	4
1.3. Operational Definitions -----	5

## Chapter Two

<b>2. Review of Related Literature-----</b>	<b>7</b>
2.1. An Over view of Migration-----	7
2.1.1. Definition of Migration-----	7
2.1.2. Prevalence of Migration-----	7
2.1.3. Causes of Girls Migration-----	9
2.1.4. Challenges of the Migrant Girls-----	12
2.2. Rehabilitation Themes of the migrant Girls-----	13
2.2.1. Women Education -----	14
2.2.2. Non-Formal Education Rehabilitation -----	16
2.2.3. Life Skills Rehabilitation -----	22
2.2.4. Assertive Training -----	26
2.2.5. Medical Rehabilitation-----	27
2.2.6. Social Rehabilitation-----	28
2.2.7. Mentoring-----	29
2.3. Girls and Women with Disabilities-----	30

## Chapter Three

<b>3. Research Methodology</b> -----	<b>32</b>
3.1. Research Design-----	32
3.2. Description of the Rehabilitation Program and Study Areas-----	33
3.3. Selection of the Participants for this Study-----	36
3.3.1. Intervening Variables -----	38
3.4. Methods of Data Collection-----	38
3.5. Instruments for Data Collection-----	39
3.5.1. Semi- Structured Interview Guide -----	39
3.5.2. Focus Group Discussion Guide -----	40
3.5.3. Observation Check List -----	40
3.5.4. Consultation of Written Documents -----	41
3.5.5. Reviewing Literature-----	41
3.6. Procedure-----	42
3.7. Methods of Data Analysis-----	42
3.8. Ethical Issues-----	43

## Chapter Four

<b>4. Results</b> -----	<b>44</b>
4.1. The Results from the Interview of the Vulnerable Adolescent Migrant Girls-----	45
4.1.1. The Case of Chaltu -----	45
4.1.2. The Case of Zeritu -----	49
4.1.3. The Case of Alemitu-----	53
4.1.4. The Case of Tejitu -----	57
4.2. Cross-Case Analysis of the Main Factors Assessed on the Selected Girls-----	61
4.3. Results from the Interview of Representatives of Implementer Organizations, Project Coordinators, and FGD with Mentor and Employers-----	65
4.3.1. Description of the Participants-----	65
4.3.2. Background Information-----	66
4.3.3. Causes of the Girls Migration-----	68
4.3.4. Challenges of the Girls After Migration-----	69

4.3.5. Non-Formal Education-----	69
4.3.6. Life Skills Training-----	74
4.3.7. Medical Services-----	76
4.3.8. Social Participation-----	77
4.4. Summary-----	78

## **Chapter Five**

<b>5. Discussions, Conclusions and Recommendations -----</b>	<b>80</b>
5.1. Discussions of the Results-----	80
5.1.1. Causes of the Girls Migration -----	80
5.1.2. The Pre-Rehabilitation Service Situations of the Girls-----	84
5.1.3. The Types of Rehabilitation Services-----	86
5.1.3.1.Non-Formal Education-----	86
5.1.3.2.Life Skills Empowerment-----	88
5.1.3.3.Medical Services-----	90
5.1.3.4.Social Participation-----	91
5.1.4. Challenges Intervened in the Rehabilitation Process-----	93
5.1.5. Changes Exhibited on the Vulnerable Adolescent migrant Girls-----	94
5.1.5.1.Changes Exhibited on the Educational, Life Skills and Social Aspects of the Four Cases-----	94
5.2. Conclusions-----	97
5.3. Recommendations-----	98
<b>References-----</b>	<b>101</b>

### **Appendixes**

Appendix A- Semi-Structured Interview Guide for Selected Vulnerable Adolescent Migrant Girls
Appendix B- Semi-Structured Interview Guide for Project coordinators
Appendix C- Semi-Structured Interview Guide for Implementer Organizations
Appendix D- Guiding Questions for Focus Group Discussion of Mentors and Employers of the Vulnerable Adolescent Migrant Girls
Appendix E- Interview Cross-check Observation Guide
Appendix F- Document Analysis and Literature Review Guide

## List of Tables

<b>Table no.</b>	<b>Title</b>	<b>Page</b>
1.	Demographic Description of the Biruh Tesfa Beneficiaries .....	35
2.	Cross-case comparison the causes for the selected girls migration.....	61
3.	Comparison of Changes Exhibited on the Educational Aspects of the Four Cases...	62
4.	One Semester Exam Results of the Selected Girls in Terms of Percentage.....	62
5.	Comparison of Changes Exhibited on the Life Skills Aspects of the Four Cases.....	63
6.	Changes Exhibited on the Social Aspects of the Four Cases.....	64
7.	Application Information.....	65

# Acronyms

1. **A.A.** - Addis Ababa
2. **ABE** - Alternative Basic Education
3. **ABECs** - Alternative Basic Education Centres
4. **BOYS** - Bureau of Youth and Sports
5. **CRS** - Congressional Report Service
6. **DRC** - Danish Refugee Council
7. **DSA** - Demographic Surveillance Area
8. **ESDP** - Education Sector Development Program
9. **EWDNA** - Ethiopian Women with Disabilities National Association
10. **FGD** - Focus Group Discussion
11. **GO s** - Governmental Organizations
12. **IDP** - Internationally Displaced Person
13. **ILO** - International Labour Organization
14. **INDEPTH Network-** An International Network for the Continuous  
Demographic Evaluation of Populations and Their  
Health in Developing Countries
15. **MOE** - Ministry of Education
16. **NFBE** - Non Formal Basic Education
17. **NFE** - Non Formal Education
18. **NGOs** - Non Governmental Organizations
19. **PAC** - Project Advisory Committee
20. **UNFPA** - United Nations Population Fund
21. **UNICEF** - United Nations Children's Fund
22. **UPE** - Universal Primary Education
23. **WCYAB** - Women, Children and Youth Affairs Bureau
24. **WHO** - World Health Organization

## Abstract

*This study attempted to explore the contribution of non-formal education, life skills, medical and social rehabilitation to vulnerable adolescent migrant girls at Biruh Tesfa (Bright Future) program in Addis Ababa and Bahirdar cities.*

*In collecting data for the study, four selected vulnerable migrant girls, eight mentors and four employers of the selected girls, two project coordinators, three delegates of the implementer organizations were reached in both sites of the program and observation of the researcher was applied in order to screen the obtained evidences. The purposefully selected vulnerable adolescent migrant girls are with different backgrounds and their age range is 17 to 19 years.*

*The methods of data collection were semi-structured interview, focus group discussion, observation and consultation of literature and documents. The data obtained through these four instruments were organized and analyzed using qualitative approach, based on case by case and cross-case analysis.*

*This study denoted that different pushing and pulling factors enforced the selected cases to migrate to the cities. Early marriage is a common factor for all the cases. Where as, deprivation of education for three of the cases, glamour of city life for two of the cases, partial parental loss and medical problem due to early marriage for each of the two cases, are additional factors to exacerbate their migration to the cities. Moreover, after migration life in the cities was difficult for them where they engaged in low wage jobs, being un employed, exposed to gender based violence, lack of medical services and social attachment. It also investigated that the rehabilitation program has been able to brought substantial changes in the livelihood of the vulnerable adolescent migrant girls served in the Biruh Tesfa program.*

*In this regard, the contribution of the rehabilitation services to the vulnerable migrant girls, the study revealed that, the non-formal education had benefited them to acquire basic knowledge of education and recover from their illiterate status. Thus, they read, write and perform basic numerical functions, improve language skill, except the cases of Bahirdar in English language, where all passed their administered examinations and promoted to the next grade level. The education increased their ambition to inspire for further opportunities of formal education or vocational training.*

*The life skills training enhanced their health protection, assertiveness, self-confidence, negotiation and communication skills, the notion and appeal of gender based violence. The dove-tailed medical services and social rehabilitation supported the girls to revive from their problems and ameliorate their social participation with their peers, mentors and working homes.*

*On the other hand, the perception of employers on the rehabilitation of these girls was changed and cooperate to send them to the program. The implementer organizations and the program staff members too are enthusiastic to facilitate the program due to the changes in performances of the girls and viability of the program.*

*The challenges intervened in the rehabilitation process are identified, which could be supportive for the concerned bodies to solve or ameliorate the issues for the soundness of the program. In addition, meticulous discussions are made in the major thematic areas, pertinent to the research questions. Based on the facts discovered and lessons learned conclusions are also forwarded. Finally, appropriate and doable recommendations are indicated for possible interventions and further investigations.*

# Chapter One

## 1. Introduction

### 1.1. General Background

In developing countries most youngsters are internally migrating to the cities from rural areas aspiring for different opportunities. Among the migrants are significant numbers of adolescent girls who evacuate due to different factors from their vicinities to the cities in search of job opportunity, education or better living conditions. However, life in the cities is not as they expected and they became vulnerable to different risky conditions for survival. A handful of research works in the field witnessed about this phenomenon.

Mega Cities such as Addis Ababa are increasingly home to large segments of developing countries population including a significant proportion of adolescents. Africa's largest cities attract migrant from rural areas, especially those in search of educational and livelihood opportunities or those escaping negative experiences or poor standards in their home areas. Those who are economically active, especially adolescents and young women and men, increasingly dominate urban areas in Africa (Zulu, et al, cited in Erulkar, et al, 2004).

Low income and slum areas in urban sub-Saharan Africa attract large numbers of rural urban migrants in search of work and educational opportunities. Many of these migrants are adolescents from the poor rural areas, who risk the dangers and hazards of life in slums, in the hopes of carving out a better life for themselves. The research results in low income and slum areas of Addis Ababa indicated that female adolescent migrants outnumbered male migrants, with these settings home to large concentrations of vulnerable girls. Not only did girls migrate in search of education and jobs, but also escape forced early marriages in their rural homes. These girls arrive knowing little about life in dense urban centres, often with little or no education and no family members or friends to turn to. Many new arrivals are initially absorbed into domestic work, and others drift into commercial sex work (Population Council, 2006).

Low income and slum areas are home to some of the most vulnerable Ethiopian girls. Many of these girls who are at risk of coerced sex and exploitative labour, are often poor migrants who have left their rural home to relocate to the country's urban centres, including Addis Ababa and Bahirdar cities. They often find employment as domestic workers, which typically involves extremely long hours, low pay and at times, physical and sexual abuses (Erulkar et al, 2008).

Based on the above facts, one can deduce that the vulnerable girls lack opportunities for education, training, job access, medical and legal services and remain with special needs. Their rehabilitation encompasses education, medical services, counselling, life skills training, awareness raising and realization that they have roles to play for themselves and to the community. If they are addressed with appropriate intervention and rehabilitation in their residing areas or community of origin they could be self supportive and productive citizens.

Few researches have been conducted concerning adolescent lives in the slum areas of African cities. Apparently most researches of youth are manifested with reproductive health, HIV/AIDS and gender issues. However, broad exploration is not navigated about their life conditions in slum areas in general and their violations, rehabilitation services or reintegration strategies in particular. On the other hand, in Ethiopia, even if few researches investigated different root causes for the girls migration the reason is diversified in different socio-cultural backgrounds and also needs further exploration based on available evidences. Similarly, there are limited rehabilitation services particularly targeted on these migrant girls. Due to these facts, the researcher is attracted to carryout further investigation on the causes and the intervention approaches on these migrants.

Addis Ababa and Bahirdar cities are among the host cities of these migrant girls, where most of them have been engaged in low-income duties or remain without any occupation, education or health services. In such difficult circumstances they are also exposed to different gender based violence and other abuses. Taking these facts into consideration, the former Ministry of Youth and Sports with its regional bureaus and the Population Council initialled the Biruh Tesfa ( "Bright Future") program for out of school slum-dwelling vulnerable girls, aged 10 to 19 with minor lower and upper age exceptions, including rural-urban migrants, domestic workers, and orphans. They designed a rehabilitation program

focusing on non-formal education, life skills, HIV prevention, medical services and awareness raising in Addis Ababa and Bahirdar cities, in 2006.

The target of this study , the Biruh Tesfa project implementers are Addis Ababa and Amhara regions Women, Children and Youth Affairs bureaus, which are governmental organizations and the population council (NGO),in collaboration with woreda and Kebele administrations and other stakeholders. The bureaus are established to meet the goals of women, children and youth empowerment and participation, in general, and addressing their issues in job opportunity, training, project formulation and implementation, conducting research works, monitoring and evaluation duties, in particular. Both the regional bureaus have sub offices in their administrative levels. The Population Council is an international, non-profit, nongovernmental organization that seeks to improve the well-being and reproductive health of vulnerable populations around the world through research, technical assistance and capacity building.

Thus, this study is geared towards the contribution of the rehabilitation services in general and types of the services, implementation schemes, changes exhibited on the beneficiaries and challenges intervened, in particular. In addition, the study tried to investigate the pushing and pulling factors for the vulnerable girls' migration including the difficult circumstances they confronted after reaching the cities.

Hence, the purpose of this research is to explore the rehabilitation of these vulnerable migrant girls in the area of non-formal education, life skills training as major factors and other capacity building approaches, like medical and social rehabilitation and mentoring services too. The rehabilitation programs previously started in Addis Ababa and Bahirdar cities, where most of the beneficiaries are residing after migration and engaged the researcher to be the spot of this study.

The study is presented in five chapters comprising introduction, review of related literature, research methodology, results and also discussions, conclusions and recommendations.

## 1.2. Statement of the problem

In Ethiopia, a number of female internal migrants from rural area to urban are confronted with different economic, health, social and livelihood problems. Even if, few programs address the specific circumstances and challenges of these vulnerable girls, the large proportion of these girls still need attention, in areas of education, health services, social skills and other livelihood supports. They lack information, advisors or mentors, utilizing the legal services and other social interactions. Like wise, there is little experience in approaching these groups, which couldn't address their vulnerability in all rounded manner. In this regard, to address the problem in-depth, searching for the root causes and designing intervention strategies is essential by the government, NGOS, the community and other stakeholders.

Hence, the existing implementation of the migrant girls rehabilitation programs have to be evaluated and valuable suggestions should be forwarded to run appropriate interventions on time, and also identify the major root causes associated with migration in order to reduce its growing number and prevention. It is with this intention that the researcher is enthusiastic to assess the contribution of the non-formal education, life skills training extended with medical and social rehabilitation rendered in the two projects and investigates the basic factors for the girls' migration. Hence, in order to guide the research process towards the intended objective, the researcher has formulated the following basic questions.

1. What are the root causes (pulling and pushing) factors for the vulnerable adolescent girls' migration to the cities?
2. How was the condition of the vulnerable adolescent migrant girls prior to the provision of rehabilitation services?
3. What are the rehabilitation services provided for the vulnerable adolescent migrant girls?
4. How is the rehabilitation services rendered?
5. What are the challenges faced in the rehabilitation process?
6. What are the changes exhibited due to the rehabilitation services?

On the other hand, this study is believed to have the following significance,

- Motivates concerned bodies to give due attention to the rehabilitation program and even to replicate to other cities, woredas or Kebeles.
- Serves as an evidence for the implementers to extend the project life
- Denotes the existing problems and possible solutions which remind the executors to take action.
- Gives insight to governmental and non- governmental organizations on the importance of designing possible intervention programs for migrants
- Can be an input for other researchers who are in need of conducting further study in the area.

### 1.3. Operational definitions

This study conceptualizes the following frequently used terms or phrases in accordance with the definitions given below.

1. **Adolescence:** Denotes the girls' period of life of between the age ranges of 10 to 19 years.
2. **Domestic Workers:** Denotes the migrant girls who are rendering services in dwelling houses with minimum wage or sometimes free of charge.
3. **Mentor:** Refers to senior, experienced, trusted women advisors and teachers assigned to the learners.
4. **Rehabilitation:** Refers to the empowerment of the migrant vulnerable girls with non-formal education, life skills training, medical services, social participation, and other related issues.
5. **Non-formal Education:** Refers to the basic selected education delivered to the migrant girls in a specially designed and programmed situation outside the framework of the formal system.

**6. Life Skills Training:** Refers to the training of personal and environmental health protection, personal hygiene, HIV/AIDS, assertiveness, communication and negotiation skills, self awareness and other related services rendered to the beneficiaries of the Biruh Tesfa project clients.

**7. Alternative Basic Education:** Denotes a specific model of non-formal school equivalency program adopted by Ethiopia for children, in which learners cover the equivalent of the first four grades of primary schools in just three years, and are able to transition into the formal system.

**8. Educational Rehabilitation:** Represents non-formal education, life skills training and social rehabilitation rendered to the vulnerable migrant girls.

# Chapter Two

## 2. Review of Related Literature

### 2.1 An overview of Migration

#### 2.1.1 Definition of Migration

Migration is the movement of people across a specified boundary for the purpose of establishing a new or some permanent residence that could be external or internal. External migration is where residence changes between a residential unit in the Demographic Surveillance Area (DSA) and one outside it, and internal migration is where residence changes from one residential unit to another in the same DSA, which is an area with clearly and fairly permanent delineated boundaries, preferably recognizable on the ground. Movement from one household to another household within the same compound, home or home stead is internal movement. It is not classified as internal migration and it is treated separately from internal migration (In Depth Network, 2008).

Thus, migration could be exhibited within a country or among different countries. In this regard, it is essential to have a glimpse on the magnitude or prevalence of migration at global and national status, with females' composition too.

#### 2.1.2. Prevalence of migration

Today, according to available statistics, more than 2.5 percent of the world's population is migrant. This effectively means that one in every 50 human beings, or more than 150 million people are migrants. If one reconstitutes the category "Migrant" into its various segments, then of these 150 million, 80-97 million are estimated to be migrant workers and members of their families and approximately another 12 million are refugees living outside their countries. These figures cannot include the estimated 20 million, internally displaced persons who are forced to move, nor the tens of millions of internal migrants who move from villages to cities and from cities to cities within their own countries, (Sanghera, 2005).

Sanghera further acknowledge that, it is note worthy that half of all the migrants today are women and girls, many of who are migrating independently rather than as part of the family. The feminization of migration is observed to be of relatively recent origin, increasing fairly rapidly over the past two decades.

According to UNICEF (2010), women and girls represented at most fifty percent of the international migrant population, accounting for the phenomenon known as the feminization of migration.

Females are those who denominate internal migrants in Ethiopia, with 57 percent of those migrating from central to urban areas being girls or women who experience marital disruption (divorce, widowhood or separation) constitute a significant proportion of migrants. In northern region of Amhara and Tigray, formerly married women account for between 15 to 20 percent of all internal migrants (Golini et, al, 2001).

In terms of migrant composition, age specific sex ratios from the 1994 Ethiopian census shows that; females dominate males at young ages of 0-14 and 15-29. The female dominance at young ages, particularly at age group 15-29 is linked to marriage-related migration including divorce. The prevalence of the divorced among migrant females is linked to the fact that a divorced woman is socially unaccepted and often under pressure to leave her place of usual residence and migrate to nearby urban centers (Cassacchia,et.al cited in Mberu, 2006).

The 2007 Ethiopian census also evidenced that; the migrant female percentages outnumbered males in ages, 10-14, 15-19, and 20-24. Thus, in these respective ages the females hold 11.6, 21.0 and 24.9 percent whereas, the males constitute 10.3, 18.0 and 23 (Population Census Commission, 2010).

This prevalence denotes that a significant number among the population are migrating and it is a current issue which needs attention. The statistical evidence of migration in Ethiopia also pointed out that, especially at younger ages females are more dominant than males. In this respect, it is a phenomenon which needs further exploration or navigation.

### 2.1.3 Causes for girls migration

Among the different reasons for the migration of adolescent girls, which deserves to be mentioned is early marriage in different countries of today's world. This issue is still exercised in Ethiopia too. Mishra (2005), mentioned the experiences of some countries. In Nepal, 40 percent of the girls are married by the age of 15. Too often marriage is seen as a higher priority than education. He further noted that, in Mali, for example, parents unwavering expectations of marriage for the girls is combined with cultural traditions that the woman enters into her husband's family upon marriage and in many ways, lost to her parental family.

UNICEF (2010) contended that, women may migrate to escape constraining gender, norms, sexual violence and abuse, social stigma and pressure to marry. However, migration laws and policies often maintain or exacerbate gender inequality in host countries, which has a particular effect on migrant women and girls.

According to Clark, Bruce and Dude cited in Erulkar and Muthengi (2009), Ethiopia has one of the highest rates of early marriage in sub-Saharan Africa. Nineteen percent of Ethiopian girls are married before their 15<sup>th</sup> birth day. A statement of population council on early marriage, cited also in Erulkar and Muthengi(2009), described that, the Amhara region in northern Ethiopia is the second largest region in the country and has an estimated population of 19 million. In this region 50 percent of girls are married by the age 15 and 80 percent are married by age 18.

Deprivation of education for girls is also another causal factor to be in focus for migration. Mishra (2005), noted that significant number of children, with the highest number of girls are not in a position to attend their education due to different reasons. Thus, he explained that, the extent and depth of child poverty in the developing world found there to be some 135 million children between 7 and 18 years old without any education at all, with girls 60 percent more likely than boys to be so educationally deprived. Particularly all children who are deprived of education also suffer other deprivations. Thus, the stark disparity between genders relative to education translates into the probability that girls are more likely than boys to endure other manifestations of poverty, such as being deprived of food, safe drinking water, sanitation facilities, health, shelter or information.

Thus, one can judge from this fact that such deprivations to girls anticipate them to move to other destinations for available benefits or self support.

On the other hand, girls are deprived of education due to early marriage. This idea is also maintained by Mishra (2005). The mean age of marriage in Ethiopia is 15-16. However in some parts of rural Ethiopia, girls as young five or seven years of age are “betrothed” and sent to live with their “in-laws”. These girls either do not go to school at all, or have to drop their education in order to work in the home of their husband’s and his family.

Erulkar et al (2006), mentioned about the aspiration of educational opportunities as a reason in Ethiopia. Among both male and female adolescents, educational opportunities were the most commonly cited for moving to Addis Ababa, followed by pursuit of work opportunities. Young people described moving to attend school in Addis Ababa, especially when educational facilities were not available in their rural areas, were too far from their homes, or when parents could not educate them.

The unaffordable cost to parents also prohibits school age children to attend their education or to be a drop out, which leads them to migration to find what they lost. Taking this fact into account, the Ministry of Education of Ethiopia mentioned in ESDP-IV (2010), in the course of its implementation it is necessary to improve the situation; the high direct cost of education to parents is a reason why poor children do not enter school or drop out early.

The other reason for the girls migration is lack of basic education resulted from gender inequality. According to the ILO report (2009), the reason for the increase in poverty resulting from the global crisis, poor families with a number of children may have to choose which children stay in school. In cultures where a higher value is placed on education of male children, girls risk being taken out of school, and are then likely to enter the workforce at an early age. Girls and women are particularly vulnerable to rights violations through the entire migration process. Gender discrimination and the resultant weaker position of many women within their societies is often a root cause of their greater vulnerability.

Thus, from the report it is possible to conclude that as a result of gender discrimination girls at early ages forced to find job opportunity, which is a pushing factor for migration.

Mishra (2005), acknowledged this issue by raising a set of points which contributed to causes and consequences of gender inequality in basic education. These are, endemic poverty, schooling Costs, the burden of household labour, shortage of School facilities, especially in rural areas, negative and even dangerous school environments, cultural and social practices that discriminate against girls, including early marriage and restrictions on female mobility and also limited employment opportunities for women.

Consequently they lack early intervention which is viable for their personal, social and economic development. As Tirusew (2005) stressed the necessity of early intervention, it is a term that encompasses a wide range of experimental, educational and therapeutic treatments, training procedures and supportive experiences. The importance of early intervention, its remarkable contribution for modifying human behaviour or controlling the escalation of any problem, if it is carried out during the early period of child development.

As maintained by the National Domestic Workers Movement for Indian Domestic workers, (2010), the reasons for migration from rural areas to big cities typically occurs due to debt bondage, poverty, sudden death in the family, rural and male unemployment. The glamour of city life acts as a further “pull” factor enduring young girls and women to migrate. Working in cities is seen as a solution to poverty and villagers are unaware of the difficult working conditions and poor remuneration of domestic workers.

This expression shows that, the glamour of city life has its own contribution to attract girls to the cities in search of a better life.

#### **2.1.4. Challenges of the Migrant Girls**

Migrant girls are exposed to different challenges after reaching to their new destinations. They faced mischievous conditions by their brokers', difficult circumstances like unemployment or low wage jobs, lack of housing and lodging facilities, medical services and exposure to diseases like HIV/AIDS. They faced social isolation, physical abuse like child labour, sexual and psychological abuse. Their human right is violated in different ways and deprived of legal services. These facts are witnessed by different scholars in the field.

Mishra(2005), argued that; according to the International Labour Organization, every year an estimated 1.2 million children are trafficked into forced labour, or prostitution. A recent UNICEF survey of household in Sub-Saharan African countries indicated that 31 percent of children aged between 5 and 14 are engaged in the unconditional worst forms of child labour.

In the same light, Gurmum et al cited in Mberu (2006), identified particularly the increased volume of movement of vulnerable women and young people with little education and few job skills, with a high proportion being domestic or service workers.

According to scholars in the field mentioned the report of UNICEF (1999), a study in low income areas of Addis Ababa found that 45 percent of adolescent girls had migrated to the area. Among these migrants 87 percent were in low status jobs, especially domestic work which is characterized by poor working conditions, low pay, and is dominated by girls and women (Erulkar et.al. 2010).

The other challenge, which has to be considered and applicable to migrant girls is violations of the rights of women. Vatsch (2009), stressed this issue and put it as, violence affects the lives of millions of world wide, in all socio-economic and educational classes. It cuts across cultural and religious barriers, impeding the rights of women to participate fully in society. Violence against takes a dismaying variety of forms, from domestic abuse and rape to child marriages.

The report issued by UNICEF (2003), manifested that; the escalating risk of HIV/AIDS is especially evident among young women and girls. Half of all new infections occur among young people (15-24) years old. In developing countries who are living with HIV/AIDS, 64 percent are female. Throughout Sub-Saharan African, young women (15-24) are two times more likely to be living with HIV/AIDS than young men.

Thus, lack of knowledge among the migrant girls about HIV/AIDS could contribute to the above finding, especially in the younger generation. Bearing in mind such multi dimensional challenges of the migrant girls, one could see their at risk conditions and the necessity of deep study and intervention in this arena.

## **2.2. Rehabilitation Themes of the Vulnerable Migrant Girls**

Rehabilitation in this part incorporates the major thematic areas of the study, i.e. women education, non-formal education, life skills, assertive training, medical and social services, mentoring and women with disabilities. To this connection, before proceeding to the main rehabilitation components of the study it would be desirable to answer the question; what is rehabilitation?

Even if in most books there is no one definition of rehabilitation accepted, World Health Organization (WHO) (1996), has released its own definition. It is the combined and coordinated use of medical, social and vocational measures for the training or refraining to ensure that the individual reaches the highest possible of functional ability.

The word comes from Latin “rehabilitate” meaning to make fit again. Rehabilitation means;- To restore to useful life, as through therapy and education or to restore to good condition, operation or capacity, (Wikipedia, 2010). It is the process of helping deviant or deprived person towards restoration of a desired standard (Andargachew, cited in Zemedu, 2009).

Tirusew (2005), expressed the concept as the movement includes enhancement of the daily life and activities of plans, the creation of barrier free environment. Dada and

Hamzat, cited by Zelalem, (2007), expressed the concept of rehabilitation in such a way that; the primary goals of rehabilitation are for the clients to be able to return to a former environment and life style. Rehabilitation aims to empower the individual to achieve satisfaction of personal fulfilment, by engaging in social activity and functional interaction with other people and his/her environment. The philosophy of rehabilitation, therefore, emphasizes the over all change of disadvantaged people in the society rather than building the sense of inferiority and being recipient group.

Maki and Rigggar, cited by Zelalem, (2007), rehabilitation is based on the fundamental belief that each person has something to contribute to the whole society.

### **2.2.1. Women Education**

The affiliation of education in the development of a human being is to be a vital weapon to overcome poverty and an empowerment tool for all rounded personality development of citizens. The viability of women education is also witnessed in the experiences of different developed countries.

Learning is an eternal process of empowerment, an indispensable key to personal and social improvement, acquisition of an all time and life-long resource. Education helps to build a prosperous and environmentally sound world, to ensure a safer and healthier life and to contribute to social, economic and cultural progress. Education, and especially basic education, is an essential driving force and a necessary condition for economic and social development. It is proved that adults with higher level of educational background have higher individual earnings, more frequent employment opportunities in the urban labour market, better health and nutritional status, lower fertility rates, greater productivity and favourable attitudes towards sending their children to schools (Lockheed,et al, mentioned by Mammo et al,1998).

As mentioned in the National Adult Education Strategy, MOE (2008), Education is a key instrument to development. Every human being has the right to get basic education irrespective of his/her colour, religious background and economic status.

All over the world education is regarded as the key factor in overcoming the barriers, (Mishra 2005), that women face and the basic tool for empowering women and

brining them into the main path of development. Education not only provides basic knowledge and skills to improve health and livelihoods, but it empowers women to take their rightful place in society and the development process. Education gives women the status and confidence to influence household decisions. Women who have been to school tend to marry late and have smaller families. He also suggested that, the world declaration of Education for all, Jomtien (1990), was an important milestone in the march towards Universal Primary Education (UPE) and girls and women's access to basic education.

According to the report of ILO (2009), the importance of investing in the education of girls as an effective way of tackling poverty, noting that educated girls are more likely to earn more of adults, marry later in life, have fewer and healthier children and have greater decision making power within the household. Educated mothers are also more likely to ensure that their own children are educated, thereby helping to avoid future child labor.

Mishra (2005) still maintained, the necessity of vulnerable girls education as follows, education is not a luxury item that is only to be ensured in an emergency once other elements are in place; it should be given priority. Girls are especially vulnerable in emergency situations and they must be especially protected against physical, sexual and psychological abuse. Weaving together interventions, with those that address access, with those that address quality helps fulfil the need to find excluded and at risk-children, especially girls, get them into school and ensure that they stay, learn and achieve in a safe and productive environment.

The above facts are enriching the idea that educating girls will have tremendous life long positive impacts on their livelihood in particular, the society in general. However, due to different circumstances all children may not be on the pipe line to attend their formal education. In such aspects Alternative Basic Education (ABE) could be a vital issue to be in focus, especially for vulnerable and at risk children.

### **2.2.2. Non-Formal Education Rehabilitation**

Similarly, it is essential to have a clear description of non-formal education, its current global status, pivotal roles and attention in the Ethiopia's education strategy.

Rogers(2004),mentioned the concepts of Combs and Ahmed, defined non-formal education, as every educational activity outside of formal: It is any organized, systematic, educational activity carried out outside the framework of the formal system to provide selected types of learning to particular subgroups in the population, adults as well as children.

Non-Formal Education (NFE) is any organized, systematic, educational activity carried on outside of the frame work of the formal system to provide selected types of learning to particular sub groups in the population, adults as well as children (Combs and Ahmed, cited in MOE, 2010).

Non-Formal education refers to all organized and semi organized education and training activities that operate outside the regular structure and routines of the formal education system, serving a great variety of learning needs of different sub groups of the population (Bishop, cited in Mammo, 1996).

On the other hand, (ESDP-II-2002), gave the following practical definition for Ethiopia. Non-formal education is delivered as an alternative to the formal education in order to provide basic primary education for all. The basic primary education program has a three year cycle and is of equivalent to the formal basic education (Grades 1-4\_). Under this program education is provided, for out of school, children and adults.

In this study, it may be also necessary to define informal education as it is sometimes miss-used interchangeably with non formal education. Thus, Rogers (2004), mentioned the concepts of Combs and Ahmed and stated, informal education is the lifelong processes by which every person acquires and accumulates knowledge, skills, attitudes and insights from daily experiences and exposure to the environment- at home, at work, at play, from the example and attitudes of family and friends; from travel, reading news papers and books, or by listening to the radio or viewing films or

television. Generally, informal education is unorganized and often unsystematic; yet it accounts for the great bulk of any person's total lifetime learning—including that of even a highly 'schooled' person.

Concerning the current status and roles of non-formal education, Mishra (2005) stated, non-formal education has got a renewed interest today, not only from the developing countries but also from the developed countries too. The assembly of the council of Europe (2000) recognized that formal educational systems alone cannot respond to the challenges of modern society and therefore welcomes its reinforcement by non-formal education. The assembly recommends that governments and appropriate authorities of member states recognize non-formal education as a de facto partner in the life long process and make it accessible for all.

He further stressed that, the strength of the non-formal system lies in its diversity its vitality, and its ability to respond quickly and creatively to local needs. Materials that provide enjoyment and flexibility have also been missing in the formal system can be carefully woven into a non-formal science, education and popularization program.

Many scholars in the field of education witnessed the advantages of non-formal education. Coles (1988), stated that non-formal education has evolved as the means of reaching out to the forgotten and neglected; the most difficult to motivate and often the most resistant to assistance. Those who were and are deprived of formal education NFE has something for those who are deprived; it also has a message for the way in which formal education is managed and operated, and it also opens up a vision of continuing assistance and support for all at whatever level of attainment and at all ages throughout life.

Bock and paggiannis (1983), elaborated this concept in such a way that; NFE is seen as a means to; provide education to those for whom formal schooling is not a realistic alternative, make new skills and attitudes available to the rural poor, circumvent cultural obstacles that prevent some people from utilizing schools effectively (women and the disadvantaged) and use scarce educational resources more efficiently.

Usmani (2004), stated also the necessity of non-formal education and its application in India. According to his statements, Non-formal education is an alternative to the formal system which has the potentiality of becoming the major program of education for girls who cannot attend school during normal school, due to various reasons. The central government in India is already implementing a centrally sponsored under which grants to the extent of 90% are provided towards maintenance of non-formal education centers, exclusively for girls in nine educationally backward states. Besides literacy, it must also provide relevant information on skills development and inculcation of positive self-image among girls.

Mishra (2005), acknowledged also the practices of non formal education in different countries as follows. In Bangladesh, since 1997, schools for the hard to reach run for two hours each day, six days a week, and are drawing in children such as girl's living in as domestic workers who involved otherwise have no chance to receive basic education.

He further noted that, in Morocco, according to a 2001 survey, 23,000 girls were employed as maids in the Grand Casablanca region, some 60 percent of them under 15. Since 2001, in partnership with local non-governmental organization, and supported by the Wiliya Casablanca, UNICEF has helped these girls receive an education and basic health care. This intersectoral program also seeks to eradicate the problem at its root by publicizing the harsh reality of these girls' lives.

According to the World Bank Group report (2010), the objective of the primary education for disadvantaged children project for Vietnam is to improve access to primary school and the quality of education for disadvantaged girls and boys. Disadvantaged children are broadly defined as school age children who are not enrolled or are at risk of not completing their primary education; children who attend schools that do not meet fundamental quality standards; and children with disability or children from other highly vulnerable groups, such as street children, migrant children or girls in certain ethnic minority areas.

The Association for the Development of Education in Africa (ADEA) has set up a non-formal education working group which sees non-formal education in a wider sense than this (but also including non-formal schools for children). They want to try

to identify all parts of the non-formal education world (agriculture and health extension for example, women's programs, income generation training, environmental enhancement activities etc.) can be co-opted by government to help with the development of the country. Ethiopia is a prime example of this approach with its national directory of non-formal education (Rogers, 2004).

When non-formal education is over viewed towards the Ethiopian context the following evidences are harvested from different sources. Thus, Bock and Papagiannis (1983) argued that, non-formal education is studied within the societal context in which it occurs as well as in terms of its content. In all instances, NFE is expected to serve populations with diverse background and interests like those in Ethiopia. It is client centred and instructions include literacy, innumeracy, training in vocational skills, health and nutrition, family planning, agricultures, environment etc. It is flexible in its curriculum content, program delivery, organization and management.

Mammo et al,(1998) in the Ethiopian social sector study report elaborated the general framework for non-formal basic education in Ethiopia. In light of the government's commitment to expand basic education in Ethiopia, as expressed in the education and training policy, the ministry of education provided a curriculum frame work in 1994/95 with the intention of providing a general direction for non-formal basic education in the country. The following basic assumptions were made in the curriculum framework; the content should be based invariably on the basic needs, necessities and interests of the participants, the curriculum must focus on the problems of the target groups and should lead towards indicating solutions to their problems and/or constraints; and the curriculum should have its own goals and objectives and be concrete, practical, appropriate, and measurable, have continuity and must bring about behaviors change.

The curriculum frame work indicates that the time, venue and the days of instruction should be arranged in consultation, with the participants. The framework suggests that it could be an instruction of 40 minutes periods for 3 hours a day and 3 days a week until they have achieved a minimum of 675 instructional hours 2 to 3 years. It is believed also that 675 contact hours of instruction for both children and adults could be comparable to grade 4 of the formal education.

The contents of instruction for out of school youth and adults are categorized under language, Arithmetic and Environmental Science. The following sets of principles are which serve it as guidelines in determining how it should be organized and implemented: Communication/participation, cost effectiveness, adaptability, sustainability, linkage and integration with formal schools, programme integration with development work, flexibility, accessibility, integrated curriculum, learner centered approach, focus on local resources, and gender equity.

Although the country has given much emphasis to UPE, the government has realized that Ethiopia cannot achieve it by the year 2015, by providing education through the formal schooling alone. Therefore, it has designed and implemented Alternative Basic Education (ABE) referred to also as Non Formal Education (NFE) as an integral part of the education system (MOE, NEWS LETTER, 2006).

ESDP-III (2005), emphasized the need to strengthen NFE and other alternative modes of delivery to address about one third of school age children (over 4 million), and so combat the problem of adult literacy and build up the human resource for development.

Stated by the Ministry of Education (2009), concerning (ESDP-III, for 2005/06 – 2010/11), Ethiopia's national action plan on education, specifically discusses the adult and non-formal education program and defines it to include a range of basic education and training components for out of school children and adults. The action plan defines the content of the adult and non-formal education to include literacy, numeracy and the development of skills that enable learners to solve problems and to change their lives.

On the other hand, ESDP IV (2010), stated that, to reduce the existing gap and to actualize Education for All, the Ministry of Education has designed a strategy for special needs education, the final goal of which is to ensure access and quality education for marginalized children and students with special education needs.

Under the expected program out comes the ESDP IV (2010), program mentioned that; enrolment of children with special educational needs increased at all levels of education and due attention will be given to girls with special needs.

Moreover, it emphasized that, specific programs will be developed to improve the participation of the groups which are the most difficult to reach. Where and when necessary, Alternative Basic Education Centers (ABECs) will be opened and, where possible, existing centers will be transformed in to formal schools. Specific strategies will be developed to improve access to secondary education in rural areas in an affordable manner. At the same time, efforts to ensure greater gender equity and to improve the participation of students with special needs should be continued.

It was reported that in 1995/96, there were 18,277 children (33.9%) girls in the Non Formal Primary Education (NFPE )program in Oromiya, Addis Ababa ,Southern Nations Nationalities and Peoples and Tigray regions. The program is offered for the lower primary level (grades 1-4) (Ahmed, 1996).

Consequently, the MOE (2008), described the status of NFE and stated that, non-formal Basic Education (NFBE) in Ethiopia has mushroomed in recent years. The Ethiopian government has officially endorsed adult and non-formal basic education and other mediums as viable methods of striving to reach the Millennium Development Goals. Government, Donors, Civil Society, Communities and other actors are highly engaged in and financially committed to the provision of non-formal and basic education.

The government is providing support in the preparation and supply of literacy curriculum guides, learning materials, and professional assistance. It will also set standards for non formal education programs, buildings and other facilities for non formal education and training courses. The government will also establish an equivalence system between skills and credentials obtained in schools and those obtained through NFE and training programs, in order to increase the chance that learners who complete non formal courses will subsequently find employment or enter the formal school system (ESDP III, 2005).

The Strategy No 4. Mentioned in MOE,(2006), stated also on this issue towards children with special needs. Thus, ensure the right to education for children with special needs, a team set up to address special education needs for out of school children in line with existing policies and strategies, nature and scope of various categories of special education assessment, adequate materials produced and acquired to run provide different types of special education through ABE and appropriate delivery mechanisms designed and implemented in running programs in the non formal setting for people with special needs, are the major focal areas denoted.

It further noted that, in order to reach all out of school children beyond the government efforts, NGOs or other civil society actors mobilize community to build a school, secure environment and train the facilitator. The plan advocates for the case of formal schools, alternative basic education centers and community skills training centers as the venture for NFE in order free-up the adult and non-formal education, budget to be used on teaching and learning inputs.

Similarly, many regional teacher training colleges are becoming involved in upgrading non formal education facilitators' skills. On the other hand, these are host of implementers which are more noteworthy with larger and wider coverage.

It is vivid to note that from the above expressions and findings non-formal education is given due attention in the strategy, procedure and performance of Ethiopia's education.

### **2.2.3.Life Skills Rehabilitation**

The other rehabilitation approach given due attention for the vulnerable migrant girls is life skills training. Hence, its description, components, and approaches to empowerment are presented in this section.

As defined by Rosen and Rubin and cited by Sharon, et, al (2003), life skills are defined as non-academic abilities, knowledge, attitudes and behaviours that must be learned for success in society. Life skills enable people to adapt and master their life situations at home, school, work, and any other context in which they find themselves.

Concerning the contents of life skills UNICEF (2004), reported which skills are life skills. In that the organization notified the following aspects: Interpersonal Communication Skills, negotiation/refusal skills i.e. negotiation and conflict management, assertiveness skills, empathy, ability to listen and understand another's needs and circumstances and express that understanding, cooperation and team work, i.e. expressing respect for other's contribution's and different style; assessing one's own abilities and contributing to the group, advocacy skills, i.e. influencing skills and persuasion, networking and motivation skills.

Similarly, UNICEF elaborated life skills as; decision making and problems solving skills, i.e. information gathering skills, evaluating future consequences of present actions for self and others, determining alternative solutions to problems analysis skills regarding the influence of values and attitudes of self and others on motivation, critical thinking skills, i.e. analyzing peer and media influences, analyzing attitudes, values, social norms and beliefs and factors affecting these and identifying relevant information and information sources, skills for increasing internal locus of control i.e. self-esteem or confidence building skills, self awareness skills including awareness of rights influences, values, attitudes, rights, strengths and weaknesses, group setting skills, self evaluation, self assessment and self-monitoring skills, skills for managing feelings i.e. anger management, dealing with grief and anxiety, and coping skills for dealing with abuse, trauma and skills for managing stress i.e. time management, positive thinking, and relation technique.

Mammo (1990), in his text mentioned the major objectives of life skills training programs, among which providing community and family living knowledge and skill in order to achieve improved and better ways of life. As he noted, the objectives of the skills training programs are; upgrading and multiplying, existing and useful traditional skills, providing community and family living knowledge and skills in order to achieve improved and better ways of life, getting rid of anti-development cultural habits and replacing them with progressive once, introducing basic and appropriate technologies and innovations to increase productivity and rectify wrong practices in using the scarce natural resources, coordinating and channelling training activities in order to maximize the use of training facilities and avoiding unnecessary duplication of training centers, and consolidating and further developing the basic and post-literacy skills through the provision of reading facilities and functional applications.

As expressed by the National Institute on Drug Abuse (1997), the life skills universal classroom program is designed to address a wide range of risk and protective factors by teaching general personal and social skills. Life skills have a distinct elementary (8 to 11 years old) and middle school (11 to 14 years old) curricula, which are delivered in a series of classroom sessions.

According to the MOE of Ethiopia (2010), life skills are expressed as follows:-Life skills refer to the individual's ability to fully perform his/her function and participate in the daily life. Essential life skills is learning generic skills such as information gathering, problem solving, critical thinking, teamwork, negotiation, interpersonal skills, self-awareness, assertiveness, handling emotions, and conflict resolution and living in harmony and peace with neighbours.

MOE, ESDP-IV,(2010), also described life skills, in the context of literacy programs, as consisting of primary health care; prevention of diseases-like malaria, HIV/AIDS, etc. Family planning, environment, agriculture, marketing, gender issues etc. in order to enable the population as a whole to participate in the development process.

Other scholars also soundly expressed the multi faceted significance of life skills empowerment in the social, psychological, self-esteem and self efficacy development of individuals, as well as to the vulnerable group of community members .To this end, life skills training have a paramount importance, in building the capacity of especially vulnerable migrant children as they are exposed to city life leaving their rural environment.

Mishra (2005), stressed the advantages of life skills training. The more educated and skilled young people are the more likely are to protect themselves from infection; and those who are in school spends less time in risk situations. And girls, who have traditionally had less access to the benefits of education, have an even greater need than boys for the protection that education and training can provide.

As he further noted, the best school based defence against HIV/AIDS addressed the issue of part of comprehensive life skills programs established as a core part of the mainstream curriculum. These offer young people gender specific information on the

steps they can take infections spread. The programs train them to analyze situations critically, challenge gender stereotypes, communicate effectively and make responsible decisions. These skills enhance their abilities to make healthy choices, resist negative pressures and avoid risky behaviour. Life skills programs also incorporate instruction on health, hygiene and nutrition. Poor nutrition and limited access to safe water and sanitation can compromise the immune system and increase vulnerability to HIV/AIDS and other illnesses.

Augustine et.al (2004), argued life skills education as an effective approach for children. Life skills education emerged as an effective tool in care and support program for the vulnerable and affected children. It has been found very effective to build the effectiveness of the children to discern and make right choices in totally remote area. Therefore, this approach would make a great significance in the lives of children (affected and orphaned) in leading a positive life.

The expression of Rosen, Werner and Smith, cited by Sharon et. al (2003), described, how beneficial life skills training is; they give individuals tools for perceiving and responding to life situations and achieving goals. Through the development of life skills, children develop a higher sense of self-worth and competence by learning to work with others, express their feelings, solve problems, and welcome new experiences. As they further noted; results of retrospective pre/post surveys indicate that children enrolled in the program showed life skills gain overtime, and that gains on specific life skills differed as a function of age, gender, and ethnicity.

According to the National Institute on Drug Abuse (1997), the self-management content areas life skills provides students with skills of increasing independence, personal control and a sense of self mastery through teaching, skills for increasing self-control and self esteem (such as self-appraisal, goal setting, self monitoring and self reinforcement, general problem- solving and decision making skills and also critical thinking skills for resisting peer and media pressures, and adaptive coping strategies for receiving stress and anxiety.

As reported by the Population Council (2004), life skills empowerment leads to achieving livelihood which means; the achievement of adulthood, which brings community and self respect, self-reliance – the ability to care for one self and for

others, including one's own children, material resources-the ability to afford medical care and medicine, clothing, shoes and shelter, an alternative to armed activities with fighting forces, gangs, or other groups and protection from sexual violence and exploitation. Additionally the council reported on the case in point that, psycho social healing, the ability to marry or to avoid early marriage, increased their self-efficacy, altered their work aspirations and encouraged more progressive gender role norms and reduced the time they spent on domestic tasks and increased the time they spent on productive tasks are the advantages of life skills.

In this respect, life skills cover a wide range of essential livelihood aspects which are a corner stone for the personality development of a human being.

#### **2.2.4. Assertive Training**

Assertive training is a very vital component of life skills training. Assertiveness helps individuals to make the right decision on their livelihood aspects and manage their behaviour in their path of life. The training helps individuals to gain momentum and develop self confidence.

Whendel (1992), argued on this concept, assertive training has been found to be effective, with problems of depression, anger, resentment, and interpersonal anxiety, particularly in relation to circumstances that are perceived as unfair. The goal is to teach the client to express rights and feelings, and to decrease the frequency of passive collapse hostile blow-ups.

Five relatively distinct forms of assertive behavior are pointed out by Michael and David, cited in Zemedu (2009), asking for what you are entitled to, standing up for your rights, refusing unreasonable requests, expressing opinions and feelings ( even when they are unpopular or negative) and also expressing desires and requests. Assertive Training refers to the specific skills and training procedures used to teach assertive behaviours.

## 2.2.5 Medical Rehabilitation

As medicine Net Inc. (2010), defined medical rehabilitation as the process of restoration of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal or as near normal manner as possible.

As described by Koehler (2010), Medical rehabilitation is a term used to describe a treatment plan whose focus is on maximizing functional abilities to promote physical and mental health. It can concentrate on the physical or cognitive aspects of recovery from an illness, disease, condition or injury. It typically employs the use of a multidisciplinary team of health professionals to promote overall health. It is a process to help regain quality of life through things like exercise, activities of daily living and cognitive challenges. It can help regain physical and mental abilities to increase physical, mental and occupational health. Medical rehabilitation is the recovery of physical and mental capacities after an injury, ailment, condition or disease. Most medical rehabilitation programs are individualized to meet personal goals. It is a comprehensive range of services to assist the patient in returning to former activities.

According to Binder (2008), medical rehabilitation includes a full range of treatments that licensed health practitioners may recommend to reduce physical or mental disability or restore eligible beneficiaries to their best possible functional levels.

Aduana et.al (N.D), mentioned also the importance of medical rehabilitation; it is periodic general medical check-up, particularly of children will enable the health workers to identify predisposing and precipitating factors for developing a disabling illness in the future. If such factors are eliminated by proper treatment the child's high risk of getting handicapping illness will be diminished /abolished.

Based on the above facts, the medical service as part of the rehabilitation process plays a significant role for the migrant girls either to revive from their previous problems or timely sickness.

## **2.2.6.Social Rehabilitation**

The social rehabilitation is the other indispensable component to be considered being a long arm to build the social capital of the migrant girls.

The American National Center for the Education Development (2010), elaborated the general social skills; Thus, it is to teach students the necessary skills to overcome shyness, communicate effectively and avoid misunderstanding, initiate and carry out conversations, handle social requests, utilize both verbal and non-verbal assertiveness skills to make or refuse requests, and recognize that they have choices other than aggression or passivity when forced with tough situation.

Additionally National Institute on Drug abuse (1997), maintained general social skills as; enhance students' social competence with a variety of general skills including, effective communication, overcoming shyness, learning to meet new people and developing healthy friendships.

These skills are thought through a combination of instruction, demonstration, feedback, reinforcement, behavioural rehearsal, and extended practice through home work assignments.

According to Danish Refugee Council, DRC,(2008), the social rehabilitation sector covers a wide range of program activities and approaches. One could say that social rehabilitation is both a strategic issue as well as a range of activities aimed at re-establishing and strengthening, community structures. The shock of having to leave home and the circumstances of life as an internally displaced person (IDP), particularly in the early stage of an emergency, creates major emotional and social problems and exacerbates problems in the community. Without help in adjusting to the new environment, the sense of loss and isolation can deepen, even in circumstances of relative material well-being. The objectives of social rehabilitation activities are: The creation of a bearable daily day and a greater sense of security, reduction of stress in the time of displacement/the immediate emergency phase following the displacement, fostering a sense of community among the target group,

which is important for longer term development of a well-functioning civil society, revitalizing and rehabilitating damaged social structures, institutions and capacities or even establishing new social structures, which are important to strengthen prior to and during the actual integration/reintegration process and also instrumental in ensuring peaceful integration between e.g. returnees and remainees or different ethnic groups, who are to live together in the same community/geographical area.

### 2.2.7. Mentoring

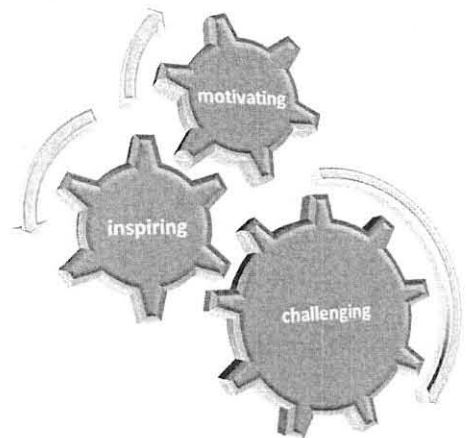
In the rehabilitation process of the vulnerable adolescent migrant girls, who are living with out parents, mentoring served them to gain more empowerment and substitution of their parents' role.

Parsloe (2008), defined What Mentoring is as follows:

"Mentoring is to support and encourage people to manage their own learning in order that they may maximize their potential, develop their skills, improve their performance and become the person they want to be." Mentoring is a powerful personal development and empowerment tool.

It is an effective way of helping people to progress in their careers and is becoming increasing popular as its potential is realized. It is a partnership between two

- people (mentor and mentee) normally working in a similar field or sharing similar experiences. It is a helpful relationship based upon mutual trust and respect.



He further noted that, a mentor is a guide who can help the mentee to find the right direction and who can help them to develop solutions to career issues. Mentors rely upon having had similar experiences to gain an empathy with the mentee and an understanding of their issues. Mentoring provides the mentee with an opportunity to think about career options and progress.

He elaborated that a mentor should help the mentee to believe in herself and boost her confidence. A mentor should ask questions and challenge, while providing guidance and encouragement. Mentoring allows the mentee to explore new ideas in confidence.

It is a chance to look more closely at yourself, your issues, opportunities and what you want in life. Mentoring is about becoming more self aware, taking responsibility for your life and directing your life in the direction you decide, rather than leaving it to chance.

As Dubois et al, cited by University of Richmond, (2003) , youth mentoring programs exist to provide role models and help a child develop socially and emotionally. Mentors help kids learn to understand and communicate their feeling, to relate to their peers, and to develop relationships with other adults.

### **2.3. Girls and Women with Disabilities**

In the rehabilitation process of the vulnerable migrant girls, it is essential to pay attention to the girls with disabilities, as they had more difficult circumstances compared to those without disabilities, in terms of education, job opportunity, participation and other community services.

In this regard, Narvaez (2010), argued that, among others, girls and women with disabilities have lower attainment rates in education, participate less in the labor market and tend to have lower paid jobs, are more likely to suffer economic hardship, rely more on third parties and institutions, enjoy limited access to health and maternity services, are deprived of their reproductive rights, suffer a lack of access to available community services and programs, are at greater risk of falling victim to violence and abuse, and rarely or never participate in decision making processes in issues which affect them. The lack of information is even greater if one attempt to study the specific situation of girls and women with disabilities in rural settings, those who are migrants, who have a severe disabilities or who are victims of gender violence, among other things, given the mistaken belief that girls and women with disabilities can be treated as a homogeneous group in which there is no room to seek an understanding of its diversity and heterogeneity.

Similarly Traustadottir (2008), confirmed that; when it comes to education, women with disabilities are likely to have less education than both non-disabled women and men. Despite the progress towards integrated education, most students with disabilities are still educated in segregation from their non-disabled peers. Most

studies indicate that boys are more likely to be identified as needing special education than girls. Concerning employment opportunity, while men with disabilities have serious employment problems, women with disabilities are significantly worse off and this seems to be true for all types and levels of disabilities. Men with disabilities are almost twice more likely to have jobs than women with disabilities. Women with disabilities are one of the most vulnerable and marginalized groups in today's society. We need to develop a better understanding of their lives in order to remove the obstacles that still remain in their way to equality.

The above information on girls with disability ensures that they are confronted with diversified problems and more attention is necessary in order to overcome their challenges. Thus, possible to imagine in the rehabilitation process of the vulnerable migrant girls, those with disability needs to be served considering their status, type of disability, awareness raising of the non disabled peers ,employers and the community around .Above all, empowering them to be self supportive and productive citizens and considering their equal rights is indispensable in every rehabilitation process.

# Chapter Three

## 3. Research Methodology

### 3.1. Research Design

The intention of this study is to gather reliable data specific to the contribution of the rehabilitation services for vulnerable adolescent migrant girls. Hence, to meet this achievement qualitative case study design was employed to investigate the current practices.

Case study, as defined by Yin and Gall et al, cited in Alemayehu (2000), is an empirical inquiry that investigates a contemporary phenomenon within its real life context in which multiple sources of evidence are used. The qualitative approach is selected due to the nature of the research and leading questions, moreover, for investigation of empirical information on the vulnerable migrant girls.

Miles and Huberman, cited by Alemayehu (2000), explained the advantages of qualitative study as follows: With qualitative data one can preserve chronological flow, see precisely which events led to which consequences, and derive fruitful explanations. Then, too, good qualitative data are more likely to lead to serendipitous (pleasant and unexpected) findings and to new integration; they help researchers to get beyond initial conceptions and to generate or revise conceptual frameworks. Finally, the findings from qualitative studies have a quality of “undeniability”. Words especially organized into incidents or stories, have a concrete, vivid, meaningful flavour that often proves far more convincing to a reader- another researcher, a policy maker, a practitioner- than pages of summarized numbers.

Hence, the research was conducted in depth analysis of the situation of the vulnerable adolescent migrant girls in the Biruh Tesfa (Bright Future) projects.

### **3.2. Description of the Rehabilitation Program and Study Areas**

The study was conducted at Biruh Tesfa (Amharic for “Bright Future”) Project rehabilitation sites in Addis Ababa and Bahirdar cities, the capitals of Ethiopia and Amhara Regional Government, respectively. Addis Ababa comprises ten administrative sub cities with their respective woredas. Bahirdar is 560 Kilo meters away from Addis Ababa and owned nine administrative kebeles. According to Central Statistical Agency abstract (2010), Addis Ababa holds a population of 2,917,295. Similarly the Population census Commission (2010), results for Amhara region, registered that Bahirdar city has 155,428 dwellers.

The Addis Ababa project spot is in Addis Ketema sub city, which has ten woredas and being implemented in five woredas namely 4, 6,7,8,9 and the Bahirdar project is implemented in six kebeles namely Belay Zeleke,Gishe Abay, Sefere Selam,Fasilo, Ginbot-20 and Tana . The Addis Ketema location, Mercato area, is selected because of its dense population and place of bus terminal, where a large number of migrants arrive in search of better living conditions, job opportunities, education and other advantages. The six kebeles of Bahirdar are selected for the same reason as BiruhTesfa targeted on similar goals in both sites.

Currently the Addis Ababa project holds 1750 vulnerable migrant girls of which 936 are domestic workers and the Bahirdar project accommodated 1008 beneficiaries of which 243 are domestic workers. The program is launched in 2006, and the targets are rural adolescent migrant girls and out of school girls. According to the evidences obtained, Biruh Tesfa project aims to address the social isolation of adolescent girls, by building their social capital and participation and providing them access to basic literacy, life skills, HIV/AIDS and reproductive health information. The general objective of the project is:-

- 1) To provide non-formal education in a specially designed program so as to develop their capacity and further educational or vocational attachment.
- 2) To render life skills services and training which comprise, self-health, personal sanitation, reproductive health services, abstinence and mutual faithfulness through addressing the HIV/RH risk among them and their partners.

- 3) Tackling harmful cultural practices, unequal gender relations and awareness of the dynamics of HIV epidemic in Ethiopia.
- 4) To promote the beneficiaries social network and communication.

Both projects are directed by project coordinators and a total of 50 mentors and three supervisors in Addis Ababa, and 24 mentors and one Supervisor in Bahirdar are working in the project. Women, children and Youth affairs offices, Education and health offices and the administration of the respective woredas and kebeles, and other NGOS are the key collaborators to support the project activities.

Female mentors and supervisors are recruited by the woreda or kebele administrations and local leaders. Mentors range in age from 20 to 40 years, with a minimum education of 10 plus one complete, are residents in the project site or members of the local community.

They are trained in the rehabilitation services of diversified areas, before joining the project. Mentors systematically identified out of school girls who are eligible for the program. They in their vicinity went house to house to recruit the clients. The recruitment is accompanied by convincing the employers or guardians and introductions of the project program.

Literacy and innumeracy training is tailored to each group's at their levels and all groups receive life skills ,HIV/AIDS, reproductive health education, through the girls clubs led by adult female mentors.

All participant girls received a project identification card with their photo. For many girls, this simple ID card is the only form of identification they have, and frequently the only picture of themselves. They are provided with exercise books, sanitary materials, detergents and other supports.

As many participants are migrants from remote rural areas, they received wellness check-up, or basic health screenings, at local government, non- government, or private health institutions designed by pre-organized agreement to provide the services called Health Referral Linkages. These supports are provided with subsidized or free services using a coupon referral system, provided by mentors to the girls in

need of services. There are 16 partner health institutions in Addis Ababa and 11 in Bahirdar working on the health services.

Moreover, with low levels of education and limited support networks, the domestic workers faced challenges in transitioning to safer and more rewarding forms of work. However, in partnership with other NGOS selected project members are provided with vocational skills training.

On the other hand, Biruh Tesfa partnered with Ethiopia women with Disabilities National Association (EWDNA) to engage its staff as role model for the girls and their families. EWDNA contributed also in making the learning classes accessible for the participants with disability and provided them with crutches, wheelchairs and/or accompaniment to and from the sessions. Nearly, 47 disabled girls are currently participating in Biruh Tesfa Program of Addis Ababa and Bahirdar.

In order to reflect the general status of the Biruh Tesfa beneficiaries in both sites, their demographic description is presented in the form of a table below, followed by selection techniques and criteria of the research participants

**Table 1. Demographic Description of the Biruh Tesfa Beneficiaries**

<b>Description</b>	<b>Addis Ababa</b>	<b>Bahirdar</b>	<b>Total</b>	
<b>No. of Beneficiaries</b>	1750	1008	2758	
<b>Girls with Disability</b>	36	11	47	
<b>Age Range</b>	7 - 24	7-24		
<b>Sex</b>	Female	Female		
<b>Present Grade Range</b>	Beginners to level three	Beginners to level three		
<b>Occupation</b>	❖ <b>Domestic worker</b>	936	243	1179
	❖ <b>Street vendor/daily labourer</b>	73	495	568
	❖ <b>Depend on relative</b>	649	95	744
	❖ <b>Other duties</b>	47	134	181
	❖ <b>Jobless</b>	45	41	86

Source: Performance report of Bruh Tesfa projects (2010).

Even if the general status of the Biruh Tesfa program is described, it would be essential to denote the selection techniques and criteria of the research participants. Accordingly it is presented here under.

### **3.3. Selection of the Participants for this Study**

The key informants of the study were the following group of participants;

- Eight mentors from both project sites with equal allocation
- Four beneficiaries from both project sites with equal allocation
- Two project coordinators from each sites
- Three concerned representatives from implementer organizations aforementioned
- Four employers of the selected project girls from both sites two each.

The characteristics of participants of the study are described as follows:

The beneficiaries are females with age range 17 to 19, the mentors are all females with age range 23 to 30, the employers are females with age range 40 to 65, the representatives of the implementer organizations are three males with age range 35 to 40, where as the project coordinators are male and female with ages 29 and 32. Thus, a total of 21 participants are employed in the study that is 17 females and 4 males.

The setting of the Addis Ababa research was the site of Biruh Tesfa project spot at Addis Ketema sub city of woreda 7 project site. This site was selected because it is the inception spot of the project implementation. Additionally, relatively long years served beneficiaries and employed mentors are found in this implementation area. It is also a seat for the project coordinator, where available documentation and evaluation reports were kept. On the other hand, the Belay Zeleke kebele project spot in Bahirdar is also selected depending on its long years of rehabilitation services, in terms of clients, employed mentors and easy access to get employers around. This site is also more appropriate to find written documents and program reports compiled. However, other interview sources were reached at their offices, respectively.

As qualitative research recommends purposive sampling method, the same was applied to this study for selection of the participants. However, in order to address the

issues in-depth, evaluating the experiences of the project from the onset, and to minimize the bias about the know-how of the project, the following basic criteria's were taken into consideration, to select the mentors and beneficiaries.

- Mentors with three years and above experience
- Girls who are served two years and above in the project
- Girls who are in a better self-expression & responding
- Girls who are within age ranges from 14-19 years
- Girls who give their consent to participate in the study

The basic reason for their selection is, the notion, the more they served in the project, the more they are accustomed to the pros and cons of the project which helps to give reliable evidences. Moreover, mentors of the four migrant girls who were selected for the study were identified purposely as the data source was believed to be appropriate and reliable for the study.

The representatives of implementer organizations were selected for the reason that they are focal persons assigned to support, monitor, follow-up and evaluate the implementation program. Hence, they could have better information about the background and performance of the project. The coordinators are selected purposefully, as they manage the overall program, and believed to acquire all rounded facts and figures of the program. The employers are selected deliberately to be those of the selected girls. This is assumed to triangulate the evidences of the girls with other sources.

The project coordinators and the focal persons of the implementer organizations were reached through interview to collect the appropriate information for the study, at their offices. In addition, employers of the selected girls were addressed in the FGD program in order to witness the changes exhibited on the part of vulnerable girls.

### **3.3.1. Intervening Variables**

As the study is grounded on the investigation of the contribution of the defined factors, efforts were made to consider the intervening variables which may affect the result of the study. For instance;

- The informants selected from the beneficiaries were those who are illiterate before joining the project.
- They were also those who didn't expose to other rehabilitation services or other training before joining the project.
- The mentors experience and duration of the beneficiaries in the program is also taken into consideration.

### **3.4. Methods of Data Collection**

As this study was concerned with the contribution of the rehabilitation services for vulnerable adolescent migrant girls, it applied qualitative case study method. Qualitative research method invites the researcher to investigate different theoretical and practical conditions of the migrant girls' rehabilitation. Therefore, the data gathering techniques were a combination of interview, focus group discussion, observation and consultation of documents and literature.

The main source of data for this study was both primary and secondary sources. The primary sources were the participants mentioned above in which;

- Interview was conducted with the beneficiaries, project coordinators and implementer organizations.
- Focus group discussion was held with the selected mentors of the girls and their employers.
- Participatory observation was done during the education, training sessions and interactions.
- The secondary sources refer to consultation of documents.
- In the course of this study attempt is made to assess relevant literature and electronic information in accordance with the thematic areas and objectives of this research directly or indirectly.

### **3.5. Instruments of Data Collection**

To obtain adequate information, a multiple method of triangulation approach was used. This approach supported to achieve reliable information as well as data from diversified sources. These multiple methods include semi-structured interview, focus group discussion, observation and review of written documents. The semi – structured interview was the main data collection instrument. Focus group discussion, observation and review of written documents are considered to be supplementary data collection instruments. The instruments were developed by the researcher based on the research questions and selection plans, which have directing roles with in the study. The research instruments were developed before and during field work .In the course of the study, semi-structured interview and observation guides were revised and modified to explore new concepts reached and to address the revised questions. The instruments were prepared in English and translated in to Amharic. It is also examined by a language expert and latter approved by the advisor.

#### **3.5.1. Semi-Structured Interview Guide**

Semi-structured interview was used as the main research method with the notion that it is appropriate for the study.

Interview is a research method, which tries to obtain primary data through structured or unstructured interaction between a researcher and an individual or individuals relevant to the study being undertaken (Banister et al, cited in Alemayehu, 2000). The reasons for conducting semi-structured interviews were because it can permit the exploration of issues of communication, which might be too complex to investigate through questionnaires. Interviewing is useful for examining the process needed to generate good i.e., complete and valid data (Judd et al, cited in Alemayehu, 2000).

The interview guide developed was an essential tool for the researcher to explore and harvest the designed information of the vulnerable migrant girls. Patton, cited in Alemayehu (2000), justified the importance of the guide. An interview guide is a list of questions or issues that are to be explored in the course of an interview.

Three types of interview guides were developed, for three groups of informants: The migrant girls, project coordinators and implementer organizations. All the guides were designed to answer the research questions of this research.

The interview guide that was prepared for vulnerable adolescent migrant girls mainly focused on the situation of the girls before provision of rehabilitation services and the outcomes of rehabilitation services. The interview was conducted at their education centers with each informant for two hours.

Furthermore, semi-structured interview was conducted with project coordinators of both sites to examine their reactions on the results of the rehabilitation services rendered, at the project sites for one hour with each coordinator.

Finally interview was organized for focal persons of implementer organization in both project areas in their office for one hour each on how they implement, support, follow up the program and its effect on the beneficiaries.

### **3.5.2. Focus Group Discussion Guide**

Focus group discussion was employed to enrich the data gathered by interviewing the selected participants. It was conducted with eight mentors and four employers of the selected project girls from both project sites with equal distribution who were selected for the purpose of the study. The discussion was held at the centre of their working station which took one hour and thirty minutes, for two sessions each. It was mainly targeted on their attitude towards rehabilitating the migrant girls, their participation and support in the course of the program implementation and the changes the clients achieved.

### **3.5.3. Observation Check List**

Observation as defined by Rossman and Robson, cited in Alemayehu (2000), is a systematic way of watching, recording, describing, interpreting and analyzing events, behaviours and artifacts in the social setting under study.

Observation refers to the process of observing and recording events or situations. The technique is particularly useful for discovering how individuals or groups of people or animals (and in some instances inanimate objects) behave, act or react (Abiy et al, 2009).

Observation of the selected girls was made with the intention of cross- checking the responses of the migrant girls, their mentors, their employers, the implementers and coordinators about the non formal education, life skills, medical and social services effect on the girls as a result of rehabilitation. It was guided using observation check list and basically considers the non formal education procedure, class interaction, life skills training sessions, mentoring supports and social aspects of the girls in their learning and recess areas, for sufficient time. I was participant observant in order to facilitate the subjects interpretations of the events. Prior to data collection appropriate observation guide was prepared and latter developed in the course of the study when coherent issues are discovered.

#### **3.5.4. Consultation of Written Documents**

Documents were used to review the background information and supplement the data gathered whenever necessary. The documents relevant to the study were obtained from the implementer bodies, project offices, Ministry of Education, Central Statistical Agency and other stakes. Thus, the secondary data was used to learn about the background of the implementer organizations and the Biruh Tesfa project, their mission, objective, goal, and the activities that took place in the execution of the program, and also included education and training policy, strategies and statistical abstracts.

#### **3.5.5. Reviewing Literature**

Reviewing relevant literature was given due attention in the research process. It was served as a cornerstone to amend and explain the explored concepts. It was helpful in the process of data analysis, interpretation and discussion of findings. Moreover, the reading played a magnificent role to support and increase comprehending of the situations, draw conclusions and forward possible recommendations.

### **3.6. Procedure**

Primarily, the problem was identified while the researcher was visiting the Addis Ketema Biruh Tesfa project rehabilitation center in Addis Ababa, and holding informal discussion with the project coordinator. Then, relevant literature was reviewed. Based on the reviewed literature and other relevant information, data collection instruments were devised. Data collection instruments were devised based on the research questions. Then, the researcher submitted the guide lines of the interview, focus group discussion and observation to the advisor for approval.

At the project sites selected for the main study, the first contact was made with the project coordinators and the purpose of the study was explained. The coordinators welcomed the intention of the research and vow to facilitate the research duty. Then, the researcher was referred to the mentors of the girls and similar explanation was made to them in their staff room. Following, the identification of the vulnerable adolescent migrant girls' informants was made according to the selection criteria setup by the researcher. Then, the researcher reached the girls and introduced the objective of the research and requests their and their employers' permission and cooperation to participate in the study.

On wards, the necessary arrangements were made and data collection was undertaken using the aforementioned data collection instruments with the migrant girls and mentors of the girls and their employers, project coordinators and implementer's organizations focal persons. The data collected through these entire tools were analyzed and interpreted. Then, discussion referring the findings of the data collected through the instruments was accomplished. Finally, conclusions were drawn and pertinent recommendations were forwarded.

### **3.7. Method of Data Analysis**

After gathering the required data from different sources, the researcher organized and analyzed the raw data as per its relevance and type of application. In this study as

qualitative approach is assumed to be the selected tool, the information obtained, from interview, FGD, observation and document review was analyzed in narrative and descriptive form and depth analysis was applied. Data interpretation was handled with triangulation and confirmation of information from different sources. The data analysis procedure followed case by case analysis of the selected cases based on the reactions of the informants on the targeted themes, on the one hand, and it is supported by cross case analysis, depending on the factors investigated on the other hand. Furthermore, based on the analyzed data, conclusions were made and possible recommendations were forwarded.

### **3.8. Ethical Issues**

Ethical issues in all the data gathering procedures were considered. For Interview, and focus group discussion informed consent was obtained from the informant girls, mentors, and employers. Written consent was provided for the project coordinators and implementer organizations. For the photographing and notification of the performances of the project, the appropriate consent was obtained from the concerned bodies and individuals. The researcher also vowed to keep the information provided with confidentiality and also appropriate attention paid to the debriefing.

# Chapter Four

## 4. Results

The purpose of the study was to pinpoint the contribution of non formal education, life skills training, extended with medical and social rehabilitation services rendered for vulnerable adolescent migrant girls, and identify the causes for their migration.

The following data describes the findings of the selected vulnerable adolescent migrant girls which was collected, organized and presented case by case analysis and cross-case comparison of the factors on the selected girls. On the other hand, the evidences of other participants are also presented for triangulation and to incorporate additional information. The results presentation is based on the participants' perspective and twined according to the research questions mentioned in the first chapter. It considers the conceptual categories of the data collected and summarized in the following main themes: Background information, causes of the girls' migration, non-formal education rehabilitation, life skills rehabilitation, medical services and social skills.

Pseudo names are used to represent the informant migrant girls and the first two are from Addis Ababa program, where as the next two are from Bahirdar.

## **4.1. The Results from the Interview of the Vulnerable Adolescent Migrant Girls**

### **4.1.1. The Case of Chaltu**

#### **A. Background Information**

**Interview time:** 120 minutes.

**Place:** Woreda 7 project center

**Date:** 20, Dec 2010

Chaltu, female, 17, selected from Woreda 7 project center, is a domestic worker and became a member of Biruh Tesfa project before two and half years, at woreda 7, no. 1 center, near mercato bus terminal station. She is in her 3<sup>rd</sup> year in the project. She has migrated from Oromiya region, west shoa zone, Amaya kebele.

#### **B. Cause of Migration**

Her main cause of migration was deprivation of education and early marriage enforcement. This is because her parents told her that only her brother should go to school, and she has to wait at home and serve the family, in addition to looking after cattle. Later they enforce her to marry. This incidence forced her to evacuate from the area and came to Addis Ababa with her relative. The relative gave her to a lady whom she helped her to be hired as a domestic worker, from the first days of her migration for the last four years.

#### **C. NFE Rehabilitation**

When she was asked about her education prior to the membership of the project, she replied that, she did not join any education before or exposed to such rehabilitation services.

Regarding the rehabilitation of Biruh Tesfa program chaltu replied that, fortunately she found the domestic work near the project. When the mentors are searching girls who are out of school, they knocked their door and joined her employer. Then, they

convinced her to send her to the project. Since then, she started the non-formal education, which is two years now. Understanding her previous condition, the employer of Chaltu seems good enough to educate her. In her own words she said, “my domestic worker parents prevented her from schools. That is why she came to Addis Ababa and I also decided for her, to be in this project to get education.”

Chaltu further replied that the education program is for two hours each day, for five days a week, and arranged based on their interest and occupation. They educate them Amharic, English, Environmental Science, math and life skills. The method of delivery of the education is chalk and talk, flip charts, and sometimes demonstration materials prepared by the mentors are used. They are provided with exercise books, pen, soap, hair oil and sanitary materials.. Her achievement is measured by tests, and semester exams, and the promotion is based on this result. She described to the researcher her one semester exam results, and included in the cross case analysis table. As she mentioned, this non-formal education is very beneficial to her. It is a new-path for her and supported her a lot.

Concerning the problems in the non-formal education she said, books are not-provided to the students. This doesn't help her to read at home. As she mentioned it, “had I owned books, I could have improved better.”

She mentioned also this time she can write, read, add, and subtract small numbers and properly buy goods and make a change. As a mentor from Addis Ababa witnessed about the changes of Chaltu in her academic aspects:

*Chaltu is my client. When she joined me before two years, she was not able to even to identify letters. This time she achieved basic academic performances like words writing and reading, basic mathematical functioning and associated knowledge.*

Still she has strong ambition to learn and join formal education or even in the extension division. However, even if, she raised the issue to her employers they do not allow her to go to formal school. This is because as they told her, there are a lot of duties expected her to accomplish at home. She commented also, the non-formal

education program has to be strengthened and developed, and should be supported by the concerned bodies in order to absorb more girls like her.

#### **D. Life Skills Rehabilitation**

Concerning the life skills she replied that she didn't attend any life skills training before joining the Biruh Tesfa project. She didn't know much about HIV/AIDS, its ways of transmission or other sexually transmitted diseases. Even, she lacked information about her health protection or personal hygiene. Further more she added that her communication skill was poor and affected by shyness. She didn't dare to interact with peers, employers, mentors, or neighbours. She expected that every body knows more than her knowledge. So, she preferred to be silent. She replied also when she had health problem, she afraid to tell to others, and expected that she can revive simply. Once, when she was seriously ill, the woreda administration supported her after her employer's reported to them .If she faced, a coerced approach, she wouldn't tell to no one. In case of her difficulties she didn't know what to do, and expected to tell her problem is a shameful act.

She was asked also about her performance on life skills after the training. She answered to this issue that, together with their academic education a program is designed for life skills training. Thus, every week one program is given for life skills training. It goes side by side with non-formal education. The training is provided for one and half hour every week. In this program she attended, about HIV/AIDS, assertiveness, communication skill, reproductive health, health maintenance, or disease protection, money exchange, gender offence and social skills. The training is conducted in different procedures from the non-formal education. It is conducted by forming syndicate groups and based on the daily agenda. Discussion is handled among the participants with the management of mentors. Sometimes they are requested to forward on what issue to discuss the program.

Personal mentorship service is also provided to each client in order to build their psycho -social make up. This is conducted often between a mentor and a mentee. Concerning the challenges, lack or absence of additional written or demonstration materials are, what she has identified.

As she suggested on the aspects of her achievement on the case in point, now she easily communicate with friends, mentors, her employers and neighbours. The employer of Chaltu witnessed, that she even trained her child in cases of sanitation, and watched her to apply it. This shows her attitude change towards personal hygiene. She knows how to protect her health and more knows about HIV/AIDS. As Chaltu expressed her attitude about the life skills training:

*I am eager to attend the program, because it helped me to gain different important aspects in my life, about my health and communication procedures with peers or elders. Not only this, but this program has a multi-dimensional benefit to me and to my class mates too. This training is a light for my path or life.*

Now, she knew many things about her livelihood. She is in being assertive to function in her day to day activities. This time if she faces any forceful attacks, she can appeal to her mentors, employers or even to the police, to solve her problems. This is what she has obtained from the training. For example, once she was in dispute with her employers, and told the case to her mentor. The mentor arbitered between them and solved the problem. The psycho-social support also, especially the mentorship service improved her interaction, attachment and builds her confidence. However, she concluded that still more support is needed to strengthen and develop her potential through the rehabilitation process.

Concerning the medical service rendered she forwarded that, it is a good service, and they told her the opportunity is open. In this respect, sick beneficiaries are linked to the pre-arranged health institutions that are collaborating with the project. She knows many students are utilizing the service but being in the project she was not ill so far.

On the other hand, as it was observed by the researcher her teacher requested her to accomplish different tasks on academic and life skills issues in the class. Thus, the researcher approved about Chaltu the following achievements. In that she, read and wrote Amharic sentence, read and wrote English words, identified pictures by name, add, subtract, multiply and divide small numbers, answered life skill questions to her teacher, discussed with peers in the life skills session and replied genuinely to the

interview question with out shyness. Thus, the observation is inline with the expression of the informant.

#### **4.1. 2. The Case of Zeritu**

##### **A. Background Information**

**Interview time: 120 minutes.**

**Place: Woreda 7 project center**

**Date: 20, Dec 2010**

Zeritu, female, 18, selected from woreda 7 project center, is a domestic worker and was a member of Biruh Tesfa project before two and half years, in the implementation site of woreda 7 center no.2, near Anwar mosque. She is in her 3<sup>rd</sup> year education in the project. She has migrated from Amhara region, wadla Delanta Woreda, Ambaye Michael kebele before four years.

##### **B. Cause of Migration**

Her main cause of migration was early marriage, and glamour of city life. Her mother was not alive, and her father told her to stay at home and render services. When she was age14, her father requested her to marry which made her dissatisfied and at the same time she heard about the benefits of city life from previous migrants. Later, she designed to fly to Addis Ababa. On the way to Addis, she met a woman whom she requested her to be with her as a domestic worker. As she said it:

*I spend about one year in this home. However, the incidence I faced was very terrible and not necessary to mention it. It was not good time for me. Then, I changed to another home, as a domestic worker.*

##### **C. NFE Rehabilitation**

Concerning her previous education, she replied that she didn't attend any form of education before the project, or otherwise received any rehabilitation services. Thus, she couldn't get the opportunity of attending her education like her peers in the

vicinity. The employer of Zeritu supported her education by expressing that, “my domestic worker is very eager to learn. That’s why I decided to send her to this program.”

She joined the rehabilitation program before two years. When the mentors are searching illiterate girls they found her and requested her employers to send her to the project. She further mentioned that, the education is given for two hours each day, for five days a week. They learn Amharic, English, Environmental Science, math and life skills. The education is provided as the usual business, chalk and talk, flipcharts and sometimes demonstration materials prepared by the mentors. The project delivered them exercise books, pen, soap, sanitary materials and hair paraffin. Her achievement is measured by tests and semester exams and the promotion is based on this result. Her one semester exam result is included in the cross-case analysis table.

In her view of the problems, in the interaction of the non-formal education she noted that, the main issue to be mentioned is text books are not provided to the students. This had an effect on her performance and to work at home in her spare time or accomplish home works.

She answered the questions about her achievement in such a way that, now she can read, write, add, subtract, multiply and divide small numbers. When her teacher requested her she used to write on the black board, or makes mathematical operation. As Zeritu expressed it in her own words:

*The non-formal education is very beneficial to me. You see, previously I was signing with my finger print, but now I sign by writing. This is an incredible phenomenon to me.*

She noticed also her aspirations and said, she is very interested to continue her education in the formal system. She now knows the advantages of learning, and it is a means to get other opportunities. As she stressed this point:

*Even if, I couldn't get the opportunity of the formal education, I will try to find vocational training which will help me to change my job or assess other opportunity.*

Above all, Zeritu felt that this program has to continue in order to benefit her more and address others vulnerable migrant girls like her.

#### **D. Life Skills Rehabilitation**

Zeritu replied to this issue and stated that, she didn't come across to any life skills training before. But she only heard that HIV/AIDS, could be transmitted from people to people and it is a killer disease. Families in her former vicinity do not encourage their children to know about livelihood aspects. Children are expected that they know nothing. Thus, she remained shy, silent and didn't raise questions to her elders. She also didn't acquire sufficient information about protection of diseases and personal hygiene. She was not assertive enough to deal with peers, neighbours or negative attitudes, and influences towards her. Before entitlement of the project, once she faced a forceful attack, and didn't leak to no one, but exposed to her mentor latter in the project. In addition, she explained even when she was ill or had a problem, she didn't use to expose to others. It was better for her to make it a secret, and expected that no alternatives exist for the solution as far as she is serving out of her parents home.

She was invited to give her notion about her exposure to the life skills training. She witnessed that in the weekly program, life skills is given one day for one and half hours. The program holds HIV/AIDS awareness, communication skill, reproductive health, personal hygiene, disease protection, assertive skill and other social rehabilitation components.

The methodology for conducting of the life skills training is by establishing small groups which helps every member to get an opportunity for participation. The agenda is decided on the interest of the participants based on the directory of the training manual. In this training every body shares ideas, raise and answer questions. Sometimes discussion points are selected by the interest of the actors. The mentors are directing the overall procedure of the training.

In addition, sometimes the mentors told them the Pros and Cons in the livelihood of adolescent girls, strategy, functioning and social participation in the mentoring program. The absence of supporting written notes and demonstration materials is also what she raised about the problems in the life skills.

Consequently, she replied on what changes she exhibited due to the training of life skills. She after consecutive training developed her self-esteem, listen others and reply her view. As she stated in her words:

*This time I knew what HIV/AIDS is, how it is transmitting among human beings. I developed my own sense of protecting diseases and to keep my self clean. I tell you now I have a better thinking and performance on my health aspects.*

Zeritu started to communicate properly with her mentors, employers and her peers. Her social interaction and knowledge of social skills improved and benefited from the training. When she was in personal problem she communicated with her mentor and the mentor treated her like her mother.

On the other hand, she found the medical support is more advantageous to her. Once, she has got sick and received assistance from one of the stakeholders of the medical service providers. Thus, she not only served from the program, but also obtained the knowledge that medication is a key component of livelihood. As she puts it:

*I was sick, and treated by this service. Had it not been for this service, it would have been difficult for me to take action on my medication, in terms of cost or procedure.*

The employer of Zeritu witnessed, when her domestic worker was affected by typhoid and typhus. So, she was taken to Melese Hailu Higher Clinic which is a stakeholder of the medical service. As a result, she revived and back to her business. Finally, Zeritu added that, the life skills training also would be more important if it was supported by

written materials for the students. So, she hopes the facilitators could improve more access on the rehabilitation components of the program.

The other session, to be handled by the researcher was observation of the Zeritu class. Her teacher requested her to accomplish different tasks on academic and life skills issues. Then, the researcher witnessed the following performances. In that she, read and wrote Amharic sentence, reads and wrote English words, identified pictures by name, add, subtract, multiply and divide small numbers, answered life skills questions to her teacher and communicated with peers in the life skills session.

And also, answered her questions in the interview with due attention and sense of self-worthiness. Thus, the researcher's observation strengthened the information provided by the informant.

### **4.1.3. The Case of Alemitu**

#### **A. Background Information**

**Interview time: 120 minutes.**

**Place: Belay Zeleke Kebele Briuh  
Tesfa Program Office**

**Date: 24, Jan. 2011**

Alemitu, female, 18, selected from Bahirdar Project Center, is a domestic worker and was a member of Biruh Tesfa program for two and half years in the implementation site of Belay Zeleke kebele of Bahirdar city. Now she is in her 3<sup>rd</sup> year education of the project. She has migrated from Fogera Woreda, Woreta kebele to Bahirdar before five years.

#### **B. Cause of Migration**

Her main cause of migration was deprivation of education and the intention of early marriage. When she was age 12, her parents designed a secret marriage with out her consent. When she identified the case, migrated to Bahirdar, where she stayed with a

relative, for a short time and left them due to disagreement and became a domestic worker.

### **C. NFE Rehabilitation**

As she replied about her previous education, she did not join any form of education or rehabilitation services before the program. This is because her parents believed that, female children should not attend education, or go to school. The employer of Alemitu from Bahirdar notified Alemitu's previous status and created fertile condition to the education and put her positive sentiment as follows:

*My domestic worker was unable to read and write, where as my children at her ages achieved appropriate grade level of education. When I was requested by the mentors to send her to the education, I was happy as far as I knew that she was illiterate.*

She has joined the rehabilitation program due to the mentors request to her employers. Now she is in her third level of education. She explained that the non-formal education is given daily for one hour and forty five minutes for five day a week. She attends Amharic, Environmental science, math and life skills, except English. The education is provided only in one duration daily starting from 5:00PM, and held by class interaction of the usual teaching-learning process. The program delivered her exercise books, pen, sanitary materials and detergents. Her achievement is also evaluated by tests and semester exams, which helps for promotion or detention. Her one semester final result is presented in the cross-case table of the selected girls.

Concerning the problems of the non-formal education she noted that, text books are not provided to the students', even if they used some books to work in the class. On the other hand, she mentioned that English language is not incorporated in the program, which may have a negative impact when she joined formal school or in the performance of the language learning.

She replied also about her achievement expressing that now she can read, write and perform the basic mathematical operations with small numbers. When Alemitu expressed the advantages and changes in her education:

*The non-formal education is very beneficial to me. For example, now I can write a letter to my family. Had it not been my education, I should request some one to write it for me, where the person knows my secret. I am too much grateful to Biruh Tesfa Program, which pulled me to attend the education to change my status.*

This is confirmed by her employer from Bahirdar and expressed that, she exhibited changes in her academic performance. Previously she was illiterate but now she is able to read and write, manage to buy goods from the shop. When she observed this performance of her domestic worker, she still encouraged sending her to the program. Alemitu mentioned also, in the future she will like to continue her education in the formal school, and will like to become a medical practitioner.

#### **D. Life Skills Rehabilitation**

Alemitu expressed that she did not attend any form of life skills training, or rehabilitation exposure in this arena before. Even in her families life skills aspects were not raised and she remained with out the knowledge of basic skills of livelihood. She lacked to acquire the know-how about her personal hygiene, protection of diseases or negotiation skills. In addition she raised that, when confronted to different problems, she was not used to expose what she had, before joining the biruh Tesfa Program.

She was requested to express her knowledge after the exposure to life skills training. She replied that, the life skills program is provided in parallel with the non-formal education every day, in its own session. The program is designed to incorporate HIV/AIDS, communication skill, reproductive health, personal hygiene, negotiation skill, and other related livelihood aspects.

The training methodology is learning each other by establishing small groups or general discussion on selected topics with coach of the mentors. The manual prepared

for this training is used as a directory of the training. The training procedure gives way to every participant to express his/her view towards the issue. The mentors played active role in facilitating the sessions.

The mentorship session is also a private program to deal with the mentors, which helped to capacitate the social skills of the client and had a paramount importance to build her self esteem and self efficacy. Concerning the problems in the life skills, no resource materials to read or to share among the clients, and sometimes she is shy to raise questions to the mentors.

As a result, she replied to the changes she acquired due to the training of the life skills. Thus, she knew what HIV/AIDS is, its transmitting ways, and started to communicate effectively with her mentors or peers. As she put it:

*The life skills training helped me to know what I did not know. Every issue raised is what one can face in day to day life activities. Hence, to know about these lively hood issues are more important to my personality development.*

On the same issue, as a mentor in focus group discussion of Bahirdar soundly expressed about the changes of Alemitu:

*When I met this selected girl before, who is my client, she was shy enough to communicate with me. But through encouragement and participation in the training with peers, she started to interact and express her self.*

It is not only the life skills training but also the medical support rendered has valuable importance to her life. She knows about the service, and using the coupon system she received medical support. In relation to this, there is permanent timely medical check-up by nurses of government health centres, based on the agreement of the program. Finally, she mentioned that it is worthy to strengthen the program with additional written materials to be provided for the trainees.

The other session held by the researcher was to visit Alemitu's class session, and request the instructor to demonstrate her performance. Then, the observation had confirmed the following evidences. Thus she, read and wrote Amharic sentence, made mathematical solutions using the four signs with small numbers, nominated and identified pictures properly, answered life skill questions to her mentor and ask questions to her peers in the life skills session, and answers their questions too.

The researcher also ascertained that her understanding and response with out hesitation to the interview, and assertive ways of her expression to the raised issues are contributed by the intervention approaches to the informant.

#### **4.1. 4. The Case of Tejitu**

##### **A. Background Information**

**Interviewee time: 120 minutes.**

**Place: Belay Zeleke Kebele**

**Biruh Tesfa Program office**

**Date: 24, Jan 2011**

Tejitu, female,19, selected from Bahirdar project, is a domestic worker and being a member of Biruh Tesfa Program before two and half years, attends the rehabilitation services in Belay Zeleke kebele of Bahirdar city. Now she is in her 3<sup>rd</sup> year education of the project. She has migrated from Alefa Takusa Woreda, Shawra Mariam kebele to Bahirdar before six years.

##### **B. Cause of Migration**

Her main cause of migration was due to the complications of her early marriage held at the age of seven. After the marriage she faced gynaecological problem and received medication in Addis Ababa with her father's support. Later at the age of ten her parents forced her for second marriage, where she faced again delivery problem resulted in the death of the child. After these incidences, she decided to evacuate from her vicinity and joined Bahirdar city, where through a broker received the domestic work.

## C.NFE Rehabilitation

Concerning her previous exposure, she replied that she did not obtain any education or rehabilitation services before joining the present program. This is because of the negative attitude of her parents towards the education. As she puts it, “ there is rural school in our surrounding. However, the intention of parents in the vicinity to send girls to school is in parallel with the interest of the beholders.”

She became a member of the Biruh Tesfa program, after the mentors politely expressed the purpose of the program and the time of the education is out of regular working hours, to her employers. Now she spent two and half years and in her third level of education. She further noted that, the non-formal education is given daily for one hour and forty five minutes, for five days a week. She attends Amharic, math, Environmental Science, and life skills, excluding the subject English. The non-formal education is confined to only one program duration daily starting from 5:00PM, arranged to respect the interest of employers where they could be at home after working hours. The program delivered her different educational materials and utilities similarly as mentioned in the previous cases.

She was also requested to mention about the problems encountered in the non-formal education. Thus, similarly she mentioned the lack of text books provision, which hindered working at home. The other point is that English language is not provided as a subject, and this could be arduous for her when she joined the extension program to compete with other students.

Concerning her achievement on the non-formal education she replied that, this time she deserved reading, writing, and basic math operations. As mentioned in earlier cases, her performance is measured by usual tests and final examinations. Similarly her one semester exam result was incorporated in the cross-case table of the selected girls. As she witnessed her changes in her own words:

*Previously I used to drop a written litter paper without identifying what it is. But now, I read the paper and decide whether it is useful or not before discarding. Hence, Biruh Tesfa members are the founders of my renaissance.*

As the coordinator from Bahirdar indicated about the changes of Tejitu as a result of the non-formal education were, the ability to demonstrate reading and writing, basic mathematical operations, improved language skills and answered questions in the class.

Tejitu added, after this program she would like to continue her education in what ever way possible, if her working condition allows her to do so.

#### **D. Life Skills Rehabilitation**

Tejitu replied that, she did not expose to any trainings or rehabilitation services before joining this program. She listened only about HIV/AIDS without detailed information from her peers. On the other hand, she lacked the knowledge of personal hygiene, disease protection, communication approaches, peer pressure, self-confidence, or even using the existing legal institutions when confronted with violations.

She was requested to explain the procedure and her performances after the exposure to life skills training. Thus, she noted that, this program is given daily in a separate period for five days a week. The training holds HIV/AIDS, communication skill, reproductive health, personal hygiene, peer pressure, self-confidence, negotiation skills and other related livelihood issues. The training methodology is in different approaches, where the cluster groups exchanged ideas on a given topic, or discussion point is forwarded among the participants with a close coach of the mentors.

The other extended session is the private mentoring session where a mentee presented her problem to the mentor for advice or further solution. This helped her to request her private problems with out negligence. On the same token, she answered about the changes she acquired as a result of the life skills training. As she put it:

*It was very difficult for me to talk about my personal problem, gender based issues or negotiates with elders, before the training. After the continuous training, I started to discuss with peers or mentors about different personal or life aspects, which helped me for self-realization and interaction.*

Additionally, she included, now she can express herself when interacting with her peers and mentors too. She raised questions starting from “why” when she is not convinced in dealing with people. Now she identified even how to handle conflicts when occurred. The example she mentioned for this idea is that:

*Previously when I quarrelled with my employers, I used to weep always. But after this training I talk to them by presenting my facts. If it is my fault, I beg their pardon and back to peaceful atmosphere.*

On the other hand, Tejitu mentioned about the social benefits she achieved from the psycho-social support. As she put it:

*The support rendered on social aspects increased my courage and participation with neighbours or deal with other people and to adjust my self to the community around.*

In connection to this program, she has benefited from the medical services rendered. As she had medical problem before membership, this service helped her to make periodic check-up and received appropriate medication from the partner health institution. Similarly, the employer of Tejitu suggested that, as she had earlier medical problem due to early marriage, she managed to be in good health as a result of the medical support.

Following the interview of Tejitu, the researcher observed the performance of the informant in the class. Her mentor asked her by writing on the blackboard words, sentences and numbers. Thus, the observant discovered the following facts in her achievement. She read and wrote Amharic words and sentences, identified pictures by name, operated mathematics with small numbers using the four signs and also expressed what she knew about HIV/AIDS, reproductive health, self-confidence and communication skills successfully.

As the researcher observed self confidence when responding to the interview, in the aforementioned cases, Tejitu also had similar approaches during the session, which could be the result of the intervention.

#### 4.2. Cross-Case Analysis of the Main Factors Assessed on the Selected Girls

In order to show the similarities and differences of the selected girls cause of migration, academic results, changes exhibited on the educational, life skills and social aspects, it would be essential to use cross-case analysis of the findings. Hence, it is presented in the following tables with comparison and description of the findings. The concepts are extracted from the interviews, observation, and focus group discussion.

**Table 2. Cross-case comparison of the causes for the selected girls' migration**

Causes	Addis Ababa		Bahirdar	
	Chaltu	Zeritu	Alemitu	Tejitu
- Early Marriage	✓	✓	✓	✓
- Deprivation of Education	✓	✓	✓	
- Glamour of city life		✓	✓	
- Partial parental loss		✓		
-Medical problem due to early marriage				✓

The above description denoted that early marriage is a common factor for all the four girls. Deprivation of education also holds three of the girls. Thus, it is possible to conclude that these factors are prevalent compared to the other causes for their migration. On the other hand, the wrong perception of the city life on the part of the girls, parental loss and the complications resulted from early marriage also contributed to the girls' migration.

**Table 3. Comparison of Changes Exhibited on the Educational Aspects of the Four Cases**

Educational aspects	Addis Ababa		Bahirdar	
	Chaltu	Zeritu	Alemitu	Tejitu
- Read and write	✓	✓	✓	✓
- Perform basic mathematics	✓	✓	✓	✓
- Improved language skill	✓	✓	✓	✓
-Participated in class sessions	✓	✓	✓	✓
-Promoted to next grade level	✓	✓	✓	✓

The above findings confirmed that, due to the provision of non-formal education all the four girls were able to perform oral, written and mathematical academic aspects. Their language skill was also improved, able to participate in the class performances and four of them acquired relatively similar academic status where they achieved changes in literacy skills. Above all, all of them are promoted to the next grade level, which evidenced their success in their academic situations. In order to support this fact their one semester results were also recorded and presented in a table below.

**Table 4. One Semester Exam Results of the Selected Girls in Terms of Percentage**

	Selected Girls Name	Amharic %	English %	Math %	Environmental Science %
1	Chaltu	73	70	70	60
2	Zeritu	80	60	80	50
3	Alemitu	70	.....	60	80
4	Tejitu	60	....	80	83

Thus, their results witnessed that all of them passed their exam and achieved more than fifty percent mark out of the rating percentage. Hence, one can imagine the result shows that they perform better and gained certain knowledge in the field of their academic education.

**Table 5. Comparison of Changes Exhibited on the Life Skills Aspects of the Four Cases**

Life skills aspects	Addis Ababa		Bahirdar	
	Chaltu	Zeritu	Alemitu	Tejitu
- Knows about personal hygiene and health protection	✓	✓	✓	✓
- Knows about HIV/AIDS transmission	✓	✓	✓	✓
- Knows about refusal or negotiation skills	✓	✓	✓	✓
- Communicate with peers and mentors	✓	✓	✓	✓
-Received medical treatment on request	✓	Not yet	Not yet	✓
-sentient of disability	✓	✓	✓	✓

The above evidences denoted that all the four girls acquired basic livelihood skills which help them to function in their day to day life. They knew about protecting their health situation, identified risky diseases and developed admittance and rejection skills. All of them started to interact with their mentors and peers. They reported in case of medical problems and received treatment even if, two of the cases were not sick so far. Therefore, these changes could be directly associated to the training in the life skills.

**Table 6. Changes Exhibited on the Social Aspects of the Four Cases**

Social aspects	Addis Ababa		Bahirdar	
	Chaltu	Zeritu	Alemitu	Tejitu
- Demonstrated during group discussion/peer to peer program	✓	✓	✓	✓
- Had friends to deal with	✓	✓	✓	✓
- Started conversation with neighbours, in the family and in information seeking	✓	✓	✓	✓
- Expressed her problem in case of medical issues with health personnel	Not yet	✓	✓	✓
-Developed sense of mutual respect	✓	✓	✓	✓

The evidences concerning the social changes of the selected girls pointed that all the four cases acquired substantial change due to the mentor ship and interactive procedures designed by the rehabilitation program.

One can see that all of them had friends, participated in discussion programs, interacted with neighbours and peers, respected others and three of the cases expressed their medical problems without frustration. Thus, all the four cases exhibited changes in the above mentioned social components and achieved the social skills oriented.

### 4.3. Results from the Interview of Representatives of implementer Organizations, Project Coordinators and FGD with Mentors and Employers

Table 7. Application Information

Types of participants	Addis Ababa			Bahirdar		
	Time used	Place	Date	Time used	Place	Date
Project Coordinators	One hour	Woreda 7 Pro.Office	24,Dec.2010	One hour	Bahirdar pro. Office	26,Jan.2011
Representatives of program Partners	One hour each	Participants Offices	21,Dec.2010 and 22,Dec.2010	One hour	Participants Office	25,Jan.2011
Mentors and Employers	One & half hour	Woreda 7 Pro.Office	23,Dec.2010	One & half hour	Belay Zeleke Pro. center	27,Jan.2011

#### 4.3.1. Description of the Participants

The project coordinator of Addis Ababa holds M.A. degree and the Bahirdar coordinator achieved B.A. degree. The representatives of program partner organizations i.e. WCYAB of Addis Ababa and Bahirdar both hold B.A. degree and the population council informant earned M.A. degree. All the above mentioned, served for considerable number of years in their position and gained different experiences as project coordinator, program officer and capacity building officer. The mentors in Addis Ababa were 12<sup>th</sup> grade complete and those of Bahirdar were 10+1-3, where as the employers of Addis Ababa were literate and those of Bahirdar were 6<sup>th</sup>

and 8<sup>th</sup> grade complete. The mentors also served starting from the launching of the program in both sites.

### **4.3.2. Background Information**

In this section attempt has been made to investigate the role played by the implementer organizations, project coordinators, mentors and employers and also their attitude towards the overall rehabilitation program of the two projects in Addis Ababa and Bahirdar cities. Hence, the information is presented according to the essence of the study.

Representatives of the implementing organizations were interviewed about the two projects and the following evidences were obtained. Concerning the role of population Council the focal person addressed that, primarily the council in cooperation with the former Ministry of Youth and Sports conducted a research in slum areas of Addis Ababa and Bahirdar cities. This research finding evidenced that most migrant girls in the area are unreached, and deprived of opportunities, where most of them are accompanied by abuse and neglect.

Thus, the Population Council in collaboration with the former Ministry of Youth and Sports, and the former respective regional bureaus of Youth and Sports (BOYS) designed the rehabilitation program in both cities, in 2006, with fund support from donors. The main duties of Population Council are to conduct further research, organizing forums and capacity building programs, awareness raising for mentors and stakeholders, fund Mobilization, project proposal development, monitoring and evaluation of the project, publication and distribution of the findings.

On the other hand, the representatives from the bureaus of Addis Ababa and Bahirdar explained about the role of their organization in the Biruh Tesfa project. Thus, they replied that the bureaus were the implementers of the project and participated from the inception and signed a tripartite agreement for execution. The main tasks of the bureaus are project proposal evaluation, awareness raising of stakeholders and design a strategy for their participation, man power, financial and logistics administrations,

organize monitoring and evaluation programs, disseminate report to the concerned bodies, field visits of the project sites and other similar duties of the project.

The implementers played the mainstreaming duty and support the advisory committee activities. They also took part in providing educational materials and organize quarterly review meetings to evaluate the activities of the project. Focal person was assigned to follow-up the overall program and bridge the project with the bureaus, so as to take immediate actions or give decisions.

Concerning the stakeholders participation, the representatives added that, the local government offices in the project areas are well acquainted with the program and serve as a member of Project Advisory Committee (PAC), and contributed to the soundness of the project. For example, the woreda and Bahirdar city education offices played an active role in the education delivery process, test administration, certification and further linkage to formal schools. Others like health office, women's affairs, HIV/AIDS prevention office, kebele administration were also the key role players.

The coordinators expressed that, the project is on implementation of five woredas of Addis Ketema Subcity in Addis Ababa and six kebele of Bahirdar. The female adolescent vulnerable children clients, whose age ranges from 10 to 19 years, are domestic workers, orphans, street vendors or unemployed.

The mentors were asked about their duties and responsibilities. They replied that, teaching the subjects and conducting the life skills training are their main duties. In addition, they played an active role in approaching and selecting the beneficiaries from their vicinity by searching the girls from home to home. As most employers are not willing to send their domestic workers, they involved in convincing these employers.

The mentors are also participating in linking the patient girls to the near by health referral centres and follow-up the case. In addition, they involved in arbitration and negotiation duties, when the employers and girls are in conflict. The mentors tried always to change the attitude of the employers, towards the vulnerable girls' education and it is one of the major responsibilities of the mentors. However, if the

girls are fired, there is a shelter prepared by the population council, and later accessed for job opportunity by the mentors.

As the project coordinators replied to this issue, the mentors are selected from the project areas based on their education, social acceptance in the community, empathy, and capacitated with different technical trainings. The mentors played vital role to absorb the girls to the project. The home to home visit, home to home advocacy and coaching are their main tasks. In addition to delivering the non-formal education and life skills training, the mentors engaged in continuous consultation to their specific clients.

Representatives of the implementer organizations confirmed about the mentors that, they are the main actors in providing the non formal education .They selected the vulnerable girls from their vicinity and convinced the employers to send them to the program or handled those who are engaged in other self supporting businesses. They are also armed with the role of teaching by being trained with the education guide line. The mentors are serving not only as teachers but also as substitute mothers where by they share their experiences or advice to the girls whenever necessary.

### **4.3.3. Causes of the Girls Migration**

As the representative from the population council stated, the research evidences ensured that the girls had different reasons for migration with common factors. As he put it in his words,

*The research works conducted on these migrant girls evidenced that a cause for most of the girls' migration was early marriage, designed by parents or guardians of the girls. This circumstance enforced them to fly to the cities in the expectation of different opportunities or run away from the condition before or after marriage.*

The FGD participants were asked about the causes of the girls' migration. They replied that marriage including early marriage, deprivation of education, and poverty

of parents to teach, under estimation of girls' education in the family, glamour of city life were the major reasons for the girls to migrate to Addis Ababa and Bahirdar.

The project coordinators confirmed this concept and said that the above factors including gender discrimination are the main reasons for the girls' migration from their vicinity to Addis Ababa and Bahirdar cities.

#### **4.3.4. Challenges of the Girls after Migration**

Concerning the difficult circumstances after reaching to the cities the mentors stated that, the girls expected that they could get a better job opportunity in Addis Ababa and Bahirdar, but the condition is different. They are exposed to streetism, unemployment, prostitution, rape and child labour. These conditions deteriorated their aspirations and could be exposed to health problems and other offences.

The project coordinators said on this issue, when they reached to Addis Ababa and Bahirdar they faced different abuses including economic problems related to shelter, subsistence, rape, labour exploitation, unemployment and also emotional and psycho-social problems.

#### **4.3.5. Non-formal Education**

In relation to the services rendered, the representatives from both sites suggested that, non-formal education, and life skills training are the main components supported by other services like medical and psycho-social development. Taking the fact that education is a basis for change, the non-formal education is provided according to the designed program based on the Ministry of Education manual. The woreda in Addis Ababa and Bahirdar city education offices were closely working in this respect, monitor and support the program. The education is provided for five days per week for two hours, which is designed in three shifts, with the consent of the clients in Addis Ababa, where as, one hour and forty five minutes for one session daily in Bahirdar.

They attend the subjects Amharic, English, environmental science, math and life skills except English in the Bahirdar program. The non-formal education is provided on a designed program, at learning centres provided by the respective woreda or kebele administrations. The non-formal education is designed for two to three years depending on the completion of the program.

The coordinators suggested their idea on the issues of the non-formal education. In this respect, the Addis Ababa coordinator said, the non-formal education comprises four subjects scheduled with five days a week with one day life skills training, in three sessions per day. The Bahirdar coordinator added that the program hold three subjects and provided in one shift always with life skills training. The objective is to develop their cognitive skill, language competence, social and livelihood skill and also psychomotor domain.

In the focus group discussion mentors were asked about the non-formal education provision. As they expressed, the non-formal education is provided using chalk and talk, sometimes flip chart. The student - class ratio is possible to say appropriate classroom size. They have good benches in the class for sitting. The mentors further noted that, the program is arranged for the beneficiaries to join their possible alternatives. Before noon there is one program, and in the after noon run two programs in Addis Ababa. However, the Bahirdar program is managed only in one shift due to the consent of the employers. The girls are provided with exercise books, pen, sanitary materials and other accessories by the project

Concerning the assessment strategy the mentors mentioned that, they used to evaluate their beneficiaries by tests and semester final examinations as done for the formal students. They received support from the Addis Ketema sub city and Bahirdar city education offices, especially in preparing the examination and the education strategy. The promotion or detaining step is based on the examination. Those who passed are provided with formal certificates in cooperation with the respective education offices, which is approved and sealed by them. This helped them to join to the formal schools.

The coordinators confirmed about this issue and said, the assessment strategy is based on continuous assessment, and final exams are administered with the consent of the

woreda and the city education offices, where at the end of each grade certificate is issued as an indicator of their achievement.

As they further noted, the non-formal education has an extension program, in which those who are interested joined the formal schools to pursue their formal education. In the course of through out the program 490 beneficiaries in Addis Ababa and 293 in Bahirdar joined the program. These linked students are provided with uniforms and educational materials. The other linkage is vocational skill training, especially designed for those who are orphan girls in order to make them self-supportive, where by their training and transportation fee is covered by the project. Till now, 120 were trained and 50 are in the pipeline, in Addis Ababa and 235 in Bahirdar, with sponsorship.

In their reply to the monitoring and evaluation activities the representatives stressed that, permanent supervisors are assigned to monitor the daily performances. Monthly and quarterly written reports are also the other follow-up strategy. The quarterly evaluation meeting with concerned stakeholders and implementers helped to identify the obstacles and took appropriate measures on time. The Monitoring and Evaluation section in population council also took the responsibility for the execution of this activity including field visit of the project sites.

Concerning evaluation of the performance of the project, the project coordinators said, a survey was conducted with questionnaire and observation, and reports were prepared for appropriate measures. Thus, consultative meeting with stake holders', awareness raising on the magnitude of the problem, participation to solve the problems encountered on time and the better performance of the learners were also the strategies and indicators for the continuity of the project life.

They added also, the other responsible body to follow up the program is the Project Advisory Committee (PAC), established with members of Woreda education, Health and Women, Children and Youth Affairs Offices including two known dwellers from the local community. They support, follow-up and observe the situation of the program, took part to solve the problems and agitated the community to send the beneficiaries to the project.

As the project coordinators from both sites suggested, the stakeholders' contribution has a paramount importance in the program. They provided educational materials, medical services, training and participate in monitoring duties, to assure that the program is in line with rules and regulations of the Education Sector Development Program of the Ministry of education. Other stakeholders also participated in providing temporary shelter for homeless, sponsored skill trainings and provided trainings like basic business skills.

On the other hand, the mentors were asked about the employers' participation and resistance to send the girls to the project. They replied that, still some employers resist sending these girls to the program. However, there are cooperative employers who permit them to do so. The employers of the four selected girls are in the latter group. Some employers also engaged their domestic workers who are in the project, to work for longer hours. Hence, the effect is reflected in the class, on the sleep of the girls.

In the course of the non-formal education process, there are problems encountered which the informants agree upon for the attention of the concerned, in both sites.

To mention with;

- Some employers are influencing the girls to be absent from classes for different reasons.
- Lack of appropriate teaching classes in some centres.
- Few beneficiaries changed their dwelling area after incorporated in the project.
- Lack of written material or documents to be distributed to the students
- Text books are not provided to the students, which hinders their better performance.
- The teacher's text-books are not updated where they are using previous edition.
- They lack teaching aids, like globe, tape recorder, etc.
- Lack of discussion forum with employers.
- As English language is not provided as a subject in Bahirdar, there are challenges to join formal schools.
- Loosen coalition among the project and other stakeholders, like the Woreda education office, especially in close follow-up of the education procedure.
- No resource centre for mentors to develop their capacity out of classes or to prepare teaching aids.

- Even if, training of non-formal education teaching and methods of life skills provision was conducted for mentors, still they need to update the training.

The mentors mentioned also, in order to minimize some of the problems they used current books from different sources, collected brochures, and leaflets for life skills, and prepared teaching aids from local materials. In the case of Bahirdar, some books are obtained from the Amhara development Association and the education office of Bahirdar.

One of the coordinators pointed out the changes observed on the selected girls due to the non-formal education and delineated that, they started reading and writing, and performed basic mathematical solutions. It increased their interest of education and aspire for further opportunities. The education not only helped them to achieve academically but also served them as a foundation for their livelihood. As he put it:

*You know if you be in their class and ask them, what their career would be in the future, they used to tell to be physician, nurse, teacher, trader, artist or any other professional. This shows their sentiment towards education is changed.*

In addition, the representative from the Bahirdar bureau pointed out about the changes exhibited in the education, on the part of the beneficiaries. As he put it:

*Most of the girls didn't attend schools before. For some of them this could be also the reason for their migration. Hence, they become enthusiastic to attend their education and pertinently follow the program. In this regard, they started reading and writing, performed basic mathematics and interacted in the class sessions. These circumstances approved their change in the academic situation.*

Particularly, when the mentors and employers were asked about the performance of the selected girls, they agree on their performance. In this respect, they observed changes on reading, writing, mathematical operation and exchanging money. They

actively participated in the class, answered questions and wrote even on the black board when requested.

#### **4.3.6. Life skills Training**

On the other hand, the representatives of the implementers were requested to explain about the life skills training. Thus, they suggested that, the life skills program is designed to empower the beneficiaries with the necessary know-how in their livelihood. It is very important for their life. The training has the components of communication skills, social interaction, personal and environmental hygiene, general health information, disability awareness, because of the presence of persons with disability among them, gender based violence, reproductive health, HIV/AIDS, basic business skill and other related issues. This training is grounded on the manual developed for the intended purpose.

The mentors added on this issue that, the training incorporated also, disease prevention, reproductive health, resistance of peer pressure and exploitation of child labour, assertiveness skill, self confidence, legal protection, migration, money handling, etc. Sometimes the participants selected discussion points on the above mentioned areas. There is a directory developed for the training, and also they used brochures and leaflets. A mentor in the focus group discussion of Bahirdar confirmed the life skills training viability as follows:

*It helped the clients to know them selves and recover from the negative out looks they had, or identify the obstacles they could face in the city life especially in protecting themselves from emotional incidences. More over, it developed their know how of the existence of governmental institutions to protect their rights.*

The mentors' further included also one session is left for life skills training per week for one and half hours, in Addis Ababa and 35 minutes daily in Bahirdar. This session is different from the non-formal education and more interactive and group discussion

is exercised, based on the manual prepared. They were trained to manage the training and interactive and group discussion sessions were under going among the participants. Their achievement in life skills is also certified by the implementer bodies with written documents.

The project coordinators were requested about the life skills training. Thus, they replied that, it is conducted based on their age, in which similar age group are handled together, with the demarcation below and above fourteen. The coordinators in both sites agreed on the problems in respect to the life skills training. Lack of training materials appropriate for life skills, similarity of the contents of the training in all ages, and absence of electronic information display i.e. audio -visual materials or other written teaching aids were the urgent issues to be in focus. The teaching manual also has to be enriched with up to date approaches and evidences.

Consequently, the mentors noted about the problems in the life skills training. The nature of life skills needs to update or incorporate current findings. There fore, the manual needs to be nourished with latest concepts. The system of delivering the training is only with group discussion or mentors awareness sessions, using the directory. Above all, they confirmed that the training is not twined with audio-visual and audio devices and printed materials which could make it lucrative.

When the issue of changes observed in the life skills of the girls, no attitude difference between mentors and employers in both sites. The mentors also added when they met them at the beginning, they even afraid to communicate. What they did when the girls join the program is to introduce themselves including their background. Slowly they accustomed to speak, question and answer issues. As they witnessed, the four cases exhibited visible changes. This is demonstrated by their communication, knew the transmission ways of HIV/AIDS, paid attention to their personal hygiene, resisted irregular acts or reported to the mentors. Above all, they interacted with their peer, exchanged ideas and debated each other.

Due to the life skills training said the coordinators, the clients developed self-awareness, expressed their views, build social network, maintained their hygiene, and developed self-esteem. Hence even when the girls faced forceful attacks, they

reported to their mentors and sent to medical check up, followed by appeal to the legal bodies.

On the other dimension, the representatives from the bureaus witnessed about the changes due to the life skills training of the selected girls. After the training they expressed their problems whether passed or current to their mentors. They actively participated in the cluster group discussion, asked questions and interacted with their peers.

#### **4.3.7. Medical services**

The other issue raised in the focus group discussion was, the system in which the girls received health services and the collaboration with stake holders. Thus, as they put it, the population council initiated health referral linkage using the coupon system with 16 governmental, public and private health institutions to provide basic health services to the beneficiaries in Addis Ababa where as 11 in Bahirdar. The beneficiaries are awarded coupon for access to the service including pharmaceuticals delivery. Based on this, the mentors referred or took the girls to the near by health institutions during illness, which is under agreement. The medicine cost is also covered by the project, based on the receipt available.

The coordinators raised also the medical program not only aware the clients to obtain medical knowledge but also arranged means of delivering medical services when they are in need. This program is governed by prior-agreement with governmental, non-governmental and private health institutions under the title called Health Referral Linkage. Thus, many of the beneficiaries in both Addis Ababa and Bahirdar benefited a lot from the service, and started their own health protection accordingly.

The informant from the population council also mentioned that, addressing the medical services through the program called health referral linkage benefited a lot of beneficiaries in the project. The population council arranged a coupon system based on the agreement with the health facilitators and often with their contribution too. Whenever the beneficiaries need to visit a health centre, the supervisors provide a permit for admission to receive the service from government, public or private health institutions. Those girls who had health problems before or after joining the program

served to recover from their problem. Thus, the medical service developed not only self- confidence of the users but also served as a vital component to assure their health status.

#### **4.3.8. Social participation**

Concerning the social participation the coordinators contended that, the Biruh Tesfa program has a mentoring session, in both sites in which a mentor counsel, advice, or assist her mentees in order to capacitate their social skills and to solve their problems when encountered by themselves, if possible. Such sessions pave the way for their empowerment and social interaction in the community. They are aware of the social norms, interaction procedures, handling conflicts and other vital issues in personal and social life. Some times with negotiation cases of the employers and domestic workers the mentors intervened to solve the problems as well as to demonstrate to the clients on how to handle the conflicts.

As a result of this social service added the coordinators, the clients' formed social network with their peers, friend's, mentors, including building of their social capital and developed their self-esteem. Consequently, they frankly reported during medical problems and other difficult issues.

The mentors conformed on the case in point that, awaking them with success stories, coaching them effectively, encouraging them to ventilate their emotions and creating sympathetic social interaction were the other mechanisms used to develop their psycho-social well-being.

The mentors finally suggested that the project is benefiting a lot of girls. Some are linked to the formal school and others received vocational training program in cooperation with sponsors. These girls developed new hope, bright future, as the project named and self-confidence. Hence, with such intervention they could be self supportive and productive citizens if they received continuous support with linkage.

On the other hand, the coordinators forwarded, in order to strengthen the program and promote the scope they forwarded the following comments: To ameliorate the stakeholders' participation, evaluation of the present status and replicate to others

Woredas or Kebeles too and to give due attention to their economic empowerment through vocational training, job opportunity and start-up capital.

In addition the coordinators suggested, intervention at grass-root level in the girls' origin of migration using community based access to opportunities, tackling harmful cultural experiences through education and awareness raising of parents and the community, contributes to the well being, personality development and minimizing the rate of migration.

The representatives concluded that the program has a motto: - “reaching the un reached” or “reaching the invisible” who are at risk of vulnerability to different negative circumstances. They are out of school, health services, occupations for self support and social interaction. Thus, it has a paramount importance in changing the life situation and social capital of these girls. The program evaluation confirmed that a step towards their bright future.

#### **4.4. Summary**

The general objective of the study is to assess the contribution of educational rehabilitation services delivered to the vulnerable adolescent migrant girls in Biruh Tesfa (Bright Future) rehabilitation projects of Addis Ababa and Bahirdar cities, and pinpoint the causes for their migration. In this regard, the purpose of the study is;

- To identify the root causes for the vulnerable adolescent girls migration to A.A and Bahirdar cities in addition to identifying the difficult circumstances they faced after migration
- To investigate the contribution and schemes of NFE, life skills training, medical and social rehabilitation rendered to the beneficiaries
- To find out the challenges intervened in the rehabilitation process and suggest applicable recommendations, and
- To denote the changes exhibited on the migrant girls, as a result of the rehabilitation services.

To gather data for the study, vulnerable adolescent migrant girls, project coordinators, implementer organizations, mentors and employers of the domestic worker girls were

reached. The participants of the study were selected based on purposive sampling technique, with the fact that they could address the issues in-depth, evaluate the experiences of the program from the onset and minimize the bias on the know-how of the program. The methods of data collection employed were semi-structured interview, FGD, document and literature review, electronic evidences grasp and observation. Interview was the main data collection instrument and others are considered to be supplementary instrument and used for triangulation. The data obtain through all these instruments were organized and analyzed using qualitative approach, with case by case and cross-case analysis.

The finding denoted that different pushing and pulling factors enforced the girls to migrate to the cities. Early marriage, deprivation of education, glamour of city life and parental loss, poverty and medical problem are the factors associated with the selected migrant girls.

This study founded that the Biruh Tesfa rehabilitation program render non-formal education, life skills training, dove tailed with social, medical and awareness raising services. These services are provided to the vulnerable adolescent migrant girls including girls with disability, whose origins are different regions of the country. The program is implemented by population council Ethiopia; WCYAB of the two regions and others concerned stakes like woreda education offices, health institutions and kebele administrations.

Regarding the contribution of the rehabilitation services to the vulnerable migrant girls the finding revealed that, the non-formal education had benefited them to acquire basic knowledge of reading, writing and operating basic mathematics which helped them to recover from their illiterate status. They improved their language skill with the exception of English language in Bahirdar project and their aspiration towards education is developed. They are promoted to the next grade and achieved certificate. The life skills training enhanced their assertiveness, developed their self-confidence, health protection, negotiation and communication skills. The medical and social rehabilitation supported the girls to revive from their problems and increased their social skills. The perceptions of the employers of these domestic workers also changed and cooperated to educate the girls.

Therefore, the findings exhibited these rehabilitation services have a paramount importance to ameliorate the livelihood of the vulnerable migrant girls. In addition the findings denoted that, even if, the Biruh Tesfa program came across the above achievements it confronted with different challenges too.

Taking these facts in to consideration, it would be desirable to discuss the main themes based on the findings, related literature and concepts of the researcher. Accordingly, it is presented in the following chapter.

## **Chapter Five**

### **5. Discussions, Conclusions and Recommendations**

#### **5.1. Discussions of the Results**

In this part, the results of the findings in relation to the research questions and theoretical assumptions were discussed and interpreted. Therefore, major thematic contents are presented based on the findings. The discussions on the findings are presented under the following headings. These are, causes of the girls migration, the girls pre-rehabilitation service situations, the types of rehabilitation services challenges intervened in the rehabilitation program and changes exhibited on the vulnerable adolescent migrant girls.

##### **5.1.1. Causes of the Girls Migration**

The study indicated that one of the reasons for four of the selected girls' migration to Addis Ababa and Bahirdar was early marriage. This incidence forced them to evacuate from their birth places to the cities. The attitude of their parents towards the girls and the cultural set-up in the community contributed to the intention or practice of the marriage before the appropriate age of the migrant girls.

The results obtained from the focus group discussion held with mentors and employers of the selected girls witnessed that, the main cause of these girls migration was early marriage, and this is exercised among different communities of rural areas.

The interview results with coordinators and representatives of implementer organizations also agreed with the fact that early marriage is a common factor for migration of the girls to the cities. In this connection, as focal person from the implementer organizations stated:

*The research works conducted on these migrant girls evidenced that a cause for most of the girls migration was early marriage, designed by parents or guardians of the girls. This circumstance enforced them to fly to the cities in the expectation of different opportunities or run away from the condition before or after marriage.*

In relation to this concept UNICEF (2010), suggested that pressure to marry and other factors like gender based violence, social stigma and norms affecting the girls are among the causes for women migration (chapter 2). Similarly, Mishra (2005), also contended on this issue by referring the case of Ethiopia. Even if the mean age of marriage is 15 to 16 years, girls at the age of five or seven are given to their husbands to accomplish different tasks at his home, including serving the husband's family. Due to these, girls are either taken out of school or not allowed to join schools at all.

In this respect, it is easy to forecast that the tension, frustration and difficult circumstances that the girls may confronted. They were not ready physically and mentally to marry or to deal with elders on different livelihood aspects. Being in such horrible conditions, no doubt that these girls preferred to migrate in search of other alternatives.

Additional evidence is also maintained by Cassacchia,et.al , cited in Mberu(2006). Thus, the Ethiopian census conducted in 1994 denoted that the number of female migrants at younger ages is greater than the male, which is associated to marriage and marriage related problems.

Compared to the Sub-Saharan African countries in terms of early marriage, Ethiopia is among the highest rates, which nineteen percent of Ethiopian girls are married before their 15<sup>th</sup> birthday (Clark, Bruce and Dude, cited in Erulkar and Muthengi 2009). This concept is also strengthened by a statement of population council, cited in

Erulkar and Muthengi (2009), by describing the Amhara region is the second largest populated region of the country, where early marriage is prevalent with 50 percent of the girls are married at their 15<sup>th</sup> birthday (chapter 2).

In this respect, migration led these vulnerable girls to remain with out education with unemployment, social problems and exposed to gender based violence, resulted in risky conditions to infectious diseases. Consequently, the implication of the migration is the affection of the girls' holistic development which has a negative impact in their overall development. Thus, it would be worthy to pay attention to this vulnerable group of the society.

The other cause for the three selected girls' migration to Addis Ababa and Bahirdar cities was deprivation of education. Their parents don't allow them to attend their education, even if schools opportunities were available around them. Associating a given factor at home, or attitude of the parents towards the girls' education, restricted these girls from attending their education. The results of the interview with project coordinators and representatives of the implementer organizations in both sites assured that the selected girls don't have any form of education before joining the program and they were illiterate. This condition pushed them to migrate to the cities.

Mishra (2005), noted on this issue that, the extent and depth of child poverty in the developing world found there to be some 135 million between 7 and 18 years old without any education at all, with girls 60 percent more likely than boys to be so educationally deprived.

Taking this figurative evidence, one can conclude that lack of education could be a pulling factor for migration with high number of migrant girls compared to males. In the focus group discussion held in Bahirdar one employer confirmed about the lack of education of her domestic worker:

*My domestic worker was unable to read and write, where as my children at her ages achieved appropriate grade level of education. When I was requested by the mentors to send her to the education, I was happy as far as I knew that she was illiterate.*

As mentioned in chapter two, adolescents both male and female migrate to the cities because of lack of educational opportunities. These young people described that, migrating to the cities like Addis Ababa is for the reason when educational services are not rendered in their vicinity or long way to their homes and also when parents could not send them to schools due to poverty (Erulkar, et al 2006).

In this study, as indicated in chapter four deprivation of education is reported from three of the selected girls, as a factor for their migration. Leaving these girls uneducated not only dilapidated their future conditions, but also unable to participate in opportunities available in the country.

Concerning this issue ESDP-IV (2010), raised the necessity to improve the high direct cost of education to parents being a reason why poor children do not enter school or drop out early.

Hence, one can infer from this fact that the deprivation of education for the girls contributed to their migration from their dwelling areas to the cities where they are now, and aspired to attend their education in every possible way after striving for their daily subsistence.

Another pulling factor raised in the focus group discussion of Bahirdar and Addis Ababa was the attitude of the girls towards the disguise life of the cities. They suggested, the girls expected that they could get a better job opportunity and education in Addis Ababa and Bahirdar cities, but the condition was different and could not achieve what they aspire. Rather, they are exposed to streetism, unemployment, lack of shelter, prostitution, rape, child labour and poor remuneration. These conditions deteriorated their aspiration and exposed to social, health and economic problems.

Indian National Domestic Workers Movement, (2010), identified glamour of city life as one of the pull factors for young girls and women to migrate to the cities. Striving in the cities is expected as a means of poverty alleviation and villagers do not grasp the difficult working atmospheres and low-wage of the domestic workers (Chapter two).

### **5.1.2. The Pre-Rehabilitation Service situations of the Girls**

After migration the selected girls exposed to different difficult circumstances, when they reached to Addis Ababa and Bahirdar cities. Most notably, it was very hard for them to get job opportunity because they were not trained or educated. The only alternative to deal with was to join a domestic work, which is characterized by low-wage and long hours of work and violations as mentioned about the violence of one of the girls by the employer's family in chapter four.

Regarding this point, Gurmu, et al ,as cited in Mberu (2006), identified particularly the increased volume of movement of vulnerable women and young people with little education and few job skills, with a high proportion being domestic or service workers. These girls didn't receive any form of education either formal or non-formal, life skills training and medical supports which are essential components of life functioning, in their age.

One can judge from this fact that, lack of these necessary opportunities in their livelihood has detrimental effects on the migrants living condition and personality development, especially on the access to strive for daily subsistence and health services.

After migration, before joining the rehabilitation program these girls had no supervisors or mentors to deal with about their personal condition, medical problem or any other advice they like to have. They had no access to interact with outside home environment, which gives them a possibility to have friends and exchange experiences. It is vivid that lack of these components in livelihood impeded their personal and social development which led them to develop low-self-esteem and vulnerability to different risky situations, such as gender based violence, infectious diseases, streetism, lack of subsistence and involvement in crime.

On the other hand, these girls didn't receive early interventions in terms of education and training, at early ages in their usual places of origin. These conditions left them to economic and social vulnerability and migration. In view of the necessity and viability of early intervention, Tirusew (2005) argued that, early intervention is a term

that encompasses a wide range of experimental, educational and therapeutic treatments, training procedures and supportive experiences. The importance of early intervention, its remarkable contribution for modifying human behaviour or controlling the escalation of any problem, if it is carried out during the early period of child development.

The migrant girls with disability had also more different difficult circumstances due to the negative outlook of the community compared to those migrants without disability. A handful of research findings argued on this attitude towards girls and women with disability.

In this regard, Narvaez (2010), argued that, among others, girls and women with disabilities have lower attainment rates in education, participate less in the labour market and tend to have lower paid jobs, are more likely to suffer economic hardship, rely more on third parties and institutions, enjoy limited access to health and maternity services, are deprived of their reproductive rights, suffer a lack of access to available community services and programs, are at greater risk of falling victim to violence and abuse, and rarely or never participate in decision making processes in issues which affect them. The lack of information is even greater if one attempt to study the specific situation of girls and women with disabilities in rural settings, those who are migrants, who have a severe disabilities or who are victims of gender violence, among other things, given the mistaken belief that girls and women with disabilities can be treated as a homogeneous group in which there is no room to seek an understanding of its diversity and heterogeneity.

Even if, the Biruh Tesfa program accommodates some disabled beneficiaries in both sites more efforts are necessary to incorporate and combat their discrimination and accessibility. In the training of mentors, the issue of disability has to be incorporated and awareness raising programs to the concerned in the project area in particular and the community in general will have a rewarding outcome to address their needs and encourage their independent living. The researcher believed that networked efforts with governmental, non-governmental and faith based organizations, associations like EWNDA will facilitate to ameliorate their social and economic conditions and also discrimination.

As Traustadottir (2008), put it, Women with disabilities are one of the most vulnerable and marginalized groups in today's society. We need to develop a better understanding of their lives in order to remove the obstacles that still remain in their way to equality.

### **5.1.3. The Types of the Rehabilitation Services**

The Biruh Tesfa program aimed at the rehabilitation of vulnerable adolescent migrant girls is executing its duty with the vision and strategy to address educational, life skills, medical, reproductive health, social, vocational and legal aspects of rehabilitation. Hence forth, the program renders different rehabilitation services for the vulnerable adolescent migrant girls. The main focal rehabilitation services of this study are elaborated and discussed as follows.

#### **5.1.3.1. Non-Formal Education**

Non-formal education is provided for compensating the education they lack before, with the intention that it can bridge their life to the outer environment in terms of further education, or other wise, vocational training which can play a vital role to secure a better job from their present status. Regarding the importance of NFE, Coles (1988) stated that non-formal education has evolved as the means of reaching out to the forgotten and neglected; the most difficult to motivate and often the most resistant to assistance. Those who were and are deprived of formal education NFE has something for those who are deprived; it also has a message for the way in which formal education is managed and operated; and it also opens up a vision of continuing assistance and support for all; at whatever level of attainment and at all ages through out life.

The NFE was undertaken with sessions held in every learning day designed with the consent of the beneficiaries both in Addis Ababa and Bahirdar. These conditions created fertile atmosphere for the learners to come to the session they selected with the agreement of the employers. In the program they attend with different subjects which helped them to develop their language ability, reading and writing, numerical

operation and environmental phenomenon in particular and their cognitive development in general.

This expression is strengthened by Bock and papgiannis (1983), in such a way that, non-formal education is studied with in the societal context in which it occurs as well as in terms of its content. In all instances, NFE is expected to serve populations with diverse backgrounds and interests like those in Ethiopia. It is client centred and instructions include literacy, innumeracy, training in vocational skills, health and nutrition, family planning, agricultures, environments etc. It is flexible in its curriculum content, program delivery, organization and management.

Mammo et al (1998), in the Ethiopian social sector study report mentioned the NFE procedure and directions of the curriculum frame work. The curriculum fame work indicates that the time, venue and the days of instruction should be arranged in consultation with the participants. The contents of instruction for out of school youth and adults are categorized under language, Arithmetic and Environmental science.

In this study attempt was made to compare the principles mentioned in the Ministry of Education directory towards NFE, to the application of the non-formal education procedures of the Biruh Tesfa program. Thus, the NFE program is line with the directory of the Ministry of Education in terms of subject, content, instruction periods per week, total instructional hours and duration of the completion years, based on the information the researcher collected and expressed in the aforementioned presentations. However, English language is not delivered as a subject to the clients in Bahirdar, for which a clear reason could not be found for this omission. As the subject is provided in the Addis Ababa program, the researcher suggests incorporating it on the Bahirdar schedule too. This will help the beneficiaries to accustom to the basic know how of the language and minimize the difficulties they could face in their further education endeavour.

The representatives from the implementer organizations also confirmed this procedure. They tried to follow the directory of the Ministry of Education, in the non-formal education process. With this consent in mind, the woreda and city education offices participated in the advisory and support programs of the education delivery or assessment procedures. The mentors also trained or refreshed with contents,

methodology and schemes of conducting the non-formal education which is a corner stone to their day to day activities. As a result of the non-formal education linkage program to the formal education, a significant number of the beneficiaries joined this program in Addis Ababa and Bahirdar with the support of the Biruh Tesfa project, when they are attending. This fact is believed to ameliorate their attitude change towards their education. As one of the informant from the coordinators put it:

*You know if you be in their class and ask them, what their career would be in the future they used to tell to be physician, nurse, teacher, trader, artist or any other professional. This showed their sentiment towards education is changed.*

Thus, this evidence pointed out the efforts for the empowerment and sustainability of the girls' education. One may easily understand that the non-formal education is not an end by itself, but a basis for further attachment, a means to develop the interest or ambition of the beneficiaries. Hence, such connection has a value to bridge the non-formal education program with the formal education which assures the continuity, even if sometimes their working condition is a challenge to pursue their education in the regular program.

### **5.1.3.2. Life Skills Empowerment**

The life skills training program is conducted in both Addis Ababa and Bahirdar program, in which a separate program is reserved for this theatre considering appropriate sessions. This training is designed to develop their assertiveness, gender based violence, communication skill, refusal and negotiation skills and other related issues mentioned in the results. Most notably, the training is associated with personal and environmental hygiene including reproductive health aspects which has a paramount importance to protect themselves from HIV/AIDS epidemic and other infectious diseases.

As Mishra (2005), stressed the advantages of life skills training, the more educated and skilled young people are the more likely are to protect themselves from infection; and those who are in school spend less time in risk situations. And girls, who have traditionally had less access to the benefits of education, have an even greater need

than boys for the protection that education and training can provide. The best school based defence against HIV/AIDS addressed the issue of part of comprehensive life skills programmes established as a core part of the mainstream curriculum.

The life skills training are designed to educate the girls to identify the pros and cons in their livelihood, and to develop their potential in terms of different skills. This training not only aware them the existence of legal machineries, but also they have the right to appeal to these legal bodies when they faced harassment or forceful attacks, in addition to being armed with the information and knowledge they need to protect themselves. Thus, the program found it as a supporting tool, for the beneficiaries' empowerment or capacity building. In connection to this, Augustine et al (2004), argued that, life skills education emerged as an effective tool in care and support programme for the vulnerable and affected children. It has been found very effective to build the effectiveness of the children to discern and make right choices in totally remote area. Therefore, this approach would make a great significance in the lives of children (affected and orphaned) in leading a positive life.

The statement of Rosen, Werner and Smith, cited by Sharon et al (2003), described, life skills give individuals tools for perceiving and responding to life situations and achieving goals. Through the development of life skills, children develop higher sense of self worth and competence by learning to work with others, express their feelings, solve problems, and welcome new experiences. A mentor in the focus group discussion of Bahirdar confirmed the life skills training viability as follows:

*It helped the clients to know them selves and recover from the negative out looks they had, or identify the obstacles they could face in the city life, especially in protecting themselves from emotional incidences. More over, it developed their know how of the existence of governmental institutions to protect their rights.*

On the other hand, the life skills training in the program had an out look that the beneficiaries would be benefited in terms of their personal management, develop sense of self worth, and change their attitude on the harmful traditional practices or the negative experiences they came across.

The implementer organizations stand on life skills confirmed that, it is not only the academic education which helps them to plan their businesses, or to decide their destinations, but also the life skills training plays a tantamount role to their well-being, consciousness level, and assertive enough to harvest the available opportunities.

In this regard, National Institute on Drug Abuse (1997), pointed out, the self-management content areas life skills provides students with skills of increasing independence, personal control and a sense of self-mastery through teaching skills for increasing self-control and self-esteem, general problem solving and decision making skills, and critical thinking skills for resisting pressures and adaptive coping strategies for receiving stress /anxiety. As one of the selected girls from the Addis Ababa program expressed her attitude about the life skills training,

*I am eager to attend the program, because it helped me to gain different important aspects in my life, about my health and communication procedures with peers or elders. Not only this, but this program has a multi-dimensional benefit to me and to my class mates too. This training is a light for my path or life.*

From the above fact, one can infer that the life skills training served as a corner stone to develop the assertiveness skills, perception power, health awareness and self-reinforcement of the vulnerable adolescent migrant girls. Thus, it had an enormous contribution in changing the attitude, livelihood and social awareness of these girls with aspiration of their bright future.

### **5.1.3.3. Medical Services**

In relation to the life skills empowerment, the medical services is given due attention to rehabilitate the vulnerable adolescent migrant girls. The network established with governmental, non- governmental and private health facilities helped the beneficiaries to attend the service in a state of desire in their vicinity, which is free of charge for them, latter to be compensated by population council. The health referral linkage program supported by a coupon system, contributed to the accessibility of the service

to the girls and benefited them to revive from their illness as well as to protect their health.

The nature of the health institutions which are under agreement range from clinics to higher level government hospitals. Thus, the referral linkage made possible in case of further treatment, or accessed to contact directly to the higher level facilities. Both project coordinators raised that, the medical services and the sessional nursing supported the program by health protection of the girls and created awareness of their health status, in addition to being recovered from their medical problems. As one of the selected girls of Addis Ababa put it,

*I was sick, and treated by this service. Had it not been for this service, it would have been difficult for me to take action on my medication, in terms of cost or procedure.*

According to Binder (2008), medical rehabilitation includes a full range of treatments that licensed health practitioners may recommend to reduce physical or mental disability or restore eligible beneficiaries to their best possible functional levels.

In the same light, Adugna et al (N.D), mentioned also the importance of medical rehabilitation, it is periodic general medical check-up, particularly of children will enable the health workers to identify predisposing and precipitating factors for developing a disabling illness in the future. If such factors are eliminated by proper treatment, the child's high risk of getting handicapping illness will be diminished /abolished.

Thus, where the beneficiaries lack health information and had little or no access to health services the medical service played a vital role for their well being, all-rounded personality development, active and creative participation.

#### **5.1.3.4. Social Participation**

The Biruh Tesfa program has a mentoring session, in both sites in which a mentor counsel, advice, or assist her mentees in order to capacitate their social skills and to

solve their problems when encountered. Such circumstances encourage the beneficiaries to express their intention, desire or problems. This session is handled often between a mentor and a mentee and some times with negotiation cases of the employers.

The implementer bodies believed that, because the girls are migrants and secluded from their parents or relatives, different aspects of awareness raising and psycho-social support mechanisms are indispensable. That is why it is employed to them. In conjunction with the regular life skills program, such rehabilitation and empowerment is believed to ameliorate their social skills and enrich their social participation.

This issue is supported by the following facts. The shock of having to leave home and the circumstances of life as an internally displaced person (IDP), particularly in the early stage of an emergency, creates major emotional and social problems and exacerbates problems in the community (Danish Refugee Council, DRC, 2008).

Further more, the American National Centre for the Education Development (2010), confirms that general social skills are the necessary skills to overcome shyness, communicate effectively and avoid misunderstanding, initiate and carry out conversations, handle social requests, utilize both verbal and non-verbal assertiveness skills to make or refuse requests, and recognize that they have choices other than aggression or passivity when forced with tough situation. In this respect the selected informant girl from Bahirdar said that,

*The support rendered on the social aspects increased my courage and participation with neighbours or deal with other people and to adjust my self to the community around.*

Thus, the social rehabilitation is also another important weapon, to rehabilitate the beneficiaries, so as to promote their social interaction and facilitate their social and emotional behaviour. In this regard, in addition to the main components of rehabilitation, providing such dove tailed supports contributed to the social participation in the community and personality development of the clients in the program.

#### **5.1.4. Challenges Intervened in the Rehabilitation Process**

In the course of the rehabilitation program of Biruh Tesfa, there were challenges identified by the beneficiaries and other participants, in both Addis Ababa and Bahirdar program. Hence, they are presented based on the evidences reached. The researcher believed that these clues will help the actors to be aware, design resolving strategies and conduct further investigations to ameliorate the situations.

One of the challenges was text books are not provided to the students. Thus, the clients couldn't have the possibility of further reading or perform home works at home, which has a direct impact on their academic achievement. In connection to this, supportive educational materials or teaching aids are not available, which could facilitate the teaching-learning process.

In today's, life skills training procedure, the use of audio-visual materials contributed a lot to easily understand or remind what has been taught. However, in both programmes of Biruh Tesfa the use of audio-visual or audio electronic materials were not exercised. To this end, lack of reading materials in the field, in addition to the similarity of contents of the training in all ages, was notified.

The establishment of coordination efforts with different stakeholders to facilitate the program is legible. However, inconsistency in playing active role was exhibited in the course of the program implementation.

Diversified sentient of the mentors on continuous current issues especially on life skills, mentoring service, Para-counselling, disability and other issues is very vital, even if it was exercised very often in limited topics.

In both sites no resource rooms for mentors supported by electronic devices in order to develop their capacity, prepare teaching aids, or print-out for the clients. On the other hand, the vocational training award addressed few beneficiaries compared to the number of program participants, due to lack of sponsorship or networking.

Sometimes contradictions occurred between the employers and domestic workers, of the program. Due to this inconvenience few beneficiaries changed their working places, to other far places, which hindered their participation.

### **5.1.5. Changes Exhibited on the Vulnerable Adolescent Migrant Girls**

In this part the changes exhibited on the selected girls due to the rehabilitation services in the main focal educational components were discussed based on the facts obtained from the informants, and also the evidences observed by the researcher on the performance of the selected girls. Accordingly, the following is an overview of these circumstances.

#### **5.1.5.1. Changes Exhibited on the Educational, Life Skills and Social Aspects of the Four Cases**

In this study all the selected girls manifested educational Changes due to the non-formal education. According to the facts collected they attained basic academic achievements, and language ability. Concerning the changes, the researcher observed the performance of the selected girls in their classes. Thus, all the four selected girls withdraw from their illiterate condition and able to demonstrate by reading and writing, exercised basic language and arithmetic functions on the black board. These facts hold the researcher's attention to judge that these beneficiaries made a remarkable transition from their illiterate status. As a mentor from Addis Ababa said on this issue about one of the selected girls who is her client,

*When she joined me before two years, she was not able to even to identify letters. This time she achieved basic academic performances like words writing and reading, basic mathematical functioning and associated knowledge.*

As evidenced from one of the selected girls of Addis Ababa expressing her changes,

*“The non-formal education is very beneficial to me. You see, previously I was signing with my finger print, but now I sign by writing. This is an incredible phenomenon to me.”*

Similarly the representatives from the bureaus of Women, Children and Youth Affairs of both Bahirdar and Addis Ababa witnessed that the timely assessment of the girls' achievement and evaluation of the overall program indicated that the education significantly contributed to the academic changes on the part of the clients. The other evidence is that a number of clients completing their NFE being certified and joined formal schools, which exhibited their educational changes from what they were.

From the above facts, one can easily understand that all the selected cases had a reasonable performance in their education and acquired positive changes as a result of the non-formal education provided.

Concerning the changes due to the life skills training the four selected girls acquired significant changes, on their communication skills, addressing their personal problem and awareness of their health aspects. One of the selected girls of Bahirdar expressed her attitude towards her changes due to the life skills training.

*It was very difficult for me to talk about my personal problem, genders based issues or negotiate with elders, before the training. After the continuous training, I started to discuss with peers or mentors about different personal or life aspects, which helped me for self-realization and interaction.*

On the same issue as a mentor in focus group discussion of Bahirdar said,

*When I met one of the selected girls, who is my client before, she was shy enough to communicate with me. But through encouragement and participation in the training with peers, she started to interact and express her self.*

The observation of the researcher, during life skills training sessions, also gave way to judge about the changes the selected girls had in their participation and group discussion. In that the observant decided, the way they respond to the questions, request each other and eagerness to know about the issues ensured, they achieved from the training which led them to change them selves. However, all the selected girls are not in a similar status as mentioned in the results and further interventions based on demonstrations and audio-visual materials will contribute to a better performance.

More over, from the different awareness raising sessions, i.e. the mentorship, sessional nursing and medical services, the girls were benefited, especially in reviving from their medical problems and received continuous treatment. They changed their attitude, protected their health, developed self confidence, improved their assertiveness and built their capacity. For instance, as girls with disability are included in the program, disability awareness session is incorporated in the training, in order to improve their know- how towards disability, and this is demonstrated by friendship, respect and support to persons with disability in the program. Hence, the life skills training and the services had an enormous contribution for the selected girls to attain changes from their previous status.

Regarding the changes in the social aspects, the selected girls had changes in their social interaction and participation, due to exposure to the rehabilitation service, accompanied by mentorship reinforcement and instruction. Mentors of both Addis Ababa and Bahirdar indicated that, the encouragement of the girls in different approaches to develop their social skills helped them to improve their social interaction, both in the centre and out of the centre.

As this idea is maintained by National Institute on Drug Abuse (1997), social skills enhance students' social skills including effective Communication, overcoming shyness, learning to meet new people and developing healthy friendships.

These skills are thought through a combination of instruction, demonstration, feedback, reinforcement, behavioural rehearsal, and extended practice through home work assignments.

On the other hand, the observation during recess time of the selected girls showed that, they were not isolated and had friends to deal with. They chat each other and exchanged ideas. In the peer to peer program, they interacted by raising relevant points. Such evidences denoted that they are revitalizing their social structure and integration. From these facts it is essential to conclude that social skills or attachment facilitated the psycho-social well being of the migrant girls in order to adjust to their new destinations.

## **5.2. Conclusions**

In this section, based on the facts discovered and lessons learned conclusions are drawn. Hence, concluding remarks relevant to the findings are proposed based on the factors assessed in the study.

The findings of the study revealed that prior to the provision of rehabilitation services the vulnerable adolescent migrant girls could not have the possibility of attending their education, life skills empowerment, medical services and social interaction. As a result, they remain illiterate and lack assertiveness skills which inversely affected their condition.

The Biruh Tesfa “Bright Future” rehabilitation program provided fundamental rehabilitation services which enhanced or promoted the educational, life skills, social, vocational and medical conditions of the beneficiaries. As a consequence of the rehabilitation duties, the status of the girls changed from illiterate to able to read and write and started to perform simple numerical operations. Additionally, the life skills empowerment and the social skills program promoted their assertiveness, over come shyness, developed communication skills and changed their attitude to emancipate for further livelihood opportunities. It is vivid that these changes on the beneficiaries are due to the contribution of the rehabilitation services rendered.

Moreover the vulnerable adolescent migrant girls were benefited not only from the sentient of health protection but also from the medical services rendered too. As two of the cases among the selected girls revived from their illness due to the service, it is

possible to conclude that, the service supported them to gain momentum and revived from further medical complications.

On the other hand, some of the girls have joined formal schools or vocational trainings with the support of the program. These steps ensured that the desire of the beneficiaries for further achievement and self-reliance has increased. Above all, the program witnessed that such rehabilitation activity for vulnerable migrant girls, played magnificent role, to restore their potential, empowerment, and improved their skills, in order to make them productive and self supportive citizens. Similarly, the attitude of the employers towards their domestic workers education has been changed due to the intervention program, which has a resonance effect for other employers.

The following challenges were identified in the study. Thus, lack of education and training materials, appropriate teaching classes, and refreshment training for the mentors, loosen coalition among stake holders, lack of resource centres for capacity building, unequal subject provision in comparing both sites and other aforementioned factors, could have their own limitation on the overall performance of the girls in particular and the program in general. Even if, this study reached to the conclusion of these facts, the following points are considered as a limitation of the study.

This study was unable to address parents of the selected girls, in terms of their attitude towards their daughter's early marriage intention or performance, education, livelihood skills or cultural influences they had in their vicinity. This is because they are far from the destination cities of the girls and needs more time and financial expenditure to deal with.

Additionally, the study was unable to observe the social interaction of the selected girls at their working home and in their vicinity with neighbours, as it needs more repeated time and recording of different events.

### **5.3. Recommendations**

In relation to the above mentioned conclusions, and aforementioned challenges the following major recommendations have been forwarded. The recommendations are targeted at indicating the measures needed to redress the existing gaps and challenges.

1. Educational materials like text books for teachers and students, other teaching aids and reference materials have to be fulfilled by the implementers, and also the life skills training has to be rendered with audio-visual and audio aids with consideration of the content of the training to be appropriate based on different age level of the clients for sound teaching- learning process.
2. The role of stake holders and project advisory committee in the program should be delineated clearly and enter an agreement with responsibility and accountability.
3. The Biruh Tesfa program covers a limited woredas of Addis Ketema sub city of Addis Ababa and limited Kebeles of Bahirdar city. However, the case of other kebeles and woredas in the same field has to be assessed and intervention schemes shall be designed with the coalition of GOS and NGOS.
4. The sustainability strategy of the program has to be stated clearly and practised accordingly, so as after completion of the designed program the clients could be linked with government or non-government structures for education, vocational training, job opportunity and job creation either individually or in group.
5. Employers of the domestic workers involvement to support the program has its own contribution for the continuity of the girls' education, or minimize their withdrawal. Thus, organizing awareness raising sessions and recognition of their contribution may help to develop their attitude towards the program.
6. Gender based discriminatory attitudes and practices on the girls should be challenged and changed using mass- media, community awareness program through famous elders, religious leaders, health extension workers and other stakes, focusing on males attitude change too. In addition, to establish student clubs in rural schools and selecting change agents to advocate the detrimental aspects of the negative attitudes and practices on girls, to the whole school members in particular and to the community of the migrant girls origin in general.
7. Parents, teachers, health workers and service providers should aware the migrant girls about the possible difficult circumstances and the incidences of abuses after migration and the population council and concerned bodies should strive working on the preventive measures of migration at grass-root level.

8. Refreshment of the mentors training on their non formal education, life skills proceedings, disability issues and other current aspects are essential in order to update their know-how.
9. English language has to be incorporated in the Bahirdar program so as to make the beneficiaries competent in their further attachment and acquire the basic knowledge of the subject.
10. Further researches need to be conducted on the impact of the rehabilitation services depending on the applied interventions, to make a wide scale investigation, to take appropriate measures or replicate the program.

## References

- Abiy Z., Alemayehu W., Daniel T. et al. (2009). Introduction to Research Methods: Preparation Module for Addis Ababa University Graduate Programs. Addis Ababa University, / Unpublished. /
- Adugna A., Tirusew T., Menilik D., and Daniel D. (N.D). *Resources on Disability and Rehabilitation Programs for trainers of Special Needs Education*. Ministry of Education, Addis Ababa.
- Ahmed A. (1996). *Non –Formal Primary Education for Children in Ethiopia*. Action Aid Ethiopia Experience, Addis Ababa, /unpublished./
- Alemayehu T.(2000). Communication Experiences of Deaf Students: The case of four Pre-lingual Deaf Adolescents in Oromia Region. University of Oslo, Master’s Thesis, / Unpublished. /
- American National Center for Mental Health Promotion and Youth Violence Prevention (2010). Education Development Center.Inc. Retrieved on 26 November,2010, from [www.promoteprevent.org](http://www.promoteprevent.org)
- Augustine M., Arul V., Arunachalam M., and Vadivel P. (2004). *Life Skills Education For children: An experience from a high prevalent district from southern India*. International Conference on AIDS, Thailand, Bangkok.
- Binder C.(2008).Medical Rehabilitation Services,(CRS) Report for Congress, Congressional Report Service. Retrieved on 16 October 2010,from aging. [www.Senate.gov](http://www.Senate.gov) /CRS Medicaid.
- Bock J. and Papagiannis G.(1983). *Non-Formal Education and National development: A critical assessment of policy, Research and Practice*. New York ,Praeger Publishers.
- Central Statistical Agency (2010). The Statistical Abstract of 2009, Addis Ababa.
- Coles E. (1988). *Let the people Learn: the Establishment of Department of Non-formal Education in Botswana*. University of Manchester Bourne: Mouth Ltd printers.
- Danish Refugee Council (2008). Social Rehabilitation. Retrieved on 17 October 2010, from [www.drc.dk](http://www.drc.dk) /relief work.
- Erulkar A., Belaynesh S.,and Gebeyehu M. (2010).*Program Briefs Of the Biruh Tesfa Program, Ethiopia*. Addis Ababa. The Population Council.

- Erulkar A. and Mutheng E. Evaluation of Berhane hewan: A program to Delay Child Marriage in Rural Ethiopia. An Article Volume 35, Number 1, March 2009, PP.6-14.
- Erulkar A .Tekle Ab M.,and Mesfin T. (2008). *Promoting Healthy, Safe and Productive Transitions to Adulthood*. Addis Ababa: The Population Council Inc.
- Erulkar A., Tekle-Ab M., Negussie S., and Tsehai G.(2004). *Adolescent Life in Low Income and Slum Area of Addis Ababa*. Addis Ababa: The Population Council.
- \_\_\_\_\_. Migration and vulnerability among Adolescents in slum areas of Addis Ababa, Ethiopia. *Journal of Youth Studies*, Vol.9.No.3, July 2006, PP.361-374.
- Education Sector Development Program(ESDP-II)(2002). Program Action Plan. Addis Ababa, Ministry of Education.
- Education Sector Development Program (ESDP-III)(2005). Program Action Plan. Addis Ababa, Ministry of Education.
- Education Sector Development Program(ESDP-IV)(2010). Program Action Plan. Addis Ababa, Ministry of Education.
- Golini A., Said M., Casacchia O. et al.(2001). *Migration and urbanization in Ethiopia with special reference to Addis Ababa and Rome*. Central statistical Authority and Institute for population Research. Retrieved on 21 October,2010, from [www.ethiodemographicandhealth.org](http://www.ethiodemographicandhealth.org)
- INDEPTH Network,(2008). INDEPTH Resource Kit for Demographic Surveillance Systems. Retrieved on 20 November, 2010 from in depth @ [www.indepth-network.org](http://www.indepth-network.org)
- International Labor Organization (2009). Migrant Working Girls, Victims of the Global Crisis. Retrieved on 15 Oct 2010 from [http// www.ILO.org /online](http://www.ILO.org/online).
- Koehler S.(2010).What is Medical Rehabilitation? Retrieved on 15 October 2010, from [www.Wisegeek.com /What is Medical Rehab.htm](http://www.Wisegeek.com/What%20is%20Medical%20Rehab.htm).
- Mammo K. (1990). *Education for Rural Adults,(Amharic Text)Presented on a seminar for regional heads of Health bureaus*, Addis Ababa.
- \_\_\_\_\_. (1996). *Adult Education, Manpower Training in Adult and Non-Formal Education: An international perspective*. Bahirdar Teachers College.

- Mammo K. ,Leka W. and Assefa A. (1998). *Provision of Non-Formal Alternatives for the Expansion of Educational Services : Ethiopian Social Sector Study Report*. Addis Ababa, Berhanena Selam Printing Enterprise.
- Meberu U.(2006). Internal Migration and Living Condition in Ethiopia: Demographic Research , Vol.14,Article 21,P.513. Retrieved on 14 November, 2010 from <http://www.demographic-research.org>
- Medicine Net,Inc.(2010). Definition of Rehabilitation. Retrieved on 16 October,2010 from [www.MedicineNet.com](http://www.MedicineNet.com)
- Ministry of Education (2010). *Learning for Life in Ethiopia. Master Plan for Adult and Non-Formal Education, 2010/11-2019/20.Executive Summary*. A.A ,Ethiopia.
- \_\_\_\_\_. (2006). Focus on Adult and Non-Formal Education in Ethiopia,NEWSLETTER,No.18/19.A.A,Ethiopia.
- \_\_\_\_\_. (2009).Ethiopia's National Action Plan on Education. Addis Ababa.
- \_\_\_\_\_. (2008).*Country Profile prepared for the Education for All Global Monitoring Report*. The Federal Democratic Republic of Ethiopia, Addis Ababa.
- Mishra R. (2005). *Women Education*. New Delhi: A.P.H publishing corporation.
- National Domestic Workers Movement for Domestic Workers(2010).India: Retrieved on 14.Oct.2010 from, [http:// www.ndWm.org](http://www.ndWm.org) /Functions-activities.
- National Institute on Drug Abuse (1997).Best Practice, Life Skills Training Program. A Research Based Guide. Retrieved on 15 October,2010 from <http://ModelProgramsSamhsa.gov>
- Narvaez A. (2010). Gender Violence and Girls and Women with Disabilities. Retrieved on Dec 12, 2010, from <http://www.womenlobby.org>
- Persloe E.(2008). What is Mentoring? The Oxford School of Coaching and Mentoring.Retrieved on 18 November,2010,from [www.Mentorset.org](http://www.Mentorset.org) .UK /pages/ Mentoring .htm
- Population Census Commission (2010).*The 2007 Population and Housing Census of Ethiopia. Results for Amhara region*. Central Statistical Agency, Addis Ababa
- \_\_\_\_\_. (2010) .*The 2007 Population and Housing Census of Ethiopia. Results for Country Level*. Central Statistical Agency, Addis Ababa

- Population Council (2009). HIV Prevention and Reproductive Health for Vulnerable Adolescent Girls in Amhara. First Quarter Project Progress Report. Bahirdar, /Unpublished./
- \_\_\_\_\_. (2010). HIV Prevention and Reproductive Health for Vulnerable Adolescent Girls in Addis Ababa, Project Performance Report. Addis Ababa, /Unpublished./
- \_\_\_\_\_. (2004). Building Assets for Safe, Productive Lives: a Report on a Workshop on Adolescent Girls' livelihood, /unpublished./
- \_\_\_\_\_. (2006). Program Brief Of Biruh Tesfa: A Program For Poor, Urban Girls at Risk of Exploitation and Abuse in Addis Ababa, Ethiopia. Retrieved on 18 November, 2010 from [www.Popcouncil.org](http://www.Popcouncil.org)
- Rogers, A. (2004). Looking again at non-formal and informal education- towards a new paradigm, the encyclopaedia of informal education. Retrieved on July 4, 2010, from [www.Infed.org](http://www.Infed.org) /biblio/non-formal-paradigm ptm.
- Sanghera J. (2005). Safe Migration and Citizenship Rights for Women and Adolescent Girls. UNICEF, India. Retrived on 20 October, 2010, from [www.UNICEF-esedisa.org](http://www.UNICEF-esedisa.org)
- Sharon J., Sue M., and Juliana R. (2003). Building Life Skills Through After School Participation in Experiential and Cooperative Learning. Retrieved on 15 Oct. 2010, from [WWW.accessmylibrary.com](http://WWW.accessmylibrary.com)
- The World Bank Group (2010). Vietnam Primary Education for Disadvantaged Children Project. Retrieved on October 11, 2010, From <http://go.www.worldbank.org/UQZ5GM8HNO>.
- Tirusew T. (2005). *Disability in Ethiopia. Issues, Insights and Implications*. Addis Ababa, Addis Ababa University Press.
- Traustadottir R. (2008). Women with Disabilities: The Double Discrimination. Retrieved on Nov 16, 2010 from [www.thechp.syr.edu./womdis2.htm](http://www.thechp.syr.edu./womdis2.htm)
- United Nations Children's Fund (UNICEF) (2010). Working General Principles: Migration and the Human Rights of the Child. Retrieved on 14 Oct. 2010 from [www.ohchr.org](http://www.ohchr.org)
- \_\_\_\_\_. (2004). Unite for children. Retrieved on July 5, 2010 from [WWW.UNICEF.org/Life skills/ index which skills.html](http://WWW.UNICEF.org/Life%20skills/index%20which%20skills.html).
- \_\_\_\_\_. (2003). Life Skills-Girls, HIV/AIDS and Education. Retrieved on 20 October, 2010 from [http://www.UNICEF.org/life skills/index.html](http://www.UNICEF.org/life%20skills/index.html)

- University Of Richmond (2003).Solutions for America: Healthy Families and Children. Retrieved on 18 November.2010, from [www.Solutionsforamerica.org /.../ mentoring programs.html](http://www.Solutionsforamerica.org /.../ mentoring programs.html)
- USmani B. (2004). *Women Education in Twenty First Century*.  
New Delhi: Anmol publications Pvt. Ltd.
- Vatsch P.(2009). Subjugation of women right lead to violation of human rights, An Article of Legal Service in India. Retrieved on 18 Oct.2010, from [www.LegalServiceindia.com](http://www.LegalServiceindia.com)
- Whendel B.(1992). *Discipline in School: Psychological Perspective on the Elton Report*. London: Rout ledge: U.S.A. Advisor of Woods Worth Inc.
- World Health Organization(WHO),(1996). What is the Definition of Rehabilitation? Retrieved on 12 Oct.2010 from [www.Answers.com /Wiki Answers](http://www.Answers.com /Wiki Answers).
- Wiki/Rehabilitation: Retrieved on 12 October, 2010 from [en.www.Wikipeda.org](http://en.www.Wikipeda.org)
- Zelalem T.(2007).An Assessment of the Impact of CBR Services on the Situation of People with Disabilities at Lideta Sub city. Addis Ababa University, Master's Thesis, /Unpublished./
- Zemede T.(2009). Rehabilitation of Juvenile Delinquents; the Perception of the Practices on Rehabilitating Juvenile Delinquents. Addis Ababa University, Master's Thesis, /Unpublished./

## Appendix A

**Addis Ababa University**  
**School of Graduate Studies**  
**Department of Special Needs**

The following interview guide questions are prepared for selected vulnerable adolescent migrant girls, project coordinators and implementer organizations.

**I. Semi- Structured Interview Guide for Selected Vulnerable Adolescent Migrant Girls**

Name of the interviewee \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Level of education \_\_\_\_\_  
Date \_\_\_\_\_ Place \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_  
Total \_\_\_\_\_ minutes

**1. Back ground Information**

- 1.1. Previous Address: Woreda, Zone, Region
- 1.2. On set of migration
- 1.3. Cause of migration
- 1.4. Destination on arrival
- 1.5. Problems encountered, if any
- 1.6. Present occupation

**2. Educational Condition of the Girls Prior to the Delivery of Non-  
Formal Education**

- 2.1. Did you attend any education before?
- 2.2. If so, to what grade level, if not why?
- 2.3. The reason for not attending your education?
- 2.4. What was your parents or guardians attitude towards your education?

**3. The Educational Condition of the Girls after the Delivery of Non-  
Formal Education**

- 3.1. When did you join the project and started non-formal education?

- 3.2. What is your present grade or status?
- 3.3. How many periods you attend per week?
- 3.4. What subjects you learn?
- 3.5. How did you receive the education?
- 3.6. What did you achieved from the non-formal education?
- 3.7. How was your achievement measured or promoted or detained?
- 3.8. Would you tell one-semester final results of your academic examination?
- 3.9. Is the program beneficial to you?
- 3.10. What is your personal view towards the delivery of the non-formal education?
- 3.11. What is your further aim concerning your education?
- 3.12. What problems are faced in the interaction of the non-formal education?

#### **4. The Beneficiaries Status Pre-Exposure to Life Skills Training**

- 4.1. Did you attend any life skills training before joining the project?
- 4.2. Did you know about HIV/AIDS or STD before the project membership?
- 4.3. Did you know/attend about your personal hygiene or health protection before?
- 4.4. How were your communication skills with peers, guardians or mentors before the training?
- 4.5. How was your personal interaction before, with friends, neighbors etc.
- 4.6. What would you do, if you had health problems before the project entitlement?
- 4.7. How you used to report to the concerned body when you faced coerced approach?
- 4.8. Any additional information you want to provide about this case.

#### **5. The Condition of the Girls Post- Exposure to Life Skills Training.**

- 5.1. How did you attend the life skills training?
- 5.2. When did you start this training?
- 5.3. How much hours you attend per month, or defined schedule?
- 5.4. What did you attend in the program of life skills training?
- 5.5. What benefits you achieved from the life skills training, interims of:
  - Communication Skill; Social skills
  - Assertiveness; Self esteem

- Hygiene
  - Health protection
  - HIV/AIDS, etc.
- 5.6. Which services you obtained from stakeholders?
  - 5.7. How did you receive health services when you are in problem?
  - 5.8. Your attitude towards the advantages of receiving such training
  - 5.9. To what extent the life skills training changed your life?
  - 5.10. What would you do if you face personal challenges in your livelihood?
  - 5.11. What problems you exhibited in this process?
  - 5.12. Any further idea to be mentioned.

## **Appendix B**

### **II. Semi- Structured Interview Guide for the Project Coordinators.**

Name of the interviewee \_\_\_\_\_ Sex\_\_ Age\_\_ Level of education \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Total \_\_\_\_\_ minutes

#### **1. General Background**

- 1.1. Your work experience in the project; educational background
- 1.2. Who are your beneficiaries and what are the causes of their migration?
- 1.3. Their age limit and gender
- 1.4. To what difficult circumstances they exposed when they reached to Addis Ababa and Bahirdar ?
- 1.5. What is your approach to absorb them to the project?
- 1.6. How did you win the employer of the girls to send them to the program?
- 1.7. What are the rehabilitation services you rendered in the project?
- 1.8. How many trained so far and what total clients attend now?
- 1.9. How the mentors are selected and their main tasks:-
- 1.10. Your strategy in facilitation of the project plan with stake holders and their contribution

## **2. Non- Formal Education**

- 2.1. How did you conduct the non-formal education and what are the subjects? Its objective too.
- 2.2. For how-long they attend the non-formal education?
- 2.3. What methods of teaching and instructional materials you employ?
- 2.4. How did you assess their performance?
- 2.5. How did you certify their achievement?
- 2.6. What methods you employ for the sustainability of their education and training?
- 2.7. What changes you notified in their academic condition due to the non formal education, on the sampled girls?
- 2.8. Stakeholders contribution in facilitating the education
- 2.9. The standard of the non-formal education towards the policy and Strategy of the Ministry of Education.
- 2.10. What problems you encountered in this procedure, or delivery of the education ?
- 2.11. Any evaluation procedure you exercised.
- 2.12. Any idea you need to mention on this issue?

## **3. Life Skills**

- 3.1. How did you provide them life skills training and what are the Contents? Its objective too.
- 3.2. The method of rendering health services
- 3.3. How did you support them to be self-assertive?
- 3.4. What impact has been noticed on their livelihood interaction approaches/awareness level?
- 3.5. How did you aware them about HIV/AIDS and personal Health/hygiene?
- 3.6. What changes you identified in their life functioning, assertiveness, health aspect, communication skill, Self esteem & social skills on the selected girls?
- 3.7. How did you manage when they faced forceful attacks?
- 3.8. The network established with other collaborators and their

contribution to the project

3.9. What problems you encountered in your course of action in this regard

3.10. Any idea you like to mention on this issue

## **Appendix C**

### **III. Semi-Structured Interview Guide for Implementer**

#### **Organizations**

Name of the interviewee \_\_\_\_\_ Sex\_\_Age\_\_ Level of education\_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Total \_\_\_\_\_ minutes

#### **1. Background Information**

1.1. Name of the organization

1.2. Your position in the organization

1.3. Previous background and experience in the project

1.4. Role of the organization in the vulnerable adolescent migrant girls rehabilitation project

1.5. Experience of the organization in the involvement of the project

#### **2. Concerning the Vulnerable Adolescent Migrant girls**

2.1. What services are rendered in order to rehabilitate the vulnerable girls?

2.2. What is the strategy of the non formal education provision; and your participation in the process?

2.3. How do you approve this academic achievement?

2.4. How would you monitor or follow-up the programme?

2.5. The method of evaluation of the non formal education in line with the Ministry of Education guidelines.

2.6. Changes exhibited due to the NFE provision

2.7. Problems encountered in the NFE

#### **3. Concerning Life skills**

3.1. What is a life skill for this program? And what are the components?

3.2. How do you provide the service?

3.3. What guidelines you depend to provide the training?

3.4. How do you certify their skill in this regard?

- 3.5. How is the medical service rendered for the beneficiaries in need?
- 3.6. What changes are noticed due to the training?
- 3.7. What problems are notified in this training?
- 3.8. Any further idea to be suggested on the issues mentioned.

## **Appendix D**

### **IV. Guiding Questions for Focus Group Discussion of Mentors and Employers of the Vulnerable Adolescent Migrant Girls.**

No. of participants \_\_\_\_\_ Sex\_\_Age range\_\_ Level of education\_\_\_\_\_

Date\_\_\_\_\_Place\_\_\_\_\_ Time: from\_\_\_\_\_to \_\_\_\_\_

Total\_\_\_\_\_minutes

#### **1. Discussion Themes**

- 1.1. Background information collection
- 1.2. The main duties and responsibilities of the mentors
- 1.3. Their method of approaches to select the beneficiaries, selection procedures and convincing the employers
- 1.4. Causes of the girls migration
- 1.5. The difficult circumstances of the girls when reached to Addis Ababa and

Bahirdar

#### **2. Non-Formal Education**

- 2.1. The method of providing non-formal education
- 2.2. The subjects they learn and procedures of providing the non-formal education
- 2.3. Assessment Strategies
- 2.4. Academic cognitive changes certified/exhibited
- 2.5 The employers' participation or resistance to send the girls to the project.
- 2.6. The employers' role played during implementation of the project
- 2.7. The employers' attitude after the project membership
- 2.8. No. of students who completed their education and joined to the formal education and their performance, here after

#### **3. Life Skills Training**

- 3.1. How the life skills training is rendered

- 3.2. The Constituents of the training
- 3.3. Changes exhibited due to the training in, assertiveness, self esteem, social skills, communication skill, health aspects, livelihood & social interaction
- 3.4. The system in which the girls received health services and collaboration with stake holders.

#### **4. General**

- 4.1. Their attitude towards the benefit the project
- 4.2. Handling forceful attacks in case of incidences
- 4.3. Problems encountered during selection, and implementation
- 4.4. Ideas to be suggested for the soundness of the project

### **Appendix E**

#### **V. Interview Cross-Check Observation Guide**

- 1.1. Read & Write
- 1.2. Mathematical operation
- 1.3. Class Interaction/activity
- 1.4. Session of non-formal education
- 1.5. Session of life skills training
- 1.6. Communication with Mentors/peers
- 1.7. Response approaches during interview session

### **Appendix F**

#### **VI. Document Analysis and Literature Review Guide**

##### **1. Background of the Selected Projects**

- 1.1. Demographic description of the beneficiaries
- 1.2. Demographic description of the participants
- 1.3. Year of establishment
- 1.4. Major duties & responsibilities
- 1.5. Main objectives of the project
- 1.6. Present status, no. of benefited and attendants in the project and in extended programs
- 1.7. Stakeholders description

1.8. Evaluations, if any

1.9. Sustainability

## **2. The Problems and Causes of Girls Migration, Rehabilitation Schemes Rendered for the Vulnerable Girls and Experience of Other Countries**

2.1 The concept of migration Non Formal Education, Life Skills, medical and social rehabilitation variables.

2.2. Major Causes identified for girls migration, the experience of different countries

2.3. The problems the migrants encountered based on different experiences/research works

2.4. National strategy, Policy and practice on the domains of the rehabilitation schemes

2.5. Regional experience on the issue

2.6. Global experience on the issue

2.7. The evidences on the effectiveness of the rehabilitation programs

2.8. The experience of Intervention Strategies and its advantages

2.9. A glimpse on girls with disability

# አባሪ 1

## አዲስ አበባ ዩኒቨርሲቲ

### የድህረ ምረቃ ትምህርት ጥናት

### የልዩ ፍላጎት ትምህርት ክፍል

#### መነሻ ቃለ መጠይቅ

የሚከተሉት መሪ ጥያቄዎች ለተጋላጭ ታዳጊ ስደተኛ ልጃገረዶች የተሃድሶ ኘሮግራም የሚሰጠውን አገልግሎት፣ የስደታቸው፣ ምክንያት የኘሮግራሙ ይዘትና አተገባበር፣ በመስኩ ያጋጠሙ ግሮችን በተመለከተ ለተጠቃሚ ልጃገረዶች ለኘሮግራሙ አስተባባሪዎችና ለአስፈጻሚ መሥሪያ ቤቶች የተዘጋጀ ነው።

#### መነሻ ቃለ መጠይቅ ለተመረጡ ተጋላጭ ሥደተኛ ታዳጊ ልጃገረዶች

የተጠያቂዎ ሥም፣ ..... ጾታ፣ ..... ዕድሜ፣ .....

የትምህርት ደረጃ፣ ..... ቀን፣ ..... ቦታ፣ .....

ሰዓት፣ ከ ..... እስከ .....ጠቅላላ ..... ደቂቃ

#### 1. ግለ-ታሪክ መረጃዎች

1.1. የቀድሞ አድራሻ ፣ ወረዳ፣ ዞን ፣ ክልል፡

1.2. በስደት የመጣሽበት ጊዜ

1.3. የስደትሽ መንስኤ

1.4. እንደመጣሽ የገባሽበት ቦታ

1.5. በመጣሽበት ጊዜ ያጋጠሙሽ ችግሮች ካሉ

1.6. አሁን ያለሽበት የስራ ይዞታ

#### 2. የልጃገረዶቹ የትምህርት ሁኔታ መደበኛ ያልሆነ ትምህርት ከማግኘታቸው በፊት

2.1. ከዚህ በፊት ማንኛውም የተከታተልሽዉ ትምህርት አለ ወይ?

2.2.ይህ ከሆነ እስከየትኛው የትምህርት ደረጃ ካልሆነ ደግሞ ለምን ?

2.3.የትምህርቱን እድል ያላገኘሽበት ምክንያት ምንድነው?

2.4.ስለ ትምህርትሽ ሁኔታ የወላጆችሽ ወይም ያሳዳጊዎችሽ አቋም ምን ነበር ?

3. የልጃገረዶቹ የትምህርት ሁኔታ መደበኛ ያልሆነ ትምህርት ከጀመሩ በኋላ

3.1. በፕሮግራሙ የታቀፍሽውና መደበኛ ያልሆነ ትምህርት የጀመርሽው መቼ ነው?

3.2. አሁን የምትገኝው በየትኛው የትምህርት ደረጃ ላይ ነው?

3.3. በሳምንት ምን ያህል ክፍለ ጊዜ ትምህርቱን ትከታተያለሽ?

3.4. የምትማሪያቸው የትምህርት አይነቶች ምንድን ናቸው?

3.5. የትምህርቱ አሰጣጥ እንዴት ነው?

3.6. ከመደበኛ ያልሆነ ትምህርቱ ያገኘሽው ችሎታ ምንድን ነው?

3.7. የትምህርቱ ችሎታሽ የሚለካው ወይም ማለፍና መወደቅሽ የሚረጋገጠው እንዴት ነው?

3.8. የአንድ ሰሚስተር የፈተና ውጤትሽን ብትገልጭልኝ

3.9. ይህ የትምህርት ፕሮግራም ለአንቺ ጠቃሚ ነውን?

3.10. ስለ መደበኛ ያልሆነ ትምህርቱ አሰጣጥ ያለሽ የግል አመለካከት ምንድነው?

3.11. በትምህርት ረገድ የወደፊት ዓላማሽ ምንድነው?

3.12. በመደበኛ ያልሆነ ትምህርቱ ሂደት ያጋጠሙሽ ችግሮች ምንድናቸው?

4. የተጠቃሚዎቹ ሁኔታ የህይወት ክህሎት ሥልጠና ከማግኘታቸው በፊት

4.1. ከዚህ ፕሮግራም በፊት የህይወት ክህሎት ሥልጠና አግኝተሽ ታውቂያለሽን ?

4.2. በፕሮጀክቱ ከመታቀፍሽ በፊት ስለኤች አይ ቪ/ኤድስ ወይም ስለአባላዘር በሽታዎች ታውቂያለሽን ?

4.3.ከዚህ በፊት ስለ የግል ንጽህና አጠባበቅ ወይም ስለጤና እንክብካቤ ታውቂያለሽን ?

4.4.ከሥልጠናው በፊት ከጓደኞቻችሁ፣ ከአሠሪዎቻችሁ ወይም ከሜንተሮቻችሁ ጋር የነበረሽ የተግባቦት ችሎታ እንዴት ነበር?

4.5.ከዚህ በፊት ከጓደኞቻችሁም ሆነ ከጎረቤቶቻችሁ ጋር የነበረሽ መስተጋብር እንዴት ነበር?

4.6. በኘሮጀክቱ ከመታቀፍሽ በፊት የጤና እክል ቢያጋጥምሽ ምን ታደርገ ነበር?

4.7.የግዳጅ ጥቃት ቢደርስብሽ ለሚመለከተው አካል የምታመለክቺው እንዴት ነበር?

4.8.ስለዚህ ጉዳይ ሌላ ተጨማሪ ማብራሪያ የምትሰጧው ካለ

**5.የልጃገረዶቹ ሁኔታ የህይወት ክህሎት ሥልጠና ከተሰጣቸው በኋላ**

5.1.የህይወት ክህሎት ሥልጠና የምታገኘው እንዴት ነው?

5.2.ይህንን ሥልጠና የጀመርሽው መቼ ነው?

5.3.ሥልጠናው ለምን ያህል ሰዓትና በምን መርሃ ግብር ይሰጣል?

5.4.ከሕይወት ክህሎት ሥልጠናው የምታገኘው ምን ምንድነው?

5.5.ከህይወት ክህሎት ሥልጠናው

- በተግባቦት ችሎታ
- ልቦ መሆን
- ራስን በመረዳት
- በጤና አጠባበቅና
- በኤች አይ ቪ/ኤድስ ወዘተ

ረገድ ያገኘሽው ጥቅም ምንድነው ?

5.6.ከአጋር አካላት የምታገኘው አገልግሎት ምንድነው ?

5.7.የጤና እክል በሚገጥምሽ ጊዜ አገልግሎቱን የምታገኘው እንዴት ነው ?

5.8.እንደዚህ ዓይነቱ ሥልጠና በማግኘትሽ ጥቅሙን እንዴት ታይዋለሽ?

5.9.የህይወት ክህሎት ሥልጠናው ምን ያህል በህይወትሽ ላይ ለውጥ አምጥቷል?

5.10.በህይወትሽ ላይ አሁን ግላዊ ችግር ቢደርስብሽ ምን ታደርጊያለሽ?

5.11.በዚህ ስልጠና ሂደት ያጋጠሙሽ ችግሮች ምንድናቸው?

5.12.ስለዚህ ጉዳይ ሌላ ተጨማሪ ማብራሪያ የምታቀርቡው ካለ

## አባሪ 2

### መነሻ ቃለ መጠይቅ ለኘሮጀክት አስተባባሪዎች

የተጠያቂው/ዋ ስም፣ ..... ጾታ፣ ..... ዕድሜ፣ .....

የትምህርት ደረጃ፣ ..... ቀን፣ ..... ቦታ፣ .....

ሰዓት፣ ከ ..... እስከ .....ጠቅላላ ..... ደቂቃ

#### 1 አጠቃላይ ሁኔታ

1.1.በኘሮጀክቱ ላይ ያለዎት ልምድና የትምህርት መስክዎ

1.2.የኘሮጀክቱ ተጠቃሚዎች እነማን ናቸው? የስደታቸው መንስኤ ምንድነው?

1.3.ጾታቸውና የዕድሜ ገደባቸውስ ?

1.4.ወደ አዲስ አበባ ወይም ባህርዳር በሚመጡበት ጊዜ የሚገጥማቸው አስቸጋሪ ሁኔታ ምንድነው ?

1.5.ወደ ኘሮጀክቱ እንዲመጡ የምታግቧቸው እንዴት ነው ?

1.6.አሠሪዎቻቸው እንዲማሩ እንዲፈቅዱላቸው የምታደርጉት በምን ሁኔታ ነው ?

1.7. በኅዳር ፳፻፳፱ ዓ.ም የምታከናውኑት የተሃድሶ አገልግሎቶች ምንድናቸው?

1.8. እስካሁን ምን ያህል ተጠቃሚዎች አገልግሎት አግኝተዋል አሁን ምን ያህል አሏችሁ?

1.9. ሜንተሮች የሚመረጡት እንዴት ነው ዋና ተግባራቸው ስንት ምንድነው?

1.10. ከአጋር አካላት ጋር ኅድግራሙን ለማስፈጸም እንዴት ነው የምትሠሩት አስተዋጽኦቸው ስንት ?

2 መደበኛ ያልሆነ ትምህርት

2.1. መደበኛ ያልሆነ ትምህርቱን የምትሰጡት እንዴት ነው? የትምህርት ዓይነቱና ዓላማው ስንት ?

2.2. መደበኛ ያልሆነ ትምህርቱን የሚከታተሉት ለምን ያህል ጊዜ ነው ?

2.3. የማስተማሪያ ዘዴውና የትምህርት መረጃ መሣሪያዎች አጠቃቀም እንዴት ነው ?

2.4. ቸሎታቸውን የምትመዘኑት እንዴት ነው?

2.5. ቸሎታቸውን የምታረጋግጡት እንዴት ነው ?

2.6. ትምህርታቸውና ሥልጠናቸው ዘላቂነት እንዲኖረው የወጠናችሁት ዘዴ ምንድነው ?

2.7. የተመረጡት ልጃገረዶች መደበኛ ያልሆነ ትምህርት ከማግኘታቸው የተነሣ ያሳዩት ለውጥ ምንድነው?

2.8. መደበኛ ያልሆነ ትምህርቱን በመስጠት ሂደት የአጋር አካላት ድጋፍ

2.9. መደበኛ ያልሆነ ትምህርቱ ከትምህርት ሚኒስቴር ፖሊሲና ስትራቴጂ አኳያ ሲቃኝ

2.10. በትምህርቱ አካሄድ ወይም አሰጣጥ ላይ ያጋጠሙ ችግሮች ምንድናቸው?

2.11. ያደረጋችሁት የግምገማ እንቅስቃሴ ካለ

2.12. በዚህ ጉዳይ ላይ ለመጨመር የሚፈልጉት ሃሳብ ካለ

3 የህይወት ክህሎት

3.1.የህይወት ክህሎት ሥልጠና የምትሰጡት እንዴት ነው? ዓላማውና ይዘቱስ?

3.2.የጤና አገልግሎት የሚሰጥበት ዘዴስ?

3.3.ልቦ መላው እንዲሆኑ የምትደግፏቸው እንዴት ነው ?

3.4.በህይወታቸው፡ በአቀራረባቸው ወይም በንቃት ደረጃቸው የተገኘው ለውጥ ምንድነው?

3.5.ስለ ኤች ኤይ ቪ/ኤድስ እና የግል ንጽህናን ስለመጠበቅ የምታስገነዝቧቸው እንዴት ነው?

3.6.በጤናቸው በመግባባት ችሎታቸው በማህበራዊ ግንኙነት ክህሎት ልቦ መላው ከመሆንና የህይወት ጉዞአቸውን በመረዳት ረገድ ያሳዩት ለውጥ ምንድነው?

3.7.የግዳጅ ጥቃት በሚደርስባቸው ጊዜ የምትወጡት እንዴት ነው?

3.8.ከሌሎች ተባባሪ አካላት ጋር ያላችሁ ግንኙነትና ለኘሮጀክቱ ያላቸው አስተዋጽኦ

3.9.በዚህ የሥራ ሂደት ውስጥ ያጋጠማችሁ ችግር ካለ

3.10.አሁን በተነሳው ጉዳይ ላይ ተጨማሪ አስተያየት ካለዎት

አባሪ 3

መነሻ ቃለመጠይቅ ለአስፈጻሚ መሥሪያ ቤቶች

የተጠያቂው ሥም፣ ..... ጾታ፣ ..... ዕድሜ፣ .....  
የትምህርት ደረጃ፣ ..... ቀን፣ ..... ቦታ፣ .....  
ሰዓት፣ ከ ..... እስከ .....ጠቅላላ ..... ደቂቃ

1. አጠቃላይ መረጃ

1.1. የመስሪያ ቤቱ ሥም

1.2. በመስሪያ ቤቱ ውስጥ ያለዎት ኃላፊነት

1.3. የትምህርት መስክዎና በኘሮጀክቱ ያለዎት ልምድ

1.4. ለችግር ተጋላጭ የሆኑ ታዳጊ ሴቶችን በማቋቋም ረገድ የመስሪያ ቤትዎ ሚና

1.5. የመ/ቤትዎ በኘሮጀክቱ በመሳተፍ ያለው ልምድ

2. የታዳጊ ልጃገረዶችን መደበኛ ያልሆነ ትምህርት በሚመለከት

2.1. ለችግር ተጋላጭ የሆኑ ስደተኛ ልጃገረዶችን በማቋቋም ረገድ የሚሰጠው አገልግሎት ምንድነው?

2.2. መደበኛ ያልሆነ ትምህርቱ የሚሰጠው እንዴት ነው የእናንተ ተሳትፎ?

2.3. ይህንን የትምህርት ችሎታቸው የምታረጋግጡት እንዴት ነው?

2.4. ኘሮግራሙን የምትቆጣጠሩት ወይም የምትከታተሉት እንዴት ነው?

2.5. መደበኛ ያልሆነ ትምህርቱ ከትምህርት ሚኒስቴር መመሪያ ጋር የምትመዝነውት አግባብ

2.6. መደበኛ ያልሆነ ትምህርቱን በመከታተላቸው የተገኘው ለውጥ

2.7. መደበኛ ያልሆነ ትምህርቱን በሚመለከት ያጋጠሙ ችግሮች

3. የህይወት ክህሎትን በሚመለከት

3.1. የህይወት ክህሎት ለዚህ ኘሮግራም ምንድነው?

3.2. ይህ አገልግሎት የሚሰጠው እንዴት ነው?

3.3.ይህንን ሥልጠና ለመስጠት መሠረታዊ መመሪያችሁ ምንድነው?

3.4.ከዚህ ሥልጠና ያገኙትን ክህሎት የምታረጋግጡት እንዴት ነው?

3.5.የህክምና አገልግሎት ሲፈልጉ የሚያገኙት እንዴት ነው?

3.6.ከስልጠናው የተገኘው ለውጥ በምን ይገለጻል?

3.7.በዚህ ሥልጠና ሂደት ያጋጠሙ ችግሮች ምንድናቸው?

3.8.በተነሣው ጉዳይ ላይ ተጨማሪ አስተያየት ካለ

#### አባሪ 4

#### ለጋራ ውይይት የቀረቡ የመነሻ ጥያቄዎች

የሚከተሉት የጋራ ውይይት መነሻ ጥያቄዎች የተዘጋጁት ለሜንተሮችና ለተመረጡት ተጋላጭ ስደተኛ ልጃረገዶች አሠሪዎች ነው።

የተሳታፊዎች ብዛት፣ ..... ጾታ፣ .....

የዕድሜ ክልል፣ .....ቀን፣ ..... ቦታ፣ .....

ሰዓት፣ ከ ..... እስከ .....ጠቅላላ ..... ደቂቃ

#### 1.የውይይት አጀንዳዎች

1.1. መሠረታዊ መረጃዎችን ማጠናቀር

1.2. የሜንተሮች ዋና ተግባርና ኃላፊነት

1.3. ልጃረገዶችን ለመመልመል የሚጠቀሙበት ዘዴ፣ የመምረጫ መስፈርቶችና አሠሪዎችን ስለማሳመን

1.4. የልጃረገዶቹ የስደት መንስኤዎች

1.5. ልጃረገዶቹ አዲስ አበባ ወይም ባህርዳር በሚደርሱበት ጊዜ የሚገጥማቸው አስቸጋሪ ሁኔታ

## 2. መደበኛ ያልሆነ ትምህርት

- 2.1. መደበኛ ያልሆነ ትምህርት የሚሰጥበት ዘዴ
- 2.2. የሚማሩት የትምህርት ዓይነትና ትምህርቱ የሚሰጥበት ኘርግራም
- 2.3. የምዘና ሥርዓት
- 2.4. በትምህርቱ ረገድ የተገኘው ለውጥ
- 2.5. ልጃረገዶቹን ወደ ኘርጅክቱ ለመላክ የአሠሪዎቹ ተሳትፎ ወይም ተቋቁሞሽ ሁኔታ
- 2.6. በኘርጅክቱ ትግበራ ወቅት አሠሪዎች የሚጫወቱት ሚና
- 2.7. ተጠቃሚዎቹ የኘርጅክቱ አባል ከሆኑ በኋላ የአሠሪዎች አቋም
- 2.8. ትምህርታቸውን አጠናቀው ወደ መደበኛ ትምህርት የገቡ ብዛትና ያሉበት ሁኔታ

## 3. የህይወት ክህሎት ሥልጠና

- 3.1. የህይወት ክህሎት ሥልጠና እንዴት እንደሚሰጥ
- 3.2. የሥልጠናው ይዘቶች
- 3.3. ከሥልጠናው በኋላ ልበ ሙሉ በመሆን በማህበራዊ ክህሎት በተግባራት ችሎታ፣ በጤና እንክብካቤ፣ ህይወትን በመምራትና በማህበራዊ መስተጋብር የተመዘገቡ ለውጦች
- 3.4. ኘርጅክቱ ከአጋር አካላት ጋር በመተባበር ለተጠቃሚዎቹ የህክምና አገልግሎት የሚሰጥበት መንገድ

## 4. አጠቃላይ ሁኔታ

- 4.1. በፕሮጀክቱ ጠቃሚነት ላይ ያላቸው አመለካከት

4.2.የግዳጅ ጥቃት ሲከሰት የሚያስተናግዱበት አግባብ

4.3.ተጠቃሚዎችን በመምረጥና በትግበራ ወቅት የሚገጥማቸው ችግር

4.4.ለፕሮጀክቱ ውጤታማነት የሚሰነዝሩት አስተያየት ካለ

### አባሪ 5

1. ቃለ-መጠየቁን ለማረጋገጥ ለተመረጡት ልጃገረዶች ምልክታ የተዘጋጀ የመነሻ መመሪያ

1.1.ማንበብና መጻፍ

1.2.የቁጥር ስሌት

1.3.የክፍል ውስጥ ተሳትፎ

1.4.መደበኛ ያልሆነ ትምህርት አሰጣጥ

1.5.የሕይወት ክህሎት ስልጠና አሰጣጥ

1.6.ከሜንተሮችና ከጓደኞቻቸው ጋር ያላቸው መግባባት

1.7.በቃለ-መጠይቅ ጊዜ ያላቸው አቀራረብ

### አባሪ 6

#### ማጣቀሻና መረጃ መፈተሻ መመሪያ

1. የተመረጡት ፕሮጀክቶች የኋላ ታሪክ

1.1.የተጠቃሚዎች አሃዛዊ መግለጫዎች

1.2.የተሳታፊዎች አሃዛዊ መግለጫዎች

1.3.ፕሮጀክቱ የተቋቋመበት ጊዜ

1.4.ዋና ዋና ተግባርና ኃላፊነት

1.5.የፕሮጀክቱ ዋና አላማ

1.6.አሁን ያለበት ሁኔታ፡ ተጠቃሚ የሆኑና አሁን ያሉት ብዛት

1.7.የአጋር አካላት ሁኔታዎች

1.8.የግምገማ መረጃ ካለ

1.9.ስለ ፕሮጀክቱ ዘለቁታዊነት

2. ተጋላጭ ልጃገረዶችን በሚመለከት የስደት መንስኤዎች የሚገጥማቸው ችግሮች፡ የተሃድሶ ፕሮግራሞችና የሌሎች አገሮች ልምዶች

- 2.1. የስደት ጽንሰ-ሃሳብ፡ መደበኛ ያልሆነ ትምህርት ፡ የህይወት ክህሎት እና የተሃድሶ ፕሮግራሞች እይታ
- 2.2. ዋና ዋና የልጅገረዶች የስደት መንስኤዎች በዚህ ረገድ የሌሎች አገሮች ተሞክሮዎች
- 2.3. ወደ ስደት ከገቡ በኋላ ልጅገረዶቹ የሚገጥማቸው ችግሮች
- 2.4. የተሃድሶ ፕሮግራሞቹን በሚመለከት የአገር አቀፍ ፖሊሲ ስትራቴጂ እና ትግበራ ሁኔታ
- 2.5. በዚህ ረገድ ያሉ አህጉራዊ ልምዶች
- 2.6. በዚህ ረገድ ያሉ አለማቀፋዊ ልምዶች
- 2.7. የተሃድሶ ፕሮግራሞቹን ውጤታማነት
- 2.8. የማቋቋሚያ ስልቶችና የሚሰጡት ጠቀሜታ
- 2.9. የአካል ጉዳተኛ ልጅገረዶች ሁኔታ

## Declaration

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

Name: Kebede Tekle

Signature: 

Date : 23 June, 2011.